

My dear Wormwood,

It gives me great joy to tutor you once again in the art of damnation. Our patients are embarking on a new year and while the position of the planet relative to the sun is **arbitrary** where we are concerned, we should not miss the opportunity before us to influence the course our patients will follow for the coming year, 2024.

Our enemy's agenda is to sabotage our agenda and if we are not attentive to the mission at hand we risk him reproducing his character and power in each one of them and our **patient load** will be entirely out of hand.

Our father below has provided us with the following measures to be implemented in flattening the curve.

The degree to which we can direct our patients in assimilating the following immune responses shall be the degree to which we will succeed. Devilishly, they all start with the letter D.

1. **Distract**

Keep the patient so occupied that he never has the opportunity to really question himself or meddle with our treatment plans for the other patients. This is by far the easiest task, as so **much of the work is already done for us**.

Never before has a cohort of patients had so much variety of entertainment and activities to keep them disengaged from any activity contrary to our purposes.

They have employed technology and the power of algorithms to do so much of our work for us. They believe that social media and smartphones are a means of **being engaged and connected** to others... this might seem dangerous, but the truth is that we have never before seen any invention so widely adopted and effective at disengaging them from one another and bringing forth all of humanity's most productive qualities:

shame, lust, hate, envy, pride and despair.

Never before have we had such a tool to cultivate a narcissistic pride in a fictitious life while simultaneously causing a patient to loathe the life and the body and the lot our enemy has given.

Our father below happily takes credit for this as his nature... however, I suspect that this unprecedented advance in enslavement is all humanity's own doing and there is little for us to do but applaud and stay out of the way.

2. Dodge

As in, dodge every opportunity for sin to be exposed.

As we have known from the beginning, **proper care and feeding** of a sin addiction requires darkness and secrecy.

The patient will naturally want to hide out of a sense of shame, however, we must be very careful to ensure that the lid stays firmly shut.

When a group of patients get together there is always a risk that they will meddle and contaminate their habitats with light by saying things like, "How are you doing, really?" and "How can I pray for you?".

Those questions seem like harmless small talk but make no mistake, they can be quite dangerous if the patient actually takes them seriously and **answers sincerely.**

Sin is well-fertilized by the effluent of shame but if any light gets in all of that **nutritious putrecence** that our little parasite friend needs to thrive is compromised and the patient's condition will advance.

We cannot allow that.

Therefore we must instill in the patient that **exposure is dangerous** and should be dodged at every opportunity.

The simplest way to do this is to get them to just keep their mouth shut with the belief that **no one cares and no one should care.**

Anyone who asks is just being nosey.

That word “privacy” will be a helpful tool for you in shutting down any light contamination that would hinder our progress.

Another helpful tactic is to blind the patient to any distinction between correction and judgment so that any attempt to excise our parasitic pet will be considered hostile. Let care be seen received only as condemnation.

The only thing we want our patient to take on board when others speak into their lives is that they have been weighed and measured and found wanting.

Therefore the second inclination we wish to foster is for all of our patients to:

3. **Disengage from one another**

Our enemy’s plans require our patients to be together.

The best way for us to prevent them from loving one another,

serving one another,

forgiving one another,

building one another up,

caring for one another

and speaking “the truth” to one another is to **get them to forsake one another.** They are not solitary creatures by design, therefore it may prove challenging to get them to not want to be together.

Thankfully, they are also dumb creatures who take suggestions quite readily in the form of scripts they tell themselves, which we of course are happy to supply.

These scripts don’t have to be actually true, but don’t worry about that...

the more simplistic the better.

Also, the more negative the better.

The more a human fears something to be true the more they will believe it to be true.

Here are a few proven winners:

“You can never belong because they’re all the same and you’re a misfit.”

“If they knew what you’ve done they would reject you”

“If they knew your struggles they wouldn’t accept you”

“If they truly know you they won’t love you.”

Every time our patient walks into a room, we want her to either feel invisible to the group or that all eyes are on her, scorning her.

If we can convince our patients that disengagement will keep them safe, our plans are safe.

That said, there is something to be said for allowing the patients to congregate and speak. The enemy recognizes the power of the tongue to advance our goals in his own book:

“The tongue is a fire, a world of unrighteousness. The tongue is set among our members, staining the whole body, setting on fire the entire course of life, and set on fire by hell. For every kind of beast and bird, of reptile and sea creature, can be tamed and has been tamed by mankind, but no human being can tame the tongue. It is a restless evil, full of deadly poison.”

To which all of us down here give our wholehearted “yes and amen.” So how should this ally within our patient’s own mouth be directed to counter the enemy’s scheme?

4. **Deny -**

Get the patient to double down on his sin with a lie.

The bigger the lie, the harder it will be for the patient to expose it the next time. Every time the question, “How can I pray for you?” is rebuffed with “I’m fine” or “I’m good” **our investment is doubled.**

Not only has exposure been prevented but the patient's commitment to our ways has been advanced.

“**Good**” people who are “**fine**” see no need for a saviour.

In fact the very idea of needing anything is offensive to them.

5. Downplay -

It may seem like we are treading dangerously close to light exposure by allowing the patient to speak about her sin. However, we are quite safe so long as the patient never considers herself responsible or accountable to our enemy.

If we can foster the suggestion that **our enemy's demands are unreasonable**, or that her thoughts and behaviours are completely reasonable we will have secured both the safety of the sin and fed it with more lies.

Will the patient believe her own lies?

I wouldn't worry about it.

No one talks to her more than she does.

She knows how to spin excuses in exactly the right way to ensure her conscience is unburdened.

If needed, here are **a few scripts** to help your patient along:

“I'm only human.”

“The heart wants what the heart wants”

“If God really loved me he would want me to be happy”

6. Deflect -

While allowing a patient to speak about sin always carries risk, one of the greatest rewards that makes it all worthwhile is the damage done when blame is deflected on others.

Here we have all the benefits of **denying and downplaying** sin, but there is a **communal dimension** that advances our agenda significantly.

While we must be so careful to ensure our patient's own sin is kept out of the light, it is perfectly fine and even beneficial to us for our patient to perceive and talk about the sins of others.

This saying is trustworthy and truthy, and you should encourage its acceptance:

“I might be a sinner, but a lot of people are worse... Let me prove it.”

A sense of justice and righteousness is wonderful so long as each patient believes that their security and hope will be found in being just a little better than their neighbour in the court of public opinion, **or if nothing else, their own opinion.**

Comparison will be a mighty tool in your hand.

Community can be a wonderful thing for us if care manifests itself in the form of gossip.

Our father below has always been in the business of slander and accusation. When we leverage our patients to use their tongues to accuse and slander one another our efforts are multiplied exponentially.

The community becomes unsafe and our patients will either withdraw from it or continue hurting others with the hurt that they themselves have received. Thus churches become super-spreader events to the glory of our father below.

It helps our cause considerably that our patients are so good at doing this all on their own and they will do it wholeheartedly in the belief that their intentions serve our enemy while in fact they serve us.

Distract, dodge, disengage, deny, downplay and deflect.

These six sacred tactics will not only help each of our patients toward our goal of damnation but will turn them and the whole church enterprise in which our enemy has invested into such a beautifully toxic mess that no one in their right mind will be a part of it.

These tactics are battle-tested and effective, my dear wormwood.

And yet I would be a very poor uncle indeed if I did not warn you about certain strategic vulnerabilities we possess.

First, Our success in cultivating slaves to distraction is hindered greatly by a flaw in their design. They were made for greater things.

They were made for eternity and when the truth gets out they're not so easily pacified by our busy work.

They need to believe that their lives are accidental and worthless so that they will stay focused on running down the days and hours of their lives until they come home to our embrace.

We cannot allow them to learn that our enemy has created them for anything more than this.

Second, and this one must be kept absolutely secret... shame is a bluff. Our patients need to believe that God hates them, that God rejects them, that church people hate them, that church people reject them, however, none of that is actually true.

Actually, we can usually rely on a few useful idiots in the church to plant seeds of confirmation bias, but the our **great enemy is a friend to sinners**. He loves them, even.

When a patient comes to believe that he is fully known and fully loved **we lose all of our leverage**. When a group of patients get together and they mimic this behaviour our progress is lost and it grieves me to say that this is how many patients become a total loss to us.

They won't deny their sin because they feel no need to.
They won't deflect and dump on others because they will see one another as being like themselves. Sinners saved by grace.

Finally, the church itself. Whatever progress we have made in rebranding this gathering as an institution of **oppression, hypocrisy and hate**; whatever inroads we have had in stirring up **discord and corruption**, I must warn you my dear nephew that this thing was built by our enemy and for our enemy.

Even now haunted by a Spirit that has endured our every attack for the last two millennia.

We can't contain him, there is no door we lock that he can't open.
There is no weapon forged or tactic devised even by our father below that can match him.

Not one of our patients is safe and I am afraid that we ourselves are not safe.

We fight for our pride, but I'm afraid this fight is not unto our victory.

I am sorry my dear Wormwood.

Your affectionate uncle,
Screwtape