

THE IMPORTANCE OF GETTING ENGRAMS

A lecture given on
2 August 1950

Get Engrams!

Standard Procedure is covered in the first bulletin on the subject which went to the printers today. However, that bulletin does not include the most important step of Standard Procedure, and that is: Get engrams! That should be there in great big capital letters, the kind a person would use to announce a war. GET ENGRAMS!

Actually, Standard Procedure merely tells you the mechanisms which present you from getting engrams. The end goal of therapy is to contact, reduce, or—better—erase engrams.

The point is not to shadowbox and ask somebody suddenly, “How old are you?” and then smile and say, “Who used to wear glasses in your family?” then smile again and say, “Well, close your eyes,” and pick up the book to page something or other and say, “The cancelers will now be installed,” and then put the book down very carefully.

To install a canceler you simply say to the person, “Anything I say to you in therapy will be canceled when I say the word canceled. Now do you understand that?”

The person says yes and off you go. The end product of all of this effort is the reduction and erasure of an engram.

The business of attacking engrams will go forward, Standard Procedure or no Standard Procedure. You just keep asking for something long enough and you are going to get it. That is the way Dianetics used to be done. You simply asked for engrams in the basic area and you kept on asking for engrams in the basic area. Or you got the preclear into the case up the line where you could reach engrams and then you took him into engrams in the basic area. You used his imagination, you talked with him about controlling himself and a lot of other things. You “undirected” him, and finally you had him try to contact more engrams in the basic area.

I never had a case go more than about 18 hours before I contacted engrams in the basic area, and that’s by being tough. That’s not by playing anything soft. One can be sympathetic, but work adroitly. Solid force alone is not going to get anyone anyplace. Just keep charging the patient down against the bank. “Go early, go early, go early. Repeat this phrase.” If repeater doesn’t work on it, “Let’s go to a time when you bawled out somebody,” and the preclear starts bawling out somebody. Then say, “Let’s contact that first part of your bank.”

Keep trying for engrams using things that he can remember were done to him and how he reacted, putting him in that situation. Restimulate him emotionally and then try to get him early in the bank. Work at it constantly. How fast one thinks and how adroitly one tries to do it has a lot to do with it, but it works out on a pure case of “slug.” You just get in and hammer away, telling the preclear to go, and finally he goes. The engram can only hold out just so long.

Lots of cases open very discouragingly. You seemingly work and work and work and get nowhere on the case. The preclear’s sense of reality is very poor, he doesn’t know whether he is contacting anything or not and he doubts that Dianetics works, and what is the use? If he does get well, he will just die anyway; it says so right in the engram. But keep working at this and sooner or later the somatic strip will get itself parked someplace in the bank, somatics will turn on and something will happen. And you keep going down on that line.

Now that’s crude. You will lose time if you are going over obstacles which you don’t immediately recognize, such as a “control yourself” type of engram which causes the patient never to be under the auditor’s control.

You would be surprised at the versatility you can demonstrate as an auditor. One of the ways you can do this is to have someone run around the block 20 times—all four streets of the block—then bring him back in, sit him down and say, “Go to basic-basic.” He very often does. You have gotten him exhausted. The person goes into a slightly analytically attenuated state and there is a general collapse of his own resistance mechanism. It takes the demon circuits down at the same time. Don’t overdo it, or what would normally have been a light engram could become a convulsion, although you can still get him out.

It is a natural law that the less reason one applies, the more force one has to apply. Force and reason are two sides of an action. You can apply force, you can apply reason. The less reason the object of your attack has, the more force you should apparently apply. But every little bit more reason that you apply against an insentient object, the less actual force you will have to apply. If we are building a dam, the tough way to do it would be to take a bucketful of sand and start building in from the sides of the river banks, because the sand would get washed away and we would keep on trying and trying and trying. We might sooner or later get the river dammed up, but it’s a lot smarter to go at it with engineering technology and move the river, and then play the dirty trick on it of making it run our hoists by putting in a little hydroelectric plant before the dam is built. Finally, if it is worked out right, the river practically dams itself up. One can actually hydraulically shift the banks out of a river with the river itself, so that the bank will cave in and the river will dam up! But the less brute force is used, the more reason has got to be applied.

It works that way with engrams too. Engrams are pretty insentient, but it so happens that the analytical mind is sentient, and that demon circuitry—being usurped portions of the analytical mind—can still fight back at you and can make it pretty hard for you. So one of the ways to do it is to simply tire the preclear out, or work him sometime when he is tired out, or keep him working until two or three o’clock in the morning, after he has been working in the office or digging ditches all day. If he doesn’t contact an engram that day, let him work all through the next work day and keep him up most of the next night and work him late that night. Sooner or later he will collapse and give you an engram. Such a person could go into a momentary psychotic fit, which is alarming, but he will also come out of it. Such a case would probably have been an incipient psychotic to begin with, but that is taking it out the hard way.

Standard Procedure gives you a method of threading through the various obstacles on the track and getting an engram. If you do it very well and if you have good luck, you will wind up knocking out engrams in the basic area, and that is what you should do because this will work easily. It makes minimal force necessary. You will find engrams in people that you would otherwise find very tough cases, but it doesn’t knock out the technique of slug when necessary.

You can give the preclear the idea that he is going somewhere by giving him a push on the shoulder and then saying, “Go to basic-basic.” This gives him the idea he has been shoved someplace. It sometimes takes the person quite by surprise, and he finds himself moving on the time track when he wasn’t able to before. It acts like a transfer of energy.

Another way of handling a case who is stuck on the track is to mount four lady’s handbag mirrors on a phonograph record and then make the phonograph record turn on the turntable on which there is a small masked candle. The person can’t see the candle but he can see the flicking in the mirrors. Very soon he feels like screaming or jumping out of the window and you get up an engram. He doesn’t get hypnotized, but the impulse going back against the engram has been to bring the whole thing up to the surface. It is a very interesting technique. An invalid technique right in company with that is narcosynthesis. Hypnosis is not bad. Narcosynthesis is plain murder. If you contact something in narcosynthesis, you throw it into permanent restimulation. Don’t, as an auditor, make that horrible error.

One can’t lay down a blanket rule and say don’t use narcosynthesis, but let me give you this very definite precaution in using it. Don’t touch any late moments of physical pain and

unconsciousness in the case. Leave them alone. Don't even try to go in toward them because you can put them into restimulation, and when they have been restimulated by the auditor with the patient in narcosynthesis, the engram is in full restimulation when the drug wears off.

If you restimulate an engram on a patient when you are using straight reverie, you can expect that engram to die out in about three to four days.

For instance, if you have restimulated a person's birth, it should be that three or four days later that birth will have again recessed to the point where it was.

This will work the other way too. If you attack an engram which isn't ready to come up, and then wait three days, you will find out it is right back where it was before you started slugging it. The mind is maintaining equilibrium on that reactive bank. Try to push it out and three days later it will be back in again. It is simply going into recession.

I'm referring now to a super-supported moment of unconsciousness. It is something late on a chain. If you hit it in narcosynthesis and apparently erase it, even then three days later it will come up again. However, if it was touched in narcosynthesis it will now be keyed in hard.

The mechanism of key-in isn't very hard to understand. An individual has an engram down the track. Further up the track he has got a lot of engrams in restimulation, so he has a little analytical shut-down, and then some similar circumstance to the earlier engram happens. That is a key-in—a lock.

The engram was dormant until its lock kicked in. Now, supposing he is very tired at this moment of key-in, it will key in a little tougher, together with some pain. Now let's say that he is exhausted, it becomes a little bit tougher. Now let's say that he is drugged, it's just as though the engram moves right up the track so that it is not only earlier on the track, it's also later.

Narcosynthesis can effect a major key-in of an engram. Furthermore, narcosynthesis cuts off somatics. It's an anesthetic.

All the hypnotics are anesthetics, and the anesthetics are hypnotics. It's a wonderful demon at work. For instance, the anesthetic nitrous oxide is not an anesthetic, but it works very well as a hypnotic because it doesn't close down the body's cells. Take the hypnotic, scopolamine, administer that and you get the reverse effect. You get an anesthetic.

Chloroform is not supposed to be good because it is too critical, there has to be too much of it, and the margin between life and death in chloroform is too narrow. Nevertheless, chloroform engrams are easier to get out than any other in the group. Ether compares with chloroform, nitrous oxide is very bad. Chloroform evidently has a definite anesthetic effect besides the fact that it knocks out the analyzer. Knocking the cells out is one thing, knocking out the analyzer is something else.

In narcosynthesis, the cells are knocked out. But what is needed, if anything, is to knock the analyzer out. So drugs could fall into two rough categories:

1. The drugs which knock out the analyzer.
2. The drugs which knock out the whole cellular structure.

I hope that some biochemist will find a gas that won't be a bad thing to have around with which one could work psychotics. Try and work a psychotic under sedation sometime, however, and you will find out that you have slowed down the psychotic's recovery markedly.

Working psychotics without any sedation at all, letting them scream, apparently working them when they are insentient, when they won't pay any attention to you and are utterly closed as far as you are concerned, you still get further than when you work them under sedation. They look

so quiet, and they are apparently so accessible when they are in narcosynthesis that one falls very readily into the error of assuming that the analyzer has been closed down to some degree. The analyzer has not been closed down by the drug; the cells have been rather uniformly drugged throughout the body so that everything is closed down, but that everything includes the reactive mind.

What is needed is a gas, for instance, that does nothing but close down the analyzer.

Patients hallucinate after a few whiffs of nitrous oxide. The reason it is called laughing gas is probably because a person who is caught on the time track starts to go unconscious when he starts into the engram, and his method of rejection is a titter.

Take a patient who is caught on the time track, hypnotize him, push him into nitrous oxide, start to render him unconscious and he goes straight into the engram. He will get into it a short distance, and if given very much more gas, he will simply run into the unconsciousness of the engram and become unconscious.

If given a little less, he may be kept at an optimum level instead of unconscious or wide awake; however, when it kicks back in, he giggles uncontrollably.

The person who giggles every time you try to give him an order is going back into an engram. The hebephrenic (after Hebe, the cup bearer of the gods, who evidently giggled a lot) is chronically on the verge of tipping into the engram bank.

You could also work in amnesia trance and accomplish practically nothing. It's the most astonishing thing in the world to put the patient in amnesia trance. He gets stronger and stronger and tougher and tougher, and he works better every time we put him down the track, but every time we wake him up he says, "I just feel terrible, I'm getting no place. I'm almost going crazy...." Clearing someone using amnesia trance takes about twice as long.

When he gets up the line to where he starts to recount very quickly, aberrated personality hangs out until the last ditch, and as far as "I" is concerned, all these engrams are present. "Yup, I'm still allergic to soap chips. That's all there is to it. Obviously in the past I have failed miserably at everything. Therefore I shall continue to fail miserably at everything."

Of course, whenever he saw anybody go into a tantrum, he used to become very nervous and shaky. Now he watches this person going into a tantrum and he says calmly, "I'm very nervous and shaky," and he is convinced that he is still nervous and shaky until you get this last layer out, and then "I" starts looking over the track and whole sections start leaping into view simultaneously as big chunks of life start coming out of occlusion.

"I" doesn't manifest any surprise; of course he knew it all the time.

Running a patient back down the track in reverie, we find out that he can collide with basic-basic very easily. "I" has the collective, directional force to effectively lift his attention from engrams to that engram. But in amnesia trance, one is working with a collective bunch of attention units without any collective directional force. They depend for their directional force upon the "I" of the auditor. The auditor is now "I" complete, and you have cut your equation down this much. The "I" of the preclear plus the "I" of the auditor, when added into a single attacking force, is greater than the ability of the engram to resist. In amnesia trance we have only the "I" of the auditor, which alone is not great enough to send the person all the way back down the track into the basic-basic area in most cases. Probably sooner or later somebody will be able to get all the way back down the track in amnesia trance, but it will be a rarity.

"I" says, "This is easy. I don't have to suffer," and deteriorates in his responsibility toward engrams, and you get the phenomena that Bernheim spoke of back in 1884—dependence. He said that hypnotic therapy was of questionable value because it created a situation of dependence of the subject upon the operator. That is the situation. All of that dependence blows

out as time goes on, but "I" gets more and more complacent about the auditor going in after the engram. He becomes more and more easily directed up to the point when you actually get the last one out, and "I" sees at last that he can face it all, at which point he can't be hypnotized anymore.

If one hypnotizes a person on Tuesday and says, "You cannot tell anybody anything," and then hypnotizes him on Thursday and says, "You can tell everybody anything you want to," giving it the same weight in both cases, and then lets him awaken, one will find out that the person can't tell anybody anything. There is a time priority in progress. Or, if one tells him, "You can tell everybody anything you want to," on Tuesday, and on Thursday says, "It's all a secret, you can't tell anybody anything," he would go on talking, and telling everybody everything.

That experiment can only be made if these commands are not falling squarely on early engrams, because there may be "can't tells" in these early engrams.

The auditor has to do a lot of broken field running to get there in most cases. Of course there are pianola cases that run out engrams automatically and hardly require an auditor.

Establishing a dependency of "I" upon the auditor is establishing a false rapport.

A person who has been hypnotized will take anything as a break in the Code, his dependence has been intensified to such a degree. The auditor has entered the individual "I" in on top of his bank to such a degree by this that if he now says, "I'm tired tonight, I don't feel like auditing your" the preclear will burst into tears.

That situation of rapport is something which makes it dangerous. The other one is that a hypnotic suggestion is only another engram, and if you have ever seen anybody with an engram which would run out other engrams, you let me know!

It does no good to sit on somebody's chest, hurt him, install a canceler and expect the pain to come up. But the following will work: You can take a person who has a badly cut hand, hypnotize him, and tell him, "In the future when I say the word abracadabra, what I'm going to say to you now will be canceled. It is impossible for your hand to hurt. Your hand will not hurt. Your hand cannot hurt now. You will feel no pain. I can do whatever I like with this hand and it will not hurt. Now you can forget what I am saying. When I count from one to three and snap my fingers, you will awaken." Do that and the person wakes up and his hand doesn't hurt. Then you do whatever has to be done to it. Set the bones in it, sew it up and so on, and then when you have finished this process, let it ride for an hour or two and then suddenly say, "Abracadabra," and the pain will turn on.

But you can't run a person unconscious and then hurt him and then put in a canceler for what you said when you hurt him. To give him the canceler knocks out the rest. Because hypnosis is only a shadow of an engram, it is a counterfeit engram, but it has some of the cooperation of "I" in the computer. The engram will lie on a much deeper level than hypnosis will ordinarily.

Don't attack any doctor on the grounds that he is practicing anesthetic hypnosis. Anesthetic hypnosis is perfectly valid. If it can be done, it's fine. But it ought to be done by a doctor for a certain purpose and it ought to have a canceler with it. Then after everything is finished, you ought to run out the whole thing, because if you go back afterwards you will find that this person's finger will hurt every time you say the word abracadabra as it is now a restimulator for that pain. Run it out and you will be astonished to find your own words coming out of the pain.

Hypnosis is cursed by me when it is used as a parlor trick. It is about as safe to have in the parlor as a black panther. People also use hypnosis as a tool of perversion. The number of perversion hypnoses that I have run out of people is astounding. It is a common sight. Hypnosis is very easily done. It is amazingly simple. A lot of people don't believe in it, but that

is like not believing in whether the sun is shining. Hypnosis does work, and it works in a very good percentage of cases.

Evidently the person who is stuck on the time track gets the least response. I have freed a person on the time track and then hypnotized him, but couldn't hypnotize him unstuck.

I have had to do a lot of research work to get to this information. The western methods of hypnosis, while they are not as thoroughly effective as others that have been developed, are still pretty deadly. They are as good as anesthesia. You can take a woman in childbirth, before any labor pains have started, and hypnotize her, if she belongs to the 25-45 percent of people who can be hypnotized. Be careful that the child is not in pain, or crowded or uncomfortable. Ensure that Mama has been lying down for a couple of hours, so the child hasn't been jostled any; now you hypnotize her quietly in the absence of noise and tell her that during childbirth she will be able to cooperate with the doctor fully, she will not feel any pain of any kind, will be able to eject the child as naturally necessary, will not be frightened, and that she will be very calm about the whole thing. Give her a forgetter mechanism by telling her to forget it as you talk to her, then give her a canceler and tell her to wake up. She will then go through childbirth like a little tin soldier, unless she has a terrifically powerful birth engram herself at which moment this whole house of cards will collapse. Nevertheless it is a useful technique and it shouldn't be discouraged in the field of anesthesia.

But, you may find somebody who is thinking, "Oh boy, I can hypnotize people and I'm going to show you how to do it. Now, Mrs. Jones, you just sit down on the chair, I'll hypnotize you so that everybody can see. Mrs. Jones, you are now a seal. Bark." I have seen this and run it oltt ad nauseum. Hypnosis is not hard to run out, but I was astounded that it was as common in the society as it was. I started checking around, asking people at random, "Have you every hypnotized anybody?"

And someone would say, "No, but I did used to have people look at candles when I was in college and they would start to look sleepy."

Or I would say, "Did you ever hypnotize anybody?"

And the person would reply, "No. Don't believe it can be done."

"Why do you think it can't be done?"

"Well, it's been tried on me about six times." That there is this much hypnosis floating around in the society is astonishing.

Returning to the subject of engrams, realize that they can be reached with continual asking. Never give up, because the engram will eventually give up.

Standard Procedure has as its end the running and erasure of engrams.

Somebody sitting in an office with people coming in hour after hour hasn't got time to clear everybody he sees. He can use straight memory technique as a therapy, and it will operate often enough as a therapy to warrant the use of it, because it will only take him 10 or 15 minutes.

He could work it maybe for four or five days, the patient coming in for just a few minutes each time. He asks him a few questions, gives him some homework, tells him what to remember, and has him come back the next day. Not less than 20 and not more than 50 percent of the cases he handles this way will experience a full relief of their deepest concern and trouble. So it is not to be neglected as a therapy.

You can use that technique and you will find out that a lot of people will relieve suddenly, and that if you are really working at it, you can get all sorts of things to turn off.

Asthma, unless it was keyed in prespeech, could kick out on this. As you run it, you are trying to find data. But if you, while trying to find data, find that you can relieve the patient of a concern, know that you can also furnish more attention units to "I" and he will be a less aberrated "I."

When you are working this straight memory technique, don't go too deep. The moment the preclear feels fine and cheerful, leave him alone. Don't try to carry this case through to a good release of the psychosomatic illness via the erasure of engrams or the reduction of grief engrams particularly; because if you pursue this very far, you will just key it right back in again.

Here is an example. A person has been feeling terrible for about six months and he doesn't know what it's all about. He complains, "I just keep having this pain all the time, doctor, and it doubles me up."

"Well, how long has it been that way?"

"Oh, gee, a long time. Last October it started in just mildly, but it has gotten worse all the time. It just doubles me up."

Of course, you could put that person right down the track, probably, and find the engram which says, "It just doubles me up."

This is assuming that we don't want to work with this patient more than 15 minutes; he has come in doubled up, and all we want to do is give him some relief. We can give him relief by giving him phenobarbital, or telling him that he should lead a calmer life, or to take it easy, or we could actually try to figure out what this bizarre pain is. We know it is probably not his liver like he says it is. It probably has nothing to do with gallstones. It's just a pain. On the authority of the Chief of Medicine of Bethesda Naval Hospital, these pains and psychosomatic illnesses in general are said to comprise about 70 percent of man's ills, so a doctor with these people coming in is going to get a lot of traffic in this sort of thing.

What you want to do is knock out a lock. The fastest way that you can do it is to start searching around to find out what happened to him six months ago. He says, "Six months ago nothing happened to me, just nothing."

And you say, "Well, six months ago what was the date? Where were you? Were you still working at your job?" and so on.

"Yes, same job."

"Who died?"

"Nobody."

"Well, who left you?"

"Oh, my wife."

And then you say, "Was it a permanent separation?"

"Well, I've been hoping to get her back. I do want her to come back."

And you say, "Were your parents ever separated?"

"Actually, yes."

Now you start in on the conversation he had with his wife before she left. This is all on straight memory, and you suddenly find out that he was redramatizing the parents when they separated and you get him unidentified with this one scene which takes place down the bank.

That was the key-in, but it is probably sitting on prenatal. If we can find the first key-in when Papa and Mama really separated, we can use straight memory to find the later dramatization of their separation. If we can get him to remember that, we can stop him identifying, because he suddenly recognizes that what he says is the same as Papa.

Quite often you will get, "Ha-ha, very funny." And he will start to straighten up. Maybe he also recognizes that he was to some degree dramatizing his mother. You don't tell him this. You just make it obvious to him and he laughs about it.

You say, "How's the pain in your side?"

"What pain?"

If you are lucky it will stay gone from there on out. Actually the pain may have been such a thing as an AA, "If you don't get rid of this baby I'm going to leave you. I'm going to bust this whole thing up. We don't get along." ("We don't get along" is a holder.) "Why don't you leave?"

"All right, I'm going to leave." Bounce, hold, bounce, hold, with a key-in much later.

Knock out this key-in with straight memory and we haven't disturbed the earlier engram that's still lying there. But out goes the bizarre pain.

This looks like magic. It is miraculous when people see one of these things work. They say, "Faith healing is nothing compared to this. Just ask a person a few questions, and all of a sudden his pain goes away."

Of course, potentially, a person has hundreds of these pains in the bank. You can expect this person back again. He won't have the same pain the next time perhaps, but he may be complaining, "My head keeps hurting and I just don't know what to do."

And you say, "Well, what happened to you?"

"Nothing. "

"Come on, something must have happened to you lately."

"Nothing has happened to me lately. Nothing at all."

"Has there been any change in your life in any way?"

"Well, I lost my job, I got fired last week."

So we find this big proposition here when Papa got fired off a job and came home and said, "Oh, my head aches so, I'm going all to pieces. This life is done," and so on. Except this lay on the time Mama bumped into the table while the unborn baby was upside down and hit the back of the baby's head! Knock out the key-in, but don't disturb the underlying engram.

That's why we don't put the patient in reverie if we're going to do one of these things, because if we did, we would undo our own work. The moment we go back and fail to reduce that engram, we may just restimulate it. We can try to knock it out by key-out, but that may put the engram into tougher restimulation, so there is a point where you stop.

I found this out the hard way. I wondered why this was taking place. Somebody would walk in and say, "You know, my ulcers are just killing me today."

And I would say, "Well, has anything happened to you lately?" Or, "What have you been worrying about?" Or, "Who's dead?" or something like that, and the person would tell me. I would knock that out and the person would feel better.

He would go out and eat shrimp and pickles and drink a glass of milk, and feel swell. At that point an auditor is likely to say to himself, "Well, that's pretty wonderful to be able to do a thing like that."

The preclear comes back the next day and the auditor thinks, "I bet I could fix him up, get him to take his glasses off," so he says, "Close your eyes, let's go back to that," and all of a sudden the preclear grimaces, so the auditor says, "What's the matter?"

"It's my ulcers."

The auditor immediately concludes, "Oh, I've failed utterly," or, "It just happens that every time I stick my head up somebody knocks it off. I can't ever win," and other engramic dramatizations.

That is what we are up against.

So you have got to make up your mind about straight memory. If you are going to treat a patient using straight memory, do so.

You have to decide right then whether or not you want to put this person into a release status, or are you going to be willing to carry this patient along. Because, when you put him back down the track in reverie, that headache that you just turned off so beautifully may come straight back. That doesn't say it is going to happen every time, but it happens so often that it may disturb you.

I cured a toothache in California recently. I phoned someone who said, "I just can't seem to hold my head up today. I'm sorry, I feel terrible."

I said, "What's the matter?"

"I have a toothache," he replied.

So I said, "Well now, do you remember something very pleasant that you did recently?"

"Yes."

"What were you doing?"

"I was down in Santa Monica, I had had a nice drive down to Santa Monica with a couple of friends of mine and I was talking to them about Dianetics."

"Were you making a good impression on them?"

"Yes, made a swell impression on them."

"How did the ocean look?"

"Beautiful, just gorgeous." (His voice was picking up.)

I said, "How's your toothache?"

“What toothache? Oh, it’s gone!” 3,000 mile dentistry cure!

You can kick a person out of a light key-in by boosting him up to present time.

Sometimes you merely say, “Come up to present time,” and out goes the headache.

Very often you can take the person back to a pleasure moment and tune it in and the somatic will drop out. On a chronic somatic, you can take this straight memory technique and get results in not less than 20 and not more than 50 percent of cases.

This is a limited technique. It will get surprising things done for you, but it’s not a cure, merely an alleviation.

As soon as you enter this person into real honest to goodness processing, you are going to kick in more bizarre aches or pains momentarily than he has ever felt before in his life. And if you are entering into a case, unless it is a particularly out of valence case that has to be untangled, you are going to have to carry him or see that he is carried for some little distance.

There is a very sharp division line at the moment when you come off straight memory therapy and go into processing. Further, if you think you can make this patient feel more comfortable and therefore work better, it is perfectly all right to do straight memory work in a patient you are going to put into full processing.

For instance, if the patient continually says, “My auditor works me all the time, but all I can think of is ‘I’m no good anyway and I ought to commit suicide,’” you can key it out this way and it might remain keyed out. I knew a case where I could key out suicide every time it keyed in. It was a little game we played. I said, “Any time you feel like killing yourself, why, call me up on the phone.”

She would, and we would play this game for five minutes, and then she would laugh and go to the movies. Finally we reached the suicide chain of engrams and blew it.

This therapy technique is very old. Dianetics is spectacular in its full parade, and as a result something like this has a tendency to get lost by the wayside. But I have talked to several doctors that I have acquainted with this procedure, and to several other people who have applied it. I had omitted the datum that a doctor’s time is very valuable. He has to see a lot of people. Your time as an auditor may become very valuable to you. So, if somebody wants some Dianetic therapy, that’s fine, give him Straightwire, and get him chuckling about it.

It is very good for a professional auditor to know. It will save him a lot of time.

A person can work straight memory on himself. It is quite different from saying to himself, “Let me see, what am I worried about? I am worried today. Oh, yes, I am worried, I’m worried, I’m worried, I’m worried. Okay. Well, come up to present time. Where is an auditor?” There is this division line ruling on auto that you have in straight therapy.

The person who does that as a compulsion is really luckless. The fellow who has as an engram, “I have to handle this myself, I have to do this myself. Nobody else can do it for me; after all, only I know how to do it,” who also has perhaps in his basic area something which says, “Come back,” and “Get away,” or “Get away from here, get all the way out; no, come back, I forgive you,” is pulled up and down the time track continually.

I have seen a person who was literally all day long just going up the time track hitting engrams, then going down the time track hitting engrams. The person would come in for a session having restimulated himself all the way up and down the track.

For instance, the person’s analytical mind is full on. He starts into an engram and the engram says, “I am so cold.” He asks somebody and they say, “It’s terribly hot today.” He has found

himself shivering, so he says to himself, "You know, I must have an engram that says, 'I'm so cold.' Ah, yes."

He doesn't say to himself, "Who used to be cold in my family?" He says, "I am so cold. Oh, yes, I am so cold, I am so cold, I am so cold, I am so cold. I am so cold. I am so cold." When he has said "I am so cold" the first few times, some of the analyzer starts to go out. Then he continues, "I am so cold, I am so cold, I am so cold, I--am--so--cold. I---am . . ." and off go the attention units completely.

Of course he hasn't got anything left of "I" at that moment to push it on through to say, "I'm cold." He will shut off on the mechanism and say, "I don't remember what I am doing." Do this sometime, watch what happens, and you will find out that you will be running a different phrase when you come out of it. You will have blanked out and all of a sudden thought of some other phrase such as, "Dogs are evil, dogs are evil, dogs are evil," after having started out saying, "I am so cold." Well, you will have hit the engram, restimulated it and now it too will be in restimulation.

Now you have got two engrams. The analytical mind is therefore further closed down and you will be using less judgment. So you say, "You know it's been worrying me lately about my feet. A lot of this stuff I can't stand. I can't stand it, I can't stand it, I can't stand it. I can't stand it, I can't stand it." Now you have restimulated yet another engram, and as a result you don't get anything up. You merely keep restimulating yourself.

Fortunately, this will key out in two or three days. But a person can have maybe a hundred engrams in simultaneous restimulation, and his attention units scattered all over the track. He's not comfortable. They are not keyed in very strongly, and they will key right out again. But he doesn't feel good about it and it is about the worst thing in the world that you can do to him.

Keep asking for them and you can expect to get engrams eventually in a case.

If you have any cases at the present time which have not succumbed gracefully and easily, just start into the bank, hard. You can even start in with a postpartum engram. But get him into a physically painful situation.

If you can't get him into one, get him into another. Work him to a point where he is no longer running away from pain, and keep with it until you do get an engram. Slug him down to the bottom.

The end product of Standard Procedure is to find engrams.

There are preclears who are in the valence of mother's lover, or in the valence of Grandma who might have died eight months after conception, but due to the parents' occlusion on it, as far as you are concerned, Grandma died ten years before the child was conceived. This is what he has been told.

The most aberrated area of the bank is, of course, the prenatal area. As a result, what you can do to get the person back into a good state is definitely limited with straight recall and by knocking out engrams postpartum.

When you are working with Standard Procedure, it is very necessary to recognize that the information which you seek may not be in view. You can key things out, but a great deal of material can be buried in that prenatal bank.

You can have a situation where Papa was a traveling man up to the time when baby was born, and then all of a sudden he got a job in the home office. It is all obscured information. We have got all kinds of talk about traveling in the prenatal bank which we don't suspect. We may have it in there so brutally that Mama may be very upset. "All you do is travel, travel, travel. You just go one place then another, and you never come home. I never see you. You are never here

when I need you,” and so on. This is one dramatization. But, of course, this disappears utterly as soon as Papa settles down and gets himself a job in the home office. Yet this might have gone on throughout the whole prenatal period. So you get a totally erroneous look at the case. That material back in the prenatal bank is different.

You can lay it down as a rule that when conditions have altered between a patient's postpartum life and his prenatal life, the amount of straight memory, valence shift material that you are going to pick up is going to be very scarce, and is not going to help you a great deal.

When you are dealing with a patient who will not respond on a basis of straight memory diagnosis, it is going to come down to a case of slug. You're just going to have to start picking rabbits out of the hat.

You are going to have to take a look at his manifestations. You perhaps notice that every time you come in the room and start talking to him, he stares at you intently watching you everywhere.

So you say, “Now let's run the engram ‘You've got to watch everybody.’”

You haven't quite picked the phrase out of the blue because you have the data that you see him dramatizing something. Or you can ask him, “Who used to be suspicious of people?”

“Oh, I'm just drawing blanks, blanks, blanks.”

You start running this. Or you could try the phrase “Look at me,” something like that.

Try to run something that would fit the person's dramatizations. This should give you the law then that covers all the rest of the line, and that is that the only clues you will get from the prenatal bank will be in the dramatizations of the person himself.

He may not be in a violent valence. He may be locked up in an apathy valence. By automatic process he should try to seek the winning valence, but he can be commanded straight over into a valence where he will stick, and maybe Papa was the one who got angry and was quite emotional, and Mama was the patient one who said, “Oh, now, now, just control yourself, dear,” and was a very mild valence, so you have got maybe two thirds of the prenatal bank missing out of therapy. Because Papa's engrams were being impinged upon Mama's valence continually, the preclar may be operating under a circumstance which is not visible.

Here he is, he seems to be very mild, and quite frightened. His mannerisms don't give any great clue, but you know something is going on. There is a missing character in the bank. You try to get a check on Papa, but Papa is terrifically occluded. You can get nothing about Papa. You continue to watch this patient and finally figure out more or less how to get him back there and what to do with him. You figure out eventually that he is in his mother's valence.

He won't return on the track as himself, because he isn't there as himself, so you make sure that he stays secure in Mama's valence. You tell him he's in Mama's valence and that Mama is going to go back and do something. And you can actually send him clear to the bottom of the track with Mama doing something. If there is a savage dramatization with affinity for Mama, by returning him as Mama, you are liable to run into the other half of the engram.

In other words, there are three valences present—Papa, Mama and himself. He isn't in his own valence because he isn't getting any perceptics; but he's going to get Mama's somatics, and he could even get a very bad Hobson-Jobson idea of Mama's perceptics.

It is very amusing when you return a patient down the track with the full recognition he is out of valence, because he very often has some perceptics. He will see things faintly, from an exteriorized view. So he may go down the track in Mama's or Papa's valence, but he won't go down the track in his own valence.

You can take him back to the time Mama was morning sick, if you really coax him, and I have even had patients jump off the bed and run for the bathroom. "Go back to the time as Mama when you were morning sick. Go back to the time when you were very morning sick." The patient will. It doesn't work every time, but it works often enough.

This valence situation can be solved by using a basic rule. In an engram we have bouncers, holders, deniers, call-backs and misdirectors. The same group is at work as related to valences.

A valence doesn't consist simply of "You're just like me," or "You're just like your grandfather," or "You're going to grow up just like your grandfather." That is one very specialized kind of valence shifter and is not the one which is guilty. If you reach that in straight memory, you can key out enough sometimes to put the patient back in his own valence, but very rarely.

The real valence shifters are phrases like: "Change yourself," "Things have got to be changed around here," "I'm going to change you," "If you're smart you will change yourself before I have to do it." The person feels compelled to change every time he recognizes where he is, and you get an oscillating valence.

These are the real valence shifters. If you work it on the basis of phrases such as, "You're just like your grandfather," you're playing patty cake.

So, somebody gives off the following command: "You're no different than anybody else. You're just the same as anybody else. You're going to take what anybody else gets, just like me," and we get the person in the valence of anyone he talks to. If he talks to them for a little while, he all of a sudden feels like them. If he talks to a fellow who scratches his ribs, suddenly he will be walking down the hall scratching his ribs. Then, if he thinks it over for a moment, or somebody asks him, "Who do you feel like right now?" he would say, "Oh, I feel like Jones." That would be the result. He goes into anybody's valence that he meets and talks to. He does continual mimicry. Those are the real valence shifters.

An oversight was made by one auditor who ran a patient for three hours through an incident where the preclear's elder brother, as a little kid, interrupted Mama and her boyfriend. This was during World War I, while Papa was not there. So Mama really read him the riot act. Mama was about five months pregnant which put it way up the chain, but this auditor didn't know what he was looking at.

Mama said to the child, "Now, you'll have to change. You'll just have to get better. You can't come snooping around here. You're too nosy. You put your nose into everybody's business. Who do you think you are? Well, you aren't anybody around here, that's what. And you'd better change, what's more."

It took three hours to reduce this engram, and it never occurred to this auditor why the sonics kept turning off and on through this engram, and sometimes the patient would bounce and sometimes he wouldn't.

Probably what he was doing wrong was running a later engram. If Mama had a dramatization like that and there was an older child around, undoubtedly Mama had told the older child this often before. As a consequence the dramatization went down earlier into the bank, and there are probably valence shifters in that case clear down to the basic area.

The later engram sometimes has to have some of the kick taken out of it by running it three or four times, whether the patient is vibrating or not, before you can find an earlier one. And then that one has to be run three or four times before you can find an even earlier one.

Obviously the engram goes all the way down the bank to the basic area. So your command is "Go earlier." You may ask the file clerk and get a demon answer, "There isn't anything earlier," or maybe the file clerk doesn't know.

The one thing the file clerk is remiss on is earlier material. He doesn't know how far back it goes.

So we have to run this three or four times in order to take the kick out of it. And then we can go earlier and run that one three or four times until it starts to reduce. Then we say, "Aha, we're three or four from the bottom of the stack, so let's go to this one and run it three or four times until it starts to reduce." Then we go lower and run that one out to reduction.

But where you are dealing with a valence shifter all the way down the track, that means you are coming into heavy weather, because Mama says, "You've got to change because you are everybody around here," and so on. Every time he hits one of these engrams, he goes out of valence. Perceptics go off and on, or something else happens. It's a tough one to run, but don't miss on it.

The reason you have to know about valences is that if you run across a command when you are running an engram out of somebody that would, by your computation, shift that person's valence, stop right there and handle that right away; because if you let him work on a couple of phrases later, he is going to slue out of valence on it, and all of a sudden the engram is going to peter out and then it isn't going to be there anymore.

That accounts for starting to run an engram and then suddenly it dives out of sight. You were probably running into a valence shifter and didn't recognize it. The moment that you hit a bouncer, a denier or any one of these things in a case, stop right there and run it. Go over it and over it and over it and over it until you are absolutely certain you have taken the kick out of it. Only then is it safe to go on.

Bouncers, holders, deniers, call-backs and so on apply to an engram. A person bounces, he gets called back, he gets held, he gets misdirected. Sometimes he gets a silly one that comes in sideways like, "I've got you dead to rights." The person gets over to the right side of the engram and he's dead! He stops right there. He can't move. Take the kick out of those things.

There is another one which you must be alert for in addition to those already mentioned. Valences have bouncers, deniers and other things in them. "You couldn't do the things I do. You're not in the least capable of it." That is a denier of a valence. A person not only can't go into that valence, but he very often (particularly if he's severely neurotic) doesn't pick up the words.

You have to recognize, by examining the dialogue, when you have got a missing segment of the engram, and that there are other personnel present in it. For instance, the person is running the incident, "I won't. I tell you I just won't do it. Well, you can talk all you please but I just won't do it."

A person who would run this engram as such will certainly never qualify at the American Institute of Newspaper Writing, because he isn't watching the fact that the preclear who says, "I'm not going to do it," pauses, says, "I'm not going to do it," again, "no matter how much you talk to me," obviously is talking to somebody else who is replying.

But it may be one of these bounced valences which the preclear is not picking up. So you just have to watch the engram and get its content and all of a sudden you are liable to find somebody there you didn't think was there before.

An engram can have a denier that would be a sort of a bouncer/denier, or one could have a denier that says simply this: "You're different than me."

“Now, get out of my life and stay out of my life” is a bouncer out of a valence.

“This child is part of my body” is a call-in and a holder, and when you clip it, the patient goes into Mama’s valence.

So, as you go up and down the track, you are not only looking for the things that make him do this sort of thing, but for material that makes him do this in a particular valence. You are working two dimensions in this mind now. Be on the lookout for it and you will get much faster therapy done.

When you send a person down the track in his own valence, you do the old timeworn mechanism in Dianetics of valence shift. You have already done one valence shift because you have sent the patient down the track as Mama. Now you run out Papa, then you run out Mama, you run out Papa, you run out Mama, and after a while the preclear will settle down and theoretically be himself in the incident. But don’t expect the patient to go into his own valence until he can get there. Don’t be eager.

I have heard auditors using this too much: “Get into your own valence.” The person doesn’t know what his own valence is. He has no feeling for his own valence. He has never been there. A better way to tell a person to get into his own valence is to say, “Let’s see if we can feel a little moisture. Let’s feel the tactile of moisture.”

By saying, “Let’s see if we can’t contact what Papa is saying,” we are already swinging him over a little bit.

So, when we get into this proposition of Papa and Mama and valences, or a grandparent’s valence, we can run those valences separately and deintensify them. If the patient starts to cry as Mama and you suddenly tell him, “Get into your own valence,” that patient is liable to get angry with you because there are tears on that valence which should be gotten off.

If one were to run a case 500 hours without trying to get that case into its own valence and without trying to pick the valences apart, one would get the case bogged all the way up and down the track. But when you run the patient down the track, expect him to run out Mama as Mama, Papa as Papa, Mama as Mama, Papa as Papa, and then self listening to Mama and Papa as an ordinary rule of thumb action. Take the tension off the valences before you try to do anything else.

He can’t be himself in that engram until the tension is off those valences. But then don’t neglect to make him run it out as himself, because ordinarily he can’t get into it as himself and if he is unable to, he has got a valence shifter earlier.

You can get a person most easily into his own valence in the basic area because there are less valence shifters there. The unluckiest person in the world is one who has a basic-basic which contains solid lines of valence shifters locked in with several bouncers. Then he never gets down against the basic area.

Most people who can’t enter prenatals are going against bouncers. It is nothing mysterious. The person is going down the track into the prenatal area and suddenly it says, “Get out!” so he does. He then says there’s nothing in the prenatal area. He didn’t contact anything. He didn’t even begin to, because every time he started for it, it kicked him out.

The phrases of the non-coitus chain are peculiarly responsible for this. All due respect to religion, it is a scientific observation that the religious member of the family can most ordinarily be expected to be the guilty party of the non-coitus chain. The non-coitus chain keeps people out of the basic area more often than anything else. So we have the non-coitus chain: “Get out, get out, pull out. Leave me alone, don’t come in me, get out. I don’t feel well tonight. Don’t touch me,” and so on. “Oh, get away, move over. It’s so disgusting, I just can’t face it.” Those types of engrams are solid bouncers, and they make up non-coitus chains.

So, when you find the person who doesn't go easily into the basic area, or you can't get him into prenatals, just use your wits and figure out, "Well, let's see, who is religious in this family?" Lots of very neurotic people gyrate very closely toward religion. Of course, it doesn't mean that a person has to be neurotic to enter religion, but it does mean that it renders a little suspicion on the case if Mama is adamant about going to Mass or if she is superactive in the religious field.

So if you say, "What about Mama?" and the preclear says, "Well, she's always dragging me to church and telling me to be a good boy or I won't go to heaven," have him repeat the phrase "Don't come in me," and you are liable to hit that non-coitus chain engram.

"Get away from me, don't touch me. Don't want anything to do with you. Move over"—all such phrases, anything that you can think of that a very inhibited person might say, come from one who is completely plugged on the second dynamic. That doesn't mean all religious people are plugged on the second dynamic, but this is a rough rule of thumb.

Religion is just one of many tests. This is merely a clue. There is another clue: "What would your father have done had he found you engaged in sexual play with another child?"

"Oh boy, he would have really been upset." Non-coitus chain.

Or you find Mama saying, "You little brat, get out of here. I don't want to see you. Now you just have to make yourself scarce. Your yelling just about drives me crazy. Get out of the house. Go out and play." You find that character in the bank—non-coitus chain.

Any block on the second dynamic renders a non-coitus chain suspect. Any time a person can't go down the bank into the basic area, very definitely suspect a non-coitus chain to be about 95 percent of the trouble.

You will find preclears running engram after engram without ever touching sex. Someone might conclude, "There must be some mysterious thing about sex. Sex must be superaberrative because I can't get this man into a sexual engram. He is also extremely inhibited sexually which means he is all blocked up on the second dynamic."

It does mean that, but it should mean something more to you. It should mean a non-coitus chain. If you can't get a person into an engram, it simply means that that chain of engrams or that particular engram has lots of bouncers in it. In one such case who was extremely inhibited sexually were the phrases "I can't give it to you. I can't give it to you, it hurts too much, get out of me, leave me alone."

"Oh, come on, let's do it."

"No, no, I can't, it hurts too much. Now go away, go away, don't touch me. Don't touch me, you'll drive me crazy."

That was basic-basic! How could one expect to get down to basic-basic against that? We are not talking about sex, nor are we talking about religion, or about the price of fish in Grossgarten. We are talking about bouncers, deniers, holders and so forth.

You can plot out for yourself situations which would contain lots of bouncers or deniers. For instance, Mama's lover is bad because it fills the case with deniers like, "I can't tell you. So-and-so would die if he found out." If that prenatal bank can't be entered and you don't necessarily find anybody sexually inhibited in the case, you have got to suspect a large amount of deniers, so you look for the things we are quiet about in this society. If we were working on Zulus it would be different. Maybe they are secretive when they kill lions out of season, and that is what you would suspect in the prenatal bank.

It isn't whether or not it's sex, or whether or not it's food. It is strictly on the wording and the type of words which you use in a particular language. It will work differently in other languages. The non-coitus chain in a language other than English might act solidly as a holder. You would have to plot it out on the basis of word content, not analytical computation. You are dealing with engrams. The reactive mind is there to make sure that the analytical mind literally obeys its commands.

Therefore you are looking for combinations of words that will do certain things in a case. But those words can throw people in and out of valences.

I hope in this lecture I have expanded your concept of valences.

Also belonging in Standard Procedure is the fact that if a person isn't moving well on the track, if you can't get him started, if you can't find out what he's into in the way of engrams, if you just can't seem to do very much with him, start running him on the track out of valence, knowing he is out of valence.

Test valences until you find one and go back to it. Don't expect him to know very much about it when he gets there. Take him back. Ease him into the case gradually and gently until he at last finds out that he can run on the track, and then test him for circuitry on this basis: Find out whether or not he can go back even two or three hours to a point where somebody was talking to him. Have him receive the words and tell them to you. Make that test. If that test won't come out, he has bad circuitry early in the prenatal bank and you should be able to blow some of it out.

It will work this way: If he can't receive the words straight from whomever he's talking to, then realize that as he goes to the engram and moves through time, he has a demon circuit that has to pick up from the standard bank, loop around, and fit the words into the person's mouth. He can dub those words for you, and he knows he's dubbing, but he can't parade through.

You will find that the preclear who is unable to do this has to have his circuitry pulled apart with a howitzer. But it is a simple test: He should be able to go through and experience a recent conversation word for word.

If he goes through the incident picking up impressions of words being said, he is not running the experience. All he is doing is remembering the experience, dubbing it in, and he has piles of circuitry working it out. It's a test which you should apply, and until you have applied it I don't think you will recognize how efficacious it is.