A SUMMARY OF STANDARD PROCEDURE

A lecture given on
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A summary of Standard Procedure is:

Step One: Diagnosing the case, after which go to Step Two.

Step Two: Opening the case and running engrams. If case won't open or case bogs down, go to Step Three.

Step Three: Knocking out demon and valence commands. After this, go to Step Two.

The elaboration on it consists of:

STEP ONE: Diagnosing the Case

In diagnosing the case the following information should be obtained:

1. Name, age, height, weight, foreign language, etc.

2. If hypnotized, psychoanalyzed, shock therapy, etc.

3. Neurosis, psychosis, dramatization, psychosomatic illnesses and so forth. (By dramatization is meant those which plague people around the patient and worry him.)

4. Operations, illnesses, accidents, electric shocks, nitrous oxide.

5. Obituary list—father and mother, grandparents, uncles, aunts and so forth.

6. Childhood, school and recent environment—pleasant and unpleasant.

7. Perceptics, occluded people and so forth.

STEP TWO: Opening the Case and Running Engrams

(If case won't open, or bogs down, go to STEP THREE.)

A. Opening the Case

1. Put the preclear in reverie and run pleasant incidents. Check perceptics and if moving on time track.

2. Tune up perceptics with pleasure incidents; if poor, go to Step Three.

3. Test file clerk and somatic strip. If these do not work well and reliably, go to Step Three.

4. Test the patient for a sense of reality. If it isn't there, go to Step Three.

5. Try for an emotional discharge.

6. Try for basic area engrams and, failing, go to Step Three.

B. Run the Engrams

1. Direct the somatic strip, work with file clerk, reduce all engrams contacted, compute at all times, and detect and deintensify holders, denyers, etc.

2. Start in basic area and proceed to present time, erasing all engrams on the way; keep at it until you have a release or clear.

3. If case bogs down, try for emotional discharge. Failing, go to Step Three.

STEP THREE: Knocking out Demon and Valence Commands

(After this, go back to STEP TWO.)

1. Put preclear on straight line memory and look for demon commands and valence commands in memories of parents and possible allies.

2. Put preclear in reverie and try to establish demon commands and valence commands while running dramatizations of parents and so forth as engrams.

3. Use repeater to reach and reduce the first engram containing this command.

4. Try for emotional discharge on moments of grief, sorrow or loss.

5. Keep repeating Step Three until case is opened and engrams are running.

See also the article on Standard Procedure and it's accompanying chart in Volume 1 of the Technical Bulletins of Dianetics and Scientology, pages 15-21.

The first thing necessary in a case is accessibility. Accessibility of a case is not a point which is limited only to psychotics. Many people will resist therapy who are yet not psychotic. You will find many people intensely skeptical of Dianetics and intensely combative sometimes, particularly when the husband, for instance, says the wife is crazy and he wants her fixed up, and she doesn't want to be fixed up. She has decided against this.

Whenever we have had trouble like this in the past, it usually stems from the fact that the husband has been intensely critical of the wife's sanity or vice versa, or the patient has something against going to anyone in the field of mental healing due to some relative or some failure in old schools of mental healing, and at first they may not consider Dianetics anything else.

That one is the easiest to overcome, because patients who have been intensely resistive toward psychoanalysis have within a very few minutes after contacting Dianetics become very cooperative.

The next one is tough to overcome. It is an engram which says, "I won't have anything to do with the doctor. I hate the doctor. I know what he's going to try to do to me. He thinks I'm crazy," and so on. This type of engram is often very prohibitive. But you can still work against it if you are patient, particularly—and here we are into accessibility—if you work on a direct line memory with the patient, with his eyes wide open, sitting straight up in the chair, no slightest hint of the fact that you are doing anything for him, and you begin to get interested in what life has done to him in his environment. Very few patients can resist this very long. You are interested, you want to help them, but you don't want to help them on a basis of "I'm going to help you in spite of anything you can do about it." You start accomplishing therapy right at the start merely by talking to them, asking them if this or that happened in their lives and so on. Sometimes you get an intense reaction from the patient, but that is relatively rare.

Start therapy then with Step Three, which is to put the preclear on straight line memory. Look for demon commands and valence commands in memories of parents and possible allies. If accessibility is poor at that point, start right in with trouble-shooting the case on a straight line basis and you will get results.

Of course, diagnosis alone is actually trouble-shooting the case somewhat. You make him remember back to this and that, and soon his memory is a little more limber. It is quite astonishing how much people can remember once they are pressed in a kindly way to try to do so.

You have this as your ally in all accessibility: Basic personality wants out. Furthermore, people don't want to be sick. People are not unwilling to get well, they are very unwilling to be ill, although the engram may say that the reverse is the condition which has to be.

As a result you are fighting an engram about such a thing. You couldn't fight basic personality about it. Basic personality is pretty tough, but you can combat an engram on the subject. Engrams will succumb, they are weak, they haven't much to them even though they may look very tough to some people.

If a case is psychotic, the problem of accessibility is extreme. Basic personality is practically smothered. It is as though "I" has withdrawn from the scene entirely, although some psychotics will actually work on a straight memory basis in moments of lucidity. So if you have a psychotic who has, in between breaks, maybe an hour of lucidity, just asking him to remember this and that without formally putting him in therapy may accomplish enough therapy to prohibit the next break.

If you are dealing with a psychotic who is in the complete parade of an engram or dramatizing because of a demon circuit, you have the toughest problem that you can face in Dianetics and one which will require all of your patience, skill and imagination to combat.

We are working on methods of increasing psychotic accessibility. This is not an acute problem but sooner or later you are going to face it.

The raving psychotic where basic personality seems to be completely missing from the scene is a nasty character to come up against. Whether he is in a catatonic state or talking wildly or dramatizing, shifting from one valence to another, or merely obeying a demon circuit, whatever it is, that case is not easy.

The best way to tackle such a case is to find if the person does have periods of lucidity, and work him or her during those periods. In such a way you are enormously aided. We are trying to get an easy enough method so that the psychiatrist will be saved a great deal of time in institutions, and we have got this thing fairly well along the line.

One of the things which seems to be coming forward with great speed is chemistry. We had a very interesting experience recently. I was at a point where I believed there were no drugs which could produce any great or marked effect upon engrams. It was my observation that every time you administered a certain set of drugs, undesirable characteristics went right along with the administration; which is to say that when a drug was administered which made the person very emotional, the person would go on and dramatize with no therapeutic value, but they wouldn't dramatize what you wanted them to dramatize. When it came to administering Benzedrine, sometimes the psychotic in particular became slightly mote accessible, but it wasn't very marked.

A drug was administered recently to three volunteers. It was an atropine derivative of a couple of herbs from South America, and the most astonishing thing took place. The demon circuits kicked in very heavily in each case.

In one patient, every demon circuit he had—and most of them had been practically flattened in previous auditing—went into high activation. We started to run engrams on him and those engrams were extremely accessible. He could go clear down into the basic area and into emotional charges and so forth, and run off the whole word content, but not the slightest reduction took place, and not a bit of unconsciousness would come off any engram.

This case normally contacts incidents, reduces them, their aberrative effects go down, the engram itself either erases or reduces very easily, unconsciousness comes off and he can't find it anymore.

Here we had exactly reversed the case and turned the behavior of the engram upside down. It could be found immediately, but once found it would not reduce and in all three cases its behavior was the same. We ran over these engrams about 40 to 50 times with no slightest reduction of any kind, and they weren't restimulated.

This was strange behavior and for the first time I had seen a reversal of effect—a very marked, pointed effect—as the result of chemistry. Consequently I believe it may be possible to find a proper combination of drugs which will permit the engram to be located and reduced with ease.

Furthermore, if engrams and the chemistry of unconsciousness and pain can be so affected by a drug, the possibility of a one-shot clear is closer, although any time a drug suddenly takes an engram and glues it down and then glues the unconsciousness down with it, and when that drug has the reputation of knocking out a psychosomatic which thereafter doesn't return, it should not be administered because its effect may be more permanent than desired.

The doctor administering the drug inferred that the dosage might be very critical, and it might be that a little less dosage or a little more dosage might have a completely different effect. I doubt it though because it was given to three people and it had an identical effect.

Analytically their IQs seemed to increase although no accurate test was done at the time.

In research, we are working hard on the accessibility of psychotics. There are other methods of making psychotics accessible besides chemistry, one of which is on an educational level, and we are going to make some tests in that field.

Standard Procedure will form a standard technique which can be gone through pretty much by rote. If these steps are followed, one is going to get engrams, there is no doubt about it, which is all in the interests of making the solution of a case inevitable.

Too many auditors in the past have become confused at some stage in the case. By lining up in this fashion just exactly what we are supposed to do, we have clarity. And by using this technique and procedure, we will have results.

It is amazing in the Professional Course to discover how many cases are well cracked in respect to the amount of time the people have been on course. It is a pretty good percentage.

After testing the person's file clerk and somatic strip the next action on Standard Procedure is to go to the third step of straight line diagnosis again. Start clipping out locks on straight memory and locating the exact phraseology by scouting the dramatizations of the patient's parents, or even his own fight dramatizations with people, or his own statements to people until you have enough data to plunge on repeater technique.

By repeater technique, using some of the phrases divulged which would find that material, you will get down low enough in the bank to a point where you can reduce an engram.

There is a valid use for dreams. Go back in reverie to a moment when the patient was dreaming and run the dream. Get him settled in the dream, see if you can turn on some of the emotion in

the dream and then drop him straight into the engram which caused it. That has some therapeutic value.

Before you start to work with these dreams though you ought to make sure that you have some of the basic material out of a case; because any time you get basic-basic out of the case, you get unconsciousness off and you enter a stage of therapy where you are on safe ground. Almost everything you touch will reduce after this has been done and you don't any longer have to worry about restimulation. People who follow this out are going to get results.

After we have done a diagnosis we have a pretty good idea of what we are shooting for in the case. We know where the painful emotion should be located. If it is there or not is another thing. We know what illnesses we are trying to touch and we have a fair idea of the personnel involved. We should know by this whether we have a very bad case or an easy case.

The way you tell if you have a very bad case is by a jackleg method of the incidence of illness in childhood, and by the ability of the person to recall. These two things will add up to a summation of data which should tell you how severe the prenatal bank is.

If you want to locate abuse to the child, prenatal or postnatal, ask questions about whether he likes-his father, whether or not he likes his mother, whether or not he was fond of his grandparents. If you get an overweening fondness for Grandpa or Grandma or uncles and aunts, and a detestation of Papa and Mama, you have very good evidence of a very severe prenatal bank.

After having asked a few of these questions of people, you of course want to find out how they run in therapy. You may encounter a case that will go very rapidly, but don't spend time looking for it, just go to work.

The recording of the demonstration which followed this lecture is missing. It is believed that it was an example by LRH of the application of Standard Procedure as outlined above. Should you have information on or know the whereabouts of the missing recordings, please contact the editors.