

Notes On Engram Work

Definitions

1. **An engram** is a record in the organism of an experience too highly energised for complete, conscious, rational assimilation. The excess energy by-passes the rational centre and is encapsulated in a sub-rational part of the mind. In the sub-rational centre the engram exists as an energy system recording all the contents of the causative experience, the material objects in the situation, the activities, words and emotions of persons.

2. Any stimulus like that in the original experience-situation may initiate re-stimulation of the engram and result in the clouding of consciousness and the appearance of unpleasant symptoms, mental or physical

3. Engram discharge procedure consists in locating the engram and describing its content in the present tense. Each present-tense descriptive replay of the engram releases a definite amount of emotional energy. Discharge of engrammic energy removes impedances to normal function and allows the patient to direct his life from the centre of his free intelligence.

4. **Emotional Association** is association of experience-records and their contents by concentration upon the emotional states felt beneath the ordinary conscious rational level of mental processes. Emotional Association is the most efficient way of locating engram materials.

5. **Formal Association** is association determined by similarity of the shapes of things, similarity of the times and places of events, and similarity of their sequences. Formal Association tends to be tied to the serial temporal order of events and is less effective in locating engrams. Whenever Formal Association is used there is a lack of emotional tone and past experiences tend to be referred to in the past tense, which cannot locate engram situations, which themselves were recorded in the present tense as the actual event occurred.

Outline of Procedure.

6. An explanation of the nature of engrams is given, and procedure for discharging engram energies is outlined. The patient is told that it is generally convenient for him to lie down, relax, and close his eyes to help locate engram situations and to eliminate external distractions. If the patient dislikes lying down he may be allowed to sit. If closing the eyes frightens him, he may be allowed to keep them open. The important thing is for him to use the *present tense* in describing the contents of the engram. After running an engram through a number of times it is generally weakened sufficiently to allow the eyes to be closed. As his confidence grows the patient may lose his resistance to lying down.



7. It is explained to the patient that two kinds of association exist in the mind and determine its processes.

a. Formal Association. Here the experiences recorded in the mind are linked according to their formal similarity. Similar shapes of things are linked together, similar times in which things were present are linked, similar places are linked, and similar sequences of events. Representation of a stimulus tends to result in replay of part or whole of an experience-record containing a similar element.

b. Emotional Association. Here the experiences recorded in the mind are linked wherever similar emotions of experiences are presented. Emotional Association is of special value in engram work because emotion is less tied to the temporal series of events than in Formal Association. Emotion can jump immediately across years of experience records and so save time in locating engram situations. (A perfume or an old tune with particular emotional significance can trigger the mind across surprisingly large gaps of time.)

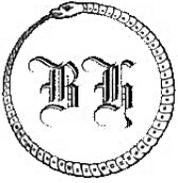
8. The patient is asked to relax, focus upon his unpleasant symptoms or feeling-state, and to allow the unpleasant feeling or emotion to take him back to the experience in which he first felt a feeling or emotion like it. His mind will take him back

9. If he does not go back on first request, the procedure is explained to him again in a calm and confident voice. He is then again requested to focus on the unpleasant feeling or symptom, and again to allow it to take him back to the experience in which it belongs. After a few attempts an engram is usually located.

10. As soon as the engram is located the patient is asked to describe the experience in the *present tense*, which is essential for discharge of engram-energy. The patient must say "I see", not "I saw". He is asked to look and listen for the engram content. He is to say, "I hear", not "I heard"; "my mother is saying", not "my mother said".

11. During engram replay the therapist is *not* to interpret the content, nor to accept interpretations offered by the patient. *The engrammatic patient is highly suggestible*, and any interpretations offered are likely to enter the engram and complicate it, at the same time recording the therapist's voice and image in the engram. If this happens the patient may be made inaccessible to therapy for some time. The objective truth or untruth of an engram is not important. What is important is its emotional charge, the removal of which will move the patient towards recovery.

12. After the patient has gone through the engrammed experience a few times, he is asked to say how intensely he can feel it, and to give this feeling a number value from one to ten. This helps the patient to apply his reason to the engrammatic situation. After running through the engram a few more times he is again asked to state its intensity level. If he gives a lower number, and does so every few replays, the engram may be assumed to be discharging. If the intensity after several replays does not fall, there is probably an earlier engram feeding through to it. The patient is then asked to focus on the



worst part of the present engram and then allow this to take him back to the earlier situation from which the feeling is coming. After one or two requests it is usual for the mind to present the earlier engram. This is then run through in the usual way.

13. The same procedure is used with each engram located. Progressively the patient gains confidence in the procedure until it is possible to economise on time by saying, "Go to the engram causing this feeling or symptom", and the patient will locate it and run through it with a little help.

14. As the engram energy is released the reason assimilates the formal content of the engram, and the patient is provided with more free energy and so enabled to deal progressively more easily with other engrammatic situations. Increasing confidence enables more efficient and rapid work. It becomes possible to locate the most intensely charged part of the engram, to concentrate upon and discharge this first, and then to clear up remaining unpleasant details.

15. The aim is to free the patient of all engram contents so that his reason and will may function without impedance. As early engrams tend to feed their energy through to later ones, it is advisable to find the early ones as quickly as possible. Complete discharge of an early engram will greatly reduce the intensity of others fed by it. The first engram acquired tends to colour the patient's view of life, and to determine the basic type of his response to his experiences. To locate this first engram is most conducive to therapy. If this cannot be located, the earliest attainable engrams are to be fully discharged before dealing with later ones. Only in exceptional cases is a recent engram likely to be free from the energyfeed-through from earlier engrams. In such a case, when the patient is asked to go to an earlier engram, he may fail to do so. The available engram is then to be run through and discharged. Further search for engrams continues as usual.

16. When an engram has been located, it is helpful to ask the patient to go a little earlier than its beginning, to a point before the unpleasantness begins, then to go through the engram and beyond it to a point where the unpleasantness has ceased. Having established a clear point before and after the engram, let the patient run the engram between these two points. The two clear points help to give confidence and to release the patient from fear of the engram itself.

17. As the engram loses intensity, separate spots of high intensity may show themselves. Each one of these, beginning with the earliest, should be run down as a small separate engram, treated in the usual way.

18. The mind will respond to a time stimulus, such as "Go 5 minutes earlier -10 minutes earlier - a day earlier", and so on. Giving a timestimulus to go earlier or later will often reveal hidden engrams. If an engram of an unpleasant or painful experience is located and the patient feels it strongly, a request to go earlier, to before the experience (say an illness or operation), and through it to the time after it when the patient has recovered, will allow the patient to pass through it to a point where the unpleasant symptoms have disappeared. If frightening symptoms tend to throw the patient out of the



engram, ask him to go forwards one or two days, and to go forward day by day, or week by week, till the symptoms have vanished. Then return to the beginning and run through it again. The establishment of points free from fear, pain or unpleasantness helps to stabilise the mind.

19. At the end of a session the patient is asked to go to a pleasant, happy experience and to run through this till the mind feels cheerful. If the patient cannot at first find a pleasant situation, he is to be asked again until he finds one. He is not to be asked to return into the present situation until he is feeling at least not uncomfortable.

20. To allow a patient to return into the present with an opened engram undischarged, without first going through a pleasant or at least peaceful, not unpleasant experience, is to condemn him to perhaps hours or days of the engram's unpleasant, painful, anxious or fearful content. If this is allowed the patient may become afraid of engram work and perhaps closed to therapy from the therapist who allowed it.

21. Patients often indicate unconsciously the kind of engram to seek by using emotionally charged sentences or phrases: If the tone of voice or expression of the patient reveals emotion when using a given sentence or phrase, ask him to repeat this in the same tone and listen to the voice in his mind, and say whether the voice he hears is a man's or woman's, a boy's or a girl's, loud or soft, and so on. Usually this discloses an engrammic experience. It may be necessary to repeat the sentence or phrase several times before the engram to which it belongs reveals itself, but this repetition is often efficacious.

22. It is helpful to the patient to explain that the mind has three different functions: thinking, feeling, and willing, and that these use different parts of the brain. He is told that the thinking or reasoning part of the brain cannot deal with very heavy emotional stimuli, unless it has had a very large amount of practice. As a result, if a situation is heavily charged with emotion, the energy of the emotion may by-pass the rational centre and record itself below consciousness. Such a record, if re-stimulated by an experience similar to the first one, may replay and emotionally overflow into consciousness and produce undesirable, unpleasant symptoms. Removal of this emotion by engram procedure is followed by disappearance of the symptoms.

23. It is advisable not to try to run several engrams spread over a wide time-span at the same time. A wide area of open engrams is very confusing to the patient and there may be insufficient time in one session to discharge them. Discharge one engram before opening another.

24. Politeness and a calm, helpful voice help to reassure the patient and reduce reactivity, which might otherwise cause the engram to shut down. The therapist's words and tones of voice enter into the engram. Kindness can help the patient to enter the engram-situation with minimum fear.

25. Anything the patient says during engram run-through should be assumed to be coloured by the engram and not directed either at the therapist or the patient. If the patient



apparently insults the therapist, ask him to repeat the words, listen to them, decide whether they are in a male or female voice, repeat again, and re-run the engram. The therapist is not to feel personally insulted, nor to allow himself to sound upset by anything said by the patient. Calmness in the therapist is halfway to winning freedom from the engram situation. If the patient says, "I'm dying - etc." ask him to repeat the words, listen to the voice, and go to the experience-record from which they are arising. "I am dead", said by the patient is often metaphorical. Whatever is said, repetition and listening to the voice speaking will disclose the causative engram.

26. If the patient says, "I can't move", or "I'm stuck", request him to go a few minutes earlier. The mind will respond to the time stimulus. Then ask the patient to go forward through the engram. If he sticks again, ask him to go forward 5 or 10 minutes. Normally he will respond. If he does not, say, "Go forward one hour". This, or a longer period, will release him. Then run through the whole engram between the two clear periods.

27. Avoid negative commands to the patient. It is better to say "Return to the beginning of the engram and run through it again", rather than say, "Don't allow yourself to jump about". Engrams have enough negative suggestions in them already.

Notes on Engram Procedures.

28. An engram is an emotionally charged record of an experience. Negative emotion in an engram may cause unpleasant symptoms of various kinds. Discharge of engram emotion results in disappearance of the symptoms.

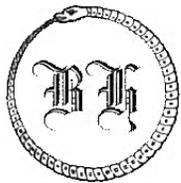
29. In engram work there is no loss of consciousness, no hypnotism, and no use of drugs.

30. Unpleasant, painful, or frightening experiences tend to be pressed down below the level of consciousness. Records of these experiences in sub-rational parts of the mind may cause unpleasant or painful symptoms without disclosing their origin to consciousness. Many anxiety states and even physical symptoms have such a source.

31. Emotional Association procedure is usually the quickest way of locating engram materials.

32. The mind records all its experiences, and tends to modify its responses to new situations in terms of their similarity to earlier ones. The feeling-tone or emotional content of the experience-records is the chief link between them.

33. Ordinary thinking about experiences is bound to the actual order of events as they occurred. Such thinking, conducted in past tense terms, is not very useful in searching for engrammatic situations.



34. Association Law governs most mental processes. Association of ideas and experience-records is determined by similarity of form, time, place, sequence and emotional tone.

35. experiences are not normally repressed from consciousness. Running through the records of such experiences helps to raise the patient's feeling tone to a more confident positive level. This should be done at the end of each session to release the patient from the unpleasant aura of still undischarged engram energies. Running through pleasant experience-records is also good for the general tone and function of the whole organism.

36. Re-stimulation of an engram may bring back part or whole of the original experience, sometimes with the intensity of the actual occasion. Unpleasant or painful sensations may be re-experienced with all the qualities of their originals. Discharge of the emotion from the engrams means the disappearance of the symptoms arising from it.

37. A fully discharged engram cannot re-charge itself. If it appears to do so it is being fed from another one, the disclosure and discharge of which will prove this.

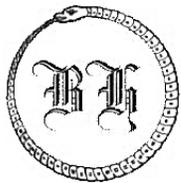
38. At the beginning of the work the patient lies down and closes his eyes. After the patient has closed his eyes, his eyelids may flicker. This is an indicator of the readiness of an engram to invade consciousness. A request to the patient to go to the experience causing the flicker will normally disclose the engram.

39. If the eyes after being closed suddenly flick open, an engram is threatening to invade consciousness. The patient is to be asked to reclose his eyes and return to the situation causing the eye-opening. If he cannot close his eyes he is to be asked to go to the causative engram and to describe what he sees with his mind's eye. A mental image from an engram may be intense enough, even when the eyes are open, to obscure the actual present situation. This is "back projection". Repeated present-tense description of the engram content will reduce the intensity of the image so that fear diminishes, and the engram may finally be run through with closed eyes.

40. If the patient is too afraid to close his eyes it is helpful to allow him to focus on some ordinary material object in the room and use this as a touchstone whilst describing the engram content (always in the present tense).

41. Engram-data consciously verbalised whilst running the engram are rationally assimilated. Their discharged energy is added usefully to the general energy reserves of the organism.

42. The objective truth or untruth of engrammic material is not important. *Only the unpleasant, negative, emotional charge is damaging, and only this has to be discharged.* Whether one is afraid of fact or fantasy, the fear is the operative energy and is to be discharged. The therapist is not to assume a "moral" tone or attitude in relation to engram



contents, as this will inhibit the patient and make him inaccessible to work. Any criticism of engram contents, either by therapist or patient, will inhibit replay.

43. The patient is not to be given a complicated theoretical terminology. This may colour his vocabulary (as in Freudian analysis) without releasing engrammic charges.

44. If a patient searching for engram situations says that he sees nothing, ask if this nothing is light or dark. If it is dark the darkness is obscuring an engram. Ask him to go through the darkness to the experience behind it. After a few requests the engram is usually disclosed.

45. If an experience is described in the past tense, the record from which the experience being described is not the original record. All original experience-records are in the present tense because the experience was then in the present. The past tense is shielded from the emotional charge on the original record, and therefore cannot help to discharge it. Every unpleasant experience has two records, the original with its original emotional content, recorded in the present tense, and the second record or copy, in the past tense. Only replay of the original present tense record can discharge its emotional content.

46. For a specific engram a specific number of replays is needed to discharge it. This may vary from a dozen or so for a light engram to a hundred or more for a heavy one. Once the engram has been located it is time-saving to run only the actually charged part, and not to let the patient spend time in the description of the events leading up to these. The aura of the charged parts of the engram colours events both before and after these parts.

47. At the end of a session the patient, on being asked to go to a pleasant experience, may say, "There isn't one", or "I have never had a pleasant experience in the whole of my life". He should then be asked to describe a thing or situation, real or imaginary, which he considers would be pleasant, and then to run through this a few times to give a more positive feeling tone to the mind.

48. After finding a positive, pleasant record, and before terminating the session, the patient is asked to return into the present material situation to give the mind a concrete, objective anchorage. Pressing the hands firmly together is helpful.

49. The patient may be taught to look at the external, material, present situation and then at the internal engrammic situation, and to alternate these. This allows the patient's reason to recognise that his real position is not that represented in the engram.