

## ERASURES

A lecture given on  
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### Going Early

This lecture concerns the characteristics of unconsciousness and engrams.

There are actually two types of engrams, impact and pressure, which can combine into what might be called a third type—the operational type found in exodontistry and so forth.

The impact engram can be single or multiple. There can also be several impacts one after the other.

The somatic strip is under the auditor's command. The file clerk is at his service and working in cooperation with him. The distinction between the two is that one commands the somatic strip and one works cooperatively with the file clerk.

If the auditor asks for "the engram necessary to resolve the case at this time," or "the engram which we must now have," or something like that, politely enough, he will get it. Apparently the somatic strip will swing into the front part of the engram and get the first words.

If the auditor takes the patient back and lets him sit for 15 or 20 minutes waiting for the first phrase to leak through somehow, even when the patient has sonic and is returned to the moment of this engram, he won't get sonic on it. The best way to get that engram is to snap it through as an impression, repeat it and run it. It will sometimes take a recounting or two of these impressions to turn it into sonic when one is working in the basic area. So, don't expect that engram to have sonic just because you told the file clerk to go there. Say, "The phrase will snap into your mind," or, "The phrase will appear in your mind," or, "You will know the phrase," or something like that and get the impression of the first words.

If, for instance, the person says the first words are "Get away," go over it once. Now, if you say to the preclear "Let's go back to the beginning of it," the preclear may go back to the beginning of it and go over it again. After a couple more runs through it you might say, "Okay. Let's go to the next moment of pain or unconsciousness," and all of a sudden this case may get boggy and we don't quite know what's wrong with it. There will be an earlier beginning. Maybe there is a sound of footsteps. (If one is working a nonsonic, one doesn't worry about these sounds, they will come out in the wash.) But there will be a slap, a jar, or some kind of kinesthesia right at the beginning of the engram.

The auditor may have no clue about it until he starts to go on up the bank a little bit further and suddenly this material is all tied down and is not lifting.

This is where the time shift is most applicable. One says, "Let us go 30 seconds before the impact. It is now 10 seconds before the impact, 5 seconds," and the preclear will suddenly contact it.

That is one type of somatic.

The second one is where a pressure somatic builds up. Take the very indelicate chain, the bowel movement chain, where Mama says, "I'm all stuffed up," which is then run out.

But, about three days later the auditor may find little shadows of it in the front part. So again he goes back and asks for the first moment of it.

The other way to do this is to walk backwards, asking for the first phrase. What one has gotten there is that the somatic strip gave the first phrase it could reach.

There could be 20 of a similar type of bowel movement chain, and the preclear could be into the last 5 of them.

The auditor must treat each one of these impacts as an engram, and tell the somatic strip to go to the first moment of it, because each one of these things is a separate incident.

Don't get confused about the fact that each one is a separate moment of unconsciousness. The zygote cellular state of the individual in this stage will become unconscious and conscious again with great rapidity.

If anybody is working in the basic area and has a specific somatic, don't believe that he is in the basic area. Go on and run the engram, because he is either out of valence with somebody else's somatic or he is up at 5, 6 months, as the cell in the basic area doesn't have a forehead being crushed or a leg being smashed.

In the sperm sequence, however, one occasionally gets the sperm being hit on top of the head, or in the face. But that is a sort of a squash. It is not sharp. Any sharp pain in the basic area means one is not there. There would only be an all-over somatic in the basic area.

Basic area somatics are generally pressure somatics except in the sperm sequence, and occasionally there may be a head somatic or a face somatic. The ordinary course of activity is anything but the sperm sequence. These basic area engrams are all-over pressures, or all-over burning somatics.

It would be practically impossible to put a drop of water on the cell at that time without covering the whole cell. It is too tiny. It is microscopic.

But there is this series of pressure somatics involved with the chain down in the basic area. At this point, for example, we may have the phrase "Don't come in here, I'm busy."

Start running this and you may feel very clever because this is really a denier and you have started out after erasure. If the incident doesn't fade out after several recountings, you might be right there in the basic area.

With a little time shift, by saying, "Let's go three minutes earlier," you will all of a sudden pick up another pressure somatic. Or, simply backing the person up phrase by phrase to one phrase earlier than this by saying, "The somatic strip will now go to one phrase earlier than this," all of a sudden you may get an earlier phrase such as, "Damn that child. Don't come in here, I'm busy."

This is not yet the whole engram, but it will deintensify somewhat, and now you shift the somatic strip back again one phrase earlier than this where Mama is having a conversation with little Isabel who is pounding on the door.

With time shift, and by moving backwards, you pick up an even earlier one and all of a sudden that erases, and now you can knock out the next one. Don't neglect to run the whole thing out.

The auditor must not think that because he seems to be getting material late, that the somatic strip isn't working with him. The somatic strip will go as early as it can at that moment.

One does not ask the file clerk to play swami for him. The file clerk is very cooperative and is perfectly willing to do things, but if one says, "Are there any engrams before this?" and the file clerk says no, the auditor should simply say, "All right."

If the file clerk says yes, the auditor should continue, “All right, give us a number, how many are there (snap!)?”

“Five.”

There may actually be ten, but the auditor takes the file clerk’s answer and says, “Let’s go to the first one.” Maybe there are five. A file clerk, in perfect working order, in good communication with the auditor, together with the somatic strip working perfectly, will give the auditor exact information.

But the reason an auditor can’t always rely on whether or not he has the exact information is that he may have clipped a control engram, and all of a sudden the machinery may go out of alignment.

With practice, an auditor will know that the file clerk has been working for some time, but there might be, in a case which has been running pianola, a sudden reactivation of a control switch, so don’t rely 100 percent upon this because something can invalidate it and make it incorrect. If the preclear keeps giving engrams which will resolve the case, and if the auditor keeps running engrams out which will resolve the case, that is all that is wanted.

A question that should be ruled out with the file clerk is “Is it safe now to leave this engram (snap!)?” because one almost always gets the answer yes.

The patient will tell you how the somatic looks the last time through. When that somatic is gone and there are only words left after it has been gone over once or twice more with perhaps a couple of yawns, the auditor can assume that he has got a reduction, and it is probably not going to erase.

One phrase may stay one more recounting than another. It will go out raggedly.

The auditor cannot ask the file clerk to predict what is going to happen if an incident is left incomplete. The file clerk can’t tell him. That requires computation, and he doesn’t compute. All he does is hand out data.

If the auditor ran the preclear through one of these incidents and then asked him, “Now the file clerk will tell us whether or not it’s safe to leave this engram,” “I” will usually answer up, “Oh, yes, yes. It’s safe to leave this engram.” “I” will occasionally, in a knowledge of Dianetics, say, “No. We’ll have to do it again.” But, on a flash, the answer will be yes, because one is asking for a prediction: What will happen if we leave this engram? Don’t ask the file clerk questions which have to be answered with a prediction, because one is going to get a lot of false data, and will walk away from engrams that by one more recounting would erase.

A skilled auditor can tell whether or not an incident has deintensified, what an incident is going to do, whether or not he has a safe reduction, whether or not it is an actual erasure, or whether or not he is simply beating away at a recession which is not going to do anybody any good.

The auditor must not leave anything up to the preclear’s judgment because it is not reliable. Nor must he leave anything up to the file clerk’s judgment because the file clerk is simply a file clerk, he does not compute, that is why he is called a file clerk. He handles no policies for the firm.

There is such a thing as dialogue sense. For instance, one knows that a fight doesn’t start with somebody walking into a room, hitting his wife and saying, “Damn you, I’m going to kill myself.”

No, it took half an hour of bickering to get up to that level, and probably there are some more somatics early in it. So, looking for the earlier part of this engram is dialogue sense.

Another thing in the line of dialogue sense is that it is perfectly possible to run dialogue which doesn't sound like anybody else is there, whereas somebody else is talking. You have probably heard people that go right on talking in spite of the fact somebody else is saying something, and that is just as true in engrams which are right out of life. Or one may have a person running one valence of the engram, and one has to ask the file clerk, "Is anybody else present (snap./)?" "Yes."

"Name (snap!)?"

"Mother."

The file clerk will give the auditor this one, ordinarily.

When conception won't reduce, one can sometimes get engrams on the series of eight cellular divisions that precede it in the sperm. And one can sometimes get it across on the other side in the ovum.

The first time I ever met this, I said, "Now I know I'm going mad."

So, a sense of dialogue is quite important. Cases have hung up because the auditor was not sharp enough to realize that somebody else was present. I have even seen cases where questions were being asked and obvious objections were being made to the replies, and still the auditor didn't suspect that there was somebody else present.

Of course one will find this condition with a monologist. If Mama is rather neurotic, she may just be going from one valence to the other arguing with herself, and sometimes she will even take a third party conversation on it, asking herself questions and giving herself answers. But that is still distinguishable. Mama may be shifting through valences, but the child is not shifted through valences. So, it will go in sequence.

But, where somebody else is present, there is another valence there and that other valence may be the other half of the engram. If one is busily trying to deintensify this engram, and runs the same valence over and over, nothing will happen.

A good rule of thumb to go by is that one will get the least aberrative valence first, or that valence in which the patient is chronically stuck.

But the valence which was really aberrative along this track is the other one, and that is the one that's really causing the aberration. That might be an ally.

I have seen auditors run out the non-aberrative valence and be perfectly happy to leave the engram and then wonder why their preclear is having a bad time. They have left the most aberrative half of the engram right there. Sometimes they say, "Well, the thing will not reduce, I don't know why."

Of course the preclear has been running nothing but Mama, straight through. And Papa was one of these sympathetic people who wouldn't say very much, but when he said something, it really struck home.

One can get a person into an engram where he has lots of tension, and he is so solidly in the valence that it requires quite a lot of persuasion to get the other half of the conversation. But the muscle tension will not reduce until the other half of the conversation is procured.

That is all under the heading of dialogue sense. Writers uniformly do pretty well in Dianetics because of this dialogue sense. They are used to listening to what people say, and writing about it.

They will plot the conversation, not making it particularly rational but at least filling it in where it has obvious gaps, so they are listening to context. One should listen to it as one would listen to dialogue which he would certainly not expect to be rational, but reasonable in its text, unless of course Mama has five valences which talk to each other.

There are many ways to tell whether a person is out of his own valence or not. Sometimes the preclear has a very strong sideline computation when he is out of valence, although everybody has some slight sideline computation going on.

Actually, "I" is thinking and going along, rather uninterfered with by the valence which he is running. Sometimes a person will run out engrams and whole conversations. He will actually run hundreds of engrams out of valence, and ordinarily one doesn't disturb him. This is particularly true in the coffin case.

The coffin case is so thoroughly out of valence and so thoroughly held up someplace on the track that he can run without emotion the most hairraising scenes. They don't bother him any, he's dead!

Nevertheless they are reducing. He is getting a little somatic, and he is also getting a little of his own somatic sometimes. Of course he isn't getting any moisture, and he isn't getting any sound, or emotion, and it isn't really painful, but he is running incidents and there are somatics which it does the case good to run.

Don't, because someone is out of valence back on the track someplace and running an engram and the somatic is very mild, go off and leave it, because that thing has been kicked up and you will have to reduce as much as you can of it. Otherwise the whole case will spin.

The only serious problems I have encountered have been occasioned by failure to reduce the engram which could be reduced, and the most aberrative one to leave unreduced is the sperm sequence.

A coffin case is very specific. A person is in a valence which has died. It is very precise. The person will be lying stretched out like a corpse. He is out of valence. The valence he is in is dead. There is a holder on the track at the moment of death. It is as though life had plotted up some means of continuum.

People get commanded into valences. And the old folks' idea that, "He's just like me, he's my very own boy, he's the spittin' image of me. He's not a bit like his father, he's like me," is Grandma talking. Grandma is setting it up somewhat so that when she dies, she will go on living.

This shadow existence is a valence, only it's a valence which is a complete carbon copy of Grandma, not merely a demon circuit. Grandma then dies when the child is 4 years of age and that charges up the valence and sets up a valence wall and the person starts running engrams lying straight out with never a toe twitch—he's dead. That is easily spotted but it's not as easily resolved, because he is out of valence which makes it difficult to reach, to get somatics on or to get emotion out of. He has probably got an emotional shutoff caused by some "control yourself" circuitry which is getting in his road. But there is some part of it that you can reach, which is usually the "He's just like me" valence shift commands in the case. After all, he originally had the voice tones to match and Grandma to look at and mimic and other data that adds up on top of his valence data, so he can set up a pretty good carbon copy of Grandma. Then all of a sudden Grandma dies and there is grief and a valence wall and he goes on being Grandma.

He may not settle into that valence for some time until, for instance, his wife (who was like Grandma) dies, and this really settles him in.

Don't keep running a person who is severely out of valence without trying to get him back into his own valence.

There are valence command shifters and one can tell a person in present time, "Go into your own valence," or, "Go into your father's valence," or one can do this automatically by saying, "What was one of your father's trick mannerisms?" and he will give some.

One can shift a person willy-nilly through his valences unless he is really anchored with one of these restimulated valence shifters.

The type of phrase that prepares the ground for a valence shifter is "I don't feel like myself," which is the key to all valence shifters. Or, "I've got to pretend, it would be too awful to face if it were really happening to me. I'll have to pretend I'm somebody else." "It can't be happening to me, that would be too horrible, I will have to be somebody else" is a common one in the bank. This was most current around 1905 to about 1915. It was probably some actress who threw this on the stage, because we don't find it much afterwards. But, one finds it creeping along as an aberration.

Something starts as a colloquialism, then it goes into engrams and then it will settle on some family chain, and there it will stay as a chronic engram creating its own species of insanity. Then, the valence is finally capped right at birth or in periods when the child is ill or physically upset, with people saying to it, "Now don't be like your father." In other words, "Shut off all mimicry of your father," whereas Papa may have some valuable skills which this child needs.

Or, Mama might say, "You're just like your father when you're bad and you're just like me when you're good"—that sort of computation will shift a valence. Tap a few of these, they are usually fairly light, and one stabilizes a person into his own valence.

The best way to get a person into his own valence, however, is to run conception. Go back down to the bottom of the track and get the person out of an artificial valence, ordinarily, at the early part of the track. A coffin case will sometimes curl up at the early part of the track, or start wiggling, and is in his own valence at that point.

One can sometimes tell the preclear "Shift into your own valence," and if he obeys that command, say, "Okay. Run it that way."

But a smoother way of doing it is "Feel some moisture on it. Now let's see if we can't feel a little pressure." The auditor will know what the preclear's own valence is experiencing, more or less, and can tell if he is out of valence because, of course, there never was a fetus who got morning sickness.

The auditor is looking for the pressure somatic, so he tries to coax the preclear by suggesting there may be other perceptions here which he might give some of his attention to.

These are not positive suggestions. They are simply on the order of, "Well, now what was some mannerism of your father's?" and the preclear will find something, and start to feel just a little bit of moisture, and wonder if he can feel it, and suddenly he will be right into his own valence.

As one gets into the basic area, a person has a much greater chance of being in his own valence, which is one reason why one tries to work for the basic area, although the main reason is to get unconsciousness off.

I have seen a case temporarily upset by shifting him out of Mama's valence when Mama was crying. The preclear was in Mama's valence and began to cry, and was crying along very nicely, but at about the fifteenth or twentieth tear the auditor said, "Get into your own valence."

The preclear tried but couldn't make it, the auditor was very insistent that he stay in his own valence, and finally the preclear got extremely angry and wouldn't work with the auditor for several days. When work was resumed, the case was not running pianola as it had been before. This is just a word of warning, it can happen.

Valences are very sharp for the psychotic, one can practically hear them click as they go past in some psychotics. As some of these become deintensified the psychotic will run the engram in his own valence. So, it is occasionally quite necessary to take the charge off other valences. But if there is no great manifestation in these valences, if, as the preclear lies on the bed and the auditor says, "Shift into your own valence," he curls up and then slides back into Mama's valence, back and forth, as the auditor runs out the preclear's valence, he will normally pick up the whole thing.

So, there is judgment to be used in this.

This can become more complex: "You're just the same as anybody else" can get a person into several valences simultaneously. In that case, the auditor would pick out the top-heaviest one and run it.

Just as a person's attention units can be latched up in several engrams simultaneously, so can he be in several valences simultaneously. Of course, there is an actual problem of valences at the beginning of the track.

The third type of engram is one in which the depth of an unconsciousness somatic is brought about by anoxemia (lack of oxygen), use of anesthetics, nitrous oxide, ether and chloroform, where the person goes in lightly and then gets deeper, and finally gets down to the depths and then starts out of it again.

AAs occur in the bank occasionally where the cord is nicked by some sharp instrument and it possibly prevents blood circulation for a little while, and the beginning of this engram avoids the impact engram. It is handled by keeping the preclear charging into it, and easing him earlier and earlier on each successive run.

If the auditor is running the bank a little bit later with sonic, he will get the clinks or any creaks or groans, but there is a difference between an impact somatic and one that sweeps in slowly.

Concerning erasure, there is the factor which an auditor needs to know, and that is that an impact may have an earlier beginning, and that two different types of engrams, particularly in exodontistry, may combine, giving an impact together with unconsciousness.

Firstly there is the smooth administration of an anesthetic. Then all of a sudden something happens, pain is administered and unconsciousness deepens until finally the person is permitted to come out of it. The moment of deepest unconsciousness is the moment of deepest occlusion of words, so there will be a combined somatic.

It is very difficult at the early part of the track to ascertain whether or not one is getting post- or preconception, because the context and somatics very often get bundled up with conception itself.

The confusion in the past concerning conception existed chiefly because there wasn't a good clean method of knocking conception out as can be done with existing methods.

I have not been able, in the past, to really ascertain the validity of a preconception engram. I have had people run them, and had them erase, complete with pain, but that is merely the context together with the somatic. What the patient attributes these things to is something else again, since that is computational. But the fact is that there are engrams in that area.

At first I was totally unwilling to buy any of this, but I said, "Now the file clerk will give us the engram before conception," because before that we had gotten nothing around the basic area; this case had been blank all the way along the line, so this was just a shot in the dark. Then I said, "And the somatic strip will go to the front part of this incident." We ran it, and it was a fight sequence between Mama and Papa where Mama implanted her lily-white toe in a private part of Papa's anatomy.

This was what the patient proclaimed it was, but all we knew was that there was a jar and a fight sequence with the words "You always forget, you can't remember anything, damn you, I hate you. Now sit down, I'm going to talk to you and you're going to listen to me after this."

Here was also a demon circuit. I ran this out and the whole case cleared up all the way along the line. Then I asked, "Well, did we get a preconception incident or a postconception incident?"

"I don't know."

But I had asked for it, and I hadn't gotten it until I asked for it specifically, then I got it and the case resolved. That is all the evidence I have. What one does with his judgment at a moment like this of course is to hold on to it solidly and keep his sanity close to hand. Don't blame me for any of this! Sometimes people will look at me most accusatively. All I can do is present the observations as they are observed and give the techniques to get similar observations and produce relief and a different and improved mental condition in the patient.

All I know how to do is resolve cases and produce clears. This is how we produce them. We start with conception, mytosis and any and every cell division on the line. Then there is the ovum at the moment it is knocked out of the ovary, and perhaps something happens before that.

Over on the sperm side are eight cell divisions on an identity basis, but simply cells. A cell has the peculiarity of passing along to the next cell its identity. So, cell A has the identity of cell A'. And A and A' might as well, as far as memory and recording are concerned, be the same cell. This is biology and a lot of testing has been done on this. There is no reason to suppose then that biologically, if an engram happened late on the chain, that it wouldn't go right down the line and all of a sudden be in the sperm and hit the ovum in conception.

If we are going to accept the zygote recording, we might as well accept that. According to medical science, there are eight cellular divisions that make the sperm, which is a mobile cell without its cytoplasm.

The next jump back is invariably somebody's death, but this is not on the same sperm protoplasm line.

I have noticed that this earlier death sometimes has slight emotion on it but never any somatics. So, what to make of it I don't know.

I ran one person back to the early days of the Roman Republic on successive deaths. Fortunately there were no engrams on that track.

But, don't be surprised if you wind up in such a thing. One young fellow was sent back just before conception and he landed, with a name, 74 years of age, lying in a hospital bed dying, with curtains around him. It happened in 1924, and he can't be shaken on these details.

I give you a word of warning on this. I went back and was killed at the Battle of Shiloh. I got a bullet right in the forehead. It wasn't painful, but a moment after the bullet struck, the sensation of conversation around me and everything else was very three-dimensional and beautiful. It was about the clearest visio and sense of being there that I would care to have.



Somebody said to me, "Hey, Jed," casually, and then, "Oh, no, he's dead!" Then the scene fades out and that is all there is. This thing was either keyed in or the whole thing was created out of whole cloth by my greatgrandfather who had been all the way through the Civil War, and when I was a baby he couldn't get anybody else to listen to him so he would sit around and tell me stories about the Civil War.

One of his favorite phrases was "It looked like the battle of Gettysburg," whether he was describing an accident or anything else. Scouting back through the bank, he never mentioned Shiloh.

After I had gotten up this material, I went back and got a bullet between my eyes at the Battle of Shiloh again. There was no pain, just the words "Hey, Jed. Oh, no, he's dead."

However this may be, I am telling you what you may run into. I'm not telling you to buy it, but as you come across this type of thing, don't invalidate the recall of your preclear just because you run into him walking down the steps of the Roman Forum or walking into the Senate and being stabbed in the back and saying in a faint voice, "Et tu, Brute?" Don't think he's crazy.

This sequence theoretically could pick up somatics, and in running back down the track and getting the earliest moment of pain or unconsciousness, I have occasionally uncovered an incident for which the readiest explanation would be that it occurred preconception.

At the early part of the track it is very difficult to tell exactly at what moment something has occurred, so don't shake up your patient because he is maintaining something occurred in an earlier life. It may be there, we don't know. But it isn't enough to invalidate his recalls, because then he won't work with you anymore.

The proof on this will be by getting ten patients and ten children and getting the tapes on the parents for every coitus and incident along the area of conception, preferably in amnesia trance, and then seeing whether or not the data tracks, which it will.

To get a person into this easily, one employs the technique whereby one puts the preclear in reverie and then says, "Let's go to a moment of sexual pleasure."

He may not go to a moment of sexual pleasure easily and one might attempt a courtship sequence when he is kissing a girl, or something like that along the line of sex.

The preclear because of demon circuits like "I can't feel any pleasure, I can't experience any pleasure, pleasure is evil, you must get away from it," may be cutting out the whole pleasure sequence. So, the auditor may not be able to do this. But if he can reach this, it is worth trying.

We can actually put him through a pleasurable sexual incident without asking for any data on it, just by telling him to return to it and to go through it without telling us anything about it. He can even go through the incident two or three times until he is well settled into it, and we can see by the expression on his face and so forth whether or not comparable emotion has been turned on. Then we tell him abruptly, "Let's go to conception," and he will land in it in enough cases to really make this technique worthwhile.

One can put a patient, for instance, into a fight dramatization, settle him in it, and then tell him, "Now, go to basic on the fight chain," and he will land at basic on the fight chain enough times to warrant the use of this technique.

So, be aware of the fact that you can travel the somatic down the bank and find the first time it was received. You can go back down on a phrase to the first time it was said. You can go back down the track on a sound to the first time it was said. You can go back to an actual age on a track. You are simply hitting perceptics. One of the perceptics in an engram is emotion, so you can go back down the track on an emotion, following similarity of emotion or somatic. You can

get similarity of anything and follow it in engrams. This is very valid as a technique and is something you should know how to employ.

Or, one can pick up a late lock when the preclear got a pain in his hand and follow it down to the first time his hand ever hurt. Or, one can get a time when he was wearing scratchy underwear and go back to the first incident of the douche chain.

The sequence you want instead of caging around about it and testing the patient for validity and so forth is to ask specifically for conception, and if he can't make up his mind which way he is going, ask him for the sperm sequence, and then, after he has run that out, ask him for the ovum sequence.

The situation which first uncovered prenats was a calculation which was based upon the initial observation that the earlier we went on the track, the lighter moments of unconsciousness appeared to be, as a general rule. Furthermore, the earlier we went on the track, the easier it was to deintensify moments of unconsciousness.

So, carrying this out to its fullest extent as a calculation, I observed that one had to go back to the very earliest moment, and that the earlier one went, the better chance he had of recovering an engram.

For example, a late appendectomy under ether may stick. But now let's go down to an earlier tonsillectomy, and we find out that we can go through it. Now we go down to the circumcision which was given under general anesthetic, of which there are very few. Circumcisions are seldom done under a good, thorough anesthetic.

By the time we get down there, this thing is really thin. So we take it to its logical conclusion and reach the moment where it's so thin that we can walk right straight through it and re-experience it a few times. By then we can see these later ones deintensifying and occasionally losing words out of them.

When I first researched this phenomenon, I decided to go even earlier to really find out. I never intended anybody to get to birth, but all of a sudden one day we were in birth, so we ran it. I was lucky, because that birth reduced.

It was obviously birth. He hit it in Mama's valence and reproduced Mama's screams. And the people who had the next suite of offices immediately started banging on the door. So I had to deal with them as well as a screaming patient on the couch that I was sure was screaming intuitive birth contractions !

After I had reduced this incident, I thought I had reached bottom on this thing. And then I found out that the next three or four patients couldn't reach birth and nothing would happen.

So I figured out, "The idea that life starts at the exact instant of birth by some magic is a ridiculous piece of logic. Let's see how far we can go in this. Let's just tell the person, 'All right. Let's go earlier.'"

So I got very smart, and on about the fifth patient I said, "Let's go as early as you can get." The preclear didn't know anything about prenats but in the next instant was into the sperm sequence!

At the time, I said, "That really is a dream," because my own credulity had been strained too far. But following that logical conclusion, we found the first missed period. The first missed period is remarkable for the number of times the doctor says, "Well, it's too early to tell yet, I'll have to wait and see." We discovered various coitus and bowel movement engrams in the preceding couple of weeks and then there was conception which was absolutely stuck. Using the same logic, I braced myself and told him, "Well, let's go earlier."

And the preclear said to me conversationally, "Shall I go to the sperm or the ovum?"

"Go to the sperm," I said. He did so, and ran off three rather simple engrams which erased rapidly. Unconsciousness came off and the sperm part of the sequence erased right up to the moment of impact and then stuck. This was one of the first times I ever did it with malice aforethought and said very bluntly, "Go back to the first moment of the ovum. Go back to the first moment of the sperm." And I had an easier time than I had ever had before in that area. This was following down the logical sequence. It would seem that there is something just before conception, whether in terms of days or in terms of minutes; or whether or not other engrams become bundled up with conception and are hard to extricate from it, I don't know.

I do know that an auditor is going to get better results if he just says very bluntly, "Well, go back to the first moment of the ovum now," and, "Go back to the first moment of the sperm."

Don't expect to find conception always an engram. But don't be fooled either by running it once and, finding no somatic, decide that it is not an engram. Run it three or four times, and one of those times you are liable to get more than you bargained for and find a real engram there.

Sometimes you run it six, eight, ten times and there is absolutely nothing there. It was a painless experience. It runs out perfectly easily and you come on up the track and start erasing, because your next moment of pain or unconsciousness is available.

Following this out logically, we don't automatically say that basic-basic is conception. Because if we get back to something that looks like basic-basic and try to erase it and it won't erase, obviously it can't be basic-basic; there's something wrong with it.

So, the word basic-basic refers to the earliest moment of pain or unconsciousness, which leaves it flexible. Basic-basic can be a fight, it can be coitus, it can be many things.

I have even found basic-basic well up the track, evidently, from conception. Things apparently ran along in beautiful serenity, and the first clue that anything was wrong in the exterior world was when Mama fell over a chair and banged herself. The zygote got a jar, and that was basic-basic, several days after conception.

When I open a case, I normally ask the case to do the optimum that the case should do. And then I start cutting back from the optimum. I assume at first glance that this patient is moving on the time track, has all perceptics, is in his own valence, and that everything is going to go along well.

I asked one case for pleasure moments to see if he was moving on the track, and then said, "Let's go to basic-basic." We didn't get basic-basic but we got charge off. If that gets results, that is the simplest form. If you can't settle him in anything, try to take some line charge off the case.

There's no reason why, if one discovers a sexual pleasure moment, one cannot say, "All right, you don't have to tell me what's happening, but let's just contact it a little more closely. Now, you know what's going on, let's get a tactile here," then throw him into conception with the words "The somatic strip will now go to conception." Sometimes it's painful and sometimes it isn't. There are all sorts of factors that would enter into it. Quite often there is a sort of a visio. It is as though a sperm had cat eyes—seeing but not seeing, as though there is an actual contact and concept of what is going on. This may be a type of blueprint which has gotten into the sperm. After all he has to be a navigator of sorts. There is a certain sentience in the way a sperm steers.

At present, I am looking for ten identical twins separated at birth. And we are going to run them for the university textbook of Dianetics along with 3,000 case histories processed by computers, which can then be correlated.

There is a point when specific somatics start occurring, where moisture may be able to reach one part of the embryo without reaching another. Right after the first missed period, half somatics occasionally will occur because of douches or abrasives or something of that sort.

One is still getting pressure somatics on the rest of it but they are getting less generalized. About the third month, specialized pains start to occur around the feet, and so forth. They may occur slightly earlier by virtue of something like a sharp hatpin which comes by and bruises. But most of this bruising of the very early AAs succeeds the first missed period.

Don't be surprised to find AAs taking place at 6 months, because it is not unheard of, particularly when Mama has been foolish enough to try to hide her pregnancy from Papa, which really confuses the file clerk.

Perhaps Mama has been pregnant for three months, and she is not sure that she's pregnant by Papa. She has finally raised the nerve to tell Papa, but now she can't tell Papa that she has been pregnant for three months because Papa would be very angry at having been deceived. So she gets herself in even further trouble, thinking that she can get rid of the baby anyway.

She may say that it just happened, or that she just noticed it. And then you will find Papa insisting, up to 6-6/2 and even 7 months, that they get rid of it. Then one day he will take a look at the swollen condition of her abdomen and suddenly decide that this child is much further advanced, and later, when it is born, there will usually be a nasty scene.

She may be saying to Papa, "I can't get rid of it, you can't make me get rid of it. I'd just lose my mind. I'll work and I'll slave if you let me keep it. Don't make me get rid of it, please, please don't make me get rid of it."

And Papa is saying, "You've got to get rid of it now. Get in there and get it out." The auditor then becomes pseudo-Papa in the preclear's mind the moment he tries to run engrams in that area.

Then there is this terrific dramatization on Mama's part, and this big dramatization on Papa's part, with Mama loving the dear little child so, and having to hold on to it, and then we find her, after Papa has turned in, or after he has gone to work in the morning, attempting to abort the child. So, she is putting up a big show to Papa, meanwhile trying to do something else. She shifts into valences about the whole thing.

As one comes up the bank and finds a sharp penetration, one is later than the first missed period, and that is not basic area. Basic area is before the first missed period by definition. Usually things in the basic area will reduce or erase when first contacted.

Therefore it is very necessary to know what part of the track one is on. If there is a very localized somatic, such as a hatpin going just by the heart, or something going through both ears, or something going through both eyes, one is further up the track.

The healing power of the fetus is extraordinary. After all, it is surrounded by amniotic fluid and all of the proteins and everything it needs. It is even getting a food supply without having to exert its own organs, and it is getting oxygen. It is very difficult to damage. And because it is right on the blueprint and is reading it off the blueprint, its ability to repair that damage and recover is pretty good.

There is a period in an embryo when the eyes are on the side of the head. Why even a slender hatpin wouldn't just take out all of the cells that are busily constructing eyes, I don't know, but that is not the case.

The mouth, too, is often in a peculiar place, giving seemingly impossible somatics.

There will be a mouth somatic that would be impossible to make on an adult with one thrust. One may be looking for a couple of thrusts to make such a thing, but will find out on glancing at embryology pictures that it is quite easy to do.

Also, the knees are so drawn up in a fetus that occasionally with a blow a knee may go into the jaw, pushing the person's knee practically through the back of his head. Yet even this damage repairs. None of these things are painless, but fortunately the recording mechanisms of pain are not very sharp when we return to them in reverie. It is the feeling that such a thing would be painful that sometimes keeps people off this level. If they have even a ghost of a control mechanism, they will sheer off from these things. It is always a surprise to somebody to run a somatic and find out how mild it is.

With a lot of these "I don't know" cases there is a series of confusion engrams on this very thing of, "Let's see, when was it, what was it, I don't know, I just couldn't believe it was true, because if it is true then I would feel so awful. Gee whiz, I wonder, did I have my period last month, or didn't I? Now let me see.... Maybe if I squeeze my abdomen hard I'll be able to start something coming. I'd better start it now...."

I found one case where Mama had drifted through into the third month in a complete lapsed amnesia on the fact that she had missed two periods. And when the preclear hit that one she was really confused. She would go through the calendar, and this whole incident was full of numbers. "Was it this date or was it that date? Now let me see, that was the day I did this, but that couldn't have been that, because I must have missed that period, because I don't remember. Now let's see...."

The auditor's first goal in the case is to get as early as possible and get some unconsciousness off. This makes it undangerous, right there. After that it is quite difficult to do anything seriously harmful to this case, or stop therapy, short of a very bad break of the Auditor's Code.

The auditor could run an engram and leave it halfway reduced through some auditing error, and it wouldn't hurt any. If the auditor did that before the first unconsciousness was off, he might find the patient extremely restimulated and very upset. In an incipient psychotic, if one was to hit an engram and not run it fully, there is a possibility that one might trigger him. But if one has got unconsciousness off the case, with two or three erasures down at the bottom of the track, and one keeps running it and then hits an incident and half reduces it, there will not be a psychotic break.

Because the common denominator of all engrams is unconsciousness, the things you want to get off this case, first and fastest, are painful emotion and unconsciousness. They are sort of twins in two different aspects. But you get a very lasting result if you can knock out the painful emotion.

You can enter painful emotion anytime, you can stir it up, you can go through it, you don't have to reduce it, you can walk off and leave it. You can handle locks this way too, and run a lock halfway through and then walk off and leave it. And you could do anything you want to a lock or a painful emotion, grief engram.

If you can get off painful emotion right at the beginning of the case, it will discharge, and the person will have a resurgence which is a very marked, fast improvement in the case. He may go into reverie feeling as if all is lost and always will be, but he will come out of that session feeling, "Well, all may be lost sometimes but it feels pretty good right now." And he won't drop back down again.

No release is a release, honestly, until painful emotion is off it. That painful emotion is what keeps the bank and the demon circuits charged up because once it is gotten off, the charge in those circuits is much lighter.

Furthermore, painful emotion can occlude the early bank, particularly when it is very active. Either painful emotion or early physical pain engrams will come off the case, one or the other, or an engram will deintensify where the person is stuck on the track. One of these things will happen in a case if it is fished for.

So, one tries for that painful emotional discharge, and one tries to get some painful emotion off the case. If this happens, one has made a very marked and permanent gain.

One can sometimes get a case which has a lot of line charge on it, but the case will cry about almost anything and the auditor can spend dozens of hours running over incidents. About that time he had better suspect a demon circuit which says something like, "Cry, I'll make you cry. Go on and cry."

There can be a command somatic to "cry" just as there can be a command somatic "Don't cry." One will produce no tears, and the other produces tears for everything. That isn't a real painful emotion or grief discharge, simply a command that produces a flow of tears.

So, to try to get this off with Standard Procedure, one must get down into the early part of that bank and get some unconsciousness off, at which point the whole engram bank will start to soften. If one gets a little more unconsciousness, it will soften some more and so on, until, as the case runs along, the preclear will be in his own valence in the basic area and can run basic-basic out. After this the whole engram bank will soften up so one can hit anything in it, from the top to the bottom, run it and get a reduction of it. Therefore, it is very important to get off the physical pain and unconsciousness in the early part of the track.

Painful emotion can be taken off the case and the person will feel better, will have less occlusions, and will have more engrams available in the bottom part of the bank, but it won't soften up the engram bank. After running off painful emotion, don't expect engrams to lift more easily, because they don't. They are, however, more accessible.

When the painful emotion is off a case, it will be stable. One doesn't have to take a single basic engram off the case to produce a release. It is more or less gauged by removal of painful emotion and gaining a stability on the case.

When going for clear, one doesn't care where one pulls anything out. One is not trying to make the case comfortable, one is just trying to make him run. Sometimes the auditor will have to take off the painful emotion before he can get the engram bank out, and sometimes he will have to take the engram bank out before he can get the painful emotion. If he has to do the latter, he will have to take the engram bank out in the basic area first, before he can get off the grief. Then, of course, when he does so, he is leading up to a release again. But he must take off the painful emotion.

Having reviewed what to do with engrams, how to shoot engrams apart with repeater technique, what to look for to get early and that sort of thing, I am going to give you another look at Standard Procedure, Steps Two and Three.

Step Two consists of running with the somatic strip obeying and the file clerk cooperating.

When we start to get odd effects, and we are not getting anyplace, and the case seems to be bogged down, it is time to find out whether or not the patient is stuck on the track. If we can't free him on the track and shoot out the engram in which he is, we go to Step Three.

Step Three uses straight memory diagnosis. Straight memory diagnosis is something that an auditor has to experience himself and understand. Straight memory depends upon this fact: That thing which is worrying a person, about which he is concerned, normally has been told to him in exactly the words that he is worrying about it. Get him to remember who told him this, and one will knock locks out. We have used this technique for validating reality, now we can knock out locks with it.

One can actually destimulate engrams by getting the person to remember. One can kick out a whole aberrative computation that has been chronic half the person's life just by getting him to remember a specific incident when it was said.

Although this will only happen in a small percentage of cases, one can get such a tremendous relief just on straight memory that it is enough to make it miraculous.

For instance, the auditor asks the preclear, "What's worrying you?"

"Oh, I don't know, I guess I'm just no good. I keep thinking about it all the time. I've been trying and trying and trying to get along but I can't."

"Who used to feel like this in your family?"

"Oh, I don't know."

"Well, come on. Who used to feel like this?"

"Well.... My father, yeah! My father used to feel like that."

"What did he say?"

"He used to say that he had an awful hard time getting along in life."

"What did he used to say about it?"

"Well, let's see, he said, 'I'm just not good enough to get along,' something like that."

"Now, you can remember a specific incident when this happened."

"No."

"You can remember one. Let's try. Where would he be standing when he said it?" "There are so many of these things, they are hard to remember." (The auditor has just now opened up the memory track.)

"Well, pick out one of them. Where would he be standing?"

"Well, he's standing over there."

"What would he be wearing?" and so forth. The auditor in this way leads the preclear into this line and all of a sudden he has got a lock on a straight memory circuit. The auditor is not returning the preclear to it, he is simply knocking it out on straight memory.

Now, all of a sudden the person will say, " 'I'm just no good.' Ha-ha, very funny. I don't know why this strikes me as funny but it's very funny."

Yet, right up to a moment before, this person had been held up on the track all the way back because somebody couldn't get along, or something of the sort. This technique brings him up to present time out of some of these locks and destimulates engrams.

As an auditor practices with this straight memory technique, he will learn very rapidly when and how to produce in preclears in 10 or 15 minutes a most remarkable sense of relief in a large number of cases.

But even if the auditor doesn't get the relief, he has something much more valuable—a diagnosis. He is getting the words of Grandpa's or Grandma's dramatization. And Grandpa or

Grandma was the aberrative character in the case. Then by using repeater technique he can plunge for demon circuitry, which will be covered in another lecture. By using the above three step procedure however, on any case that is bogged down, the auditor has a technique that will straighten it up.