HOW TO BECOME AN AUDITOR IN ONE EASY LESSON

A lecture given on
8 July 1950

Techniques

This lecture is entitled "How to Become an Auditor in One Easy Lesson" to keep you advised as to the steps which constitute standard Dianetic processing. (I am more and more inclined to the word processing rather than therapy. Therapy seems to mean a lot of things that we don't want it to.)

But the end goal is very simple. We want all engrams out of the reactive bank, erased.

General Semantics may come along after that, or Krishnamurti or somebody, and put in a new educational level goal. But as far as we are concerned in Dianetics, that is the end goal. It is the removal of all pain from a lifetime with the incidental effect of proofing a person against the receipt of more.

A secondary goal in Dianetics is releasing the painful emotion and distress from a case so that it can carry along in a fairly normal, healthy fashion. That is a release. It is gained mostly by releasing the painful emotion off the case. One has to do a lot of things in order to release the painful emotion. The release is pretty good, usually in excess of the current normal.

Another Dianetic aim is to have the file clerk and the somatic strip working with the auditor 100 percent. That is a processing goal, but an important one and is actually your first target.

You want the cooperation of the file clerk and the obedience of the somatic strip. The file clerk and you are a duo operating together. Your target is the engram bank. The somatic strip is under your orders. Don't for a moment feel that you should play pattycake in ordering it.

Another goal is the release of demon circuitry and, usually even before that although sometimes concurrent with it, the rehabilitation of a sense of reality.

But prior to all these is the goal of gaining accessibility. That is getting the patient to work with you, knowing your tools—the beast called the engram and its apparent twin, the painful emotion engram—and knowing perfectly what denyers, bouncers, misdirectors, call-backs and holders are.

When you know these things well, and you know how to do these things, you are going to accomplish Dianetic therapy. I have worked pretty hard trying to make therapy inevitable to this degree: Once you start therapy you are going to get results; you can't help yourself. You can't practice tacit consent, you can't back off from engrams, you can't make mistakes, and the patient can't stop.

In other words, we've been trying to tie a couple of rockets onto this thing to make it travel. In the interests of doing this we had to choose some targets that were already known. We had to do a resynthesis of the problem of doing therapy, and this is its resynthesis.

Some people, in practicing Dianetics, without being aware of it perhaps, are practicing some older method of therapy. Some have been selecting out of Dianetics some particular portion of it such as repeater technique, and then suddenly deciding that repeater technique is just fine and working it to death.

Something has worked for them once, and they decide this is a safe tool, something that they can really get results with, but it doesn't keep on. So, I am giving you what the safe and standard setup is right now.

Taking this and failing to get results would require a certain kind of genius.

When we talk about the accessibility of a patient, we mean of course whether or not this patient is willing to let you talk to him when he has his eyes closed. The number one problem is accessibility.

There has to be some form of consent on the part of the patient even to some slight degree. Gaining that accessibility in many psychotic cases is quite difficult. We are working in research on this problem.

Where most cases are concerned it is not a problem; but when Dianetics is all the rage in institutions it will be at that time a very critical problem. It is the tough nut with psychiatry. We think at the present moment that we have one very good answer and several mediumly good answers.

I won't bother to cover accessibility in terms of a psychotic right now, beyond saying that a psychotic, if you work with him patiently, can ordinarily be made to do some of the things you want him to do. Of course, what you want a psychotic to do is to repeat the holders and call-backs, and to dramatize for you the other valence of the engram in which he is being held. Psychotics can be divided into two divisions:

1. The psychotic who runs an engram. You want that engram run in all of its valences. You want to take that engram and knock out all of its holders and call-backs and denyers as he dramatizes it.

2. Psychotic circuitry. The problem of circuitry merely means that he is running analytically, if insanely, on a command that tells him to do and think certain things. For instance, it says, "Everyone is against me, I have to get away from them, I have to take measures against these people." Therefore he is computing in an irrational way. "Western Union has just put in wires here which go down to the FBI and they are watching me every minute, and RCA has rigged up a special radio wireless telegraph and plugged it into my head so that my thoughts get sent immediately to Russia and they're picking my brains because I have this vast secret nobody must know." That is a circuitry psychotic.

Then there is the psychotic who says nothing. The best thing to do with him is kick him in the soles of the feet and tell him to come up to present time. It sometimes has results.

In the normally aberrated individual, accessibility can also be a problem. For instance, Mama is going around saying, "Oh, my God, my headache, my headache, my headache." You get her by hook or by crook into repeating "I have a headache" for a few minutes, and suddenly her headache seems to go away and she says, "Gosh, I'm glad that Bromo Seltzer took effect."

You say, "Well now, that was an engram." But she doesn't know anything about engrams and she won't assume the angle, and so on. That's a problem in accessibility. Somebody is sick and you know it. The worst way to try and obtain accessibility is by saying, "You have engrams, I see you dramatizing them all the time and therefore you need therapy." The best way to handle somebody like that is to get a third person and work on them, some easy flashy case, and they get the reports out. That is quite workable.

Another thing is that sometimes people will do something for a woman they won't do for a man. I have seen that work lately on a girl who was in pretty bad shape. She would work with a woman auditor but not a man. The man was having a bad time trying to do something for this girl. We swapped auditors, and she immediately went right to work.

Another method of breaking inaccessibility is to educate the preclear on the subject of Dianetics. Education will also work on psychotics. Group education and various projects in that line have

demonstrated this. It also works on children. Many children are incapable of bucking their engrams, and they have never learned to handle their bodies. They have never learned to discipline themselves even to the point of hanging up their clothes.

The wrong thing to tell them is "Control yourself"; the right thing to do is make it an inevitable thing. They hang up their clothes and they get rewarded for it with a "Thank you" for being a good citizen. If they don't hang up their clothes, they get tickled slightly with a switch, not an engram (because you say nothing), but it picks up their accessibility along this line by simply teaching them that they can do things and after a while they begin to work. That is an odd way to handle it, but what you are doing is taking a little sample of life. Life does this to us all the time. We do right and we get a reward from life. We handle ourselves and our abilities and we get there. We don't and we receive pain. So you simply set up a little synthetic world for them.

You can do a lot with direct memory, evidently, on children under the age of 8. You can also get them out of valences at a very early age. I am merely predicting this to be the case. This data is not based on case histories.

But from 8 up, this material is based on case histories. There is the setting up of a little synthetic world for them, "Why, all right, now what you should learn to do is cook." You teach them how to cook. You make it fun for them to cook. You teach them new skills. You don't punish them if they don't learn how to cook.

On the subject of "You're going to clean up the yard now, and the yard is supposed to be all clean by 2 o'clock," if by 2 o'clock the yard isn't clean, you don't harangue them, you just grab them by the scruff of the neck and switch them without saying anything to them at all. They know they are going to get switched if the yard isn't clean at 2 o'clock.

The next time you tell them, you may get another fight on your hands, but you do the same thing and you just wear them down, and the first thing you know their necessity level is up, and oddly enough they can handle their engrams.

Punishment is only bad when it installs engrams. We get punished all the time, it doesn't kill us. If I forget my car keys, I have to walk up four flights to get up to my office because it's late at night—a little piece of punishment. In growing magnitude it amounts to other things. After that I don't forget my car keys.

That is accessibility. It requires imagination and patience on your part in order to gain the accessibility of a person, whether they are psychotic or otherwise. In any patient, it requires from you, if that accessibility is to be maintained, a sympathetic interest in how their life is running. You must be interested. You must sound interested and it must not be run on the mechanical proposition of "Well, go over it again." The person may be crying because his mother is dead—you must not spoil the reality of it for him.

The way you maintain reality is to maintain a tone level in agreement with the tone of the engram. Even though he is not demonstrating the tone, you know by the word content what the tone must be. Adjust your voice accordingly. If one has got a fight sequence one can say sharply, "Okay, now who hits who? Let's roll on this," but it is with sorrow that one says, "Oh, so she's dead. Well, tell me about it." That maintains an accessibility.

When we have moved up to the point where the patient can be worked on, is our first step to say, "Close your eyes and go back to basic-basic"? Actually you can work that way and sometimes you will get remarkable results, but if you are really going in for long therapy on this case, or if you are carrying the therapy of this case until such time as a release can be obtained and he can then co-audit himself the rest of the way out, this is not the way you should go about it. I would strongly advise against starting a case in such an abrupt fashion until such time as you are sure of what you are doing.

It is not that you will do damage by doing this, but you may often fail to recognize certain things about the case and then find the person bouncing all over the time track, which you could have prevented. You are not going to harm the case any, but you may make therapy a little longer by hitting it in this rather heroic way.

The way we handle the next step is not to tell the patient to lie down and close his eyes, but to do a diagnosis and find out something about his past history.

Even though this person may be very close to you, and his history may apparently be well known, go over it with him carefully and rather sympathetically. He is already telling you about his life and his troubles. You would be amazed how much more accessible this makes a person. The diagnosis has a definite therapeutic effect.

We do not put the patient into reverie, we start in on straight memory.

All patients have more or less occlusion on many incidents and people in their lives. We will soon discover in the patient whether or not he has demon circuitry or a lack of sense of reality and we get both of these things with the patient wide awake in present time with his eyes open.

This has definite therapeutic value. You are already doing therapy. Don't think you are wasting your time because you are not. You are saving time and this method is the one which will produce the best results.

As you try to get a patient on a straight memory line, you will rapidly uncover these very occluded people and areas. You will find what the state of the person's memory is. If it is very bad, that is already a test of the severity of the case.

When we are doing this diagnosis, we want to locate a very specific thing. We want to find who said what he is worrying about. In this way we get the most aberrative personnel right away. We don't have to test it by having him run an engram in order to find that during the engram every time Papa says, "Shut up," he will keep on talking, but when Mama says, "Shut up," he will sit there in reverie with his mouth shut tightly. That is important.

So we know right away that we have got the aberrative personnel— Mama, and we will find Mama in those sympathy engrams.

The next thing we want to know is more of the same. Perhaps he is worried because he has never felt that he was any good. You want to know who said that. You play all of this analysis on this equation: What is he worried about and what does he think about himself? Whatever the patient is worried about has been told to him, probably many times, by a specific individual. When an individual is apparently irrationally worried about someone such as his wife, or his business partner, find out what person in his past this person in present time represents.

In other words, for every person he is worried about irrationally, there exists a reactive mind partner. If he is worried about his wife and he finds that he quarrels a lot with his wife, get him to recall who looked like his wife and you may wind up in the lap of his mother or his aunt or his grandmother.

By working it on a straight memory circuit, we get differentiation, because the analytical mind in its top spheres differentiates, and we can actually pull apart locks of this character just by remembering them.

When you see somebody do this, you may think this is magic. How on earth could the auditor possibly have known that? But if you listened carefully, he gave a lot of leading questions, all of which were based on the conclusions above. If a person is worried about anything, it has its counterpart in locks. If he is worried about a person with whom he associates, the probability is that there is another person who had some similar characteristics .

What he is worried about himself has been said to him or around him, usually to him. This is based on this observation: When an aberree says something once, he will say the same thing many times. Consider the people in his reactive bank as aberrees, and when they have gone through a certain type of dramatization once, you know they will go through it again.

What you are looking for in straight memory is locks, and you blow to flinders a lot of occluded areas by finding these locks. You are not going to find any engrams on straight memory, but you will find enough locks to make a case much more stable than it has ever been before.

You will turn on various strange psychosomatic illnesses, and you will turn them off. Maybe they won't come back again. You may be able to do that in 15 minutes, if you know the right questions.

This was built up because it was felt that in psychoanalysis one had a present time memory free association working which was occasionally efficacious. If that was so, couldn't we tailor up something in Dianetics, knowing the basics, which would produce these results with greater surety and with more speed?

The answer to that is yes, we can, with this straight memory circuit technique: "Who said that?" "What are you worrying about these days?" "What did you used to worry about?"

You ask for dramatizations which should be in analytical recall— conscious moment memories.

If Papa and Mama continually quarreled and Papa said to Mama, "You are no good, you never will be any good," he said that to Mama after the child was born, and when the child was 10, and when the child was 30. In other words, this aberree will repeat, repeat, repeat. Although there may be a whole stack of engrams in the bank that say, "You're no good, you're no good, you are no good," which you are not going to reach, there are locks of the same kind. Make him remember the locks and you will have the context of the engrams you are looking for.

It is very simple to ask a person this. For instance, "What have you been worrying about lately?"

"Not a darned thing."

"Not a darned thing. Who used to worry about nothing?"

"My mother."

"Your mother never worried about a darned thing?"

"No, nothing."

"Whose valence are you in?"

"My mother's!"

This, in other words, produces diagnostic results.

Then there are the pseudo-allies and the pseudo-antagonists. For instance, Bill is married to Josephine. Josephine thinks of Bill as her mother, and Bill may think of Josephine as his father. There is enough similarity in there to connect these two people up.

Therefore he will expect Josephine to say and do and be all the things which his father was, and he will also hang upon her shoulders all the crimes he wished he could hang upon Papa, which makes for a nasty marital situation—and that is the great cause of divorce in America.

The only trouble with this technique is that it is too simple!

If you are not getting information on a particular line of questioning, hit another tack. As you question people along this straight line memory, your own ability to add this up will increase because you are working with such a simplicity. You will find valences and many other things with straight line memory. There will be Papa and Mama, relatives, school teachers and all these people lying back there, each one with his own eccentricity. You are trying to discover a source for some of the aberrations of this person, but mostly you are trying to discover demon circuitry.

Just by asking for this material, you bring the person into a better state of health, a better outlook. But you fall short if you do not make him remember a specific incident. Don't let him remember something generalized on this basis, "Who used to tell you to control yourself?" "My father," and leave it at that, because Papa might never have said it!

This is what you are getting by a pushed forward datum. The data just comes up in the person's mind and he gives it to you. "Did your father ever punish you?"

"Oh, yes. Many times." The surprising thing is that you take him back on the scene and you may find that his father never laid a hand on him, but Mama was talking all the time about how Papa wouldn't dare punish him and so on, and so he has dubbed in some punishment to make the scenery complete. He figured out Papa must have punished somebody. If you ask him to remember a specific time when Papa punished him, he may keep on saying, "I know there was a time," at which moment you say, "Yes, there probably was."

Or he may go back down the line and he can't remember any time Papa punished him, and all of a sudden he will come to the conclusion, "For heaven's sake, he never did! What is going on here?"

"Well, who used to tell you that he did?"

"Aunt Carrie! Yah, he-he-he."

The next step is "Now let's remember a specific incident when Aunt Carrie said this."

He may draw a blank and maybe in a few minutes, or maybe even tomorrow, he comes through with the datum and says, "Yes, she was standing over by the bureau," and so on. Right away he feels better. You have gotten up a repressed memory.

But what is really repressing this memory is the engram. You are actually keying out engrams when you are doing this sort of thing, and you can do a good job of it.

You could work a patient on standard memory only. This will work with all patients, although some patients will give it to you in therapy very readily and very well, and others have an interrupted sense of reality. When that sense of reality is badly interrupted in a patient, as it is in patients who are really in bad shape, remembering it on a straight memory circuit validates the material.

He may run engrams in which he is writhing around on the bed, and still say, "I don't believe them. My father and my mother would never have treated me this way," and so on. If you have gotten in straight memory what condition his actual family life was in, what Papa and Mama did do, what kind of people they really were to him, you have come closer to a validation of it.

Get who called him a liar and the time he said one thing that was the truth and people told him that was a lie, and when as a little kid he really got upset by this.

Every time you move in on this by standard memory, these things key out as locks and his sense of reality gets better.

Any time you can get a child to talk to you at all or remember at all, you can apply this as therapy. But don't send the child back down the track.

Using imagination is more of a reverie technique. The person will get an approximation of the incident. What you want to get is something in which he himself can believe. He is getting a grip on the reality of the past, and even if he doesn't have any great trouble with his sense of reality, straight memory will not only knock out some occluded areas but validate his own past for him. In other words, he did live yesterday.

On a psychosomatic case, it's a question of valences.

One would handle a dream case by taking him back to the moment he was dreaming and get him very nicely settled in the nightmare, going over it, and then get him into the incident that caused the nightmare. So, I would use the nightmare in order to reach an engram.

You will find that a person can probably, by straight memory, go back to incidents where Papa and Mama were fighting, where somebody was punishing him, where somebody was criticizing him, and find there sets of words which would have set up circuits if they appeared in engrams. Because this person has been around him for years and was probably present during his gestation, you now have the identity of a demon circuit.

So you ask, "Who used to say, 'You must control yourself'?"

The person says, using straight memory, "That was probably my father."

"Let's remember a specific time when your father said to control yourself."

He will think it over for a while and will probably come up with, "Oh, yes, he used to say, 'Well, you've got to be careful about this, you've got to get a good grip on yourself. You mustn't get so excited.'" In other words, "Get a hold on yourself, make yourself do what you're supposed to do," although it doesn't contain the words "control yourself," will set up a "control yourself" species of circuit.

In straight memory you also discover what person had the psychosomatic ailment which the patient is suffering from. You know, for instance, that the patient has constant stomachaches, and you find out that mother died from cancer of the stomach. It is just as though life, when a person dies, attempts to make a continuation of that dead person by the valence of the individual. A stomachache could be cancer, dermatitis could be skin abrasions, and Buerger's disease could be a couple of legs sawn off. The body is making some sort of approximation of the person in whose valence the body thinks it is. It is fairly reliable when you find it, but that doesn't mean that a person must demonstrate the psychosomatic illness of the valence in which he is.

There is a physical approximation in many instances of the ally, or the valence in which the person is. It doesn't even have to be an ally when you are talking about valences. In a specific case of Buerger's disease, Papa was not.

The next thing you discover is what shoved him into the valence. He is commanded into a valence, he doesn't automatically drift into one, nor choose one. He is shoved in one, or called into one, and he can also be bounced out of one.

Standard memory will recover some of this data. The person looks like his mother to some slight degree, and you have spotted that he is probably in his mother's valence, so you say to him, "Who used to tell you you looked like your mother?"

"Oh, everybody." "Well, what is a specific incident of somebody telling you?"

"Well, that's my Aunt Jean, she always used to say, 'You're the spitting image of your mother.'"

Or "You're just like your father," said in rage, "You're just like your father, damn you. I hate him," could lock him into Father's valence, because it's a command.

These are locks, or they are light commands. They depend for their validity on the "You've got to believe what I tell you" sort of a computation below them. But you can still knock them out, and by showing them the light of day you can lighten the severity that is pushing him into that valence.

He can be shoved into valence by commands. "You're just like your father. You're just like your mother. You're just like me." People in their tremendous effort to continue after death set this up in children. They like to think that the child is just like them. So they try to make this come about so that after death they will continue. That is the mechanism at work.

Or it may be "Don't be like your mother," which the father is saying continually as one of his rage manifestations.

The oddity is that if this is on somebody's brain as a dramatization, it may be in the prenatal bank. Papa is always saying, "You're just like your mother," to Mama. And oddly enough after the child is born it is just like her mother. The child has differentiated to that degree that it recognizes Grandma although Grandma was called "Mother." But it will also latch up somewhat in Mother's valence, so you get a dual valence proposition out of such a chain of commands.

The phrase "Don't be like your mother" bounces him out of a valence, and if this is constant the person can't go into Mother's valence, and he gets what has been called negation against Mother. So that maybe Mother is a very fine cook but you will find this person won't cook or he won't touch a stove. Mother was very happy around children, this person has got to be mean around children. There is a reversal now because "You can't be like your mother because that's too horrible and I don't like you when you're like your mother" causes a bounce out of a valence.

Working with straight memory, you are trying to find data, and the kind of data you are trying to find is demon circuits, valences, and the standard dramatizations of the people who have been around this child during gestation.

That data which you will find is of a limited order in the few hours at the most that you will ever spend on it, but this is done during the first part of a case. Now any time the case stops working, start in all over again from the beginning. Go through this same process of straight memory. Try to find out about valences, and you will find out that the case's computation has changed.

The case was in Papab and Mama's valence and partly in Grandpa's valence at the start of it and you have rocked his valences around by reducing engrams down the bank and now he is in Aunt Carrie's valence. You can discover this simply by questioning him on a straight memory level.

So when a case interrupts, start it in again on a diagnosis.

Note it down in your book what kind of command you are going to look for that threw him into that valence. You may not find the specific kind of command, but the chances are pretty fair that you will get some data on it. All this is diagnostic material that you are going to use.

These can be sympathy engrams and so on. For instance, baby's sick and Grandma says to him, "You're just like me, yes. I used to have an awful time, yes, yes, yes. I remember I was sick at the stomach too."

The words have to sum up to an engramic command that the person must be in that valence. The person ordinarily who is in a valence has been told to be in that valence.

As you talk to the person this way, you are springing out locks. You may occasionally hit dead center on a lock of great power which blows, and this will in some small percentage of cases knock out the lock. The person will not thereafter relapse into their former condition, and you have actually done a job of therapy right there.

An engram will sleep unless it is keyed in. If you knock out the key-in or the series of key-ins about an engram, it goes back to sleep. It is just as if you had a juke box and there were ten records always ready. These ten records are ready because of certain pins. Now we take the pins away, and those records are no longer ready. Somebody has got to put a new pin in there to make the record ready again. It has got to be keyed in.

If you start to run a lock like an engram, you very often find yourself in warm water, because the person starts to repeat these phrases and winds up in the engram.

If he repeats them when he is wide awake and in present time, you can accomplish therapy. But as soon as you run him back down to the lock and say, "Let's go through this thing," the first time he goes through it, it's all right; the next time he goes through it it's not quite so all right because you are running something which is right on top of that engram. And the next thing you know you are running the exact words of the engram underneath the lock, and it might not be ready to pull. So you had better not run those if you expect to accomplish any therapy.

The lack of a somatic either indicates a lock, a pain shut-off, or wrong valence. That thing may spring apart and the person may say, "Well, I've always known this." He's right. He always has, but it was occluded.

I have often run across this. I run an engram out of a person and he says, "Well, that's very interesting. My father and mother used to fight all the time." Ten minutes before that he was telling me, "My father and mother never fought."

Or you say to him, "Well now, you see? In Dianetics we can recover a lot of this sort of thing." "Oh, I knew that all the time!"

A painful emotion engram is called an engram because it has all the characteristics of an engram to the degree that as the analyzer shuts down, aberrative phrases go in. They become occluded completely from view. The incident then gets lost on top of it.

However, a physical pain engram must be in the bank in the first place before a painful emotion engram comes in. The reason it's called an engram and not a grief incident is because when it was being called an incident of grief, people would not handle it as an engram. And it has to be handled exactly as an engram. It has to be run like an engram. It has to have all the attention of the engram paid to it.

After you have run out a painful emotion engram you can expect, just as a matter of course, to swing early into the case on a physical pain engram which will then be ready to pull.

This will occur in some cases in a very short time. In some cases you needn't keep it going more than 20 minutes to half an hour. In some cases, where the case is very occluded, it depends on how much data you can get. You are looking for data, you are not really trying to do therapy. You want data, and you talk to him long enough to get the data you need, then you put him in therapy.

You will find cases which are thoroughly occluded by painful emotion. You start to run the early material, you seem to be getting along fine, and then painful emotion occlusion suddenly

turns up which has to be blown right there and then, you can't wait to blow it. You cannot run every case that way, but you can run a few.

Once we have got a diagnosis, the first words we are going to say in therapy are not "Let's go back to a pleasant moment" or something of the sort; we make a test of this patient in the interests of saving time.

We have gotten quite a bit of data on him, and if this patient is brand new we explain to him what we are trying to do, the existence of the file clerk and the somatic strip and what they are supposed to do.

One doesn't want to know anything about the preclear's perceptics or anything at all about him but this one thing: Will his file clerk cooperate and his somatic strip obey? If we know that right away, then we know that we have got a case that will just run—it is a pianola case, it plays itself.

If this condition prevails, you are very thoroughly in business. And although sometime in the future this condition may no longer obtain—at which moment you would have to go back through diagnosis again—you keep going as long as you can on this type of operation.

"The file clerk will now give us the incident which is required to resolve this case. The somatic strip will go to the first part of this incident. When I count from one to five the first phrase of this incident will flash into your mind. One-two-three-four-five (snapl)." He gives you a phrase, you tell him to repeat it several times and settle him down into the incident and then you want the next line.

You want him to continue straight on out along the line throughout that whole engram. You are alert to keep him from hitting a bouncer and bouncing, you are alert for a possible denyer, you are alert for things that may hold. You don't want him skidding around on the track. You want him to run that engram. If he gets off the engram, you say, "When I count from one to five you'll give me a bouncer, something which would make you go away from this. One-two-three-four-five (snap./)."

He'll say, "Go away, go away, go away," and his somatic will turn on. Get that flat and go on with the engram.

Spot the bouncers or a series of bouncers or a non-coitus chain full of bouncers and identify them. Cooperate with the file clerk only to this degree: "Let's get something early now, long before birth." Tell him so. You don't care whether or not you are interrupting his good sense or not. If the file clerk is working, you will be getting straight data all the way through.

If you can't get early, see if you can't settle him into a moment of sexual pleasure. He doesn't have to tell you anything about it. Merely settle him in it and say, "Now let's go to conception." Pick up conception at the beginning and run it.

There could be two reasons why you won't get it:

1.   The person may have an occlusion on all sexual pleasure.

2.   You didn't settle him deeply enough in the experience in order to make the skip down into the basic area and get the sperm sequence.

If you can get and run the sperm sequence, you should get yawns off. It is between you and the file clerk, and you are asking him for information. "Is this the first engram of this kind in the bank (snap./)?"

"Yes."

"All right. Let's go back to the beginning of it, now let's roll it. Do we need another engram before we can get this one (snap!), yes or no?"

"Yes."

"All right. The file clerk will give us that engram. The somatic strip will go to the first part of that engram. When I count from one to five the first phrase of that engram will flash into your mind. One-two-three-four-five (snap!)." It flashes, have him repeat it a few times, and get it to run right on down the engram.

Once he hits the engram, you can shoot it full of holes. You can say, "Is there a bouncer in this engram, yes or no (snap.t)?"

"Yes."

"The somatic strip will go to the bouncer. The bouncer will flash into your mind (snap.t)."

"Go away. Go away, go away, go away." Take the tension out of the bouncer.

"Is there a denyer in this engram (snap.t)?" "Yes."

"All right. The somatic strip will go to the denyer. The denyer will now flash into your mind (snap.t)."

"I can't tell. I can't tell, I can't tell."

"All right. The somatic strip will now go to the beginning of the incident. The first phrase will flash into your mind (snap!)." Run that down the line and run it out.

If the file clerk is operating and cooperating with you, and if the somatic strip will obey you, you have got a pianola case and that is the way you run it until it stalls down.

You would have explained to him that there exists back there amongst his file cases and memories the little man with the green eyeshade who hands out data to him and says yes or no or gives him ages, dates, places, names. The file clerk doesn't do a lot of thinking but he certainly can get the information through. Explain, too, it is the first thing that occurs to him.

The file clerk will also hand up engrams. The preclear knows what an engram is, it is a moment of pain and unconsciousness. If he doesn't like the word engram, tell him it is an incident when he got hurt. Also explain to him how the somatic strip is a pointer mechanism which will pick up the beginnings or the ends of things or go to various parts of incidents, and that the file clerk hands up the data and in this way he gets cleared.

Although the file clerk may not yet be educated in Dianetics, he educates fast, and the moment he finds out, he says, "I've been sitting back here in these cobwebs all these years, ha! But boy, are we going to throw this stuff out now!"

The file clerk may not be wise to the fact that you have to have the earliest moments in the case. He may try to palm off something postpartum on you for a while, and you may have to run out a few postpartum Sometimes he will hand up birth right there. Whatever he hands up, run it, and it will deintensify.

Don't be critical of him. Get early in the case. If you have got this case running really well, once every session try to get down to the bottom: "Now let's get the first time you were ever hurt, the first time, first moment, way back. All right. The file clerk will give us that incident." You are asking for the specific incident.

You won't get into any trouble this way. If the file clerk can give it to you he will. If he can't give it to you, he will give you a time when the person was choking on beans at the age of 8.

The statement is: "The file clerk will now give us the moment that is necessary to contact in order to resolve the case. The somatic strip will go to the first moment of this incident."

Don't worry about giving him a lot of time to get there. Sometimes you do a little bit better therapy if you give it a couple of seconds. I had someone telling me that it took four minutes for the preclear to get from present time down to the sperm sequence, but that after he was given these four minutes he did contact the sperm sequence. That is something to keep in mind, that's a long way back. Ordinarily a couple of seconds will suffice to get from present time to this late life experience called birth.

If the preclear is yawning on the way down, he is stuck in an engram he is yawning off. That is all right. Let him yawn, it is nothing important.

What you are trying to do is get to the first part of the engram and run it through to the end. As long as you can do this, leave the file clerk alone. Let him give you what he wants to give you, sometimes insist he give you earlier material. As long as this has been run you have got a case that will resolve, and it will resolve maybe right straight through to clear.

If you get an erasure at the bottom, what you ask for then is the very next moment of pain or unconsciousness, and the file clerk will give it to you if he can reach it, if it isn't smothered by some late life charge. You run and erase that, then you ask for the very next moment of pain or unconsciousness, and he will give you the next one and the next one and the next one. Theoretically these things ought to erase in sequence, from earliest to latest. Sometimes they become latched up and overlapped someplace on the track and you have to ask the file clerk then, "Do we have to reach something else in order to get this next engram?"

"Yes."

"Now give us the incident which we have to reach next. The somatic strip will go to the first part of this incident. When I count from one to five, the first phrase in the incident will flash into your mind, one-two-three-fourfive."

"I'm killed, I'm killed, I'm killed, I'm killed, I'm killed."

"Next line. Next line. Next line." This material will roll off very easily.

The next step is to tell you how to make the file clerk work like this. It is an early goal in the case. If the case doesn't run like this then there's something else wrong.

This is the first goal. You are not trying to swat through the case and erase engrams or anything else. You are trying to correct the case to a point where the file clerk and somatic strip will work like this. Remember that it would be all very well if there were only five engrams in the bank. But there are more likely five hundred or five thousand! You want to get early and erase these things, you want cooperation, and you don't want this case to get worse in the process. You want this case to get better. This will also knock out an incipient psychotic break so the case will not break on you. He may be the type of case that is in and out of breaks—very neurotic today, yet tomorrow he seems to be quite sane.

Returning to circuitry, valences and computations, there are three ways that perceptics can be shut off. The first is the obvious one, the common, ordinary, garden variety engram "I can't hear." Usually this engram will only shut off sonic through that area. It won't shut it off all the way up the case. If you find the words "I can't feel" in an engram, the person will have a pain shut-off in that engram. In order to know why he can't feel, say, "The file clerk will now give us the reason there is a pain shut-off in this case. The somatic strip will go to the first part of this reason. When I count from one to five, the phrase will flash into your mind (snap.t)."

"I can't feel."

"Okay. Let's go over that," and the person now has somatics. It would be lovely if this were all there was to turning on things, but it isn't.

The next one is the theory of valences wherein someone gets an engram, and the engram has a compartment in it for every person present, including himself. But he hasn't got a very big one for himself because his analyzer is shut off at that moment in the engram which is in solid restimulation, together with the fact that he is in one of the other valences. Therefore "I" is shut down to a nub.

So he gets off into one of these valences which is just a carbon copy of some human being. It's the mechanism of mimicry. The analytical mind can mimic but an engram sets up the mimicry as a permanent carbon copy of an individual. That is a valence. For instance, in the basic area you will see the person rolling in and out of his own valence. When he rolls out of his own valence into Mama's valence he gets a stomachache. When he is in his own valence his shoulders are getting squashed. If he rolls over into Papa's valence . . . and so on.

He will finally reduce it down to where he is in his own valence, the analyzer is turned on again for that moment of time, and he can occupy "I" for that period.

Next there is circuitry. A person can be stuck on the time track someplace, and if you have got a good file clerk, he will find that for you right off the bat.

The file clerk now has the incident that has this person latched up on the time track and his somatic strip will go to the first part of the incident and repeat the phrase there. That is an optimum operating file clerk.

But these are valences, the person gets off into compartments, and a whole series of these compartments can be reinforced by command into valences, such as, "You're just like your father." Then, all the way up and down the track, wherever there is an engram that contains Father, there is a box for him to drop into, so he can be shoved over until he is chronically Papa. And of course as Papa he never had a stomachache from eating green apples, but he had ulcers. As Mama he got pregnant, and as himself he got spanked.

So he doesn't have somatics or emotions, or perceptions. He will have Papa's emotions, he will have Mama's tears, and he will cry them. And you should be able to distinguish this as different from his own tears. If he is crying Mama's tears, don't bother him, let him cry them, but keep him crying. After a while Mama's tears won't be cryable any longer. Then if he has got some tears himself in the incident, he will cry those, and then the incident will vanish.

Reduce everything you get your hands on. Whether the person is lying out straight or standing on his head, reduce it. I don't care what computation he has. If it is reducible, reduce it. That is very important. But don't ask the file clerk. Asking the file clerk if something is reduced or erased is asking the file clerk to think. He is a clerk. He isn't paid to run the corporation.

I never ask the patient whether something is erased because the patient always gets in there in front of the file clerk and says, "Oh, yes, yes, yes." So I run it until I know it is erased, and I know it is erased because he reaches tone 41 on it.

For instance, you start in at the beginning of a phrase where at first he says fearfully, "The Empire State Building is on fire." Then you get it a little bit further to the point where he is saying matter-of-factly, "The Empire State Building's on fire," and then you get it down to where he is saying in a bored tone, "The Empire State Building is on fire," until finally you get it down to, "Just a minute, don't interrupt, I know what it is, just a moment...." That is a real erasure. He can't find the phrase anyplace. It is lost.

The less you depend on laughter, the happier you are going to be as an auditor, because I have seen a fellow just swing in close to an engram and go into shrieks of laughter over it. But he wasn't contacting the somatic or knocking out the engram. What we were running was one of those bouncer, call-back, don't-come-near-me engrams.

I have seen people swing in toward engrams and apparently run them out, but I have never seen an engram go through a real reduction with false four laughter and then swing into view again, although I have been fooled many times by running into the same engramic situation about eight consecutive times. There was the mama who used to sing "Rockabye Baby" to the baby as she AAed him, and she did this practically every day for weeks. It was the same dramatization and we would go into this, only one time it had a somatic through one place, and the next time it had a somatic through another. After we did about six of them, it didn't have any effect on him any longer and the rest of them blew out as locks.

One can run up against replay. The person might have skidded out of the engram and be replaying what he just said, over and over and over without picking up the engram. The only reason this can happen, however, is that a bouncer exists early in the case which is still operative.

There is a good system I can recommend to you. It so happens that an engram in the prenatal area has visio. The visio is black. A person running through it will quite often run white squares out of it, a whole section will turn into white squares, but there will be one phrase left which he sees somewhat as a dark square and he will find there is another statement in it. You won't find this in every case, but it happens often enough to be commented on.

If you have reduced an engram, the words are still there and I have occasionally found this to be true during a come-back up the bank that the person could tell you about it. However, he wouldn't be able to run the whole thing off verbatim as he did before. The phrases might start to mix up on him, or he may start to run them backwards; he gets confused about the thing, but it is eventually refiled. Three or four days later you go back to one of these incidents that you have erased and you will find out that the person has the context of it neatly filed. It's not back in the track again but it is discoverable if you really look for it. There is no somatic and it has no aberrative value, but he can tell you the data if you let a lapse of time go by.

An early target in the case is the workability and obedience of the somatic strip and the cooperation of the file clerk. Those things have to be in working condition.

Circuitry is covered in the Handbook and should be reviewed. Demon circuits are set up as special loops which act as computing circuits, but they are set up in engrams. The computing circuit is not there unless the engram is in constant restimulation with a person locked up in it to some degree. But it is a circuit, it computes.

There are two types of psychotics—the one that merely runs off the engram phonograph record-like, and the other who gives you computed data on the basis of the demon circuit. For instance, someone says, "Everybody is against me," and he starts telling you all this data. Now he has moved over inside the loop and is occupying the situation of that demon circuit and being that circuit. This is not optimum.

When he is over in his own valence in normal life these demon circuits talk at him or command directly to "I," or they merely command his actions and compute for him and dictate- to him. These are what we have been calling circuits. They are not valences.

A valence is a carbon copy of a whole individual. A valence smokes cigars and likes Packard cars and dislikes Lana Turner and so on. It is a mimicry of a real human being that the patient knew and is part of the engram bank.

The demon circuit is simply part of an engram which is set up, and it has a specific command. "You've got to control yourself" is typical of one of these circuits. The whole series that is

most aberrative, that will interrupt therapy the most and is the chief cause of dub-in is the demon circuit species "control yourself." It appears in many forms and guises.

The reason why at the beginning of this diagnosis you want material on dramatization is to locate and discover the content of the dramatization which would in your opinion set up a demon circuit. You want to know whether Papa is always saying, "Control yourself," or something similar. What were the repressive commands given to the child, or to the mother by Papa, or to Papa by Mama, or by Grandma to the child, or by Grandmother to Mother, repressive commands such as, "You've got to take yourself in hand," and "You've got to know what you're doing," and "You've got to keep watch on your emotions"? In short, the words may not be "Control yourself," but they add up to it.

When you have this in the bank, you have an interposition between the file clerk and "I." So that if the poor old file clerk tries to hand out data it goes into this circuitry, "You've got to control yourself," and it then gets relayed around and handed up to "I," much edited and deranged.

I had one patient who got the data from the Sle clerk on a model railroad train. I had another one who had his data handed to him on playing cards. This is a well-known mechanism in schizophrenia.

Any time you get an odd kind of a file clerk you haven't got a file clerk. The file clerk comes right straight through, bang! If the demon circuit hands up cards that are tied up in Christmas ribbon, or the person gets his engrams running across in teletype, or in children's picture books, he is getting hallucinations on the subject.

This is basically a crossed-up imagination/reality circuit. The only way that the somatic strip or file clerk can be put into a condition where they refuse to cooperate or obey is by the interposition of such a circuit. The patient will run unless you have one of these weird circuits in operation.

There are several tests on this. You can say, "The somatic strip will now go to a bouncer." The person knows very well what a bouncer is but he gives you a denyer. Or you want a holder and he gives you a bouncer. He doesn't give you the right information. Well, if he won't give you that, he won't give you the right engram either. He is running on demon circuitry.

The file clerk is not always reliable. You are either working with the file clerk and a small demon circuit, at which time you can continue and persevere and get along all right; or you are working with the file clerk and a large demon circuit, at which time therapy starts to go very badly; or you are working with a demon circuit alone, at which time you might as well just pull in the whole thing and knock out that circuit.

So when you find one of these circuits you will find it is placed there by repressive individuals in the environment of the preclear prenatal or postnatal—actual commands to stop the person. You make the patient remember a specific time when this happened, you get a playback of it and now you have its basis.

There can exist no demon circuit which will interrupt therapy unless there also exists a control mechanism of some sort. The control mechanism may be "You can't ever tell anybody what goes on in this house. You must not tell anybody what goes on in this house." That is a species of demon circuit. It is sitting there and the preclear says, "Oh, yes, my parents were very nice to me." You get him into therapy and try to go to something that happened in the prenatal area and you don't get anywhere. That's a mechanism of this order. You will also find that this same case usually has a more definite "control yourself" species in it which will back up this other command.

You will Snd a demon circuit which says something like, "You must lie about everything which goes on here. You must lie to me. I don't want to hear the truth." Papa in a jealous rage,

trying to defend his own ego, may lay in a demon circuit of this character. That is not quite as discoverable. But the general character of Papa will discover it, and if you go back over the dramatizations, in reverie, of this person fighting with somebody in his vicinity, you pick up what he said in the fight. And if all else fails, get somebody with whom he has fought and pick up his fight talk or his quarrel talk or his apathy talk, or pick it up out of him. But if you are having a hard time, see if you can't pick it up out of somebody else.

For instance, "I'll teach you to lie to me" is a lie factory and it will make up lie factories. It is pretty hard to discover a lie factory. But the lie factory and all demon circuitry of all kinds folds up the minute that you get the exact command which laid it in. It is not hard to do once you know what you are going after. Get the exact command and at that moment you have the basic line of the engram in which that demon circuit is contained. The moment you have that, it cannot make up a lie, it parts company with life right there, and that is the end of the demon.

In diagnosis you can find a demon circuit. In extreme cases where you are having trouble, run the preclear back to a time when he was quarreling with somebody and get his dramatization of the quarrel. You can have him shift valence around. You are dealing with a psychotic, and that's a very handy little thing to know. What you want is the "control yourself." If you get that out of there, the person can't run auto. You may find a "control yourself" circuit in there and lying up above it you may find some hypnotist may have laid in autosuggestion. If you find that, the person can't run auto anymore.

If you have a patient who can run auto, a patient who can cruise up and down his time track at will, and he's not cleared, he has got demon circuitry present.

This is the question of altitude. How much autotrance mechanism has this person got? If he has got a lot of it, it takes an enormous amount of altitude to bump the file clerk through. If the person hasn't got much demon circuitry on this order, it doesn't require much altitude to run him. It isn't that he is not self-controlled, that's the function of "I." "I" naturally selfcontrols a human being.

The demon which is really rough is "You've got to get a grip on yourself, you've got to control your emotions. Now you've got to control yourself. You've got to get yourself in hand, and if you don't I'm going to beat your head off." Bang. He's already beating Mama, let's say. There is a nice, solid demon circuit. Later on in life, if he has married a reactive mind partner, he may have done the same thing to her. If you can pick up that sequence, you have got his demon circuit and you have got the engram. Just turn it around and send it back down again and knock it out.

Demon circuits throw the person into auto. The valence of "me" has gone into a portion of his wits and there it stays, so that some semblance and echo of what was said sits in there and controls him; that gives him the illusion that he is controlling himself. He is under a compulsion to control himself, so he has to set up circuitry in order to do it.

If he starts controlling himself, he will sometimes tell you that he wants to run off his own engrams, and his engrams are always popping up in present time; he goes around worrying about what was said. That is another type of circuit, but he couldn't get it unless he could control himself on this artificial and super method of an implanted demon circuit.

"Control yourself" as a demon circuit doesn't have any really good access to the standard banks, so you get nonsense. Furthermore, such a case is so split up in valence that you get all kinds of weird valences as well as circuitry, and the case isn't going to run.

In other words, you walk into this case and say to the file clerk, "Now, you'll give us the exact engram which we need," and all of a sudden he will run you off an engram. Only it hasn't got any somatics and it is obviously all haywire. He has got 15 stems to every word that you offer him, and every time you offer him a word he will happily repeat that word. It isn't that those

words are not there, but he's running auto on them. As such you are not getting any kind of an erasure or reduction. You are getting material that is strictly a mess.

So, this has been the toughest case in Dianetics. It needn't be any longer. Let's get out your shotgun and run straight memory, diagnose the case, and find out who might have set up circuitry. Then, if you can't find out too much that way, put him in reverie, send him back down the track and see if you can locate some of the dramatizations of his parents. See if you can locate one of his own dramatizations where he is telling somebody to calm down. And if this case is really tough or psychotic, take the wife, find out what he used to say to her and you have got a duplicate of that engram.

Now, take this engram and get the first time that this "control yourself" mechanism occurs in the bank. Just go in for blood, don't take anything else, and knock that engram out even if it is in the middle of birth. Get rid of that circuit because you will be able to do nothing else as long as such circuits exist.

If you get one circuit out and he is still going on, there is another type of circuitry in there adding up to the same thing. There was probably somebody else in the family who was throwing this stuff at him. Get the first engram that went into the bank on that and knock it out. Bring him up to a point where the file clerk is really working. Now the file clerk may work for a while on this case and get along fine with the somatic strip obeying, and then all of a sudden stop working. You've clipped another engram which contains a demon circuit, and you have got to go in for this one. So, let's start the case running again.

If someone is stuck on the track, he is not in present time and you work to free him up on the track. But you can do a lot with that case. Try this on a direct memory circuit. You can explore that case and even though he is apparently stuck, if he has got that much charge on the case these circuits have gone in with 16-inch gunfire. It is rough.

If he won't go into reverie, don't monkey with it, just keep on a present time level. If you are having a lot of difficulty with a case, and the file clerk won't cooperate, do these things, get the case in shape and then work it. Don't try to work a case which is out of shape and won't run and is handing you demon circuit answers ostensibly from the file clerk on a model train that comes around with a little sign stuck on the cars.

There is a section in the Handbook on demon circuitry. There are occlusion demons, sonic demons, all sorts of demons. You are hitting for demons, and you knock those things out. You will find that the person will tell you how many voices are talking to him, for instance. Or you say to him, "Has anybody ever said to you, 'Control yourself'?"

"No, but I say it to myself all the time." There you have got it. Knock that demon circuit out and the case will start to run.

If it's a sonic circuit, "What voice does it match?" is a good question, or "Who used to say it to you? Any member of your family used to be very repressed?" and so on. You sometimes get him to remember that somebody's repressed, and he used to say, "Control yourself." Of course this person is going to obey the demon circuit, probably in his own right, and he's going to dramatize that demon circuit to the other person.

Get that down on a straight- memory basis, but realize that what a person is worrying about and what he is saying to himself has been said to him by somebody else.

Demon circuits obey like engrams, they are in engrams. Don't believe, just because they set up circuitry, that they haven't anything to do with engrams. The fact that they set up a circuit will give you false data as to what they are. You are trying to discover the basic lay in of them which caused them. You get that by detecting them by straight memory and by examining dramatization and then you feed the key phrases of them to the person by repeater technique back early in the bank and you just slug him down the line, taking notice of the fact that his

dramatization may also contain a bouncer. Trace that bouncer and that mechanism back down the track until you get him into the incident and knock it out, and thereafter you can bury the little demon circuit after a few sessions in which you worked it over.

Most demon circuits are set up in the prenatal area. They are not interactive. They just talk. One doesn't suppress the other. They will both knock out.

If you do have difficulty, you may not have the basic trouble in the case. You may also restimulate this case and hit him into engrams which no file clerk has given you, because you are running it blind. Don't leave that case very restimulated. Reduce everything you get your hands on.

If the thing won't reduce, get to an earlier engram that will reduce that contains the same phrase and reduce it. Reduce everything! The only way that you can really upset a case in Dianetics is to fail to reduce what you get your hands on. If one fails, get the next earlier one. You don't have to hit the first one again if they are duplicates, but get early on that type of engram.

Get out the circuitry on a straight memory basis, get the dramatization and find out what the demon circuits are in a case, knock them out, concentrating on the species of "control yourself" and that case will resolve.