REVIEW OF STANDARD PROCEDURE

A lecture given on
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Workability of the Case

This is a review on Standard Procedure. Several things have come to my attention. One of them is that the idea of sending the somatic strip to the moment of highest intensity seems to be misinterpretable in the Handbook.

The way one gets a somatic strip to the moment of highest intensity is merely by telling it to go. That is an effort to pick up a somatic rather than word content. It is not a technique which one uses while running an engram. One uses this technique only when one is trying to trace back a specific somatic.

In the Handbook, when discussing the somatic strip and the moment of highest intensity, I was talking about running a whole ladder of engrams. It is apparent, of course, that if there is a chronic somatic there are probably quite a few engrams bundled up creating it. Therefore you just track that somatic around until you finally land someplace where it can be run and where the bundles separate, and you will get someplace.

That is what that means in the Handbook. Don't ever take a moment of highest intensity on this order: "Go to the moment of highest intensity." That is no way to reduce an engram. Send the somatic strip to the beginning. The beginning is developable.

In handling the somatic strip, it is of importance to know that the moment of impact of a blow is usually the moment of the most concealed information. There is a direct relationship in an incident between perception, the depth of unconsciousness and the presence of pain.

This means that when you send the somatic strip back to the beginning of an engram and start sweeping it through, you have deintensified some part of it on the first run. In the next run through you may get a little bit of something off the front of it. Then, the next time you go through it, you get the engram.

When you start developing the beginning of a somatic, it's very important for you to know what you are looking at. There is the first moment of impact building up to a live pressure, then the blow stops and the unconsciousness gets lighter until there is just a little pain left. Let us say that Mama runs into the side of a table and we pick up her saying, "I have to go down to the grocery store."

On the first run through, the patient gets the sensation of the pain without any of the impact or content of what caused it. And the preclear says, "I don't have any somatic." Close attention, however, will show that he has some slight tension on the face, and just because he only picks up that much is no reason to condemn the somatic strip. You can be assured that that somatic strip has gotten as early as it can get.

When you tell the somatic strip to go to the beginning of the engram, it is going to go as close to the beginning as it can get and no closer. It is not going to be able to plow through, and you are not going to be able to pick up dead center or the first end in a lot of cases. But it will blow where it can get words. Its cooperation is to that degree. So we may find ourselves a little further into the engram at the point where Mama says, "I have to go to the store."

It is not much use at first to urge the somatic strip to go earlier. Just tell it to go to the beginning again. A good working somatic strip will step back a bit. If it does not, however, you say, "Let's go a phrase or two earlier." It's always good sense to send it back just a little bit earlier than you were before, and you keep backing it up.

So we understand suddenly that we are running a blow. It seems like Mama has walked into something.- The completely wrong thing to do is to say, "What did your mama walk into? Where was she standing in the room when she walked into it? What was on the table?" All it is necessary to do is get to the first moment of the incident and discover "There's a blow here."

"Let's go to the first moment of impact," and you may get a bang at that point.

If you don't get that satisfactorily, you can do a time shift on it. The somatic strip is very good that way. You say, "Let's go 30 seconds before the moment of impact," and you will see the tension go out of the person. "All right, it's now 20 seconds before the moment of impact; 10 seconds before the moment of impact; 5 seconds before the moment of impact," and 5 seconds later you will see him jump, and you say, "All right, now let's pick it up from there."

You have gotten the splat or whatever it is, and the area of deep unconsciousness and her words, "Ouch! Drat that table." "All right. Run it again."

"Ouch! I hurt myself. Drat that table."

Another voice coming in all of a sudden, "Where are you going?"

"I'm going to the store to get some groceries." Engram. And you can proceed to reduce it.

Then one fine day we are walking up the bank on deintensification of other things and we hit this one again, at the earliest moment of it, so we run it again, and some phrases will drop out and new phrases will come in, usually. If you are running a patient who uniformly gives you all the phrases that are present, there's something wrong with this case. Sooner or later something new is going to come into this engram. It's not an absolute must, but it is the usual run of things.

One of the ways you detect dub-in is because the preclear will sometimes run off the nicest engram and he will go over it a few times, and it doesn't selectively start to deintensify and no new material comes into it. At that moment it is not enough to get eager-beaverish and say, "This is no good, we'll pull him out of here." Let him run it, but keep your eye on this patient. You are going to find there are control mechanisms in this case you haven't touched. He is selecting out the phrases he is willing to give you. Perhaps 50 percent of them are actually out of the engram. The rest are dubbed in.

We run one early, then we get one all the way up, variously, and then suddenly we are sailing along forward very nicely. Then we hit an incident that has to do with being scalded at 2 years of age. We say, "That was the next tough one, and the case didn't quite erase the way it ought to. We're on an erasure now."

So we start into the scalding and it goes solid. We say, "That's a funny thing, we've got the whole bank erased as far as we can discern and here's this thing holding up. We'll ask the file clerk for it." Sometimes at that stage of the game the file clerk may or may not be on the ball.

You have got to use your head on this. It is a good thing to go back and take a run through incidents which you have coasted through once before, because often a birth that has been run and apparently deintensified still contains about 25 percent of its content, but it is out of sight. It is completely covered by lower engrams. The chains didn't permit those phrases to come into view.

On the erasure, somebody's going to be very astonished to find out that there is a lot of birth left.

So you come back to the front of it again, and you will be able to deintensify it. Some of the engrams you are tackling which appear to be irreducible are that way simply because you have neglected to get out the impact or the deep moments of unconsciousness in the engram.

"Go earlier" is an ambiguous statement and it should be. You say, "Let's go earlier," and you might wind up in a similar engram, but that is all right because the later one won't deintensify until the earlier one does, so you purposely are ambiguous about it.

A dub-in is quite interesting. You say, "Let's go earlier."

The dub-in will say, "It's so early I can't get up."

And you say, "Well now, I didn't mean that, I meant something else."

So he says, "Oh, 'The earlier it is, the worse I feel.' Yes, there's one in here, that's Mama. 'The earlier it is, the worse I feel.'" Hex probably running real information.

But you say, "Now the somatic strip will go early."

"The early bird gets the worm."

The preclear is not being recalcitrant, he's running a demon circuit which says, "Words have a literal meaning," or, "Words are important," or something of the sort.

If you say, "Let's go to the beginning of the engram," and you have very little dub-in in this case and no terrific control mechanism, you will get there. But be alert for the behavior of these things.

There were two people co-auditing busily and enthusiastically. One said, "Well, we've erased basic-basic." So, just as a matter of check, I put the preclear back down the track to find out about basic-basic. They knew there was a call-back in basic-basic so the auditor had shot basic-basic what he considered full of holes. He took "Come here" out of it, and he had run it about 25 times. "Get out" was right on the front of it which immediately put the preclear up the bank, but he couldn't go up there because it said "Come here." So he was pushed off one and pulled into the other, plus he got a somatic. So the auditor had knocked out one of them but had run the rest of it without any somatic.

Once you appreciate the fact that this sort of material will dive out of sight, it is simple. This, in the basic area, was what was happening to this preclear He came in and said, "You know, all day long I have just been going up the time track and down the time track and up the time track and down the time track, somatics turning off and somatics turning on. I'm going nuts."

We discovered there was even more in that engram. There was the phrase "Get away from that, Margaret...." Mama had evidently burned herself at the stove, and this was an ally, Grandpa, talking to her. So, "Get away from that, Margaret, get out" was also in this engram. And the person running it had gotten out from there. So, that could not be classified as erasure of basic-basic. He had even left it with the words all in place. The preclear could still run content.

I went back and right away it was apparent that we had come down on the beginning of it. It said, "Get out." He even had the bouncer. He was saying, "Get out, yakety-yak, come here," and so on.

The actual engram was "Zzt, clang." Mama had her hand on a hot pan, jerked her hand away from the stove, then some way or other clipped herself in the abdomen with her elbow. And the beginning of the engram was not "Get out" but "Zzt, clang."

An auditor could be so fixated on the idea that it is the spoken language which makes the engram that he will overlook the sounds in the engrams as being important. But they are

important. Of course you can run a non-sonic case or just a vague sonic impression case for quite a while before you get sonic on it.

You can also go back to it later and find all of the sounds there—"Zing, cling, shh," toilet flushing, water spigots turning on and off, the sound of footsteps, sneezes, dogs running across hardwood floors, and so on. The bank will be full of sound, although the patient is no longer leaping here and diving there, because the aberrative content of the words is erased. But you have to run out the sounds to some degree.

It is interesting that a couple of samples of each at the beginning of the case is sufficient to deintensify the whole thing.

Develop the incident. Keep recountingl the preclear into it, recounting into it a bit further, recounting into it a bit further, each time picking up a new phrase or something like that, until all of a sudden you have gone all the way through it and it's gone. Don't try to run it from one end to the other consecutively right on through, because you are going to at some stage start missing. So make it a practice not to run too far into an incident until you have got it developed well enough to find out after which phrase are new phrases appearing.

For instance, in a tonsillectomy, "All right. Breathe deeply, breathe deeply. All right. Let's breathe deeply. That's a good boy. Scalpel, scissors." Yap. Yap.

"Have you seen Clark Gable lately?"

"Personally I hate Clark Gable."

"Well, I love Clark Gable."

"What the hell can you see in that guy?"

"You know, I've got to have some lunch."

"Have you seen Ernie this morning?"

"Yeah, he was in here complaining about his wife. Boy, his wife really is a drag."

At this moment Ernie appears, "You've said it! Well, I can't remember a time when I was really happy." Standard talk.

One of the worst ones I ever ran across was in an operation on Mama, where somebody had been very angry with someone. Mama was being operated on and someone in the operating room said, "Damn it, if I had her here right this minute I'd just love to put her up on that table and cut her to pieces. She's crazy, that's what she is. That's the only thing you could do to a crazy woman. Just put her up on the table. I'd show her, you bet I would."

And someone said, "Come on, come on, don't get your domestic affairs all wrapped up in this. Just keep your private life out of work." The patient afterwards had fought a punitive action every time her poor husband tried to mention something he was interested in in relationship to work and they would have a fight right there.

Of course this engram had lots of holders and call-backs, etc. It had also messed up her endocrine system.

So, at the start of an incident we have an impact. Actually there are two major classes of engrams—the impact and the bouncer. There is also the pressure engram as opposed to the impact engram—a sudden increase of pressure. (In the bowel movement chain that is particularly true.) When we look over most work, we find flaws generally along the order of somebody starting into the engram and letting the person play it off, not understanding that a

bouncer will keep someone off an engram slightly, and that when he has got a call-back in an engram he will be twisted back and forth in it. His actions may also be very strange and as long as they are, you are not going to get very far. So if you do something like that, get the bouncers out of it.

"Is there a bouncer in this engram (snap!)?"

"Yes."

"The somatic strip will now go to the bouncer in this engram. Give me a phrase (snap!)."

"Get out."

"All right. Go over 'Get out.'"

"Get out, get out, get out, get out, get out, get out, get out, get out, get out, get out, get out."

You will notice the somatic toughen up, and then the tension go out of it; after that he can run it. It is a handy mechanism.

The use of drugs in operations has different effects. For example, nitrous oxide in an operation is a restimulator. It is a chemical binder on the reactive bank, and any time that you can look snidely at a dentist and say, "Oh, you use nitrous oxide," and neglect to shake his hand, by all means do so, because nitrous oxide causes a bad engram. It is a hypnotic.

I am sure with the present advance of chemistry that somebody could invent an anesthetic that won't mess up the reactive mind.

The engramic value of chloroform or ether is not tremendous, but nitrous oxide is very bad. Morphine is just morphine. It is an anesthetic. Most of the material currently classified as hypnotics are anesthetics, and several of the anesthetics are hypnotics. It is a very clumsy looking picture at the present time.

With a local anesthetic, there are pain impacts going in, in spite of the local anesthetic, which you will get back out again when you are running it.

The value of a local anesthetic, however, is that as you start on through the incident the person is very well aware of what is going on and it is very easy to recover. A spinal goes into the nervous system for some reason. I don't know much about the spinal, but I have always had trouble every time I have clipped one. I have discovered on inspection of some cases that the greatest auditor error is conversation with the preclear with relation to the erasure or reduction of the engram, and questions to the file clerk as to whether or not it is safe to leave an engram. That series of questions is not only unnecessary but will lead you far astray. It is a type of questioning that you should set to one side because it is no good.

There is only one test of when it is safe to leave an incident and that is auditor observation of the action of the engram, his observation of the patient and so on. You can tell by looking at the patient whether or not a thing is reduced or erased. You can tell by the behavior of the engram, and that is the only test.

If you ask for a flash answer, "Is this erased?" you will almost always get yes, because the patient may have come up to the very point in the series of runs where he is bored with it, and he is resisting the idea of going back through it again. If you don't ask him, he will go right on back through again; but the instant that you give him a chance to get out of it, he is not computing at that moment and so he flies off at a tangent and is willing to go on to something else and leave the engram.

So, the auditor might be running an engram and say, "Is this engram erased?"

And immediately get the answer, "Yes."

Or he might even be more careful and run the preclear through it one more time, and then ask, "Is this erased?"

"Yes."

"Is it safe to leave this now?"

"Yes."

"Now, what do we have to go to next?"

"Anywhere but here" is the motto. So, just don't ask that question, because you will never get a straight answer.

A way you can get the beginning of an incident is to say, "Let's go to the head of this engram." You can overwork this device and it is very often not necessary to use it, but if you have any qualms about an incident, send him ahead of it. Let him relax. Say, "That's fine, now let's move ahead of it. Let's go into it. The time is 1 minute before it, 30 seconds before it, 10 seconds before it," boom! and you can get the most remarkable results with this.

You should be able to look at a preclear as he is running an engram and tell what he is doing. He may be a coffin case who is lying stretched out very neatly with his hands beautifully crossed, riding it on through, stone cold dead on the couch. Somewhere along the line you will probably get him out of that, but even if you don't, you can still tell what is occurring by watching his physical manifestation, however faint, because he will still be getting a somatic.

Send him early in the engram. Say, "Go to the beginning of the engram. Now let's roll it." You find out by content what it is. You observe him, and all of a sudden he starts running something that is completely out of context, so you say, "Give us a yes or no, is there a bouncer here?"

"Yup."

"All right. What's the bouncer?" You get the bouncer and go back into the engram again. Keep running it off, and start through it again, over and

He finally says, "Well, I guess that's about it."

And you say, "Go through it again."

"Well, I guess that's reduced now, I'm going to go on to something else."

"Go through it again. Now let's get two phrases earlier in this thing," and coffin case or no coffin case, you get the somatic. So, before you leave an engram, make a time shift test. Get earlier. You may run into a complete blank ahead of it. If so, okay. You may also run into a lot more engram.

Now, if an engram is erasing, phrases will be dropping out of it. Phrases will be getting in juxtaposition to each other. Phrases will tangle. New phrases will appear. It is not a smooth running picture of "I see the cat, the cat is black. I see the cat, the cat is black." It's "I see the cat. Damn cats, I don't like them anyway. That cat's black!"

In such a way, as you run through the engram, you can detect the fact that it is varying. Well, that is a good test. But it's not an absolutely necessary test because the unconsciousness

through the area might have been very smooth and light, and you might have gotten the whole text on the first run. So you don't trust that completely. It is merely an indicator.

So you start through the incident again, and if it is going to erase, it comes down to a point finally where the person is actually saying, "Don't tell me, I can give you a replay on this, I remember what was in this thing."

And you say, "Go ahead, what was in it?"

"I see the cat. The cat is black."

"All right. Let's see if we can find that on the track."

"I see the c...."

"All right. What was the engram again?"

"Well, I can tell you the context."

"Okay, go over the context."

"There's nothing there!"

The preclear is baffled, and that is a real erasure. If there is anything remaining of it for him to replay, it is a reduction. It is perfectly legal to leave a reduction in which the somatic is gone but the words are still present.

You are going to find lots of reductions before you get erasures in almost any case. It is not going to hurt the preclear any and it is not going to be aberrative, but a real erasure is unmistakable.

If you are playing one over and over, there is some sort of a crazy bouncer mechanism in this thing and you didn't get it in the first place.

If you find yourself working for a couple of hours without getting a somatic, there is one of three things wrong. You are running a person out of valence, you are running a self-control circuit, or it is computational. There is a bouncer present which is holding the person off the engram, such as the computation "Pull out before you come." Then there is the computation "I'm going to come," which will cause all sorts of flickers as it goes through. There is also "I can't feel anything. I don't know what's happening."

You should know in the Srst five minutes of reaching any engram what you are going to do about it and where you are going to go from there. But if you start running a little twitch, and it's not doing much and you are just running context on and on, there is something very wrong. If you are getting any kind of a somatic and if the somatic is reducing, knock it out, but don't stay with one that is doing a recession. After you have recounted the recession five or six times on one or two phrases, you will find out that the somatic is toughening up.

If you are running the wrong engram in the case, not the one that was supposed to be run, you can toughen up the somatic more and more and more. You could recount it a couple of hundred times and you would get a recession, but come back to it in three days and you will be right back where you started.

However, it is easy to solve. If you get an engram where the somatic is toughening up, it means that this phrase certainly appears earlier in the bank and you are probably running the wrong engram in the case. So the most efficacious method of handling it is simply to get out fast. That's why you shouldn't stir up a whole engram when you are fishing for valences and demon circuits.

In the normal course of Dianetic therapy you have to know the following about engrams: It is not difficult. You will seldom run into anything that will strain your wits in running this, but you should be aware of the fact that earlier material can be in engrams, and that earlier material might be holding up an erasure.

Furthermore, you should be aware of the fact that five or six engrams can lie across one somatic, let's say a tooth. There has been a knitting needle through the teeth, there has been dentistry on top of it, and so on. Run one of those out and you will spring the bundle apart, but try to choose the earliest one you can get. If you can't get that, try to choose the most intense one where you are going to get muscle vibrations and so forth, and you will then separate out this bundle.

When someone is stuck on the track, he will have a chronic somatic and one of these bundles simultaneously, and he may also have a chronic physiological derangement. There they are, all stuck together. Run it out.

The point where an auditor has to be really clever, and practically the only point where he has to be clever, is in the diagnosis and location of valence and control commands. They could be right up at the beginning of the case, and it is at this part of the case that he must have a command of Dianetics at its most difficult. He is going to walk into a bank that is pretty badly messed up. He hasn't got a file clerk to help him. The somatic strip is not doing what he wants it to. It's messed up. He asks for a bouncer and gets a denyer, which is a certain pointer to a control demon circuit. So, he should start in on the circuit "control yourself," which happens to be in many places in the bank. He has got to find one that will reduce on "control yourself."

Don't let it scare you, just know that you are doing a piece of broken field runningl that can get very interesting.

The first time you run the circuit out, you will probably be running with the patient out of valence. You are probably going to be running something that was not the central dramatization which caused the control circuit, but something you have to get before it. So you just have to take the case and shake it up well.

Try to find something that will reduce that contains the phrases which you are now convinced through diagnosis are there. You know that Papa is always saying, "You've got to get a grip on yourself," but you don't know that Grandma said, "Now you have to learn how to control yourself or you'll just never be able to face anything."

In the first diagnosis you may find "You've got to get a grip on yourself," and you say this is probably aberrative. By the fact alone that the patient knows it very well, you say this is the center on the case. But it is data and you have got to run it as such.

So you enter this on a repeater technique basis. That's dangerous so you want to walk carefully. Get something that will reduce. Just start running that phrase. Don't worry about how many engrams it does or does not appear in. Run the phrase down. If the bundle doesn't spring apart, go earlier. You may run into a misdirector which sends him later, because there are demon circuits in this case, and the picture is complex.

All of a sudden, however, by charging in and just trying to get that one phrase without, if possible, exciting holders, you get a demon circuit command.

You start in and eventually there is this bundle with "You've got to get a grip on yourself" early enough to get a deintensiScation of it.

You then have two choices. Just leave it alone, or by a time shift get the rest of the engram, knowing well that that engram may not reduce and that you may restimulate an engram which you won't be able to do much about.

Nevertheless, if it had reduced priorly, I would reduce it simply as a phrase, and then I would look for the same phrase earlier, and run that. If you do that, you will find yourself able to reduce something rather rapidly.

The moment you get one of these things, do a rapid reduction even though the person is out of valence, then do a time shift and run the rest of that engram. The chances are that that whole engram is available and can be run.

Now, you will have scared up other phrases and loosened up the bank somewhat, and you may be fortunate enough to be early enough to get off some yawns. However, normally at the beginning of a case you are not going to get off any yawns, you are merely going to deintensify something.

So the test is whether or not the "You've got to get a grip on yourself" as a demon circuit command reduced easily, or with difficulty. By difficulty I don't mean difficulty for the preclear Let him walk on the ceiling, stand on his head, roll on the floor and scream—that's not difficulty. You reduce the whole engram when you get into one of those. You are looking for something you can reduce without shaking the case to pieces.

The only way you can ruin a case is to find engrams like "You've got to get a grip on yourself. I hate you, you dog, I hate you," with the preclear lying there quietly, and then say, "Well, this engram isn't affecting you very much, come on up to present time."

You are going to have to run them as phrases or dramatizations in the engram, with the pain and so on. But you are going to have to try to find where they are.

Don't assume that because everything is black and the perceptics aren't on and the person isn't moving on the track that he has necessarily got circuitry, because he might merely be stuck thoroughly on the track.

Expect to have to do imaginative kind of work when you go into a case that has lots of circuitry and valences. At first the preclear has no perceptics, you can't reach pleasure moments, he is obviously stuck on the track someplace, he may have a series of three or four commands that are very tough and one of those "control yourself" mechanisms that knocks out the auditor's altitude. The next thing is a "You've got to lie" and "You don't even want to know the truth of this yourself" sort of command that drops down and covers it up, followed by "You're just like your father, he's no good either." Then there may be in addition a very scrambled prenatal picture of all kinds of bruises and contusions, piercings and penetrations. This is the case that you enter in your innocent, helpful way, unsuspecting, your heroism utterly unsung. However, now that you have walked into this case, realize that it is solvable, although it is not going to be easy.

The way we enter this case is to settle our minds on one operation at a time. Let's not try to do one, and then shift to another, and change our minds here and there.

We say doggedly, "Let's take out the control mechanism from this case. Let's find out what there is about it," since that would be one of the most important things we could take out of it, so we use Step Three. We have to, otherwise nothing is going to happen.

He might be frozen on the track. If he is, we wouldn't go after the control mechanism. His somatic strip can't work and the file clerk can't work merely because they are stuck right there. So we have to try to spring that engram.

Remember that that engram may depend for its force on an earlier incident; so it is necessary, when you run it, to run some sample and find out what it is going to do. It's necessary to reach the one on which it is hanging, which is invariably earlier, and get it deintensified. Then you

can get him moving on the track, and you should always try to do so before you start charging him into something with repeater technique.

But supposing, after a great deal of art, we can't get him moving on the track. He is thoroughly stuck there and it gets kind of spooky. This engram is dodging around and we don't know what it is or what to do about it. We can't even get flash answers on this case.

We can, however, do straight line diagnosis, and if we find a dramatization then dive, in spite of the stuck point, for the one mechanism.

Don't try to take two mechanisms; do one thing at a time. Let's try to get out "Control yourself."

After we have gotten down early in the bank, we will ordinarily find that we can get a "control yourself" which will release. The strange part of it is if we are having that much trouble, there is probably a "control yourself" right in the engram where he is stuck.

Push him and crowd him into it if you have to, but that is a very last resort. It's the application of force where thought should have prevailed. But in handling the "control yourself" mechanism, do what you have to do to get results.

Never crowd someone on grief or valence shifts, but if you can get a "control yourself" out of the case, your own altitude goes up, which is why you select this target. Also he is no longer able to auto-activate his own circuitry.

Valence commands like "You're just like your father," and "You can't be like me," and "You're just like anybody else," and that sort of thing have no resistance built into them. So, in going down the bank on such a case, we have to have reassured ourselves that we have done everything we can think of without crowding him, then we can crowd him.

Put your hands on something. Get into it somehow. There may be another kind of a computation staring you in the face but you aren't quite witty enough to spot it. There may be several puzzles you have to undo before you can get to where you are going.

The auditor's skill is between the point where you Snish your first straight line diagnosis and the point where the somatic strip and file clerk are working with you. That is what you solve. During that stage of the case you have to reduce what you can get your hands on, or reduce the earlier one on which the thing was dependent.

But your main purpose, until you get that done, is to get the file clerk and somatic strip working, not to run out engrams on the case. Your target is to get workability, and in getting that workability you can't restimulate something that will hang the preclear up somehow.

Get workability and you can go along happily. But don't be downhearted at the various ways and means, and the dozens and dozens of hours it may take to get some case working. Keep asking for it and you are going to get it. That is always true, sooner or later.

I once worked a case 18 hours without getting him out of the engram in which he was stuck or getting any perceptics of any kind, with the person just lying there not responding for 18 hours!

Then all of a sudden at the end of 18 hours I asked him finally, "Give me a flash reply on a holder."

And he said, "I'm stuck."

I thought, "Well, here we are again," because occasionally he would repeat something in a dull voice.

But this time as the preclear started to say, "I'm stuck," he started to shake all over. We ran the tension out of the engram he was latched up in which was about three weeks postconception. I had been practically in basic-basic with the case all this time and hadn't known it!

If, when you ask for a holder, you get a denyer and so on, that is the surest fire test in the world for circuitry. When a case does that, start handling it as a "control yourself" species. Shift your tactics right there. That is one of the first tests made to find out if the file clerk and somatic strip are working with you.

Are they giving you the material you have asked for? If not, you are wasting your time. You could play with this case and get nowhere for hundreds and hundreds of hours.

The moment you find out that the file clerk and the somatic strip are not working with you, go to work to make them work with you, not to run engrams. That is a very wide difference of policy. Don't keep running engrams. Get circuitry.

Here is an example of shooting a hole in an engram. I said something to a preclear and he twitched, so I got interested and said, "Well, close your eyes, now do you remember your father saying some kind of a command like 'Control yourself,' or 'Got to get a grip on yourself'?" He immediately twitched again.

So I said, "Well, let's go over it again. Is there a bouncer in here?"

"Yes."

"All right. Let's go to the bouncer. What's the bouncer (snap!)?"

"Stay there."

"All right. Let's go over 'Stay there' a couple of times."

"Stay there, stay there, stay there, stay there, stay there."

"All right. Let's go back over this thing again. 'You've got to get a grip on yourself!'" I knew right away that we were hitting an aberrative series. So, he went over "Got to get a grip on yourself" a few times and then I said, "Come up to present time," just to be formal. He opened up his eyes and we had taken a little tension out of the engram at that moment, and it had been worth running 10 or 15 minutes. I simply shot a hole right where he was. We didn't go anyplace else. It was easy. So, I suppose, having gotten that out, if I had been working in a regular fashion I would have tried to get the rest of the run on it. There probably would have been a little somatic, a little tension on it.

But all we were shooting for was the circuitry. If we could have gotten the rest of the engram, that would have been just fine.. But if we couldn't, at least we would have gotten some circuitry out, and if people working it would just keep on potshooting this type of command, soon you would be able to say to the file clerk, "All right, is there a bouncer in this (snap!)?"

"Yes."

"All right. Give me a bouncer (snap!)."

"Get out."

At that moment you can run engrams. But until you can do that, you had better run whatever you can get that is strictly on the "control yourself" level, because that is the dub-in circuit.

The cleverness which you must exercise at this time in Dianetics is at the moment between the moment you approach the case and the moment the file clerk and somatic strip get working. When you have achieved that goal, the rest is strictly pianola.