

STANDARD PROCEDURE AND ACCESSIBILITY

A lecture given on
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Use of the Tools

Standard Procedure, if followed as a one-two-three proposition, will give results. It will tell you where to turn each time you come up against a point that doesn't resolve.

The first step is accessibility. If a patient is not operating well in any department, he is going to be inaccessible. If that mind cannot operate because of engrams, it is a fact that the curve of accessibility will follow the inoperativeness of the mind to a marked degree until you get down into the psychotic states.

In institutions, psychiatrists are faced with the problem of accessibility. They resolve this problem very neatly by making a patient completely inaccessible. They can't do anything with the brain so they take it out. This may be a type of solution, but it is not an optimum solution.

In order for Dianetics to be smoothly workable in institutions, it is going to be necessary to increase the accessibility of patients so that they can be reached with great ease. Only in this way can we count upon the fact that Dianetics will clear the institutions. That is our standard research step.

However, auditors will be faced with greater or lesser degrees of accessibility, such as young Robert who is interested in Dianetics and has talked his mother into being faintly interested. But Mother knows there's nothing at all wrong with her, and the auditor knows from the engrams that she has implanted in young Robert, on whom he has been working, that she is doing Immelmans, renversements, spins and snap rolls continually through life.

She has, let us say, bad arthritis, a lame hip, can't remember her own name and so on, yet she tells the auditor that there is nothing wrong with her; however, she's very glad that you did something for young Robert. Young Robert is interested because his younger brother gets beaten daily.

That is a case of a type of inaccessibility which you are going to have to overcome. As Dianetics becomes more widespread and better known, you are going to have to use your persuasiveness and your native charm and personality in order to bring this about. However, such inaccessibility can be broken quite ordinarily merely by running the patient with his eyes wide open, without ever telling him you are doing a thing to him.

First start in on straight line memory, talking to the patient, and ask him, "Well, what sort of a dress has she got on?" and so on. The patient is immediately going to go back down the time track and start working.

You haven't asked for any consent. Most people are willing to answer a few questions, and I have had patients go through a two hour session, pick up a lot of material, knock out a block of locks, and become much more accessible, thinking all the time they were merely having something explained to them—a little demonstration run.

One of the ways this can be done is to say, "Well, we don't have to put you into therapy, but why not let me run a little diagnostic check on you," at which moment one throws them straight into therapy. Therapy then proceeds and if you find the case is too closed down for you and it looks like young Robert never will be able to handle this, blow a few locks, make the case feel better, and say, "Well, diagnosis demonstrates . . ." and let it go at that. It is a good way to back out of a case if you don't want anything to do with it, because although you could do something with the case, you may sometimes find that you don't want to. You may find that

you were perfectly willing to devote 15 or 20 hours of your time perhaps to knocking out the largest portion of her arthritis, but that you have walked into a case which is apparently one of these long cases. By using diagnosis, you will know how long the case is.

The problem of accessibility lies in your hands, with your skill and persuasiveness in getting somebody to either look at you, sit down, answer a few questions, or at the optimum close his eyes and go straight into work.

Don't try to force a patient into therapy. In the first place, the patient may be very resistant toward the idea that he isn't all right. You will discover that you have an ally, for instance, in the police. Let's say we are picking up somebody from the city jail and we are going to check him over. You will also find relatives occasionally will bring somebody around. Maybe they know the judge and if they can prove the patient is not quite sane but can be repaired, perhaps he will be let off. The patient, however, arrives on your doorstep completely closed down as far as you are concerned.

It is up to you then to ally yourself with the patient to turn against his enemy, and the mere fact of turning against his enemy is usually enough to make you an ally of the patient. That very definitely increases accessibility, particularly if you put it on the line of, "Well now, let's find out what they've been doing to you. Let's really get the goods on these people." And the first thing you know the person will be working with you. You cannot work very long against a person.

It so happens in Dianetics that people are pretty cooperative, much more so than they have been in the past in various forms of mental therapy. Basic personality gets wind of what you are trying to do and pitches in.

In such a case, the explanation of the basic tenets of Dianetics is very much in order. They may be falling upon salted ground, but they are going on through to basic personality.

The problem of accessibility is something that is mainly solved by experience until we get something better.

The next steps run on a one-two-three basis. We go so far on this list and if we haven't achieved a definite, positive result at that point, we go to Step Three.

Step One is the diagnosing of a case. At Step Two we open the case and run engrams, and if a case won't open or it bogs down we go to Step Three, which is the knocking out of demon and valence commands, after which we go to Step Two.

It is set up on the basis of if it won't do this you do that. What you do each time a case bogs down is to go into the above procedure. You put the preclear on straight line memory and look for demon commands and valence commands in memories of parents and possible allies. Then you try to establish them and find the emotional charge. And you just keep repeating this third step.

Thus the first step is to diagnose the case. Simply asking the questions is establishing communication with him. You can establish communication just on the basis of "What is your name?" which gets him into the groove of giving you information. You will find out that his method of giving you this information supplies you with an enormous amount of material. He may start by telling you his name, his age and his weight. Observe his reactions. You will see, for instance, that some people are so closed in, so secretive, because of engrams, that they think everything over very carefully before they give you such a thing as their name. Find out about any foreign language background and so on. In short, do a full diagnosis. That is the first step in the case.

At some future point in therapy you may do the diagnosis all over again and discover quite a bit of material which was not before available, such as the fact that the great-grandparents might

have been alive, or that the patient is completely blocked out on his first two wives. In one case, one of the person's wives had died and the other one had gone off with another man. He was a psychotic, but as far as he was concerned he was currently married for the first time, and he would sit there wide-eyed and talk about a perfect life track from which about three quarters of the data was omitted!

So, after a case has gone for a certain distance in therapy you can now find out more about the case. Just because you have made a diagnosis at the beginning is no reason to believe that you should not rediagnose the past of a case after it has gone a short time into therapy, because the person's memory will have increased markedly.

Now we enter the second step which is in two parts, A and B. The first part is opening the case, the second part is running engrams.

As you open the case, you don't worry too much about straight line memory, you put him in reverie and enter a pleasant incident. In this way you can check the perceptics and find out if he is moving on the time track.

So the sequence is that you fill out the diagnosis card, then tell the preclear to close his eyes, and you run him into a pleasant incident so that you can check his perceptics and find out if he can move on the track.

Two things will turn up at this point. If he is not moving on the track you now devote some effort to getting him unstuck by various mechanisms. Give him an age flash, "What is your age?" and then, "How old are you?" and then, "Give us a number (snaps)," and so on. Try to get the stuck moment.

Quite often if a person has been stuck there for a long time, he will not be able to tell you what the incident is. He will have circuitry built in that will give you his proper age, and he will perhaps have an attention unit or two which will go down earlier than this age and you will get very unreliable material.

It may even appear to you at that moment that you may be talking to a demon circuit, but don't jump to a conclusion on that. What you are going to have is a shut-down which is different than demon circuits operating. You are not getting a protest from this patient, he is not being recalcitrant, he is not complaining to you about altitude and so on, he is just plain stuck.

Very often if he is severely stuck, his visio will be completely black. If he is only slightly stuck he will get a little-bit of visio. But the point on the track where he will have visio, or where he will have the best visio now obtainable, is the point where he is stuck. He will have perceptics at that point. He may also have some sonic and olfactory.

One preclear could feel himself moving every time he shut his eyes, and this had always worried him slightly, but he thought everybody did so it didn't matter too much.

At the exact instant where a person is stuck, the words "stay there" may be very audible. Learn to recognize that if you try to move a person's somatic strip and the file clerk doesn't give you anything, the person is locked up right there and is already giving it to you.

Don't try to take such a case and start charging him up and down the track getting angry with him and scolding him because he is not doing what you want him to do. The engram is right there in sight, ready to be run, in such a case. Start to run this engram though and you will have trouble, because there is going to be earlier material possibly on which this engram is latched up. But you will get some kind of an idea of what it is.

An example is a case who was stuck in an incident. He got a whiff of ether and had a little bit of visio; otherwise, perceptics up and down the track were shut down. I sent him to a pleasure moment and he got one.

One can do that if the person is stuck lightly. I have done it with direct memory, just talked to him for a few minutes and explained to him what being stuck on the track was and suddenly he was moving on the track.

It is easy to establish whether or not someone is stuck on the track. Perceptics are usually dark and very thin, but right where he is stuck there will be some material, perhaps some sonic, a little visio and olfactory, but not necessarily all of them.

There was one case who was stuck in a first aid hospital in the war, and the attendant was sitting there smoking a cigar. This person had complained ever since that everything smelled bad. I told him to close his eyes to find out if he was stuck on the track. I didn't have a chance to ask him many questions. He closed his eyes and I said, "Now what do you see?"

He immediately reared up and said, "That's it, damn it, that's it. That son of a gun!"

"What's the matter?"

"It's that damned attendant, he's smoking a cigar!"

He had been going through life with his olfactory turned on to this cigar!

This is an important datum concerning psychotics. A psychotic will often be so thoroughly stuck that he is only getting the perceptics of the incident in which he is stuck, and he will be getting these so strongly that they blank out the perceptics of present time.

One preclear was stuck in an engram whereby he was being knocked around by his mother. He was lying there with his diapers dirty with Mama telling him to hold still and batting him around and so forth, being very angry at him, and talking about the overpowering smell which of course was present. And this poor man had been going through life with everything smelling like a dirty diaper. He was not psychotic, but there was this overpowering odor. Somebody would say, "Smell this flower," and of course he would sniff and he would get the odor of dirty diaper!

This mechanism is very simple once you know what you are looking at.

The next point is to get the case moving on the track. Once you have put him in reverie and found that he has no perceptics, the somatic strip is going nowhere, the file clerk gives you nothing, suspect what the score is and work on freeing the person on the track because sometimes he will free up and start running.

It also happens occasionally that you can just start running some pleasant incidents and the latch-up on the track will click out and he will be free on the track.

Similarly, let us say a person has a headache, simply return him to a moment of pleasure a short time before, perhaps a year or two, and run him through it a few times, get him settled in it and the headache disappears. You have dropped the somatic at that point and freed the person; he is moving on the track once more.

So, there are two ways to free a person on the track. One is by running pleasure moments and the other is by running the engram. Of course the second one of running the engram is the one that you will usually have to do.

If the person is not moving on the track, we free him up and again test his perceptics.

These perceptics are tuned up by running pleasure moments. Run a few pleasure moments in the case pretty well and no matter how his perceptics are they are going to sharpen. You simply run them as you would run an engram. If the person doesn't want to tell you what pleasure

moment he is running, let him run it silently; but it is better to get an incident that you can listen to because what is important is whether or not he is seeing, hearing, feeling and so on.

If there are no perceptics, but as far as you are concerned he is moving on the track, go to the third step, straight line memory (which will be covered in detail).

In Step Three we try to find out what the demon circuits and valence commands are.

When you test for perceptics, he may have two kinds of shut-off. One is computational, the other is mechanical. The computational shut-off says, "I can't feel, I can't hear, I can't see." This may be laid into the case rather lightly. The mechanical shut-off is caused by a valence and by the existence of circuits which won't permit it to rise. The computational shut-off is usually much lighter than the mechanical shut-off.

Once we have tuned up the perceptics our goal is to get the file clerk cooperating, and make sure we are running with the file clerk, and to get the somatic strip under our orders. What we are doing with this system is making a pianola case before we run the case very far, which will pay very solid dividends.

If you ask the file clerk for something and you get nothing, realize that the file clerk has probably been holding this incident here patiently for years. The somatic strip is right at the beginning of it ready to start it rolling, and there they have been in frozen motion, ready to move, waiting for the auditor to say, "What is the first phrase in the engram?" although they knew nothing about Dianetics!

But if the person is moving on the track, you are going to get some action from the file clerk and the somatic strip.

If they work with you very well, you should be able to say, "The file clerk will now give us the engram required to resolve this case. The somatic strip will go to the front part of this engram. When I count from one to five and snap my fingers, the first phrase of the engram will flash into your mind. One-two-three-four-five (snap!)." "I can't see."

"All right. Repeat it please."

"I can't see, I can't see...." What you are doing there is intensifying the front of the incident and really stabilizing the person in the moment with repeater.

Now, you start on through, and if he is having a hard time getting it you ask him, "Is there a denyer (snap./)?"

"Yes."

"The somatic strip will go to the denyer. When I count from one to five the denyer will flash into your mind, one-two-three-four-five (snap./)."

"I can't tell."

"Run 'I can't tell.'"

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

"Can we run it now (snap!)?"

"Yes."

"Go to the beginning of the engram and let's roll it on through."

It's that kind of operation that is wanted. When you don't get that kind of operation, then do these other things to get it to occur.

A three day engram would be knocked out phrase by phrase. You can also knock it out section by section. That is, knock out 10 minutes of it and then knock out the next 10 minutes of it, and so on.

The first point in the engram is more important than the apparently more intense high point of such an engram.

If your file clerk and somatic strip are working pretty well, deniers and bouncers aren't going to affect you too much. If suddenly he is no longer in the engram, just say, "Is this the same engram (snap!)"

"No."

"Is there a bouncer in the engram?"

"Yes."

"All right. Let's return to the bouncer in the first engram there. All right. Name the bouncer."

"Get away."

You are reducing an engram. You have got to keep the preclear on the line of the engram. He has got to know about it.

Your troubles, if the file clerk and somatic strip are working with your, are so slight as to be negligible, in spite of all the deniers and bouncers in the world. If you are running the right engram in the case, that engram will roll. One doesn't need great art if this condition is taking place. However, if this condition isn't taking place, one sets the case up so it will take place.

For instance, you can have the preclear go over a phrase such as "I can't tell" three or four times until it kicks out. What you have produced there is an analytical recognition of the fact. You haven't reduced it, but the person is able to say, "Well, the engram says, 'I can't tell,' but to hell with that." Deintensify "I can't tell" or "Get away" or "Leave me alone," and then you can start at the beginning of it and run the engram. But don't just shoot it full of holes and go off and leave it. What you are trying to do is reduce an engram, and this initial step is nothing more than an effort to make that possible.

However, if you are bouncing off this engram, or it is troublesome in general, there is probably something else on the case. If you have been given the right engram to resolve the case, it runs off like honey out of a syrup jar, but if you are running the wrong engram in the case, he will bounce and do various other things.

As an engram runs, there is a scanner which takes a look at the engram before it gets there. For instance, if the engram says, "Get away," the person may bounce one phrase or twenty phrases away. There is no establishment on it. But if you are working with a file clerk and running the engram you should be running, and you have gotten the case into a workable situation, this is of no concern to you. That engram will run well.

When you are shooting for circuitry, you will get all manner of strange manifestations. The preclear will flop over into valences, and you will have trouble one way or the other as you run through the engram. But if the case is really running, this sort of thing won't happen. You can go to the front part of the engram and run it through, front part and run it through, front part and run it through—erased.

Very few engrams start out with words, usually they start out with something like “splat” or “clink” or “tinkle” or “thump.” There’s something ahead of what you are running. People who have non-sonic don’t pick up this material too well, but it will still come through.

Once we have tuned up the perceptics, we may find that we can’t reach any pleasure. If we can’t, we go to Step Three; but if we do find that we can run pleasure at this point, we check the file clerk for cooperation and the somatic strip for obedience and, if they work well, we go right on running engrams. If they don’t, we go to Step Three.

The next thing we try for is an emotional discharge. We see if we can find some painful emotion on the case and take it off. That is the quickest way to make a case happy.

If we don’t get an emotional discharge and merely go into the basic area, we go right on with the process. Failure to get an emotional discharge does not invalidate the process, because very often the emotional discharge cannot be discharged until we get engrams off the early part of the case. It is a fact that either painful emotion engrams or physical pain engrams are available in a case.

So we try for basic engrams, and if we get an emotional discharge, we take what emotional discharge or discharges we can get and go into the basic area.

The second part of Step Two consists of directing the somatic strip, working with the file clerk, reducing all engrams contacted, and detecting and deintensifying the holders and deniers, etc.

We have probably got to take the tension off the case. That means we are going to have to ask the file clerk several times for the engram which we need next to resolve the case. Then we are going to say, “The somatic strip will go to the beginning of this engram,” and we are going to roll that engram and reduce it.

After we have done this a few times, we can start urging the patient into the basic area with the words, “The file clerk will now give us basic-basic, the first moment of pain or unconsciousness, the earliest moment,” and try to run that out.

But one has to indicate that one wants that basic moment. The file clerk doesn’t get this too well. After all he doesn’t know Dianetics until you show him that point of it. You want to get into the early part of the case and start erasing.

You want the sperm sequence. You can use the following procedure: Step the patient into a moment of sexual pleasure—he doesn’t have to tell you about it—and then jump from that straight back to the sperm sequence. He arrives there often enough to warrant the use of it as a technique. If you then have him run off the sperm sequence it will reduce. If it doesn’t, you can ask the file clerk why, and the somatic strip will give you phrases after which it will reduce.

We are working on a level in this case whereby you merely indicate what you want and you don’t try to foist off on the file clerk all sorts of computations of your own. Simply work with the file clerk as long as he will work with you. You want to get early in the case in order to get out the sperm sequence. The file clerk may not realize you have to get the sperm sequence off this case.

At this stage we work to get unconsciousness off the basic part of the track. Once we do that, we can go into any engram up the track and get something off it, but we have still got to reduce everything.

The sperm sequence is not always painful, but when it is, it’s basic-basic. However, pain or no pain, it’s usually there. I have never found it absent, but I have found that quite often there was no pain on it in a case that was hard to reach. Although it is not 100 percent certain to be the first engram in a case, the sperm sequence will sooner or later pop into view if you keep asking for the earliest moment.

I originally called it the sperm dream because there is so much dream associated with it in many cases. Sometimes there are all kinds of engrams piled up on it in a bundle. It often doesn't present a beautiful clear picture.

For instance, in one case, millions of little angels were flying down from the sky and it was a fish fry that everybody was attending. Another case had a lizard which would say, "You'd better not go past here. I wouldn't do it if I were you." So, we start in the basic area and proceed to present time, erasing all engrams on the way, and we keep at it until we have a release or a clear.

You will find that as you go along, you will strike misfilings occasionally, and maybe soar way up into the bank unable to proceed with the erasure. The file clerk, instead of giving you the next moment in sequence, has given you some later moment which has tied up some of the early material, so you run that.

Don't let anything persuade you to run postpartum as a natural consequence of Dianetics. The incidents you will find later have got plenty of dynamite tension in them, but after you get the tension and charge off them, go back early again.

The way you do this is to get from the earliest to the latest, erasing as you go—like climbing a ladder.

The third part of Step Two is that if the case bogs down, try for an emotional discharge. The file clerk is not very handy at handing out emotional discharges, and an emotional discharge might have become available while you were running the basic area. You might have run out a "Don't cry" or "I've got to control myself" or something down at the basic area or up the track someplace which was suppressing emotion.

If the case stops working, or erasure stops, try for that emotional discharge. If we don't get that either, go to Step Three.

The way you repair a case is with Step Three, which consists of knocking out demon and valence commands.

Firstly we put the preclear on a straight line memory and tell him to look for demon commands and valence commands in his memory. We have him try to remember his parents and possible allies and antagonists and so forth, and we start knocking material out of a case on a straight memory basis.

If the persons sense of reality is poor, we also start in with Step Three. But in doing so, we try to find out what made his sense of reality poor and see if we can connect up with it. It is based on the proposition that if a person believes something about himself or thinks something about himself or fails to believe in himself or fails to believe in reality, somebody has told him so. He has overheard such a statement, and it's in the engram bank.

We are not saying that everything he says is engramic. One does not work the preclear on this basis: Every time he says, "I'll lie down now," the auditor says, "Oh, engram! Let's go over that."

Then he says, "Well, I don't think anybody else said that. I thought I was trying to say 'lie down.'"

"Run that."

And he says, "But all I'm trying to do is talk with you."

"Go over that."

That is not good auditing. However, one does ask him what he is thinking about, what he thought of his mother, what he thought of his father. Normally what he thinks of his mother is actual and is his concept of it, but in too many cases it was what Mama thought of Papa and told the youngster he should think about Papa, and so on. It is a tangled picture. But you can knock out locks using straight memory.

Recently we pulled this into view and got the information that was hitherto denied. This is now called Standard Procedure.

With straight memory, we are trying to find out things about the preclear's life. The second part of Step Three is to put the preclear in reverie and try to establish demon commands and valence commands by looking for and running dramatizations of parents, or his own dramatizations, as engrams.

There are several procedures that you can use to do this. For instance, let's take the preclear back to a time when he was having a fight with his wife. What did his wife say that really affected him? What was the exact phrase? What was the moment that he suddenly took off and chopped her head off with an axe?

We can run through that engram or maybe just a light lock and find out what triggered him. Perhaps he goes off like a rocket when somebody says, "You boob, you're no good," or, "Do you like strawberries?" Whatever the phrase is that we suddenly find him taking off on, know that that is a restimulative phrase.

So, we put him in reverie and try to establish demon commands and valence commands by running his dramatizations, or those of his parents, as engrams. And we use repeater to reach and reduce the first engram containing such a command. We are looking for a "control yourself" circuit. We are trying to find the first time it appeared, or the time it appeared which will show up an engram that has to be deintensified. We may find a "control yourself" well up the bank in something and find him wriggling all over the place. If this engram looks hot, don't content yourself with just taking the charge off "control yourself," run the whole engram.

On the basis of demon circuitry, the file clerk may have an interposition between himself and "I." The material is not coming through. That may be just an occlusion demon. As such it is serious enough, but it may also be a lie factory, which is a little more circuitous.

The only way that the patient can escape from under your Dianetic desire to have him clear is to have a "control yourself" engram or some species thereof, so that is what you shoot for.

If you are examining a case and the file clerk starts to hand you playing cards or model trains and you aren't getting any material, and you can't run any engrams, this person is probably out of valence and you have got demon circuitry on the subject of "control yourself" operating.

Furthermore, if this patient complains to you about your altitude, look for the "control yourself" and the "I'll have to handle this myself" demon circuits and so forth, and knock those out. Some people may object to having that great, needful, glorious, absolutely invaluable "control yourself" mechanism knocked out. What they do not appreciate is that if a demon circuit exists in the mind which says, "Control yourself," the chances of "I" controlling the organism are reduced.

The person who had the most severe "control yourself" engram would be that person who controlled himself the least in society, because "I" is setting himself up as a demon circuit (a false "I") and this is actually overriding what the person really wants. It is part of a "control yourself" mechanism such as, "If you don't learn to control yourself, and if you can't control yourself, you know what's going to happen to you. Nobody will have anything to do with you and nobody will like you. And now, Reginald...."

There is also the “control yourself” mechanism which interposes and makes it very rough by causing such things as “The somatic strip will now go to a bouncer,” and the preclear gives you a denyer. Or “Let’s go to the next engram now. The file clerk will give us the next engram which we need to resolve this case.”

And the person says, “You know, I think we had better run that late life emotion there that had to do with my losing my crystal condenser.” Know at that moment that there is a “control yourself” mechanism at work because the file clerk doesn’t put forth conversation. If he is operating, you are working pretty closely with basic personality to get a job done. It isn’t the fact that he is now less able to control himself, but the fact that he is more cooperative on the subject—more self-determined.

He can now exercise his self-determinism of “I want to get rid of this pain.” So you say to this person, “The file clerk will now give us the incident which we need to resolve this case.” The file clerk doesn’t stall around or get upset or worried about the thing, he simply produces the incident.

You may not recognize it as an incident, you may want something spectacular to happen, and you may think it’s necessary that the instant the file clerk hands you something you should see fireworks. Don’t expect to see fireworks.

We use the mechanism: “The somatic strip will go to the first part of the engram. All right. What do you see? What do you feel?” The person may be out of valence at that moment and not see or feel anything. The file clerk may have cooperated, but what is needed now is the flash phrase technique to push it the rest of the way through. “When I count from one to five, the first phrase will flash into your mind: one, two, three, four, five.” Perhaps the somatic strip will give you the first phrase, and maybe all you are going to get is a phrase with six phrases before it, because the somatic strip can only give you that particular phrase at that moment. Run it, it is the right one. After running it a few times, the somatics will start to turn on and then you can run the engram.

The engram is right there waiting to be run. The preclear may say, “I just can’t reach anything in the prenatal area.” What has probably happened there is that the file clerk has presented trays full of engrams and nobody then took them, so finally, after a while, it gives up.

Once you have gotten the engram, run it, and you will find out as you are running in the basic area that the person will more or less automatically slip into his own valence. You don’t have to keep pestering him about it.

If he starts to get off an emotional discharge which is part of a painful engram and cry because Mama was crying, and you say at that moment, “Go into your own valence,” you will leave the charge on Mama’s valence. So don’t interrupt that spill of tears or that spill of rage or emotion just because he isn’t in his own valence at that moment. This thing is being run this way because it has to be run this way. Run the tension off that valence and if there’s another, coax him to pick up and run that one, and then as these deintensify, in many cases he will settle down quietly without any more ado into his own valence and will run the engram out in his own valence.

That is why and when sonic turns on in the basic area. He suddenly goes into his own valence. It will happen automatically.

If he can run the engram at all in the basic area the first couple of times through, regardless of whose valence he is in, don’t disturb him on the subject.

Don’t say, “Go into your own valence,” at this point because he may be confused, he may be a Junior case and think that his own valence is Papa’s valence or somebody else’s valence. Just ask him to see if he can contact the tactile of moisture. If he searches around and starts to contact moisture, he is then in his own valence for certain and you have got the engram in full.

When you get into the basic area people start to yawn. I never saw a sperm that yawned but you can yawn it off as a sperm. There is probably oxygenation in a yawn. A yawn has certain physiological characteristics. A yawn may be a release of the body and it may be a physiological muscle tension release. A sigh seems to accompany grief, but it can also be an indication of Mama sighing. If you run into coughs, you will find a cough is present in the incident.

One time I ran a patient whose Mama was a great yawner. The case got complicated because I would strike it almost anywhere in the bank, and Mama was yawning. She never got enough sleep and she just had to yawn all the time. When we got this off the case the person was much happier.

In that case yawning was engraphic. Mama talked about yawning, it was a command somatic. "Oh dear, well, there's another yawn, I just can't keep from yawning."

Something that produces a bad interabdominal pressure is a hiccup. Mama can go into a spell of hiccups, and I had one patient who did all kinds of hiccups. This patient all her life had been getting hiccups. She would get startled and get hiccups. She would lie down to go to sleep and get hiccups. Practically anything she did she would get hiccups, because that's exactly what the engram said. All the way through the prenatal bank Mama was having hiccups. Of course, people would rush in very sympathetically and say, "Oh dear, what can we do for these hiccups? Poor Isabel. I'll get a glass of water. Now count from one to ten."

Don't shake a patient up or annoy him. If you notice that what you are doing is irritating the patient, for instance if you are running an engram even though it is a long one and this patient has the characteristic of not liking to be interrupted in the middle of an engram to go back to the beginning of it, let him run to the end of the engram. If the patient is talking painfully slowly, don't try to speed up his conversation. If he is talking too fast, don't slow him down. If he is talking in a very low tone of voice, don't try to pick up his voice tone.

In other words, don't add a "control yourself" mechanism into this engram, because if you do, you are not going to get the results which you should and it will interrupt a case and upset a person. It might even be considered a breach of the Auditor's Code. If the patient starts in at the beginning and says, "Mumble, mumble, mumble," the correct procedure is to say, "Go over it again." He will, too. Perhaps on the third or fourth run he will finally come out of it and you find out he is reciting something out of Tennyson. But at the same time you are getting an engram. It's never all right to ask the preclear to speed up.

If he is muttering while he is running off an engram, thinking he is talking, you will notice that there is a peculiarity at work. As you start to run the incident, and the patient begins getting down into it solidly, he is affected by the unconsciousness of the engram.

He may start out running the engram and saying, "Ah, that's my mother's voice. She's saying, 'I don't believe I would like any, thank you very much,'" but a little bit later he may say, "Thank you very much, I'm very . . . (mumble)." And then he will go through it again in a mumble. He thinks he is talking out loud. Then he goes through it again and his voice picks up a little stronger each time he tells you all about it.

If at the moment his voice dies out you say, "Now what did you say? A little louder please. Now go over it again. What was that phrase?" and so forth, you are talking to a patient whose analyzer is off and he is actually going to have to rouse himself out of the engram in order to give you any information. So if you want to know what is in the engram, keep running it until you can hear it.

The less orders you give the patient and the less you have to say to him in general, the happier you are going to be and the more engrams you are going to get. Be very economical with what

you say. Put what you say mostly on a question basis such as, "Is this the first engram of this kind in the case (snap.t)?"

"Yes."

You will have the best results when you blandly assume that the somatic strip is operating with you perfectly. Don't give him questions which seem to be questioning whether or not the somatic strip is there, or what it is doing, such as, "Is this really the right one? Are you sure this is the right one? Do you know that is it? Well, let's try it again anyway."

At this moment, the file clerk is liable to say, "Well, I haven't got a bazooka here, but I sure wish I had!"

A foreign language case has usually got a built-in translator circuit between the two languages. It is an educational circuit which was built in when the engram itself was being re-evaluated in the new language in which he is speaking.

So, he will run it off bilingually, usually automatically. If he doesn't, then there is something very wrong about the case. I have one preclear who runs it off in French and won't give you the hot dope, and then says there wasn't any engram there. Mama had her secrets.

In a case where the foreign language only existed early in the bank, you have to have a hard push on turning the person's sonic on. But those are not engramic commands if they have never been reanalyzed, they are merely sounds. So if the person never spoke the language, he has no indication of what is there. Certain sounds may mean a certain pain to him, but beyond that they haven't been analyzed.

As a result, the engramic content of them is not going to make the patient do anything. But if he learned the words later on in high school he is liable to do a reanalysis of them, at which moment, as he runs them, he will tell you what they are and what they mean.

However, there are lots of engrams that are quiet. Many AAs are completely silent outside of the noises from the room and maybe the run of the bath water. On one case, every time one turned on the bathroom water he would give a slight jump.

There was one preclear who was very chary of showers. He must have had about 25 AAs in the bank and there wasn't a word in any of them. Mama was all by herself, Papa never came home, and she didn't talk to very many people. The case had a few one-sided telephone conversations in it which were very puzzling. There would be no dialogue in them and finally one would find out that Mama was talking on a phone. But no AA chatter. Yet the person was quite aberrated by these AAs, because now there was no warning at all. He never knew at what moment something horrible was going to happen to him. I knew there was something in the bank, but I couldn't find out what it was. Repeater technique wouldn't reach it. Finally I did it on a time shift by saying, "You are now 1 month, 2 days after conception; 1 month, 3 days after conception; 1 month, 4 days after conception; 1 month, 5 days after conception...."

"Ouch! "

And we got it, because the somatic strip will run through any of this material on a time basis.

This person with all these quiet AAs was very spooky. He would be standing with his back to a doorway (the doorway, symbol of entrance) and suddenly give a start and turn around. I would ask, "What's the matter?"

"I felt something." There might have been some tiny restimulator, but it would be the restimulator of a street noise or something like that.

Try to get the person's valence computation on a straight line basis. He might be in some very interesting valence that you don't know anything about. Try to get by straight line who might have commanded him into the valence. What was the parents' quarrel on this subject?

Enough tests have been done to indicate that a valence command, if held down by an emotional charge, can be retroactive. So, the carbon copy can go all the way up and down the case, even though it might have occurred postpartum. You want to break the valence commands where you can find them. Papas and Mamas the world over are prone to say, "Oh, you're just like your mother," or, "You're just like your father."

There was one where the command was "You're so different from me. You aren't like me at all." We got this fancy tale out of the case at the beginning of therapy: Mama had attempted to commit suicide when the child was 6 years of age. She had been asked, "Well, what about your three children?"

And she had said, "To hell with the children." This was a long time ago in Dianetics and I was more willing to buy a non-engramic situation, and as a result I thought, "Well, that's natural. She says, 'To hell with the children,' and of course there is all this rejection, so of course this person will not be like Mama."

I was willing to buy this, and I went plowing along in the case and I couldn't understand it. This person would not cook, would not sew, wouldn't prepare any parties for her own children, wouldn't do anything that Mama did. Finally I went back and found the phrase "You're so different from me. You're not like me at all," together with beatings, with the child being bounced not only out of Mama's valence but out of everything Mama could do. It was very interesting. The child was unable then to mimic what Mama could do at all. As a result the woman was a very bad liability as a wife. In fact her husband was almost in tears most of the time, and she was very bewildered about it. She would, with the best of intentions, attempt to do something domestic and fail miserably. Just out of that one series of beatings.

When the beatings were taken up and the phrases "You're so different from me, you're not like me at all" were knocked out, there was a marked change in the case.

These valences are pretty easy to discover because they seldom have bouncers, deniers or any of the rest of the category connected with them. It's just a matter of "You're just like me," or "You're just like your Uncle Oscar," or "Why aren't you more like little Edmund? Now he is a nice boy and you're such a bad boy. Why aren't you more like Edmund?" That is typical valence commandry. A person's name can be a stimulus. There was a couple who had lots of children, and it was all going along beautifully and smoothly. Their name was Love! People's names get into the bank.

Take the situation where someone is lying back in a dentist's chair, out like a light with a tooth half-pulled. Somebody has taken him up there to be worked on and is being questioned by the clerk or the nurse, "What is his name?"

"His name is Jones."

"What was it?"

"William P. Jones. William P. Jones, spelled with a J. Jones. Jones. William P.... That's right. Now he's 28 years of age, born on ..." and so on. "His address is.... Yes, he's a private first class. Hm-hm, that's right, that's right. Oh, he has lots of this tooth trouble. Yes, he's had this tooth trouble for some time now, and he's had a lot of other trouble with his teeth."

And you will sometimes get in a tonsillectomy or some other operation, "Whose boy is this?"

"Oh, this is Bill Snide's boy."

“Oh, old Snide. He’s a son of a gun, isn’t he.” As a result, the name keeps appearing all up and down the bank. They keep bringing it up in Ripley’s Believe It or Not, and such places, names like Buryiam who is an undertaker. And they don’t see that there is a reverse twist on this thing that has a tendency to make it inevitable. Mr. Killem, for instance, would have quite a liability. I imagine he would become a psychiatrist.

The last step of Standard Procedure after you have run the valences and dramatizations with straight memory, and returned to and reduced the first engram containing this command—or you have deintensified the case on the valence level, or on circuitry—would be try for an emotional discharge, a moment of grief, sorrow or loss, and you keep repeating Step Three.

Step Three continues until the case is opened and engrams are running.

So, you start out with straight memory, you try to get dramatizations, you try to run the dramatization, you try to find the engram. If you are not getting anyplace with it, go back up and get the preclear with his eyes wide open again; give him straight memory technique and find some more data; then get down into the bank, run the dramatizations, run the first engrams you can discover on the subject, and keep running Step Three over and over until you have found enough on the case to break it loose.

When it is broken loose, go back up to and through Step Two again. Step Two includes putting the preclear in reverie and running pleasure incidents, tuning up his perceptics and so on. Run the case as far as you can, and if the case bogs down go immediately into Step Three again. You may find breaks of the Auditor’s Code. You may find all sorts of things in this case. But that is the best way to find such things and start a case running, and that is what constitutes standard technique.