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## The Problem of Sedation

*From a Lecture By*  
**L. Ron Hubbard**

The first and most important thing which can be said about processing a person who is under sedation is: DON'T.

At first glance that seems to be an easy rule to follow, even though the reason for following it might not be so evident. Actually, however, a constant awareness of the possibility that your preclear might be taking light dosages of a sedative or a hypnotic is necessary if you wish to avoid the ill effects which might occur as a result of processing under sedation.

Processing should never be attempted until you have thoroughly checked with your preclear on the question of what drugs, if any, he has taken during the past week. The inquiry should not be general and routine. Many persons have become so accustomed to their daily dosage of sleeping pills or pain-killers that they do not consider their little pills as drugs.

Indeed, the prevalence of drugs in our present society is amazing to a person who has not become concerned with the problem. Luminal, nembutal, phenobarbital, et al are often treated as though they were a panacea for all ills. Too often the attitude has been: "Well, if I can't find the cause of the pain, at least I'll deaden it." In the case of a mental ill, the sentence would have to read: "Well, if he can't be made rational, at least he can be made quiet." Unfortunately, it is not recognized that a person whose pain has been deadened by a sedative, has *himself* been deadened by the same drug, and is much nearer the ultimate pain of death. It should have been obvious, but apparently has not been so, that the quietest people in the world are dead.

Aside from checking verbally with your preclear or with people who have been associated with him, the easiest method of obtaining evidence of the use of drugs is by watching the action of your preclear's eyes. Any unusual dilation or contraction of the pupil is an indication that drugs may be in the preclear's system, and a thorough investigation should be made before any processing is begun.

The suggestion that you need to investigate further into the possibility of drugs even though your preclear gives a negative answer to direct questioning is meant not only to guard against the general tendency to falsify the facts about sedatives or hypnotics, but to point out that drugs are sometimes not considered drugs, and that in some cases the preclear will be taking a sedative or a hypnotic without realizing he is doing so. This is, of course, especially applicable when dealing with a person who has recently been institutionalized. Indeed, in dealing with such a person, or with one who is still under treatment, you will often find that he has been given so much sedative that only a little more would bring him to the point of trance which is used in narcosynthesis.

It has generally been forgotten that the trance state used in narcosynthesis can be induced by simply adding to some of the drugs commonly used in sedation. The trance of narcosynthesis and the drugged state of sedation are not two different conditions, but merely two points on a spectrum. The administration of any sedative or hypnotic starts a person into this spectrum and breaks to some extent his communication with

his environment. This trance, whether light or heavy, is a step away from the ultimate goal of alleviating the cause of the disorder. Not only does it render a person temporarily inaccessible for processing, but because anaten is present it also creates a secondary engram of varying intensity, depending on the amount of sedation given. This type of engram, created (as it often is) in the midst of the turmoil and confusion usually associated with conditions of such a nature that sedatives have to be given, can be very aberrative.

### WHEN TO BEGIN PROCESSING

For most sedatives or hypnotics, in average dosages, a three-day waiting period will be enough to bring the preclear back close enough to his current best state of awareness to begin processing. This is not true for all drugs. Demerol, for instance, seems to have some effect on processing for almost a month after the last dose is taken, if there has been a strong addiction to it.

If your preclear has been taking a sedative or a hypnotic, find out from his physician how long *any* effect from the drug would be noticeable, add two days to his answer, and then give your preclear a short run. If you contact material easily, but this material does not reduce or erase, wait a couple of days longer. When the reduction of engrams or locks seems to be normal for your preclear, begin processing. *Be sure to run as locks all sessions where reduction did not occur.*

### WHAT MAY HAPPEN—AN ANALOGY

The whole field of research in the effect of chemicals on processing has scarcely been scratched. It is a field that has enormous possibilities, and is one of the main roads that will lead eventually to a physiological understanding of what has been observed in Dianetics. At the moment, however, our knowledge of this field is strictly limited, and it is possible to say only that the mind seems to work in a certain way. The analogy which best explains the observed action of sedatives and hypnotics is an electronic one.

Sedation seems to have the temporary effect of allowing the individual memories of a person to differentiate from each other. The analytical mind possesses some way of distinguishing between past events, and between abstractions made from these events—roses are red, a horse is a certain kind of animal, a church is a certain kind of building. Some type of insulation is present which keeps the charges containing the impulses which cause these ideas separated in the brain. Sedation seems to strengthen, temporarily, this insulation between the memories of different events in the mind.

A reactive mind is, of course, all the memories soldered together. If Mr. Jones thinks of a horse he will connect this horse with other horses, other events, other facts in his mind. If the horse memories are soldered into engrams which are connected with other engrams which have church memories in them, a horse will equal a church for Mr. Jones. If Jones is an average person he will, when not anaten, merely have a vague feeling that somehow horses seem to belong with churches—old country church with horses hitched outside, etc. If he is near-psychotic, or if this chain of engrams is in violent restimulation, there will be a compulsion to think of horses and churches as being equal to each other, and he will resent any implication that this is not true. If poor Jones is psychotic, he might insist on stabling his horse in the church.

The action here is that the charge contained in the engrams was so great that the insulation which would normally exist between the ideas and the words “horse” and “church” has been blown through and burned out. What is an engram but a series of percepts, shorted out and interconnected completely, soldered in by pain?

So we administer some drug or some herb which restores the effectiveness of the insulation in Mr. Jones’ mind. All of a sudden the memories will stand apart a trifle and you then have a .person who is able to differentiate (slightly) between a horse and a church. So far, this sounds like a good thing, but let’s follow it further.

Now, since Mr. Jones is under the influence of the drug which acts as an insulator stiffener, he gives the appearance of some amount of rationality. We can talk to him and he will agree, rationally, that roses are red. He responds very well to this. He can think about it. He's in good condition. But let the effect of this drug wear off for any reason.

A horse is a church as roses are red. A horse with red roses is a church. A rose church equals a red horse. A rose horse means a church is red, or read. A horse rose up in the church and read. Mr. Jones will swear to it. The engrams say so.

The same identifications are made *plus* all the factors encountered under sedation. Everything is undifferentiated again. And a new engram has been added to Mr. Jones' repertoire. And this is a permanent addition. The engram will not key out again until properly processed.

Ordinarily, if you restimulate an engram which refuses to reduce or erase, it will not stay in restimulation more than three to eight days. A late life engram may stay in pretty stiff restimulation for three to eight days, but at the end of this time it will key out again.

If you put a person under sedation, because you have added a drug factor to the whole thing, it does not key out in from three to eight days. It just goes on and on. Your preclear has another permanent, soldered-in computation in his mind.

## CONCLUSION

A great deal of work needs to be done to determine the exact effect of chemicals on processing. Enough has been discovered, however, to warrant a reiteration of the warnings about sedation in the Handbook.\*

As for processing a person who is under sedation, one word pretty well sums up the advice which can be garnered from the research already done in this field: DON'T.

[\* *Dianetics: The Modern Science of Mental Health* by L. Ron Hubbard.]

## WICHITA LECTURES

Wichita, Kansas  
9 April—21 May 1951

In the Spring of 1951, the Hubbard Dianetic Research Foundation moved from Elizabeth, New Jersey, to Wichita, Kansas. Wichita, being near to the geographical center of the United States, was an excellent location for the new National Headquarters of Dianetics. From here, the Foundation could more easily centralize and consolidate all the activities of Dianetics as well as offer a more comprehensive and better integrated program of courses, processing and publications.

On the evening of 21 May 1951, L. Ron Hubbard spoke for an hour and forty-five minutes to an audience which filled the lecture hall at the Wichita Foundation. This was his first major lecture in several months, as he had been engaged in completing *Science of Survival*, and he presented technological improvements and expansions and clarifications of theory. A recording of this lecture was made available to all groups and individuals in Dianetics.

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| * 5104CO9A | LECTURE | Time                                       |
| * 5104CO9B | LECTURE | Motion                                     |
| * 5105C21  | LECTURE | Introduction to <i>Science of Survival</i> |