## **GUK VS. DRUGS: EFFECTS IN AUDITING**

A lecture given on 1 September 1950

The following lecture, "Guk us. Drugs: Effects in Auditing," has been reproduced from a transcript done in the 1950s. A corresponding tape recording has not been found, except for the segment beginning halfway through and extending to the end of the chapter. Only the section of this lecture for which we have a tape has been verified for accuracy.

This data is released as a record of researches and results noted. It cannot be construed as a recommendation of medical treatment or medication.

## **Chemical Processing**

You should be advised of the consequences of letting a person come off Guk suddenly. I If you do this without warning him, without bringing him to present time and stabilizing him, without doing anything but stopping Guk, you are likely to leave an engram in restimulation. You have a picture of a large wheel which runs down and sticks with a certain spoke up. In other words, the automatic running may go on and on, but the Guk's toxicity on the somatic strip fades out so the somatic strip gets slower and slower and finally stops. There is an engram in restimulation. It is courting a very, very uncomfortable situation to let somebody go off Guk when he is still running automatic. An auditor should at least bring the preclear up to present time and stabilize him and stop the operation.

Anybody who starts on Guk ought to carry through with it. He shouldn't knock it off. It is not harmful, it is about as harmful as eating beefsteak. You can take too much vitamin A or vitamin E, there is some peril in taking too much of these. But there is nothing whatsoever wrong with taking glutamic acid. B1 and B12 have some toxicity, I am told, but I haven't noticed it. B6 has a catalytic effect upon B1; I have seen nothing about toxicity on it but, as far as I can discover, these things are assimilable by the shovel load. I imagine a person could take a thousand pills of glutamic acid at a slug without killing himself.

So, it is very easy to carry on with Guk and it is very tough off Guk. I mention this particularly because it is a technical error to suddenly take a person off Guk, especially in the midst of his 10-day process when he is just getting started. You get a slowing down and finally a hanging up in a somatic. Sometimes people take their last Guk chemical of the day and then don't take any more until 6 or 7 o'clock in the morning. If during the night Guk runs down they will occasionally get up with some kind of a somatic in full play. They should take some Guk and get somebody to start the strip moving agam.

One could take a psychotic off Guk suddenly and have him go into a very strange state, because he would slip into the state of the engram where the somatic strip was when it ran down, so that is not a smart thing to do. I call this to your attention as you will be handling a lot of people on chemical processing.

You are probably not fully aware of how many people there are in this society whose panacea for all ills is phenobarbital, Luminal, or Nembutal. It is almost a byword amongst doctors that if you can't do anything else for them, give them some phenobarbital. Be very, very leery of auditing anybody who has any hypnotic drug in him. Some people that you contact will have a large quantity of such drugs in them. You should ask people if they are on drugs. It is possible to take a preclean put him down on the couch and start running him actually in narcosynthesis, or an approach to narcosynthesis, without your knowing anything about it unless you ask him.

So in all inventories, and every time you start in on somebody that you haven't started in on before, ask them, "Do you take any drugs of any kind?" You may not even get a straight

answer if you are dealing with psychotics. But you can tell—for instance, the eye sometimes dilates.

If you work on a person who is full of drugs and you get into a late engram and restimulate it, and a few days later he comes off this hypnotic, you have a case that will demonstrate a very strange aspect. You have got a restimulated engram. In other words, it is like working somebody in amnesia trance or narcosynthesis.

You court this condition if you do not ask people if they are on drugs of any kind. Put it down as one of the things you check. For instance, people habitually take Nembutal as sleeping tablets.

There is nothing more vicious in the whole practice of mental healing than the feeding of hypnotics to psychotics. If you ever come into an institution or to a medical office and start to work a psychotic, you can count on his being under sedation. The term "under sedation" means he is quiet. He doesn't yell as loud. "Under sedation" and "under narcosynthesis" mean the same thing, but because they have given them two names they have completely forgotten that the two are the same thing. If you are working somebody under sedation and you have given him just a little bit more sedation, you will be working somebody under narcosynthesis.

Inquire if one of these patients that you run into is under sedation habitually. Before you touch a single engram, before you send him three feet down the track, give him three days to wear that sedation off. Don't touch him because you will trigger him. You will effectively drive him crazy. The administration of sedation to the psychotic puts him in a trance state toward his environment. He does become quiet and he does seem to be more amenable, more tractable; but that is a silly goal when you are trying to get somebody well. Here is this patient in a hypnotic trance in a place where everybody is screaming at him, where nurses are telling him "Lie down; stay there; calm down; don't get excited"—engram phrases by the ton—and where he is surrounded by people who are running engrams continuously. And they wonder why some of these patients don't get well!

Realize the prevalence of sedation, not only in the institution, but also amongst the general public. People go around with their bottles full of phenobarbital to pop into their mouths; it is a little panacea they have. It cures anything from bunions to doctors' bills. It cures anything, but it doesn't do a thing.

Narcosynthesis, soporifics, sedation—these are all the same. They seem to aid the insulation of the memory units in the mind (whatever they are), making it possible for these things to be insulated from each other so that a person can differentiate. Having memories unconnected one from the next makes it possible for a person to think.

In a reactive mind, of course, the memory is all soldered together. If Mr. A thinks of a horse, on this same chain may be the word church, so horses and churches become the same to him. That is not differentiation, that is identification. The mind doing this enormous amount of identifying is supercharged in such a way that the person is unable to differentiate grief or pain. As an analogy, the charge seems to have shorted out the insulation between memories. What is an engram but a series of memories shorted out and interconnected, soldered out? Administration of an herb, as most of these hypnotics are, restores the effectiveness of insulation. All of a sudden the memories will stand apart a trifle and you have a person who is able to differentiate between a horse and a church. It's very simple.

A psychotic has a large part of his analyzer shorted out or all interconnected, all intersoldered, all integrated one thing to the next, so that if he thinks of one thing on the end of the chain it means the same thing everywhere else on the chain. Supercharged, his whole mind and whole standard bank actually appear to respond like an engram—identification, identification. A psychotic is no longer able to differentiate.

Hypnotics just stiffen up the insulatory material (if you call it that, thinking of each memory as a separate charge, a little string of electrical charges). The memories were flowing all together, which meant that everything equaled everything. By stiffening up the insulation they drop into compartments again, so he can think of them as separate units. If, while he is thinking of something under the influence of a hypnotic, we tell Mr. A "Roses are red," that's fine, he responds to it and can think about it. He is in good condition and seems to be very rational. But let this wear off and we find "A horse is a church is roses are red." In other words, what we put into his mind at this time also blows through so we have got that interconnected now.

Everything that happens to a person while he is under sedation goes into these brackets as memories. When the sedation wears off, the whole thing interconnects and becomes undifferentiated. That is an analogy of the mechanism of hypnosis. We take a person, reduce him into a state where everything we put in locks up and links on to everything else associated with it there, and then he can't differentiate any more on this. So he has to obey the commands associated with it.

When you give a psychotic sedation and then work until you have run out an engram that has never been restimulated before you may even do a reduction on the thing. You say, "Well, isn't this fine? Now look how much better it is"—he is still under sedation—"See how much better he is." But the next day he comes off sedation and this whole engram has been added to his repertoire. And it stays added, it does not key out again. Something restimulated in normal reverie should kick out in three to eight days. Even late life engrams that absolutely refuse to lift will stay in very stiff restimulation for some time, from three to eight days; however, at the end of this time they should kick out of restimulation. If you put a person into sedation, what has been restimulated does not kick out because you have now added a drug factor to the whole thing. It just goes on and on and on. You have made a permanent computation in his mind. This thing was not badly restimulated before, but now it is horribly restimulated. That is a crime of sedation.

Certain preparations in the society today are supposed to shut down somatics. (An allergy or something of the sort turned off in this way is, of course, a somatic closed down.) They have a dampening effect and inhibit a person in therapy. They fix up the engrams so you cannot get through them as easily. Anything which has atropine and its derivatives in it will glue engrams down; you can run them and run them right in the basic area, yet they will be thoroughly glued, stuck. The whole content of the engram is rather sticky so the unconsciousness doesn't come off.

I would not work anybody who was using antihistamines consistently. I would say "Quit it," and tackle him the next day.

It may seem that a person who is freewheeling can be put into Standard Procedure and keep on freewheeling at the same time, running two different sets of engrams. It is evidently possible to have three compartments at work simultaneously. At first glance this might appear to be very fine, and would settle a lot of things and speed up clearing. But the person on whom the experimentation was done went into a terrific spin, although he was a normal person. He really did a skid, because they were doing each of these three levels very carelessly so they were restimulating three or four engrams simultaneously. The strain was just too much for him. He wasn't taken off one level before being put back on the other one. One level was running automatic, one was running Standard Procedure and one was getting flash answers on other subjects.

The wear-off of Guk and the wear-off of sedation, by the way, are entirely different things. Working a person under Guk does not restimulate an engram. When the Guk is gone the engram will not sag. Anything which is reduced or erased under Guk goes because Guk seems to wake a person up. Guk has no hypnotics in it. When a person is freewheeling and you start your Standard Procedure with him, at least tell his file clerk and somatic strip that they will come to the engram which you are now contacting. When you want to stop him freewheeling, tell him, "The somatic strip will come to present time and the file clerk will give us present time." Take the preclear off Standard Procedure and close it out just as though you are not going to have anything more to do with him. Then put him on freewheeling: "When anyone says the word canceled to you, the following command will become null and void. The file clerk will give us somatics as necessary to resolve the case. The somatic strip will continue to sweep the somatics until they are erased and the case is cleared." Then, anybody walking up to this person can say "Canceled."

If the preclear has been on freewheeling, break off the freewheeling process before going on to Standard Procedure, because he is on another process there with the freewheeling. We want to stop that process and start another one. Do not run two processes at once.

People who are running on Guk often will be found standing around and saying "Let's see; I wonder what's wrong with me. 'I'm not moving.' No, that wouldn't be it. 'I can't stop. I can't stop.' No, that wouldn't be it. That would keep me going. 'I'm aberrated.' That would keep me going. 'I'm aberrated.'" If they go around doing this continually they are doing to themselves exactly what they do when they go on auto. They will start balling up. It is all right for them to get a flash on themselves, to ask if they are moving or not and if they aren't, even to ask for a phrase, "What's stopping me?" or something of the sort. They can sometimes get a phrase and repeat it a couple of times. Then they generally start moving.

Preclears who say "Let's see. I wonder what is being run now. I think it must be something like 'My back is killing me. My back is killing me. My back is killing me. My back is killing me,"' are taking "I" down the time track into the engram.

Now, freewheeling is an operation between the somatic strip and the file clerk without the attention of "I." Standard Procedure is the file clerk, the somatic strip and "I" being used to erase or reduce engrams. In freewheeling, "I" is in present time. If you start repeating these phrases on freewheeling, "I" starts going down into the engram and will hang up someplace on the track. It is uncomfortable enough sometimes to go freewheeling. One could go into a boil-off, start yawning, or feel all of a sudden the world is all against him or something, but it will pass. It doesn't need attention as long as holders and denyers are not keeping that strip from moving. It will keep on going. Don't pull "I" back down the time track like people I have seen on freewheeling who just stand around saying "I can't see. I can't see is not right. 'I'm so nervous. I'm s

There are emergency measures to be taken by a student unfamiliar with a case. If you walk into the room and there is the preclear lying in a round ball on the floor, or there is a fellow who is halfway over the railing and about to dash his brains out on concrete, you as an auditor have a responsibility to stop this. One should not, merely because he has not been assigned the case, permit the person to remain for two or three days in a small ball in the middle of the floor. And it is frowned upon to have preclears diving over balconies and dashing out their brains!

So your responsibility is the responsibility of observation. If you observe something like this it is instantly your responsibility to do something about it, because some cases may go into freewheeling and perhaps auto or start repeating phrases on themselves, and the next thing you know, they will go into an engram whole hog. Sometimes they don't even have to auto; they'll just hit a really rough somatic. Don't be dismayed if you see somebody suddenly do this.

One auditor who guinea-pigged on freewheeling initially found it to be rather a slow process, picking up a little of an engram that was left someplace, and picking up a bit more from

another place, and then picking up another one that hadn't even been hit, with often not very much happening. Some time later he was sitting talking to some people when one hit him hard in the side of the jaw. He was astonished, but there must have been a control circuit in the thing because instead of saying "Ouch" or something, he merely quivered and went on talking. But he felt like somebody had stabbed his jaws with a hatpin. Another morning he woke up with a knitting needle two and a half feet in diameter going straight through from the back. It was a very interesting sensation.

In view of the terrific number of somatics that there are in a case one could expect to freewheel for quite a while and still pick up little odds and ends full of this and that. The somatics will keep knocking off so don't be dismayed if you see somebody suddenly leap from his chair.

Another auditor was auditing somebody else and had an engram hit him and curl him up in a ball forcing him sideways on the seat, but he still went on auditing the preclean This is what is known as aplomb!

If something happens to a case and there is no auditor around, you want to know whether it is a holder, bouncer, denyer, call-back, or what. You simply ask him. You get his attention, you get what it is, give him a repeater on it, get him rolling again, and it will work out all right. An emergency measure on the case of "Come up to present time," or other excitement of that character is very bad and should not be done. Just work him. Ask, "Are you moving?" And if he says "No," say, "All right, give me a yes or no on the following: a holder? (snap!) a bouncer? (snap./) call-back? (snap!) misdirector? (snap!)" He will give you a yes on one of these—for instance, a bouncer.

Then you say, "All right, when I count from one to five, a bouncer will flash into your mind. One-two-three-four-five."

"Get away!"

"All right, roll it!"

"Get away, get away, get away, get away, get away." And the somatics will turn on.

Now, if you find somebody doing auto, you know that you are running up against enormously powerful control circuitry and it is something that should be whipped, right there.

I wanted to give you this data on the subject because you are working in this field. If you run into these situations you will get away just as fine as silk if you do these things here.