

RECOGNIZING CONTACT OF ENGRAM

A lecture given on
17 June 1950

Indicators

The first thing I want to take up in this lecture is the mistakes that can be made in auditing. Then I want to give you a demonstration on running a case in its various stages and see if I can't pull some engrams for your edification.

One of the things that a person can do wrong in auditing is to break the Auditor's Code. The next thing that he can do wrong in therapy is to restimulate a preclear and not do anything about it.

There are several ways this can be done. One of them is to use endless repeater technique, and hit one somatic and then another somatic and then another somatic and another somatic and another somatic and then say, "Gee, I'm not getting anything on this guy. Now go over the words "I hate you, I hate you, I hate you," and the person gets a cramp in his stomach. "Well, I'm not getting anyplace with that, uh" And then he runs an engram through and has the preclear convulsed until his heels and the back of his head are the only portions of his body on the bed, at which point he says to the preclear, "What is going on?" I have seen that happen. The person is undergoing a tremendous manifestation and somebody says, "Well, when did this start? The somatic strip will go back to the beginning of it. Who was present?"

In the first place, the person has not yet contacted any words or any part of the incident that he really can be sure of. That is the time you use repeater technique on him, when he is showing some sort of a manifestation, or when he refuses to show any manifestation. It is not used at random.

Repeater technique can be a very, very uncomfortable thing to use on a preclear, and he can be made very upset by it. A preclear sitting in present time could perhaps go back to yesterday or last year, but instead of doing this with him, somebody says, "Well now, let's see, I wonder what kind of an engram he has got. All right, go over the words 'I'm stuck.'" The person repeats "I'm stuck" for a while and he finally twitches just a little bit on the word "stuck."

"Are you contacting anything?"

"No."

It would be a sin to fail to watch the physical manifestations of the patient and not observe that twitch.

If the green auditor then says, "There's nothing much on that, let's go over 'I'm caught'—" "I'm caught, I'm caught, I'm caught, I'm caught, I'm caught, I'm caught, I'm caught. . ."—he will pick up every holder on the time track and bring it into bold relief.

Of course, in three, four, five days the material will settle out of the case, but he is uncomfortable for that period of time.

Failure to watch the physical manifestations of the patient denies to the auditor a great deal of information. Physical pain is manifested by bodily agitation. For example, there is a little foot twitch, and an inclination to raise the knees off the bed. He has been lying there up to this moment very straight out. Suddenly he wants to raise his knees. Somehow he feels better with his knees up. Then he turns over on his side, and he feels better that way. And then somehow or other his hands go under his chin, and finally he gets comfortable and he runs the engram!

If you fail to take note of the fact that he is curling up, even if he is just starting to curl up, you have missed the fact that he is on a vector of getting down into the prenatal area. That is the first thing that will tell you. His somatics will tell you before he will.

The way you get this material ordinarily is to send the somatic strip somewhere on the track and see if you can't contact the beginning of the engram.

If you have reason to believe through his conversation that there is a key phrase that disturbs him and you use that with repeater, when he begins to manifest some sort of a body agitation realize that he is falling into something and that the analytical mind is at that moment unhinged. So he thinks he is reasoning with you but actually he is not. He will merely start spilling out engrams with very little alteration in words.

Only in present time awake with his eyes open is he talking with his analyzer pretty well on. And he is reasoning.

Challenge a person when he is up in present time on everything he says, claiming it to be engramic, and you will so thoroughly upset a case that he will begin to distrust his own ability to formulate speech, and you have made his mind at that place less right. The time to use repeater technique is when you have already got the incident. He may go off the incident a little bit and the body agitation will stop. So you say, "Let's go over this again." "I'm killed, I'm killed, I'm killed, I'm killed, I'm killed, I'm killed, I'm killed." Then when that has been picked up all the way, he will be back on the engram. As he repeats himself in, you get the physical agitation. As he goes off it, it stops.

If that is happening, you are working against a bouncer and holder operating together such as, "I can't keep it down, I can't keep it down, it's got to come up, it's got to come up. All right. Hold it down. All right. I'll hold it down. I'm holding it down, all right. But it's got to come up, it's got to come up. I can't keep it down. So hold on to it now. Now I'll hold your head"—a typical morning sickness engram in full run. So it's up and down, up and down. And he will get into an engram that has to do with coitus or something else way up the track. He is still running with the somatic in one place and the words in another, with his emotion out of line, contacting it only vaguely. That would be a computational bouncer blocking the engram.

The other reason why he can't touch these things as far as decreasing this effect is because he is in an engram somewhere on the track, in somebody else's valence.

These are the various errors that could be made in Dianetic auditing. The subheading on that would be failure to observe physical agitation. The facial expressions and the voice will give you a pretty good key as to how he is running. You will also notice painful emotion is reflected in the person's breathing.

Patients very often curl up and hide their faces. I have had explanations from people that they are trying to shut out any light in order to get a better perception of prenatal. I suspect this as being justified thought, or it may be a protective mechanism against the general computation "I don't want to look at it." Nevertheless it is a manifestation.

The word "deintensify," as we apply it here, is generally when a person is showing great physical agitation. There is considerable pain or bloodless knuckles showing this agitation. Start through any engram and that will be demonstrated.

If you can go through that engram several times, no matter where it is located in relationship to him, you can deintensify it. It may take 5, 6, 8, 10 or 12 times, but it will get down to a point where it is merely an engram.

If the engram has not been reduced, the word content is definitely there. This ordinarily happens when the person is in somebody else's valence, such as Mama for instance, and is rolling around on the bed in agony over something or other.

The computation on any of these things has to do with valences. Maybe the person is having his own somatics follow an exact pattern of development.

A zygote is very small, and it is round. Anything that hits it would cause an all-over pressure. In addition to that, if we consider the basic tenet correct (and it well might not be) that each cell is carrying the information which it then passes on in full to each of its progeny as the organism develops, the overall somatic is also developed in this area.

So, in the zygote and embryo areas right up to the end of the embryo period and into the fetus period, you can watch the position of the engram by those physical manifestations.

The way you check for a valence is just to tell him to shift into his own valence, and see if he can pick up any other somatics.

One would not tell him to "Be yourself," because that is very restimulative.

One could tell him to shift into his own body, which might surprise him a little bit, but it will work. It is an amazing thing how very little a preclear has to know about it, but he does have to know something.

In auditing, you must keep your eyes and ears open and realize that whatever the preclear is doing when he is back along the track is generally commanded.

You don't look for a computation necessarily, but if he is all curled up in a ball, you can be sure he was curled up in a ball in that incident. If he is itching badly while he is going through an engram, and is evidently in his own valence, then you know a computation is causing that irritation.

I recall a patient encountering such a somatic where it seemed like mother had gotten the crabs. He complained about these crabs for about two weeks, and had scratched himself practically raw during that time. But he was held in that engram and had been there most of his life! That is what is known as getting crabs for 40 years.

Sometimes a preclear refuses to continue running an incident. The procedure that is very efficacious in handling a recalcitrant preclear after he has come up to present time, is to get up, pick up your cigarettes- and notebook, put your pencil in your pocket, and end the session. I have not had to do that more than 30 times in all the time I have been auditing. After that you don't have the altitude problem that you had before. That may sound like cruelty but it is not.

The cruel thing to do would be to argue, because you would then be evidently bucking his analytical mind. You would be trying to boss him and you might get into a quarrel with him and then accidentally start justifying your own actions.

If the patient has started the engram, and started into the computation, and has suddenly gone stubborn and said, "Oh no, no, I won't touch that," and has refused to go through it despite persuasion, and has gotten very insulting about the whole thing, I have just stopped the session and said, "It's all right. It's okay. I agree with you 100 percent." In one case, the person having been extremely excited about the whole thing then promised definitely that he would go on through with it. So, of course, the session was stopped and not started again on that day. However, the next time he went into a therapy session as appointed and went back down to the incident, he became just as insulting as he was before! But there was a difference in that in spite of these insults, his somatic strip was able to cooperate.

You would only use this method after other methods haven't worked. You can understand him fighting an engram, but after you have tried self-control on him and various things, if he still doesn't work and he is giving you a bad time and won't do what you ask him to do, and you seem to be lacking in altitude generally in the case, pick up the time when he does this and just stop the session.

A lot of patients, particularly a person who has a manic, will run an auditor ragged. I have seen an auditor practically faint after running one of these out.

To describe what altitude is, let's take an analogy in a naval organization. The more seniority the individual has, the more weight his orders have. We also find this in life, such as the pecking order of hens and so on. A person gains altitude in different ways.

However, the best brand of altitude is the altitude of knowledge, intelligence and ability. When you have two people who have some disparity between their levels of energy, intelligence or ability, you will find one of these persons quite often doing what the other one says.

He has begun to have altitude. That is the definition. In therapy this disparity can occur. In a certain pair of people, what one of them says goes, and what the other one says doesn't count as much. And if the latter tries to audit the former, it is a very tough situation and, in that case, he had better know more about auditing.

When they start together, which is usually the case, the one with more altitude has to submit to it but he doesn't do it very gracefully. Then the other person must build his altitude by not putting up with any nonsense. Most times when one has this difference of level, the person with less altitude is inclined to play pattycake instead of auditing. But one day he will get the idea (when he sees his partner regressed on his track, not using his brains) and realize, "He might be an awfully strong fellow when he's up in present time and awake, but all we've got here is a preclear in an engram. I'm wide awake sitting here, and I can certainly think rings around him," and all of a sudden he pitches in and really audits.

I have seen that happen and it is quite remarkable. This person suddenly gets good. In any auditing situation, because of the attenuation of analytical power in the person who is being the preclear at that moment, the auditor has an automatic altitude.

There is only one thing to do if your auditor starts falling asleep on you, and that is to pull yourself up to present time as best you can, take the auditor, push him down on the couch, sit there with the most horrible patience imaginable, and start auditing him on the theory that he must need it a lot worse than you do!

When a patient starts falling asleep, make sure of the kind of sleep the patient is falling asleep into. A boil-off is rather undulant. The person is asleep in a dreaming state, muttering and so on. He comes up just a little bit, and maybe he will give you a chance word.

For instance, he will be going along, and he will say dreamily, "I am going to kill you and you aren't going to know what it's all about."

And you say, "Go over it again."

"I'm going to kill you...."

"Let's go over the phrase again."

He is doing a boil-off. But if the preclear simply falls asleep and starts to sleep very quietly and profoundly, there is no boil-off or anything else, he is obeying a command somatic. That command somatic may be in the engram that you are running, but more likely is in the engram in which he is chronically stuck.

The engram that makes the person fall asleep most ordinarily is the birth engram. Babies get very tired and Mama is told to rest between pains, or sleep between pains, so there may be several "Go to sleep" commands. The baby is also told later to "Go to sleep now."

In short, there is a lot of talk about tiredness in there, and in addition to that the engram itself is an exhausting one. Any time you get a 20-36 hour delivery, it gets very rough on the baby, and the baby usually goes to sleep just a few minutes after it is born.

Or it is a tonsillectomy where the beautiful nurse keeps saying, "Now, go to sleep, I'll take care of you. Everything will be all right. Now go to sleep, go to sleep." So he does, and then he starts to wake up in the middle of the thing and the voice again says, "Go to sleep." But she also says, "Stay there, lie still, I'll take care of you. Nurse will take care of you now. Just go to sleep."

Incidentally, it is not too good to audit a preclear right after a very hearty meal any more than it is to audit one when he is too hungry, because it is distracting and will add a somatic onto the case.

You will find out that the first time you go over birth, very often it will only last about 10-15 minutes' worth of your time. In the first place, you are getting these recountings jammed up. On the other hand, sometimes you will start into birth and get the somatics. A person is perfectly willing to find the somatics with time, that is, one minute of engram equals one minute of real life. You can actually count the labor pains with a stopwatch on such people. They are not getting any of the words, but you can just watch them scrunch inwards and say to yourself, "Well, the pains are going to be faster now, we'll be getting into some real material here." And all of a sudden he starts to pick up material off the subject that is birth.

Large chunks of birth are ordinarily missing. They are suppressed lower, and occluded from higher areas. So that you are running various pieces and you are not running it minute for minute.

One can take a patient through a time shift, someone who has no knowledge of an operation or what happened during it, and watch him while you pace him through the operation, minute by minute, calling the minutes. You are guiding the time track, and you take him right straight on through, minute by minute. You pick up all the manifestations and you can also hold a stopwatch on it. It is very interesting. I have done this, and a medical doctor has observed it and recognized the proper length of time for it to have taken for such-and-such to have happened in the operation. I have seen a medical doctor sit there and say, "Gee, nine minutes to get those tonsils. Boy! That guy is busy. That guy is a pro."

A sleep engram usually has "Go to sleep" in it, and if this person is in the engram, you are pulling this engram with him up and down the track. You have got to find the engram that he is going to sleep in, and the smart thing to do would be to find it.

Pick up the first time "Go to sleep" is said, and try to get it out of the patient.

Very often you will find this case has been hypnotized. Don't under any circumstances overlook the fact that a lot of your patients have been hypnotized. Hypnotism has been around for a long time. It is quite a parlor trick and it is very hard on some cases.

I have even found hypnotism in the prenatal area with Mama being hypnotized, which really messes things up. You handle this with repeater technique, going down the case with "Go to sleep, go to sleep, go to sleep." Papa may have said this chronically, and all of a sudden in one of these cases you will hit the incident.

Or a patient you know has been hypnotized, so you tell the patient to go to the earliest "Go to sleep" in the case. They always tell babies to go to sleep (the poor little devils). "Go to sleep, Baby, go to sleep." There is the rocking technique of "Go on to sleep, now don't cry anymore,

just go to sleep. Mama's right here with you, just lie right here. Now we'll put him down, we'll put him down."

You will run into these points continually. There is nothing worse than a patient who has been hypnotized often. However, it is a beautiful, happy thing that when you have a patient who has been hypnotized a great deal, there is always a first time he has been hypnotized. Get that first time out and deintensified and the case will roll.

Another interesting manifestation is that of a person who is running a prenatal, such as his mother in the bathroom where something or other is going on, and he suddenly says, "Yes, my Aunt Hilda, so-and-so and so-and-so. That's funny and here is this train." He is not boiling off. He goes on and tells you about Aunt Hilda and the time she went off on the train, and then goes on with the engram again. What is happening there evidently could be represented on the basis of here are the engrams and here are the locks and the occluded locks on the engram. They are lying right there in the bank along with the engram.

So as he is running this engram, he is apparently jumping up to the time he is 28 years of age and going back down to the engram again. But that isn't a fact, he is actually carrying right along in that line. This lock is brought down on top of the engram, and it is occluded up to that moment. Sometimes it is not even a badly occluded incident, but the part of it that is occluded will be lying on that engram.

So don't be surprised if somebody suddenly starts running a lock on an engram. Just expect him to go back to the engram in a moment. There is no need to check him from running this lock. He is probably happy he has encountered it.

You can tell these things very easily. It is a consecutive run. In the first place, you know an engram that you are going to receive a bouncer in. It starts in and it is somewhat vague, and a person can't quite touch it, and then he repeats himself into it again. He has a very hard time of it, and there are a lot of guesses and repeaters and so on. But if he is running this thing along and he says something violent like, "You dirty bitch, you keep spending my money and I'm never going to speak to you again. You can go off and do what you want to do but I'm through"; and he says, "You know, that's a funny thing, there's that five dollar bill I borrowed . . ."—apparently these two incidents lie right there together on the time track.

Painful emotion is caused by one specific thing and that is loss. It could all be summed up under loss and any severe loss could be summed up under painful emotion.

Punishment is not painful emotion unless it computes on the idea of sudden rejection or loss. For instance, if Papa has been nice all these years and all of a sudden he takes the child and punishes him, there will be painful emotion, real painful emotion.

You can bet your bottom dollar if some patient cries when the parent is doing a minor amount of spanking, that this patient has a super-emotional booster such as, "You're always so emotional, I don't see how you can possibly be this way. You always cry and cry and cry."

Painful emotion is occasioned by loss alone. Loss of an ally, loss of money, loss of job, loss of prestige, loss of position, loss of a rung on the ladder that leads to life—a sudden setback.

A lock is a very specific thing. It is the approximated circumstance of a physically painful engram. For instance, someone is driving down the street and he runs into another automobile and is hurt. The other driver gets out of his automobile and says, "You dirty bum, what's the idea? You can't drive. Where did you learn how to drive?" and so on. That is an engram because there is physical pain in it. The person is actually injured and maybe even unconscious.

Now, four or five years after this, or maybe even two days after this, somebody says, "You can't drive. I don't want you driving." The person feels as though he is reeling for a second,

and maybe gets a little bit angry. That is a lock. Then there is the engramic lock. So there are really three of these. There is the engram, the engramic lock and the lock.

The lock has no painful emotion in it, because it is not loss, and it has no physical pain in it. The person is not injured. He may merely be a little tired. There is a slight amount of analytical attenuation in all locks.

The engramic lock is called an engramic lock because it contains actual physical pain, but not a great deal of unconsciousness. Hitting your hand with a hammer might form a lock on an earlier engram.

The engram has real pain and solid, deep unconsciousness. It is a very rough situation.

Of course, one can get locks on painful emotional engrams too. We had a lot of figuring to do on nomenclature. The painful emotional engram is an actual engram. It exists as its own entity. It was called an actual engram for the reason that it was engraphic. But it has a slight difference in that it depends on physical pain in engrams under the somatic enforcing it. It has a dependency upon a physically painful engram. That definition of a painful emotional engram was an effort to simplify terminology and to persuade people to run these things as they should be run, like engrams, because they are engrams in the way they are handled and discharged.

Up until the time we started calling them engrams, and merely defined them as moments of painful emotion, people didn't treat them with the respect they deserved in therapy. But now we call them engrams, and people know how to treat engrams and handle them correctly.

Actually, painful emotion depends on an earlier moment of physical pain and unconsciousness. Pull any painful emotional engram and if you are right on your toes you can catch the physical pain that went under it.

It is very often possible to remember what amounts to an engram. It doesn't mean there is a complete occlusion of an engram. You will find, however, when you get into it and when it is run that there is so much more material present than you ever suspected that it was merely an illusion that the person knew all about it.

For example, a person says, "Yes, I remember very well when my father died, I remember it vividly, I remember the church in which he was buried." He is perfectly willing to go on like this and tell you all about it. Now get back to the beginning of it and we find out that it took two weeks for the old man to die. There were a lot of people around, and he was buried in the church all right, but the scene at the funeral parlor immediately before that was very interesting. There is lots of material lost in the thing, and all the lost material has high charge value.

In running any painful emotional incident, you are going to be able to go through that incident and find exactly what it has been held by, because you run it through again and again, and you also go earlier to find the engram underlying it.

Often the person has a very bad emotional shut-off, and goes out of valence and into another valence and gets lost someplace on the track. If one tries to get a physically painful engram to discharge and doesn't get a somatic, or tries to get a painful emotional engram to discharge and doesn't get any tears, it is an ally.

For instance, Mama has received some bad news. Her mother has just died, let us say. She says, "Oh, boo-hoo-hoo, I don't know, I don't know," and she rocks back and forth in the rocking chair, and slings herself on the bed like somebody sliding to first base. "Boo-hoo-hoo. Oh, dear. Oh, dear. What is going to become of me?"

This can also be found in AAs sometimes, "Oh, dear, dear, dear, I'm so sad." It is a moment of loss later and it will hang up on the emotional content of the earlier one.

Man is analytically quite happy to spill tears on any provocation. You can go all the way back down a person's lifetime and find him crying because he has been beaten up, crying because Papa spanked him, crying very joyfully, or crying at the movies and so on. He is having a fine time using the lachrymose glands the way they were never intended to be used. But, we go back down over these incidents, and he says without tears, "My mother's death has no effect on me. I had the feeling that it just didn't matter. I went through it, perfectly okay." Now you get him back to the beginning of the incident after you have cleared up a few of the things in the basic area, and all of a sudden you get a tremendous discharge of emotion right back of the engram encystment where there were real tears being formed in the case. And even if the person cried all the way through it, you go back to it and you will still get the tears off the residual shock.

Painful emotion is caused by shock of loss.

You very often find a local anesthetic has pain wrapped up in it. These things behave very oddly. Take the spinal block, for instance; that has quite an effect on a person. It is quite engramic.

There he is, perfectly wide awake, everyone agrees, at the age of 21, watching the operation and so forth, and the nurse says to him, "Well now, just lie still."

And years later we say to him, "How old are you?"

And the person says, "I'm 21."

I don't know the effect of spinals. I know nothing of the mechanisms. I have run spinals, and local anesthetics, and occasionally a local will suddenly wear off in the engram, and the pain will turn on as he runs it through, but there was shutdown when that local was on.

There is no doubt about the fact that there is great value to the principles of anesthesia. It makes the patient comfortable during the operation and it materially aids and assists the doctor, and so on. If silence is maintained in the area with no restimulators occurring except maybe the local organic restimulators, a person can come through that engram with flying colors. But even though it is a local anesthetic or a spinal anesthetic, you can expect him to pick up an engram.

The theory has been put forward that perhaps the cells under local anesthetic record sounds that the ears of the patient can't hear. There are a lot of gentlemen who might say that is ridiculous, but the further I go with Dianetics the more I begin to conclude that there is something to cellular learning on an almost analytical level. I have picked up engrams out of a man when he was a boy stepping on a piece of glass, which makes this thing very confusing, because now the cell is no longer even there!

So one accounts for this loosely by saying, "Well, probably nature was perfectly willing to duplicate almost anything and had some mechanism at work there."

We counted up one time and found out there was a possibility of about 50 separate memory banks in the mind, many of which were carrying duplicate information, cross-information; because you can run out broken glass in the foot, you can run out hangnails on the hand that's now missing, and you can even get tactile on that hand. There are engrams still existing related to this hand. So it could be stored in the cells, as it would be in a local, or it could be stored somewhere else in the body. We could even postulate cosmic consciousness. That puts it beyond reach. People will believe it, too, and won't be upset by it either. That accounts for everything. I have told people fortunes and read into the future and so forth, and then thrown them a couple of the small basic tenets of Dianetics which stood up admirably under scientific investigation. They wouldn't believe those, but they would believe implicitly that Aunt Hattie was going to call next month. So perhaps by putting it up into a cosmic mind postulate we will be believed!