

TESTING FOR THE RIGHT ENGRAM

Lecture given on
26 June 1950

What Basic Personality Wants Run

I don't like to see cases held up by bad auditing. The following case very definitely has been. Somebody has been chewing away at an engram in this case for too long.

LRH: Now, for instance, there are certain symptoms here. What's the phrasing on this line?

PC: It seems like Don't touch it.

LRH: All right. Don't touch it. I got it that time. I think I got it that time. What's the phrasing on this one?

PC: I think I got it that time.

LRH: All right. Go over it again.

PC: I think I got it that time.

LRH: Don't touch it. I can't touch it.

PC: (mutters)

LRH: I slipped off?

PC: No.

LRH: It slipped off? Okay, let's return to the beginning of this AA. Can you return easily to the beginning of this AA?

PC: No.

LRH: Oh, sure you can return easily to it. There it is. All right. Let's contact the beginning of this AA. What are the first words that come to your mind at the beginning of this AA? One-two-three-four-five (snap!).

PC: A scream.

LRH: What?

PC: A scream.

LRH: Okay, let's contact the scream. (pause) Contact the beginning (snap!).

PC: It wasn't Mama screaming, this one was somebody else screaming.

LRH: All right. What's she saying about somebody else screaming?

PC: (murmurs)

LRH: Give me a yes or no on this. Is this the AA?

PC: (murmurs, together with sound of violent movement)

LRH: Aha. All right. Let's contact the moment when you get that slammed into your back. The moment it goes into your back. Let's contact the moment. The somatic strip can contact the moment.

PC: What goes into my back?

LRH: Whatever it is. Contact it. What are the words that come with it? What are the words that come with it?

PC: Oh, I don't know.

LRH: The words will flash into your mind when I count from one to five. One-two-three-four-five (snap!).

PC: I can't tell.

LRH: Go over that again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't—I can't tell. (chuckles)

LRH: Okay. Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: All right. Give me the bouncer now that's keeping you out of this incident. The first bouncer that's keeping you out of the incident. One-two-three-four-five (snap!).

PC: Get out

LRH: Go over that again.

PC: Get out

LRH: Go over it again.

PC: Get out.

LRH: What's the first whole phrase there? One-two-three-four-five (snap!).

PC: I don't know what you're doing there. Get out.

LRH: Go over it again.

PC: I don't know what you're doing there, get out.

LRH: What's the somatic with this? Go over it again.

PC: I can't....

LRH: You in your own valence (snap!)?

PC: No.

LRH: All right. What's preventing you from getting into your own valence? Let's contact that phrase. The somatic strip will go to that phrase. Give me a flash (snap!) .

PC: You know I'm not myself.

LRH: All right. Go over that again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: Go over it again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: Go over it again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: All right. Is this in the AA? Yes or no?

PC: Yes.

LRH: All right. Go over it again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: Is this before or after it?

PC: After.

LRH: All right. Let's contact that again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: Are you in your own valence(snap!)?

PC: Yes.

LRH: All right. Let's go back to the beginning of it. Now, give me the first denier available. The somatic strip will go to the first denier in this engram. One-two-three-four-five (snap!).

PC: Don't tell.

LRH: Go over it again.

PC: Don't tell.

LRH: Don't tell what? Go over it again (snap!).

PC: Don't tell me what's wrong with you.

LRH: Go over that again.

PC: I've got everything I want to know right here.

LRH: Go over that again.

PC: Don't tell me what's wrong with you. I've got everything I want to know right here.

LRH: Go over it again.

PC: Don't tell me what's wrong with you. I've got everything I want to know right here.

LRH: You in your own valence(snap!)?

PC: Flash says no.

LRH: Good. Slide into your own valence. (pause) All right, the somatic strip will go to another phrase

PC: I didn't think that was in the AA. I don't know....

LRH: All right. Give me a yes or no on this one. Can we reach basic-basic now (snap!)?

PC: Yes.

LRH: All right. Let's contact basic-basic. The somatic strip can contact basic-basic and let's slide into your own valence in this incident. Slide into your own valence in this incident. Earliest moment of pain or unconsciousness. (brief pause) All right. What are you contacting in this (snap!)?

PC: (pause) Closet.

LRH: What?

PC: Closet.

LRH: What about the closet?

PC: It's a word that's in there. Proceed to the closet.

LRH: All right. Let's go over closet.

PC: A water closet, probably.

LRH: Let's go over closet or water closet.

PC: Water closet.

LRH: Go over it again.

PC: Water closet. Water closet. Water....

LRH: All right. Post or prenatal (snap!)?

PC: Well, actually I'm post.

LRH: All right. Give me the bouncer in basic-basic.

PC: Get out.

LRH: All right. Go over that again. Go over it again.

PC: (very firmly) Get out.

LRH: Go over it again.

PC: Get out.

LRH: Go over it again.

PC: Get out.

LRH: Go over it again.

PC: Get out.

LRH: Go over it again. Get the sonic on it now.

PC: (very firmly again) Get out.

LRH: Your own valence (snap!)?

PC: No.

LRH: All right. Get into your own valence. Go over that bouncer. Slide into your own valence until you feel the water.

PC: I'm stuck someplace.

LRH: All right. Give me a flash phrase (snap!). Where? Where are you stuck? (pause) When I count from one to five, you'll tell me where you're stuck. One-two-three-four-five (snap!).

PC: I can feel part of it. I'm counting places where I'm stuck.

LRH: All right. How many places are you stuck (snap!)?

PC: six.

LRH: Okay, let's pick up the one which can be reduced. The first place you're stuck that can be reduced. The first phrase that's sticking you there that can be reduced. Okay. Your somatic strip is there. One-two-three-four-five (snap!).

PC: I'm stuck

LRH: Go over it again.

PC: I'm stuck

LRH: Go over it again.

PC: I'm stuck, I'm stuck.

LRH: Go over it again.

PC: Can you help me get it out?

LRH: All right. Let's go over that again. (pause) Go over it again. (pause) Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over that again.

PC: I'm stuck. My hand's caught. (pause)

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over it again.

PC: I'm stuck My hand's caught.

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Get into your own valence.

PC: I'm trying to unstick myself.

LRH: All right. Give me the phrase that accounts for this. One-two-three-four-five (snap!).

PC: Accounts for what?

LRH: Unsticking yourself.

PC: Breaking my holder?

LRH: All right. Are you trying to break the holder?

PC: Yes.

LRH: How are you trying to break the holder?

PC: By figuring out who's saying it.

LRH: Is there a phrase in here which says self-control?

PC: There must be.

LRH: What is it?

PC: All over.

LRH: All over what?

PC: All over my pre and postnatal bank.

LRH: All right. Can we pick up the first moment there that says self-control?

PC: Hm-hm. It's in basic-basic.

LRH: All right. Let's go over self-control.

PC: Self-control.

LRH: Continue. You can repeat yourself right down to it. Just repeat it.

PC: Self-control. He doesn't know what.... He doesn't know—he doesn't know how to control himself.

LRH: Let's go over that again.

PC: He doesn't know how to control himself.

LRH: Go over it again.

PC: He doesn't know how to control himself. He doesn't know how to control his temper.

LRH: Go over it again.

PC: He doesn't know how to control his temper.

LRH: Is there a phrase there which makes it necessary to control oneself?

PC: Yeah.

LRH: All right. Let's get us that phrase (snap!).

PC: I don't see how a man can stand it. (pause) He's never been anything, or been anywhere, or ever been able to control himself.

LRH: All right. Let's go over that again.

PC: I'm not sure whether that's in this incident or not.

LRH: All right. Now give me a yes or no on this. Can we reach basic-basic at this time (snap!)?

PC: Flash comes out yes, but I don't think so.

LRH: All right. Let's reach basic-basic.

PC: I guess there's an I can't in there someplace.

LRH: All right. Go over I can't.

PC: I can't

LRH: I can't what?

PC: I can't reach it.

LRH: Go on over that again.

PC: I can't reach it.

LRH: Go over it again.

PC: I can't reach it.

LRH: Is this in basic-basic (snap!)?

PC: Yeah.

LRH: All right. Go over that again.

PC: I can't reach it.

LRH: Go over it again.

PC: I can't reach it.

LRH: All right. Can you get into your own valence now? Let's go over it again.

PC: I think so.

LRH: All right. Go over it again.

PC: I can't reach it, Bert, can you get it for me?

LRH: Go over that again.

PC: I can't reach it, Bert, can you get it for me?

LRH: Go over it again.

PC: I can't reach it, Bert, can you get it for me?

LRH: Let's go over it again.

PC: I can't reach it, Bert, can you get it for me?

LRH: Let's go over it again.

PC: I can't reach it, Bert, can you get it for me?

LRH: In your own valence?

PC: Yes.

LRH: What's the jar or anything that disturbs you there in basic-basic?

PC: I don't know.

LRH: All right. You're going to get a flash reply on the nature of the injury in basic-basic (snap!).

PC: (instantly) Bump.

LRH: All right. Let's contact the bump.

PC: Bump.

LRH: Let's contact the actual bump. Let's contact the actual bump. Your somatic strip can go 15 seconds before the bump, 15 seconds before the bump. Your somatic strip's right there 15 seconds before the bump. Now it's at 10 seconds before the bump, now it's 5 seconds before. All right. What do you get with this? Are there any sounds with the bump?

PC: I didn't hear it.

LRH: All right. Let's go back over it again. What are the words that come up right after this bump? One-two-three-fourfive (snap!). What are they?

PC: I can't tell.

LRH: Go over it again. (pause) Is this basic-basic (snap!)?

PC: No.

LRH: All right. What's bouncing you out of basic-basic (snap!)? What's bouncing you out of basic-basic?

PC: Now I'm all confused, I don't know.

LRH: All right. Let's go over that. I'm all confused, I don't know.

PC: Now I'm all confused, I don't know.

LRH: Go over it again.

PC: Now I'm all confused, I don't know where anything is.

LRH: Let's go over it again.

PC: Now I'm all confused, I don't know where anything is.

LRH: Go over it again.

PC: Now I'm all confused, I don't know where anything is.

LRH: Go over it again.

PC: Now I'm all confused, I don't know where anything is.

LRH: Let's go over it.

PC: Now I'm all confused, I don't know where anything is.

LRH: Let's go over it.

PC: Now I'm all confused, I don't know where anything is.

LRH: Contact the somatic with this. Let's go over it again.

PC: I feel kind of uncomfortable.

LRH: All right. Let's go over this. The somatic strip can pick up the first moment in this engram, which is . . . ? (pause) The first moment in the engram. The somatic strip's there. The first phrase is going to flash into your mind when I count from one to five. One-two-three-four-five (snap!).

PC: Oh, I don't know what the somatic is.

LRH: All right.

PC: I can't talk.

LRH: Continue.

PC: Who knows, I'm not myself.

LRH: Continue. Is this basic-basic (snap!)? (pause) Is this basic-basic (snap!)?

PC: Oh, it was kind of a yes/no there. I don't know.

LRH: Is basic-basic the same kind of engram (snap!)?

PC: I think this is hooked up with it in some way. It's either very close to it or very similar to it, I'm not sure which.

LRH: Okay. Let's see if we can't get the entire picture now on this. Give me a flash reply. Will this engram reduce (snap!)?

PC: No.

LRH: All right. Come up to present time. Present time. Come all the way up here. (snaps fingers several times fast) Okay. Who's the doctor? (pause) And where are you located on the track?

PC: Where am I stuck ?

LRH: Yeah.

PC: When we came up to present time?

LRH: How old are you?

PC: 24.

LRH: How old are you?

PC: 24.

LRH: Give me a number (snap!).

PC: Five.

LRH: Okay.

PC: (laughs)

LRH: Five what?

PC: Years. I don't know whether that's the number.

LRH: Well, we won't worry about that.

(Note that some people have a demon circuit built in that gives their real age automatically. And instead of getting the engramic moment on it, why, we get the actual age of the person.)

PC: (originates) I smashed my finger last night. Possibly an engram is in restimulation here which says, My hand's caught.

LRH: Well, in view of the fact that you weren't standing there looking at it, it would seem to me it would be a missing datum that would be in the computation that we can't restore at this time. The reason I bring this up is the relative inaccessibility of the engram. Who has been working it?

PC: George.

LRH: All right. Well, how inaccessible have these engrams been?

PC: I've been working pretty well.

LRH: You mean starting at the beginning of one of these things straight on through to the end of it very nicely?

PC: No.

LRH: Did you get a deintensification of the somatic?

PC: No.

LRH: In other words these engrams have not been reduced?

PC: No. But we got some reduction on a tonsillectomy.

LRH: This is not criticism of George in any way. I merely want to present this as a type of reaction. Now we can go on working with this along at this level with flash replies, and that is a perfectly valid technique. But it tests the thing out very rapidly. Of course it also restimulates a person to some degree, but all that ground has been restimulated already, hasn't it?

YC: Yes.

LRH: I wasn't restimulating anything new.

PC: No. Most of that is chronic.

Now it should have occurred to somebody before this that we are dealing with a preclear who is in some weird way latched up in an engram which has not yet been contacted, and that there is an accessible engram somewhere in the case which should be run, after which the case will resolve. Now that could either be painful emotion or it could be just a plain ordinary physical pain engram which in itself has a convulsive reaction and which has all this other stuff wrapped up in it. Well, we're not contacting it. We're just playing tag with it. The case acts as if he is darting from some area down to the engram and then promptly back out of the lower engram back up into this upper area again. He isn't contacting anything in this nice parade ground fashion, he's not running through an engram, he's just diving in and back up repeatedly. We ask for a bouncer, he gives us a bouncer; but after getting the bouncer the behavior of the case doesn't alter. So at this moment we should suspect that there is another engram someplace.

The first move that you would take in such a case is not to go on working it on the basis of, Well, let's see if we can do this, let's see if we can do that. If we can't reach basic-basic on this case and if what we are reaching can't be reduced, then there is something else on the case that can be reached and the problem is to reach it. And not to reach it 5, 10, 20 sessions from now, but to reach it right now.

So you should recognize this manifestation for what it is—that it is a latch-up somewhere on the track back to which the patient is being called, continually. So he can dive out of it and back into it. But there is tension on this case. He is not comfortable. He may even have been complaining about lack of therapy or anything, and he has been cutting his left hand rather to ribbons. He is going to get attention from somebody. Basic personality wants an engram run.

LRH: Okay, Bert. Close your eyes. Take off those glasses. All right. I am going to count from A to C and when I reach C and snap my fingers, you are going to tell me a name for the engram in which you are latched up. A-B-C.

PC: Control.

LRH: All right. Now give me a type of incident (snap!).

PC: I wonder if there's a doctor.

LRH: You're wondering?

PC: Yes. (pause)

LRH: All right. Just give us the incident that you're latched up in, Bert (snap!). A-B-C (snap!).

PC: (mutters)

LRH: All right. The file clerk will now present us with the first moments of the engram which, if run, will resolve the case and make it very easy to work. The file clerk will

now present us with the beginning of that incident. Now the somatic strip is there, let's start to roll. First word, first word, first word. (pause) First word.

PC: I don't know where I am.

LRH: That's all right. Give me the first word, don't need anything else.

PC: That's what they were.

LRH: I don't know where I am?

PC: I don't know where I am.

LRH: Continue.

PC: I can't hear anything. (voice quavers) I can't hear anything.

LRH: Continue.

PC: Its a complete blank.

LRH: Continue.

PC: Nothing seems to make sense.

LRH: Continue.

PC: (pause) Mama's valence.

LRH: Continue.

PC: She was pregnant in there.

LRH: Continue.

PC: (muttering)

LRH: Continue.

PC: I want to get out.

LRH: Continue.

PC: Got to get out.

LRH: Continue.

YC: Got to get out.

LRH: Continue.

PC: Let me out.

LRH: Continue.

PC: Let me out of here, I'm leaving.

LRH: Continue.

PC: I want to get out of here, I'm leaving.

LRH: Continue.

PC: I want to get out of here, I'm leaving.

LRH: Continue.

PC: Will you tell them to let me out.

LRH: Continue. (pause) All right. Give me a flash reply. Is your father's voice in this (snap!)?

PC: Not right now.

LRH: All right. Keep rolling.

PC: There's some sort of an interruption. Mother was more or less monologuing and shouting.

LRH: Yeah. Continue.

PC: And that's when somebody came....

LRH: Who comes?

PC: I don't know.

LRH: Okay. What's the next line?

PC: What's the matter, what's wrong?

LRH: Continue.

PC: Get out of here, I'm getting my clothes. Get out. Get out.

LRH: Continue.

PC: What's the matter? Can't you hear? Get out.

LRH: Continue. What does the nurse say?

PC: I don't know. Keep quiet.

LRH: Got a somatic?

PC: No.

(gap in recording)

LRH: All right. What were they doing to your mother?

PC: (murmurs)

LRH: Okay. Let's go to the beginning of birth. (pause) Pick up the first contraction of birth.

PC: Yes.

LRH: All right. Just keep rolling right from there. Roll the thing right on through. (pause) Give me a flash reply here. Can we run birth? Yes or no (snap!)?

PC: Yes.

LRH: Okay. Come up to present time.

PC: (pause) I'm here. (laughs)

LRH: What's the matter?

PC: I don't know. I'm just expecting someone to say hello.

LRH: Hello. All right. (pause) Who entered your tonsillectomy?

PC: Who entered it?

LRH: Hm-hm.

PC: Ah, well, Dr. Scott.

LRH: Who gave it to him?

PC: I did.

LRH: Did he demand it?

PC: No, I told him it might run out.

LRH: But he immediately jumped for it.

PC: Yes.

LRH: Was it ready to be touched? (small pause then snap)

PC: I think yes, I still think so.

LRH: All right. Is birth ready to be run (snap!)?

PC: Yes.

LRH: In what area has your case been run so far (snap!)?

PC: It's been run down in the basic area.

LRH: All right. Give us a yes or no—would your case resolve if we run out birth and the tonsillectomy (snap!)?

PC: (slight pause) Yes.

LRH: Okay.

(I just wanted to demonstrate this. Mind you, now, this is not absolutely conclusive on his case. If birth can be run it should be run. But there is an incident along the track here which will vastly relieve the whole case. Since there is a lot of muscular tension locked up in him that shouldn't be there, there is something that can be done to take the tension off him.)

PC: I've got no idea what it is.

LRH: You've got no idea what it is?

PC: No.

LRH: No idea?

PC: No idea at all.

LRH: Who would you like to run off your tonsillectomy and birth and solve your case so it will run?

PC: (pause) Well, I'd just as soon not have it run if it gets much more restimulated and doesn't get run out.

LRH: I want to show you something else just for that remark.

(Here is what happens with a case which is run badly for 20, 30 hours, and the material offered isn't being deintensified and it is all in a tangle. After a while it gets so that the preclear won't go near the center of the vortex unless he is really given a yo-heave.)

Do you want me to start it and run it out?

PC: If you have the time.

LRH: Okay.

(End of demonstration)

By tackling things which are not trying to come up of their own accord, by hammering away at a case, by upsetting the case and then not removing what has been contacted, basic personality finally has a tendency to quit. You can slow down a case tremendously in Dianetics by trying to reach material which is not ready to pull and refusing to do a good job on the material you do get.

One current case offers that aspect. A marked change will be produced in the patient's attitude if all hands just lay off 100 percent and refuse bluntly to run her, not by arguing, but just by dropping her out and letting her case rebalance. That case will then settle, but better than that, basic personality will come around until you finally get some cooperation, because therapy has been pushed to her. She has not been coming to anyone for therapy.

She should simply be dropped off the schedule and told noncommittally, Well, there are so many cooperative people around who are asking for therapy that one just has to pick and choose the ones that it will do a lot for and who want it. And her case will settle. Be nice, be kind to her, but just don't bring up the subject of therapy. If she wants to do something, let her volunteer it.

Sometimes by using this mechanism one produces a very remarkable state of desire to recover. She has run quite a bit and evidently material has been hit on her which was not immediately relieved. Basic personality has been locked up somewhere on the track with a lot of attention units stuck in what she is locked up in. Basic personality can only push so far and then it evidently says, Well, if this case is opened it will just mess me up. So we get the same answer, which will happen with anybody.

So, be expert on a case when you first open it. Find out where there is material. Find out where tension can be taken off. Make the person feel better quickly. Bpl now suddenly begins to flex his biceps and say, Let's really go to work on this material we can tackle, because we are getting competent aid.

On someone who has been worked for an extended period of time with minimum results, let the case rebalance. In such a case it is very well to shift auditors.

Always do a very careful diagnosis at the beginning of a case. Locate the charge. Try to find out without touching it whether or not that charge can be blown, and then go for it and get it out of there in a hurry.

There is a lot of value in getting a case started fast, and getting a swift result. No matter what you have to use in order to get some kind of results, make a patient more comfortable immediately.

One ought to be good enough to listen to a diagnosis from a patient and have insight enough into that case to go toward the point which can be relieved. That takes experience, but it should be good enough so that when, for instance, you take the diagnosis and write down in the book, This birth is ready to run and should be relieved, the next auditor who picks up the casebook can take a look at it and see that's what should be done, and say to the case, Go back to the beginning of birth, and roll it. A notation in the casebook should give the succeeding auditor all the data he needs, and it should be accurate data.

We can't hope at this stage for crystal ball type of auditing that holds people in awe, based entirely on computational experience. It is going to be accomplishable by all, but we ought to get to that point in a hurry, because we have got to start cases fast, make them more comfortable, take the tension out of them, and keep them rolling.