

TO THE READER:



Scientology® applied religious philosophy contains pastoral counseling procedures intended to assist an individual to gain greater knowledge of self. The mission of the Church of Scientology is a simple one: to help the individual achieve greater self-confidence and personal integrity, thereby enabling him to really trust and respect himself and his fellow man. The attainment of the benefits and goals of Scientology philosophy requires each individual's dedicated participation, as only through his own efforts can he achieve these.

This book is based on the religious literature and works of the Scientology Founder, L. Ron Hubbard. It is presented to the reader as a part of the record of his personal research into life, and the application of same by others, and should be construed only as a written report of such research and not as a statement of claims made by the Church or the Founder.

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The Hubbard® Electrometer is a religious artifact used in the Church confessional. It in itself does nothing, and is used by ministers only, to assist parishioners in locating areas of spiritual distress or travail.

This book belongs to:

(Date)

P *A*SSISTS
ROCESSING *H*ANDBOOK

L . R O N H U B B A R D



ASSISTS
PROCESSING HANDBOOK

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FOREWORD



From miraculous physical recoveries to repairing “irreconcilable” marriages, millions of people have experienced the dramatic results of assists—results which, remarkably, were achieved through the use of only a fraction of the full technology.

Ron, in fact, developed a tremendous number of assist processes over the years to help alleviate the effects of physical and emotional trauma and speed recovery. And these pages contain the first comprehensive assembly of this priceless assists technology. All of Ron’s processes are now presented in this handbook.

To make this complete compilation of data on assists available, an extensive research project was undertaken, following precise directions which had been laid out by Ron. The project personnel pored over all Ron’s lectures, books, technical bulletins and writings, located every single assist process and assembled them in one book.

This volume contains more than 130 individual assists, many of which have not been issued before in any form. A number of these processes existed only on tapes recorded in the 1950s, tapes which were never released. The data was known only to those who attended the lectures. Now they are available to all Scientologists for their use.

To ensure this technology can be easily applied, the book includes an assists table for the auditor to rapidly find the *exact* processes needed to handle any of the numerous situations that assists resolve.

For the first time, this *Assists Processing Handbook* provides auditors, C/Ses and Scientologists everywhere with all these life-changing processes for use in daily life. Now they can freely bring the miracles of Ron’s assists technology to friends, family, associates and people in need everywhere.

—The Editors
1992

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A SSISTS PROCESSING



ASSISTS PROCESSING

An *assist* is anything that is done to help alleviate a present time discomfort. It is an action undertaken to assist the spirit to confront physical difficulties. Assists form a vital part of Scientology and Dianetics technology.

Assists are applicable at all levels of the Grade Chart and are often a person's first introduction to Dianetics and Scientology. Many opportunities exist to use them in day-to-day living. Virtually every Scientologist tells his own stories of the miraculous wins and recoveries he has experienced himself, heard about or given another through the application of these processes.

While assists are not intended to replace medical treatment, they do much to alleviate physical pain and discomfort.

This handbook contains basic assists, such as the Touch Assist, that can be used in many different situations. There are also a large number of assist processes intended for specific difficulties or conditions—from helping a child get over his bumps and bruises, to handling co-workers in the workplace; from assisting someone recover from a cold, to bringing someone out of a coma!

The results of assist technology, when applied, are nothing short of amazing. An illustration of this was a girl with an obsessive nosebleed. The child was hemorrhaging and, in the hospital, the condition was worsened by having her nose packed with gauze to stop the bleeding. An auditor ran "Hold your face and keep it from going away," "Hold the pillow and keep it from going away," "Hold your face and keep it from going away," "Hold the pillow and keep it from going away." The bleeding stopped and coagulated. The assist actually saved the girl's life.

In another case, a woman who had delivered a child some fifteen days before was still lying in a hospital bed. Nobody would discharge her because she was too weak and couldn't stand. An auditor ran an assist process with the command: "Spot some spots where you are not delivering a child." This remedied the case in six minutes—she got up that afternoon and went home. The staff at the hospital couldn't believe this simple action could have had such an effect.

A man whose wife had recently died went into apathy; all interest in life had faded away. Using Dianetic Assist technology he was audited on the incident of the loss. After the assist was completed he looked about fifteen years younger, felt great physically and was taking an interest in life again!

Results like these are right in your hands.

USING THIS HANDBOOK

This handbook is for use by all Scientologists, no matter how much or how little training they have had. Both the relatively new Scientologist and the very experienced old hand will find every assist process here, laid out to be easily located.

Several HCO Bulletins on the subject of assists have been included for your reference. It is vital for anyone delivering assists to know the principles given in these issues.

The assist processes themselves have individual instructions for their use, including information on what each assist is used for, the exact commands and procedure for their delivery and the original source references.

These processes have been grouped by general types, as follows:

- Basic Assists for Illnesses and Injuries
- Additional Assists for Handling Injuries and Illnesses
- Assists for Handling Specific Difficulties
- Assists for Children
- Pregnancy and Postpartum Assists
- Temperature Assists
- Assists for the Workplace
- Dianetic Assist Actions
- Advanced Assist Actions
- Handling Unconsciousness, Comas and Shock

While the assists are categorized to make them easy to find, one is not limited to only those processes in a particular section when handling a preclear. For example, a very ill person should be given applicable assists from a number of different categories. It sometimes takes a series of assist processes to really get someone totally well or fully recovered from an accident, illness or operation.

The assists in the first section are the five most basic assists and are all extremely easy to learn. One would be well advised to study and drill them, as they are often called for in emergency situations such as an accident or injury. These assists apply to all manner of illness and injury.

Section Two, Additional Assists for Handling Injuries and Illnesses, provides a number of processes to be used when dealing with anyone who is sick, has had an accident or other injury, an operation, dental work, etc. When treating any serious illness or injury one should use as many of these as needed to help get a full recovery on the case.

Assists for Handling Specific Difficulties contains processes to be applied to situations such as the common cold, a toothache, insomnia or a threatening environment. These processes are all easy to learn and use and will come in handy in many dealings one has with people. Who hasn't had the experience of running into a friend who just had a fight with his spouse? There is a process in this section to handle any resultant upset from such a quarrel.

The next section, Assists for Children, gives a number of assists for auditing newborn babies as well as older children. These processes can make growing up a much more enjoyable experience for any young person.

Section Five has Pregnancy and Postpartum Assists which include assists the husband can do for the expectant or new mother, in addition to several other assists which can be of immense help to a woman throughout the period of pregnancy and childbirth.

Temperature Assists contains assists which are used to get a person's temperature down. These processes are run with an E-Meter; there is one to be used if the person is able to get up and walk around and another for a more seriously ill person with a fever.

Assists for the Workplace comprise Section Seven. In addition to the basic assists learned in Section One, these processes will stand one in good stead through many of the mishaps and misadventures that can befall co-workers.

Dianetic Assist Actions are given in Section Eight. A Class V, New Era Dianetics Auditor is required to deliver any of these assists. Dianetic Assists are often needed in order to bring about full recovery on a case. One would do well to become qualified to deliver these assists.

The Advanced Assist Actions in Section Nine are run on an E-Meter. These actions address such things as postulates to get injured or get ill,

prior confusions, mystery about the illness or injury, and a number of other factors that should be handled on any person who is receiving an assist program.

The final section, Handling Unconsciousness, Comas and Shock, gives the technical procedures for bringing someone out of a coma or state of shock and the “Bring Back to Life Assist” which has been successfully used to revive a person who has literally left his body for dead.

It cannot be stated too often that one should study and learn these processes so as to be in a position to use them whenever the need arises. You may not always have this book with you, and the more assists you feel confident about using, the better off you and those around you will be.

Assist Tables

This handbook has an important feature to help you locate what assist processes should be used in any given situation. The final section contains six comprehensive tables which list the processes applicable to specific symptoms or situations. These tables include both simple, do-it-on-the-spot assist actions and full, formal auditing techniques.

To use the tables, one simply looks up the condition or situation and finds the processes to run. Try it out and you will see how easy it is.

In determining what assists should be used, it must be understood that assists are not meant to advance a case up the Grade Chart. They alleviate the immediate spiritual effects of illness, injury or upset so that the person can then put his attention on progress up the Bridge to Total Freedom.

Use of the E-Meter

The large majority of assist processes in this handbook can be run without the use of an E-Meter and with no formal auditor training. There are no restrictions on Scientologists using assist technology. The processes which do require an E-Meter and a trained auditor are those given in Section Six, Section Eight and Section Nine.

Ideally one should be trained to use an E-Meter, and use it in delivering assists.

End Phenomena

Every assist process is run to its *end phenomena*. The definition of *end phenomena* is *those indications in the pc and meter which show that a chain or process is ended*.

The end phenomena of an assist process is generally a *cognition* and *very good indicators* (preclear happy). This applies to all assists in this volume except where otherwise specified in the instructions. One such exception is POSTULATE PROCESSING, contained in Section Three, which is run until the postulate is located and the preclear has very good indicators.

Auditors trained in the use of an E-Meter have additional data on end phenomena that they apply when they audit.

In assist auditing the auditor sets out to accomplish a specific result for the preclear, such as helping to relieve the sniffles or speed recovery from a leg injury. The auditor must realize that an injured person who is under heavy emotional or physical stress may not have rave indicators in the first assist session; in such a case a simple expression of relief would be the end phenomena. It is not uncommon to have to give a person assists day after day in order to bring about a *full* recovery. One must carry on through with assist processes until that full result is achieved.

BASIC GUIDELINES IN DOING ASSISTS

1. The basic rule of an assist is to do it. Get it done.
2. *Always* seek first aid and medical attention when needed. An assist is *not* a substitute for medical attention or treatment by a qualified doctor. First, call the doctor. Then assist the person as you can.
3. Inform the person of the fact that the assist has begun with “Start of Assist” and ended with “End of Assist.” An assist, like an auditing session, has a beginning and an end. (If needed, give a short explanation of what is meant by “assist.”)
4. Always follow the Auditor’s Code.
5. Don’t get discouraged if you don’t get a full recovery of the person with a single assist session. Keep at it until you do get a result.
6. Never promise a person you will cure some illness or physical condition. Assists are not medical treatment. An assist helps the person heal himself.
7. Never force a preclear who is injured or ill. They require much lighter auditing than they stand up to when well.
8. In handling an ill or injured person, keep the sessions short where possible.
9. Above all, *use* the assists in this book.

A good understanding of these assist processes and a real familiarity with how to use this handbook will enable you to bring about some astonishing results.

You will discover vast rewards in the ability to easily alleviate discomfort and travail in those around you.

You could even accomplish miracles.

TECHNICAL BULLETINS



HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex

HCO BULLETIN OF 11 JULY 1973RB
REVISED 21 SEPTEMBER 1978

ASSIST SUMMARY

Assist
Summary

Refs:

| | |
|-------------------------------------|--|
| HCOB 5 July 71RB | C/S Series 49RB |
| Rev. 20.9.78 | ASSISTS |
| HCOB 23 July 71R | ASSISTS |
| Rev. 16.7.78 | |
| HCOB 12 Mar. 69 II | PHYSICALLY ILL PCs AND PRE-OTs |
| HCOB 24 Apr. 69RA I | DIANETIC USE |
| Rev. 20.9.78 | |
| HCOB 14 May 69 I | SICKNESS |
| HCOB 23 May 69R | AUDITING OUT SESSIONS, |
| Rev. 11.7.78 | NARRATIVE VERSUS SOMATIC CHAINS |
| HCOB 24 July 69R | SERIOUSLY ILL PCs |
| Rev. 24.7.78 | |
| HCOB 27 July 69 | ANTIBIOTICS |
| HCOB 29 Mar. 75RA | ANTIBIOTICS, ADMINISTERING OF |
| Rev. 24.3.85 | |
| HCOB 15 Jan. 70 I | THE USES OF AUDITING |
| HCOB 9 Oct. 67RA | CONTACT ASSIST |
| Rev. 13.8.87 | |
| HCOB 2 Jan. 71 | ILLEGAL AUDITING |
| HCOB 15 July 70R | UNRESOLVED PAINS |
| Rev. 17.7.78 | |
| HCOB 7 Apr. 72RA | TOUCH ASSISTS, CORRECT ONES |
| Rev. 25.8.87 | |
| HCOB 25 Aug. 87 II | TOUCH ASSISTS, MORE ABOUT |
| HCOB 2 Apr. 69RA | DIANETIC ASSISTS |
| Rev. 28.7.78 | |
| HCOB 19 July 69RA I | DIANETICS AND ILLNESS |
| Rev. 21.9.78 | |
| HCOB 29 July 81 I | FULL ASSIST CHECKLISTS FOR INJURIES AND ILLNESSES |
| HCOB 24 Apr. 69R II | DIANETIC RESULTS |
| Rev. 20.7.78 | |
| HCOB 15 Aug. 87 | UNCONSCIOUS PERSON ASSIST |
| Tape: 6110C03 "The Prior Confusion" | |
| HCOB 2 Nov. 61 I | THE PRIOR CONFUSION |
| HCOB 30 July 62 | A SMOOTH HGC 25-HOUR INTENSIVE |
| HCOB 7 June 84 | FPRD Series 3 |
| | THE PRIOR CONFUSION: NEW TECH BREAKTHROUGH |

Tape: 5211C14 "Time, Create, Destroy, Have"
Tape: 5110C15B "Postulate Processing"
HCOB 12 Mar. 68 MISTAKES, ANATOMY OF
New Era Dianetics Series 1 through 18, especially:
HCOB 28 July 71RB NED Series 8RA
Rev. 8.4.88 DIANETICS, BEGINNING A PC ON
HCOB 26 June 78RA II NED Series 6RA
Rev. 15.9.78 ROUTINE 3RA
ENGRAM RUNNING BY CHAINS
HCOB 18 June 78R NED Series 4R
Rev. 20.9.78 ASSESSMENT AND HOW TO GET
THE ITEM

Injuries, operations, delivery of babies, severe illnesses and periods of intense emotional shock all deserve to be handled with thorough and complete assists.

Clears, OTs and Dianetic Clears are no longer run on Dianetic auditing assists, secondaries, engrams or narrative incidents. They may however receive Touch Assists and Contact Assists, etc. If further handling is required, a New Era Dianetics Special Rundown for OTs has been developed which is available at AOs and Flag. (Ref: HCOB 12 Sept. 78R I, DIANETICS FORBIDDEN ON CLEARS AND OTs)

New Era Dianetics assists may be done, as usual, whenever needed by preclears.

Medical examination and diagnosis should be sought where needed, and where treatment is routinely successful, medical treatment should be obtained. As an assist can at times cover up an actual injury or broken bone, no chances should be taken, especially if the condition does not easily respond. In other words where something is merely thought to be a slight sprain, to be on the safe side an x-ray should be obtained, particularly if it does not at once respond. An assist is not a substitute for medical treatment but is complementary to it. It is even doubtful if full healing can be accomplished by medical treatment alone and it is certain that an assist greatly speeds recovery. In short, one should realize that physical healing does not take into account the being and the repercussion on the spiritual beingness of the person.

Injury and illness are **PREDISPOSED** by the spiritual state of the person. They are **PRECIPITATED** by the being himself as a manifestation of his current spiritual condition. And they are **PROLONGED** by any failure to fully handle the spiritual factors associated with them.

The causes of **PREDISPOSITION**, **PRECIPITATION** and **PROLONGATION** are basically the following:

1. Postulates
2. Engrams
3. Secondaries
4. ARC breaks with the environment, situations, others or the body part
5. Problems
6. Overt acts
7. Withholds
8. Out of communicationness

The purely physical facts of injuries, illnesses and stresses are themselves incapacitating and do themselves often require physical analysis and treatment by a doctor or nutritionist. These could be briefly cataloged as:

- A. Physical damage to structure
- B. Disease of a pathological nature
- C. Inadequacies of structure
- D. Excessive structure
- E. Nutritional errors

- F. Nutritional inadequacies
- G. Vitamin and biocompound excesses
- H. Vitamin and biocompound deficiencies
- I. Mineral excesses
- J. Mineral deficiencies
- K. Structural malfunction
- L. Erroneous examination
- M. Erroneous diagnosis
- N. Erroneous structural treatment
- O. Erroneous medication

There is another group which belongs to both the spiritual and physical divisions. These are:

- i. Allergies
- ii. Addictions
- iii. Habits
- iv. Neglect
- v. Decay

Any of these things in any of the three groups can be a cause of nonoptimum personal existence.

We are not discussing here the full handling of any of these groups or what optimum state can be attained or maintained. But it should be obvious that there is a level below which life is not very tolerable. How well a person can be or how efficient or how active is another subject entirely.

Certainly life is not very tolerable to a person who has been injured or ill, to a woman who has just delivered a baby, to a person who has just suffered a heavy emotional shock. And there is no reason a person should remain in such a low state, particularly for weeks, months or years when he or she could be remarkably ASSISTED to recover in hours, days or weeks.

It is in fact a sort of practiced cruelty to insist by neglect that a person continue on in such a state when one can learn and practice and obtain relief for such a person.

We are mainly concerned with the first group, 1–8. The group is not listed in the order that it is done but in the order that it has influence upon the being.

The idea has grown that one handles injuries with Touch Assists only. This is true for someone who as an auditor has only a smattering of Scientology. It is true for someone in such pain or state of case (which would have to be pretty bad) that he cannot respond to actual auditing.

But a Scientologist really has no business “having only a smattering” of auditing skills that could save his or the lives of others. And the case is very rare who cannot experience proper auditing.

The actual cause of not handling such conditions is, then, to be found as (iv) NEGLIGENCE. And where there is neglect, (v) DECAY is very likely to follow.

One does not have to be a medical doctor to take someone to a medical doctor. And one does not have to be a medical doctor to observe that medical treatment may not be helping the patient. And one does not have to be a medical doctor to handle things caused spiritually by the being himself.

Just as there are two sides to healing—the spiritual and the structural or physical—there are also two states that can be spiritually attained. The first of these states might be classified as “humanly tolerable.” Assists come under this heading. The second is “spiritually improved.” Grade auditing comes under this second heading.

Any minister (and this has been true as long as there has been a subject called religion) is bound to relieve his fellow being of anguish. There are many ways a minister can do this.

An assist is not engaging in healing. It is certainly not engaging in treatment. What it is doing is ASSISTING THE INDIVIDUAL TO HEAL HIMSELF OR BE HEALED BY ANOTHER AGENCY BY REMOVING HIS REASONS FOR PRECIPITATING AND PROLONGING HIS CONDITION AND LESSENING HIS PREDISPOSITION TO FURTHER INJURE HIMSELF OR REMAIN IN AN INTOLERABLE CONDITION.

This is entirely outside the field of “healing” as envisioned by the medical doctor and by actual records of results is very, very far beyond the capability of psychology, psychiatry and “mental treatment” as practiced by them.

In short, the assist is strictly and entirely in the field of the spirit and is the traditional province of religion.

A minister should realize the power which lies in his hands and his potential skills when trained. He has this to give in the presence of suffering: he can make life tolerable. He can also shorten a term of recovery and may even make recovery possible when it might not be otherwise.

When a minister confronts someone who has been injured or ill, operated upon or who has suffered a grave emotional shock, he should be equipped to do and should do the following:

A CONTACT ASSIST where possible and where indicated until the person has reestablished his communication with the physical universe site. To F/N.

A TOUCH ASSIST until the person has reestablished communication with the physical part or parts affected. To F/N.

HANDLE ANY ARC BREAK that might have existed at the time (a) with the environment, (b) with another, (c) with others, (d) with himself, (e) with the body part or the body and (f) with any failure to recover at once. Each to F/N.

HANDLE ANY PROBLEM the person may have had (a) at the time of illness or injury, (b) subsequently due to his or her condition. Each to F/N.

HANDLE ANY OVERT ACT the person may feel he or she committed (a) to self, (b) to the body, (c) to another and (d) to others. Each to F/N.

HANDLE ANY WITHHOLD (a) the person might have had at the time, (b) any subsequent withhold and (c) any having to withhold the body from work or others or the environment due to being physically unable to approach it.

RUN THE INCIDENT ITSELF Narrative R3RA Quad to erasure and full EP. Interest is checked. It is understood here that Flow 1 was the physical incident itself, not necessarily something done to the person but as something that happened to him or her. (Refs: HCOB 26 June 78RA, NED Series 6RA, ROUTINE 3RA, ENGRAM RUNNING BY CHAINS; HCOB 28 June 78RA, NED Series 7RA, R3RA COMMANDS; HCOB 28 July 71RB, NED Series 8RA, DIANETICS, BEGINNING A PC ON)

HANDLE ANY SECONDARY, which is to say emotional reactions, stresses or shocks before, during or after the situation. Narrative secondaries are run R3RA Narrative Quad. Interest is checked. It is important to get the earliest beginning of the incident and to continue to check for earlier beginning each run through. (Refs: HCOB 26 June 78RA, NED Series 6RA, ROUTINE 3RA, ENGRAM RUNNING BY CHAINS; HCOB 28 June 78RA, NED Series 7RA, R3RA COMMANDS; HCOB 28 July 71RB, NED Series 8RA, DIANETICS, BEGINNING A PC ON)

PREASSESS THE INCIDENT and take to full Dianetic EP all somatics connected with the incident in which the pc is interested. The full preassessment procedure is given in HCOB 18 June 78R, NED Series 4R, ASSESSMENT AND HOW TO GET THE ITEM, and the above issues.

POSTULATE TWO-WAY COMM. This is two-way comm on the subject of "any decision to be hurt" or some such wording. This is done only if the person has not already discovered that he had decisions connected to the incident. It is carried to F/N. One must be careful not to invalidate the person.

Where a person is injured, given a Contact or Touch Assist and then medical examination and treatment, he is given the remainder as soon as he is able to be audited. The drug "five days" does not need to apply. But where the person has been given an assist over drugs, one must later come back to the case when he is off drugs and run the drug part out or at least make sure that nothing was submerged by the drugs. It is not uncommon for a person to be oblivious of certain parts of a treatment or operation at the time of initial auditing, only to have a missing piece of the incident pop up days, months or even years later. THIS is the reason injuries or operations occasionally seem to persist despite a full assist: a piece of it was left unhandled due to a drugged condition during the operation; such bits may come off unexpectedly in routine auditing on some other apparently disrelated chain. (Refs: HCOB 15 July 71RD III, NED Series 9RC, DRUG HANDLING, and HCOB 19 May 69RA, DRUG AND ALCOHOL CASES, PRIOR ASSESSING)

It can happen that a person is in the midst of some grade auditing at the time of an injury or illness or receiving an emotional shock. The question arises as to whether or not to disrupt the grade auditing to handle the situation. It is a difficult question. But certainly the person cannot go on with grade auditing while upset or ill. The usual answer is to give a full assist and repair the case to bridge it back into the grade auditing. The question, however, may be complicated in that some error in the grade auditing is also sitting there, not to cause the illness or accident but to complicate the assist. This question is handled fully only by study of the case by a competent Case Supervisor. The point is not to let the person go on suffering while time is consumed making a decision.

PRIOR CONFUSION: Fixed ideas follow a period of confusion. This is also true of engrams that hang up as physical injury. Slow recovery after an engram has been run can be caused by the prior confusion mechanism. The engram of accident or injury can be a stable item in a confusion. By two-way comm see if a confusion existed prior to the accident, injury or illness. If so, it may be two-way commed to F/N.

MYSTERY POINT: Often there is some part of an incident which is mysterious to a preclear. The engram itself may hang up on a mystery. A thetan could be called a “mystery sandwich” in that he tends to stick in on mysteries. Two-way comm any mysterious aspect of the incident. Two-way comm it to F/N cog VGIs.

SUPPRESSIVE PRESENCE: Mistakes or accidents or injuries occur in the presence of suppression. One wants to know if any such suppressive influence or factor existed just prior to the incident being handled. This could be the area it occurred in or persons the preclear had just spoken to. Two-way comm any suppressive or invalidative presence that may have caused a mistake to be made or the accident to occur. Two-way comm to F/N cog VGIs.

AGREEMENT: Get any agreement the person may have had in or with the incident. There is usually a point where the person agrees with some part of the scene. If this point is found, it will tend to unpin the pc from going on agreeing to be sick or injured.

PROTEST: Two-way comm any protest in the incident.

PREDICTION: The person is usually concerned about his recovery. Undue worry about it can extend the effects into the future. Two-way comm (a) how long he/she expects to take to recover. (b) Get the person to tell you any predictions others have made about it. Two-way comm it to an F/N cog VGIs. Note—avoid getting the person to predict it as a very long time by getting him to talk about that further.

LOSSES: A person who has just experienced a loss may become ill. This is particularly true of colds. Two-way comm anything the pc may have lost to F/N.

PRESENT TIME: An injured or sick person is out of present time. Thus running HAVINGNESS in every assist session is vital. This not only remedies havingness but also brings the preclear to present time.

HIGH OR LOW TA: A C/S 53RM should be used to get the TA under control during assists if it cannot be gotten down. It must be done by an auditor who knows how to meter and can get reads.

ILLNESS FOLLOWING AUDITING: It can occur that a pc gets ill after being audited where the “auditing” is out-tech. When this occurs or is suspected, a Green Form should be assessed only by an auditor who can meter and whose TR 1 gets reads. The GF reads are then handled. Out-Interiorization, bad lists, missed W/Hs, ARC breaks and incomplete or flubbed engrams are the commonest errors.

BEFORE–AFTER: Where an injured or ill pc is so stuck that he has a fixed picture that does not move, one can jar it loose by asking him to recall a time before the incident and then asking him to recall a time after it. This will “jar the engram loose” and change the stuck point.

UNCONSCIOUSNESS: A pc can be audited even if in a coma. The processes are objective, not significance processes. One process is to use his hand to reach and withdraw from an object such as a pillow or blanket. One makes the hand do it while giving the commands. One can even arrange a “signal system” where the pc is in a coma and cannot talk, by holding his hand and telling him to squeeze one’s hand once for yes, twice for no. It is astonishing that the pc will often respond and he can be questioned this way.

TEMPERATURE ASSISTS: There is an HCOB, HCOB 23 July 71R, ASSISTS, on how to do assists that bring down the temperature. Holding objects still repetitively is the basic process.

Quite often an injury or illness will miraculously clear up before one has run all the steps possible. If this is the case, one should end off any further assist.

All auditing of injured or ill people must be kept fairly light. Errors in TRs (such as a bad TR 4), errors in tech rebound on them very heavily. An ill or injured person can easily be audited into a mess if the processes are too heavy for him to handle and if the auditor is goofing. Very exact in-tech, good TRs, good metering sessions are all that should be tolerated in assists.

SUMMARY

Religion exists in no small part to handle the upsets and anguish of life. These include spiritual duress by reason of physical conditions.

Ministers long before the Apostles had as a part of their duties the ministering to the spiritual anguish of their people. They have concentrated upon spiritual uplift and betterment. But where physical suffering impeded this course, they have acted. To devote themselves only to the alleviation of physical duress is of course to attest that the physical body is more important than the spiritual beingness of the person which, of course, it is not. But physical anguish can so distract a being that he deserts any aspirations of betterment and begins to seek some cessation of his suffering. The specialty of the medical doctor is the curing of physical disease or nonoptimum physical conditions. In some instances he can do so. It is no invasion of his province to assist the patient to greater healing potential. And ills that are solely spiritual in nature are not medical.

The “psych-iatrist” and “psych-ologist” on the other hand took their very names from religion since “psyche” means soul. They, by actual statistics, are not as successful as priests in relieving mental anguish. But they modernly seek to do so by using drugs or hypnotism or physical means. They damage more than they help.

The minister has a responsibility to his people and those about him to relieve suffering. He has many ways to do this. He is quite successful in doing so and he does not need or use drugs or hypnotism or shock or surgery or violence. Until his people are at a level where they have no need of physical things, he has as a duty preventing their spiritual or physical decay by relieving where he can their suffering.

His primary method of doing so is the ASSIST.

As the knowledge of how to do them exists and as the skill is easily acquired, he actually has no right to neglect those for whose well-being he is responsible, as only then can he lead them to higher levels of spiritual attainment.

An auditor has it in his power to make pcs recover spectacularly. That power is in direct proportion to his flawlessness as an auditor. Only the most exact and proper tech will produce the desired result.

If you truly want to help your fellows, that exact skill and those results are very well worth having.

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HCO BULLETIN OF 12 MARCH 1969
Issue II

PHYSICALLY ILL PCs AND PRE-OTs
(with a note on drugs)

Physically Ill PCs
and Pre-OTs

One can very easily go to extremes on mental illness versus physical illness.

One school says all trouble comes from physical illness.

Another says it all comes from mental illness.

The psychiatrist mixes the two and says all mental illness is physical.

It is time every auditor, particularly Class VIIIs, took a hard look at this area.

The *body* is capable of having physical illness, acute (momentary) or chronic (continual). Broken bones, pinched nerves, diseases can any of them occur to a body *independent* of any mental or spiritual action.

The mind or spirit can predispose the illness or injury. By this is meant a person can be distraught and have an accident, or decide to die and get a disease.

But the disease or injury when he's got it is a body circumstance and responds best to skilled medical (ordinary, usual, put on a tourniquet, set a bone, give a shot) treatment.

On a sick or injured person, you can reduce the time of healing or recovery by removing the spiritual or mental upset, providing the person can be audited, but usually after effective physical treatment. The facts are real enough. Auditing a person with a broken leg *after* it is set and he is comfortable, to remove the engram of the accident or treatment and the earlier "reason" he or she was distraught or had the accident, can improve the bone knitting time by as much as two-thirds by actual test. This would be six weeks down to two weeks.

But the bone has to be set! A body is a biological object. It has all manner of internal communication systems and organized interrelated functions.

Now, if you tried to audit a preclear when he was acutely ill, you would find him hard to audit, confused and distracted and unable to follow commands. He may become overwhelmed easily. He certainly is not likely to respond properly. Because the *body* is sending all sorts of pain or discomfort messages and confusions, it is very much in his way. Two things are going on at the same time—his case as a spiritual being, his body as a distracting pain or sensation object.

The pc assigns the body to his case or his case to his body.

You have to get the body out of the attention area to some degree before anything helpful usually occurs by way of auditing.

Now let us take the pc with a *long-term* illness. He has been sick with something since the age of 8. He really doesn't know he's sick physically. He blames it all on his own case.

In a lot of cases we audit him and he has enough relief to then get physically well. For he was mentally or spiritually suppressing his body.

These successes (and they are numerous) could cause us to do an *all mental* concentration and lead some to insist all illness was from the mind. This makes some make the mistake of omitting physical examination and treatment in all cases. Certain schools of healing in the past got the entire field in disrepute by assuming and stating and acting on just that.

When you find a pc who does not easily respond, whether he answers up to 7 cases "physically ill" or not, you sure better get him to the nearest clinic for a thorough physical examination including head and spine x-rays and get him examined pathologically. For you will usually find he is physically ill, in suppressed pain or discomfort. There are cures for a lot of these things now and not requiring "exploratory" operations either.

Don't throw away all the grades of auditing on him. He's sick. Physically.

That's why you do a White Form. A long history of accident and illness should prepare you to be alert and to send him to a clinic if his response to auditing is the least bit poor.

Then when you have the physical side of it in hand, audit him at assist level.

When he is *well*, give him his grades.

Don't force auditing into physical healing. It works much of the time. Special types of auditing (running out injuries, etc.) assist healing markedly. That doesn't mean you should avoid all medical treatment!

"Failed cases" are medically ill or injured cases. Without exception. So why fail? There *are* medical doctors and clinics. There are standard, usual treatments. You don't have to buy "exploratories" and questionable actions. These are done only when the medical doctor can't find out either. When this impasse occurs, start doing assists or look for engrams.

There are some bizarre or strange postoperative (after operation) or postinjury (after injury) conditions which do surrender miraculously to auditing. A suppurating incision (operation cut that remains open and unhealing), a bone that will not heal after having a plate put on it, such things usually surrender to auditing. These facts should be used, but they do not contradict that medical treatment was needed in the first place.

The psychiatrist is an example of the other extreme to spiritual healing. Instead of "all mind" he is saying "all physical."

Holding either extreme produces failures.

The psychiatrist got into his "all physical" by a sensing that insanity symptoms seemed to resemble persons in pain or delirium.

In these cases the stress of physical suffering is pouring back into and overwhelming the mind.

After considerable study on this, I realized that an error could have been made out of a statement "all insanity is physical."

This is probably the case in the large percentage of the insane. But from this one cannot then say “all mental trouble is physical” because that can be demonstrated as not true. We see it as easily as in a case of a person falling ill on the receipt of bad news, who then gets good news and gets well. The great Voltaire, on his deathbed, received news that he had been awarded the Legion of Honor, after a lifetime of being scorned by authority. He promptly got up, put on his clothes and went down to receive the award.

In the case of insanity having physical causes, one could discover this, say it and be promptly misunderstood in this way. The sufferer is in a general agony from a nerve long ago crushed. This actual pain is distributed from its point of concentration to the whole of the nervous system. The person cannot think, looks dazed, cannot work or act. An operation removes the pressure causing the condition. The person is then “sane” in that he can perform the actions of life.

After a few successes of this nature, the psychiatrist leaps to the conclusion all *mental* trouble is physical. He teaches some student saying “all mental trouble is physical.” The *student* goes off, tries to figure it out, dreams up a special insanity virus or “genes” or a special illness called “insanity.” He then resorts to all manner of odd and often brutal treatments. By cutting or shocking a nerve channel, one can stop the pain messages but such actions lay in new complications which usually terminate in premature if not immediate death or injury.

This tells one why tranquilizers (psychotropic drugs) make a patient rational or at least able to function for a short while. They too have their side effects. Usually all they do is, like aspirin, reduce the pain.

Patients do not always know they hurt. They suppress the pain or sensation. It seems normal to them or “life.” When they receive a distressing experience or have an accident, they cease to suppress and may go “insane,” which is to say, become continuously overwhelmed by pain or unwanted sensation. They cannot think or act rationally. They may even be insane only during periods of the day or month that coincide with the *time* of the accident. But they are in physical distress.

As they cannot eat or sleep, their condition worsens by exhaustion and they may go into various states including a deathlike motionlessness or actually die.

The CORRECT ACTION ON AN INSANE PATIENT IS A FULL SEARCHING CLINICAL EXAMINATION BY A COMPETENT MEDICAL DOCTOR.

He may find disease, fractures, concussion, tumors or ANY COMMON ILLNESS which has escaped treatment and has become chronic (perpetual). He should keep looking until he finds it. For it is there. NOT some “insane germ” but some ordinary recognizable illness or physical malfunction.

The WRONG THING is to cut nerves or subject the person to more pain. Electricity can *force* a nerve channel to flow or paralyze it. That is probably why it *seems* to work sometimes. But it cures nothing and more often *confirms* the insane condition and certainly fills the patient with dread and terror, injures him and shortens life.

The problem in insanity is often how do you keep the patient from injuring himself or starving or dying before he can be examined by a competent medical doctor in a properly equipped clinic.

This is done by rest, security, feeding, under drugs if necessary.

A patient can be “built up” by various biochemical compounds, diathermy and other mild means that add to his stamina.

Treatment of what really troubles him, such as continual sensation from a once-broken leg which was never set, a broken spinal disc or such pathological ills as disease can then be treated properly and corrected.

Recovered from the treatment, the patient will be found not to be “insane” any longer.

Auditing can then occur, any and all engrams (traumas) erased and the person’s recovery will be greatly accelerated.

Of course, the real target of auditing is the improvement of the ability to handle life, greater intelligence, reaction time and other benefits.

Like the spiritual healer of another age who said all was mind and forbade physical healing, the practitioner who says all is body and scorns mental healing is an extremist.

Each of these is at the opposite ends of “Aristotle’s Pendulum.” Each has *seen* with his own eyes a *few* remarkable cures. Thus, each is confirmed in his belief and will hotly argue and even attack others who do not share his or her extreme view.

The truth, as is usually found, lies in between.

There is no “insanity virus.” Even heredity remains unproven since families perform similar actions, are prone to similar physical ills and they also mentally pattern or copy each other. Either physical or mental facts can similarly prove that “insanity runs in the family” when it seems to do so. Thus “hereditary insanity” is an apparency which gives rise to the folk tale.

There is the spiritual identity of man, the mind, the thetan, call it what you will.

There is the physical body of man and that, even if cellular, is still material or physical or whatever you call that.

Proponents of both extreme allnesses are likely then to go off on an erratic course of search and research as the truth includes both and when you do include both you then begin to add up successes toward the desirable 100% of the physical sciences in result. One cannot call either extreme more than an art. And the proponent of the purely physical does not have a “science” just because sciences are also physical.

One has a science only when one can predict and attain uniform results by the application of its technology.

It was very natural for the psychiatrist to *think* he had a foe in Scientology as all he had to hear was “spirit” and he was off. Since that has been his opposite “foe” for a long time.

To *heal* man, one has to realize he is dealing with two things—the spirit and the body. When a preclear comes to us because he wishes to be *physically* cured of a real current illness or malfunction, we do not serve him well if when we see he does not respond to auditing we do not require a full physical clinical study of his body until a real illness is found and treated.

If we already *know* he is ill, we should call in the doctor. And we should limit auditing to assists.

This is also a case of crossed purposes. We are trying to give him greater capability and freedom. He is only trying to stop hurting.

Go ahead, sign them up. But at the first smallest clue (like the White Form) that he is being audited only to get well, we should have in good contact a medical doctor or clinic who is friendly and does not do unusual things to people and get the preclear diagnosed to *really* find what is wrong with him, get it cured if it is medically feasible and then, with a physically well pc, give him his auditing.

If this is done routinely, another benefit will also occur. The preclear so audited will not again become ill easily and will retain his very real auditing gains when he has these.

We are good enough to often get by. The ability of the body to get well often asserts itself when a preclear is given auditing, since the source of perpetuation (continuance) is removed from the illness and it changes.

Letting a pc who has a badly set, continually painful bone go on up the grades is doing him a disservice. He probably will not attain or retain his gains.

The stable datum on which I operate as a Case Supervisor is that if a pc does not get good gains quickly I want to know (and will find) what is physically injured or ill about him before I go on letting him be audited. The x-ray machine and other clinical actions become a must. For he is in suppressed pain and each time he gets a *change*, he puts on full stops as it started to hurt. He won't get the same gain again and tomorrow the same process or type of process won't work. He stops the pain if it starts to hurt and puts a new stop on his case. This is true of those cases who really have a physical illness.

Slow gain, poor result is a physically ill pc.

The exercise of these points requires judgment, for a person can be given treatments which will not heal him. Where this is the case and the treatment seems too damaging or uncertain, treat the pc on this routine:

1. Rest,
2. No harassment,
3. Food,
4. Mild sedatives.

When the person seems well, audit him.

The truth of the above definition of “insanity” can be experienced easily with no great stress. To have a headache or toothache is sometimes quite distressing and distracting, making one gloomy or inactive. Taking an aspirin cheers one up and he can work.

That is in fact the basic mechanism. It is why tranquilizers work.

This is why old-timers thought they had to cut nerves to “cure” the insane. But that’s like fixing the telephone exchange by throwing a hand grenade into the switchboard. You may get no more complaints but you sure don’t have a telephone anymore. Which, I suppose, is the basic way to stop *all* complaints. Nobody can ring up even if the house were on fire!

Drugs such as marijuana are craved only when the being “needs them” to stop undesirable physical pain or sensation. Then they backfire, causing more distress than they cure. Some pcs, taken off marijuana for a few weeks, can be audited. Some can’t. Those who then can’t be audited are in pain whether they consciously realize it or not. In their “unconscious mind” (below their self-suppression) they *hurt*.

So those who can’t be audited well when taken off some drug like marijuana should be gotten to a good clinic and given “the works.” A competent medical doctor will find the broken bone, the disease, the diabetes. Give it a medical cure.

Then audit the pc by standard tech, checking resistive case lists, etc., all over again.

Pcs don’t always know they’re ill.

Mental upset aggravates physical discomfort. Physical discomfort aggravates mental unrest.

So play it safe.

A slow case who doesn't respond well to very usual approaches has something else wrong with him physically.

Don't be an extremist.

Your job after all is to do the most you can for the pc.

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DIANETIC ASSISTS

The Use of Dianetics to the Medical Doctor

Dianetic
Assists

There is everything to be said for correct medical treatment in the handling of the sick and insane.

“Insanity” is most often the suppressed agony of actual physical illness and injury.

To “treat” this agony with shock and “brain operations” is a Nuremberg-type offense and is indictable as mayhem or manslaughter.

The medical treatment of “insanity” requires some awareness by the patient of his whereabouts and present time. These are usually quite unbearable so he has sunk into the past to escape the agony of the present.

The TOUCH ASSIST given to such injured persons permits healing to occur by restoring the person to the present and his whereabouts to some degree.

Healing after medical treatment might not occur rapidly if the “insane” or chronically ill person remains in the past, unable to confront the present.

Thus the Touch Assist speeds and often permits healing after medical treatment and sometimes in minor injuries and illness permits the doctor to accomplish healing without further treatment.

There is the TOUCH ASSIST, the CONTACT ASSIST and the AUDITING ASSIST.

The Touch Assist done as described elsewhere brings the patient’s attention to injured or affected body areas. When attention is withdrawn from them, so is circulation, nerve flows and energy which for one thing limits nutrition to the area and for another prevents the drain of waste products. Some ancient healers attributed remarkable flows and qualities to the “laying on of hands.” Probably the workable element in this was simply heightening awareness of the affected area and restoring the physical communication factors.

The CONTACT ASSIST is remarkable when it can be done. The patient is taken to the area where the injury occurred and makes the injured member gently contact it several times. A sudden pain will fly off and the injury if minor lessens or vanishes. This is again a physical communication factor. The body member seems to have withdrawn from that exact spot in the physical universe.

The restoration of awareness is often necessary before healing can occur.

The prolongation of a chronic injury occurs in the absence of physical communication with the affected area or with the location of the spot of injury in the physical universe.

The AUDITING ASSIST is done by a trained auditor using an E-Meter.

It consists of “running out” the physically painful experience the person has just undergone, accident, illness, operation or emotional shock. This erases the “psychic trauma” and speeds healing to a remarkable degree if done properly.

In addition to assists, there is Dianetic auditing of an acutely ill person which handles the current and past illnesses and injuries by erasing the “physical trauma.”

The last is a skilled activity. Practitioners who have the idea such things do not have causes will of course fail to locate the causes.

A sickness can be composed, let us say, of a headache, a nausea, apathy and weariness.

Such a sickness may be bizarre, without medical reason.

By first getting the patient to find and say what shock occurred when the sickness began, getting when and getting it recounted, the “illness” will lessen, the emotional state will alter—called a “release of affect.”

By then finding an earlier-similar instance and getting that one dated and recounted, a further release of affect may occur.

If the good indicators, smiles, etc., do not occur in the patient, one again asks for an earlier incident, dates it and gets it recounted.

Physically sick persons divide into two classes: “acutely ill” and “chronically ill.” A person who is acutely ill is temporarily or momentarily ill and a person who is chronically ill is simply ill all the time.

You do not run heavy engram processes on an acutely ill pc. You do Touch Assists and get a Scientology auditor to deliver processes given in C/S Series 9, HCOB 21 June 70, fourth section “Sick Pcs.”

You try not to run heavy engram chains on acutely ill pcs as they are physically not up to it, cannot stand sessions long enough to get anywhere with a chain and usually all that happens is the pc feels spinny and left in a restimmed condition. You can run Touch Assists and light Objective Processes.

On a chronically ill pc you can begin exactly as you would with an acutely ill pc, with the difference that when he improves you can run out the physically painful experience the person has just undergone with Narrative R3RA. After this you can proceed with regular New Era Dianetics.

Needless to say all this requires a skilled auditor, but the skill can be acquired in a Dianetic training course.

The important thing is not to tell the patient what caused it, but to let him tell you. Otherwise the symptom suppresses.

The approach in any of these assists is quiet, gentle, permissive, never forcing the patient, speaking only the words required to do the process.

The temporarily insane by reason of emotional shock, where no medical illness exists, should be permitted rest and should then be handled by an assist as above or normal Dianetic auditing. Most often, rest and no further harassment result in a return to sanity in a short time such as a few days, but not in a terror atmosphere such as a psychiatric asylum where the patient is in the risk of being hurt or killed. Electric shock prolongs the condition and brain surgery is of course not treatment but murder as at best it deprives the person of his coordination and

at worst shortens his life. The occasional and rare brain tumor is of course an exception but this is a medical not a psychiatric matter, no matter what manifestations the person exhibits. Most medically ill people do exhibit symptoms of mental derangement at some stage of their illness.

The acceleration of healing of medical illness or injury, such as broken bones or the aftereffects of delivery or operations, can be accomplished by the Dianetic auditing of the resulting trauma soon after full medical treatment or attention. The improvement factor is about one-third the normal time of recovery by some thousands of test cases.

Such auditing is done by a usual Dianetic procedure.

In addition to the above assists, there is regular Dianetic auditing which handles chronic discomforts and prevents future illness as well as improving the state of well-being of a person.

The mechanisms of the mind revealed in Dianetics are of great use to the field of medicine.

They are easy and quick to apply.

About one month's training is all that is necessary to acquaint an otherwise educated and intelligent person with the fundamentals and skills necessary to assists.

Considerably more time, of course, is necessary to train a skilled Scientology auditor, but this is not the subject of this paper.

There is no conflict of interest between any healing profession and Dianetics. Dianetic materials and papers are fully available.

There is a conflict between Dianetics and political practices such as psychiatry since electric shock, brain operations and general degradation of the person may prevent the patient's recovery by Dianetics.

As answers exist now for insanity, there is no reason to continue medieval or fascist solutions to the problem of the psychosomatically ill or the insane, and we are doing everything in our power against fantastic opposition to end the torture and killing of the insane regardless of the politically “desirable” ends envisioned by some groups.

Dianetics, like any other true treatment, like aspirin or penicillin, was originally designed to handle the apparent basic cause of psychosomatic illness. The first research was intended to help Allied prisoners of war degraded by the Japanese and Chinese prison camps and who after V-J Day were transferred to Oak Knoll Naval Hospital. Later, in 1954, in a much more advanced state of development, Dianetics was successfully employed to eradicate the results of Allied prisoners of the Korean War who had been subjected to Russian brainwashing. The subject has been improved, made easier to teach and apply and its results bettered continually over a total period of 29 years. It was in 1969 fully updated as Standard Dianetics. In 1978 it has again been upgraded as New Era Dianetics. It is very successful and is in very broad use over the world.

L. RON HUBBARD
Founder

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SECTION ONE: BASIC ASSISTS FOR ILLNESSES AND INJURIES

Basic Assists for
Illnesses and
Injuries

CONTACT ASSIST

References: HCOB 9 Oct. 67RA,
CONTACT ASSIST

TR Instruction Film No. 10, *Assists*

Use of Process: When the exact spot of the accident or injury is available, always do a Contact Assist. It can be followed by a Touch Assist and other types of assists, but the Contact Assist should always be done first. If the mest is available, do a Contact Assist.

Information: There is an old, old principle in Scientology, which consists of putting the injured body member exactly on and in the place it was injured. This is called a Contact Assist and is the most common assist for accidents and injuries. It is remarkable when it can be done.

Procedure:

1. Remember that first aid and physical actions often have to be taken before a Contact Assist can be begun. First aid always comes first. Look over the situation from the standpoint of how much first aid is required, and when you have solved that situation, then render the assist. Auditing will not shut off a pumping artery, but a tourniquet will.
2. Take the person to the exact spot where the accident occurred. If the object was hot, you let it cool first; if the current was on, you turn it off before doing the assist.
3. Tell the person, "We are now going to do a Contact Assist."
4. Have the person get into the same position he was in before the accident happened. If he had a tool in his hand, or was using one, he should be going through the same motions with it.
5. Tell the person to move slowly through the accident just like it happened. Have him duplicate exactly what happened at the time of the injury by making him touch the exact spot with his injured

body part. You have him gently touch the thing that hurt him. If he pricked his finger on a thorn in the rose garden, you get him to gently touch the same part of the same finger that was pricked to the same exact thorn. If he closed his hand in a door, you would have him go back and, with his injured hand, touch the *exact spot* on the *same* door, duplicating the same motions that occurred at the time of the injury. There are hardly any commands involved with it; the less you say, the better off you are.

6. Repeat this over and over again until the exact somatic *turns on* and then *blows off* (pain gone) accompanied by a cognition. You have to get him to touch the exact point to produce this exact phenomenon. When this occurs, end the assist by telling the person, “End of assist.”

Run until the exact somatic *turns on* and then *blows off* (pain gone) accompanied by a cognition.

Notes on Running: A Contact Assist must sometimes be done on a gradient. Let's say a child stubbed his shin on the lawn mower and now doesn't want to come nearer than one hundred feet from that lawn mower. You would make him do a Contact Assist with his shin and body at that point (one hundred feet from the same lawn mower), having him go through the motions of the accident. Gradually, gradient by gradient, you narrow the distance that he is willing to approach it and eventually he will go up and do a Contact Assist on the lawn mower.

You must never forcibly drag the person up to the spot where the injury or accident occurred. If you try to force the pc, you could overwhelm him.

Contact Assists can be done by oneself on oneself but one must be sure to do it until the somatic blows.

Any type of injury can and should be handled with a Contact Assist. It is always the best type of injury assist when the exact spot is available and should precede any other assist actions. Contact Assists have unlimited use. They're sometimes miraculous—but they always help.

TOUCH ASSIST

References: HCOB 7 Apr. 72RA,
TOUCH ASSISTS, CORRECT ONES
HCOB 25 Aug. 87 II,
TOUCH ASSISTS, MORE ABOUT
TR Instruction Film No. 10, *Assists*

Use of Process: For use on *any* injury, illness, pain, etc.

Information: The purpose of a Touch Assist is to reestablish communication with injured or ill body parts. It brings the person's attention to the injured or affected body areas. This is done by repetitively touching the ill or injured person's body and putting him into communication with the injury. His communication with it brings about recovery. The technique is based on the principle that the way to heal anything or remedy anything is to put somebody into communication with it.

Every single physical illness stems from a failure to communicate with the thing or area that is ill. Prolongation of a chronic injury occurs in the absence of physical communication with the affected area or with the location of the spot of injury in the physical universe.

When attention is withdrawn from injured or ill body areas, so are circulation, nerve flows and energy. This limits nutrition to the area and prevents the drain of waste products. Some ancient healers attributed remarkable flows and qualities to the "laying on of hands." Probably the workable element in this was simply heightening awareness of the affected area and restoring the physical communication factors.

For example, if you do a Touch Assist on somebody who has a sprained wrist, you are putting him almost forcefully back into communication with that wrist, as completely as possible. When he is fully back in communication with it, he hasn't got a sprained wrist.

In addition to control and direction of the person's attention, a Touch Assist also handles the factors of *location* and *time*. If a person has been injured, his attention avoids the injured or affected part but at the same time is stuck in it. He is also avoiding the *location* of the injury, and the person himself and the injured body part are stuck in the *time* of the impact. A Touch Assist permits healing to occur by restoring the person to the present and his whereabouts to some degree.

Procedure:

0. Administer any first aid that may be needed *before* you begin the assist. If the person is bleeding from an artery and is going to lose all the blood in his body in the next four or five minutes, the proper sequence is to apply a tourniquet and then do a Touch Assist.
1. Have the preclear sit down or lie down—whatever position will be more comfortable for him.
2. Tell the pc that you are going to be doing a Touch Assist and explain briefly the procedure.

Tell the pc the command you will be using and ensure he understands it. The command used is,

“Look at my finger,”

except when you are dealing with somebody who is a lower-level case. The command used for such a pc is:

“Feel my finger.”

When using the command, “Look at my finger,” you want the person to “look” down *through* the body at your finger each time you touch. He puts his attention on your finger with his eyes closed.

Tell the pc that he should let you know when he has done the command.

3. Tell the pc to close his eyes. (Note: If you are using the command “Feel my finger” this step is omitted.)
4. Give the command,

“Look at my finger” (or **“Feel my finger”**),

then touch a point, using moderate finger pressure.

Do NOT touch and then give the command; that would be backwards.

Touch with only *one* finger. If you used two fingers the pc could be confused about which he was supposed to look at or feel.

5. Acknowledge the person.
6. Continue giving the command, touching and acknowledging when the person has indicated he has done the command.

When doing a Touch Assist on a particular injured or affected area, you approach the area on a gradient and recede from it on a gradient.

You approach the injury or affected area, go away from it, approach it, go away from it, approach it closer, go away from it

further, approach to a point where you are actually touching the injured or affected part and go away further. You try to follow the nerve channels of the body, which includes the spine, the limbs and the various relay points like the elbows, the wrists, the back sides of the knees and the fingertips. These are the points you head for. These are all points in which the shock wave can get locked up. What you are trying to do is get a communication wave flowing again through the body, because the shock of injury stopped it.

No matter what part of the body is being helped, the areas touched should include the extremities (hands and feet) and the spine.

The touching must be balanced to both left and right sides of the body. When you have touched the person's right big toe, you next touch the left big toe; when you have touched a point a few inches to one side of the person's spine, you next touch the spot the same distance from the spine on the opposite side. This is important because the brain and the body's communication system interlock. You can find that a pain in the left hand runs out when you touch the right hand, because the right hand has got it locked up.

In addition to handling the left and right sides of the body, the body's *back* and *front* sides must also be addressed. In other words, if attention has been given to the front of the body, attention must also be given to the back.

The same principle applies in handling a particular body *part*. For instance, you might be handling an injury on the front of the right leg. Your Touch Assist would include the front of the right leg, the front of the left leg, the back of the right leg and the back of the left leg, in addition to the usual actions of handling the extremities and spine.

7. Continue the assist until the preclear has very good indicators and a cognition.
8. Tell the pc, "End of assist."

Notes on Running: Normal *errors* in a Touch Assist are (1) don't go to extremities, (2) don't equal balance to both sides, (3) don't carry through to the full end phenomena, (4) don't repeat on following days if needed.

You may have to give Touch Assists day after day to achieve a result. On first doing a Touch Assist you might only get a small improvement. Giving another Touch Assist on the following day, you could expect a bit more improvement. Next day you may get a somatic blowing through completely. It might take many more days than this, with a Touch Assist given each day, before such a result is achieved; the point is that the number of Touch Assists you can do on the same thing is unlimited.

The application of Touch Assists is not, as some may have thought, limited to injuries. They are not just for the banged hand or the burned wrist. They can be done on a dull pain in the back, a constant earache, an infected boil, an upset stomach. Even warts and scars could be handled with Touch Assists. In fact, the number of things this simple but powerful process can be applied to is unlimited!

Use on Injuries: Never do a Touch Assist as the first action on an injured person when you can do a Contact Assist. If the exact location where the injury occurred is available, do a Contact Assist. The Contact Assist can then be followed by a Touch Assist or any other assist action.

Use on Unconscious Persons: Touch Assists can even be done on an unconscious person. You establish a comm line with the person by gently taking his hand in yours and telling him:

“When you have felt my finger, squeeze my hand.”

Then go ahead with the Touch Assist. If he doesn't respond right away, just continue with the Touch Assist, still holding his hand. He'll start picking up on it after a while.

Use on Animals: Touch Assists can be used to good results on animals.

In doing a Touch Assist on a sick or injured dog or cat, you should wear thick gloves, as they may snap and scratch and disassociate.

Persons on Drugs: A Touch Assist can be done on a person who has been given painkillers or other drugs. This isn't optimum but it is sometimes necessary under emergency conditions.

Where a person has been injured, your objective should be to get to him and give him a Touch Assist *before* anyone gives him a painkiller. If the body has been very badly damaged, the person may still be in agony after your assist, but you will have gotten some of the shock off. At this point a medical doctor could administer a painkiller and repair the physical damage.

If a person is given an assist over drugs, you must later come back to the person when he is off drugs and handle the injury or illness with formal auditing, including the drug part of the injury/illness incident.

Headaches: Do not do a Touch Assist on a person who has a headache. Research has shown that headaches are almost invariably caused by something that a Touch Assist would not handle.

Head Injuries: If a person has received an actual *injury* to the head such as being poked in the eye or hit on the head with a bat, he can be given a Touch Assist. The same applies to injuries to the teeth or painful dental work.

LOCATIONAL ASSIST

Basic Assists for
Illnesses and
Injuries

Reference: *Ability* 73, early May 58,
ASSISTS IN SCIENTOLOGY

Use of Process: A locational can be run on someone who feels bad, who has some vague ache or pain. It works well in hospitals in fracture or maternity wards.

Information: This process gets a person into communication with the environment.

Procedure:
Use the commands,

**“Look at that chair. Look at that ceiling.
Look at that floor,”**

etc., (the auditor pointing to the objects each time). Continue repeating this command, using different objects.

Where the person has an injured body part, such as the hand, also use

“Look at that hand”

and the pain will diminish.

Run until the person visibly brightens up and has a cognition.

Notes on Running: If a somatic turns on while running the locational, continue the process until the somatic turns off.

NERVE ASSIST

References: HCOB 25 Aug. 87 I,
NERVE ASSIST

TR Instruction Film No. 10, *Assists*

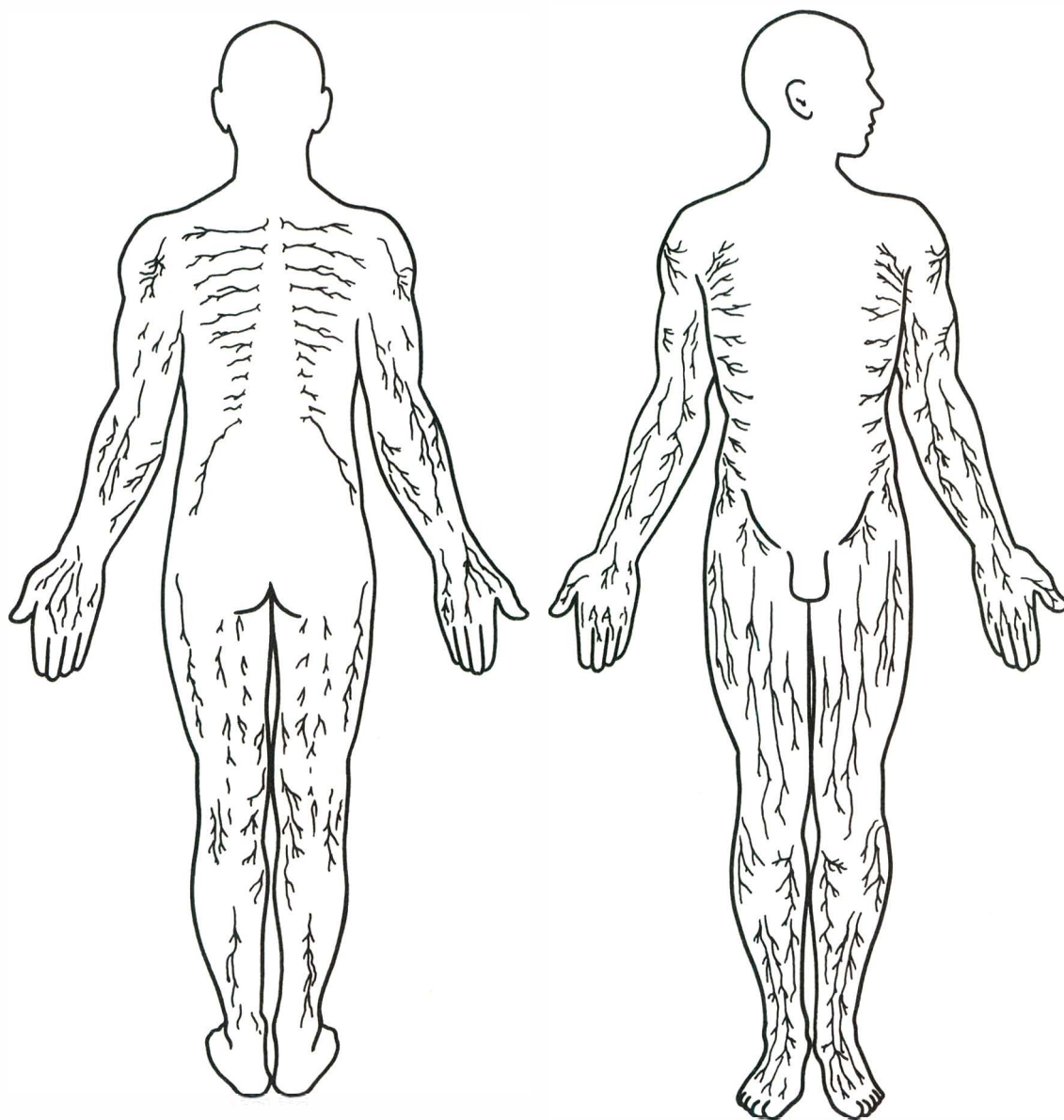
Use of Process: For use on straightening the joints and the spine.

Information: This is an assist which can straighten joints and the spine.

Chiropractic spinal adjustment is often successful. But sometimes the spine goes out of place again and has to be adjusted time after time. The Nerve Assist was actually developed as a favor to chiropractors, many of whom now use it.

In our theory, it is nerves that hold the muscles tense, which then hold the spine out of place.

There are twelve big nerves which run down a person's spine, spreading out from the spine across both sides of the shoulders and back. These twelve nerves branch out into smaller nerve channels and nerve endings. Nerves affect the muscles and can, if continually tensed, pull the spine and other parts of the body structure out of place.



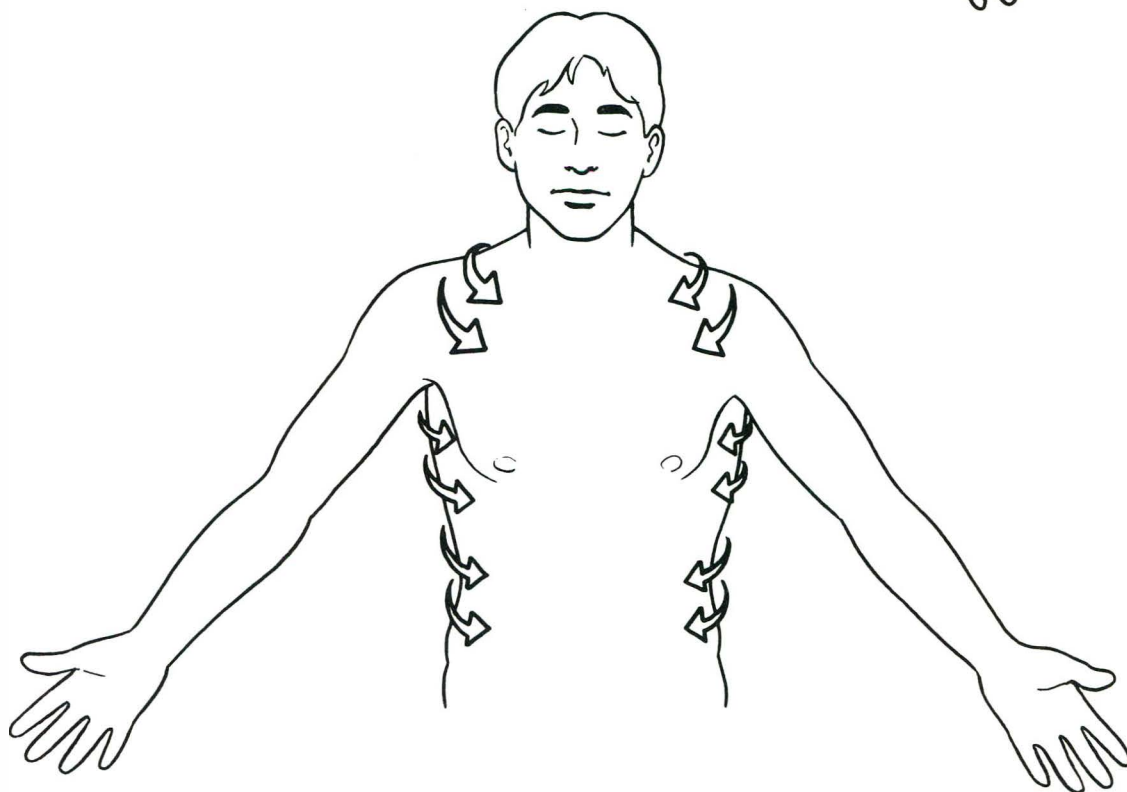
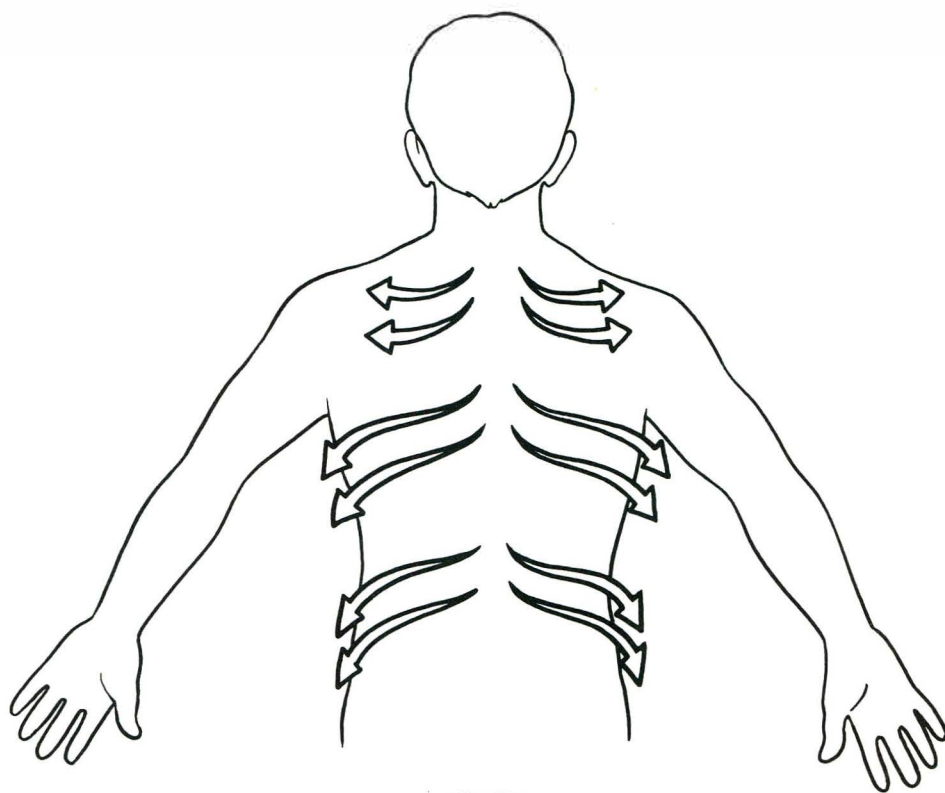
Nerves carry the shock of impacts. Such a shock should dissipate, but it seldom does entirely. Nerves give orders to muscles. With an impact, a surge of energy starts down the nerve channels. Then, from the small ends of the nerve channels, the energy surge reverses and the result is a bulge of energy which stops midway along the channel. This gives what is called a “standing wave.” It is just standing there, not going anywhere.

The Nerve Assist consists of gently releasing the standing waves in the nerve channels of the body.

Procedure:

1. The auditor has the person lie face down on a bed or cot. Then, with his two index fingers, the auditor strokes down close to the spine on either side, fairly rapidly but not very forcefully. This action is then repeated twice.
2. The auditor then reverses his original action, following the same channels with his two fingers back UP the spine. This is done three times.
3. Now, with his fingers spread fan-like, the auditor strokes the nerve channels, using both hands at the same time. He strokes away from the spine and to the sides of the body. Once he has covered the whole back in this way (working down from the top of the spine to the bottom of the spine), he repeats this step two more times.
4. The auditor now reverses the direction of his strokes so they go back up to the spine.
5. The auditor now has the person turn over so he is lying face up. The auditor, using both hands, continues to parallel the nerve channels around to the front of the body.

(Note: In following the nerve channels around to the front of the body, the auditor strokes only as far as the points of the arrows in the illustration below. The nerve channels being handled do not extend across the chest or abdomen, so stroking is not done across those areas.)



continued

6. He then reverses his direction on those same nerve channels.

(Note: In following the nerve channels in step 6, the auditor begins stroking at the spots indicated by the points of the arrows in the illustration above, stroking towards the back.)

7. Then the auditor strokes down the arms and legs.

The person is again turned face down, lying on his stomach, and the auditor starts over at step 1.

This procedure is continued until the person has a cognition or expresses some relief, and has very good indicators. He may also experience a bone going into place, often accompanied by a dull popping sound. At this point the Nerve Assist should be ended off for that session.

Notes on Running: The Nerve Assist should be repeated daily until ALL the standing waves are released.

THE BODY COMMUNICATION PROCESS

Basic Assists for
Illnesses and
Injuries

Reference: HCOB 23 Aug. 70R,
THE BODY COMMUNICATION PROCESS

Use of Process: The Body Communication Process is used when a person has been chronically out of communication with his body, such as after an illness or injury, or when the person has been dormant for a long period of time.

Information: The Body Communication Process does not in any way replace or alter Touch Assists or Contact Assists. Where a person has been injured or has specific areas of the body where an assist is needed, the Touch Assist or the Contact Assist should be used.

This process may be done only *after* any necessary medical attention or other necessary assists have been done. It is not done in place of these.

The purpose of the process is to enable the being to reestablish communication with his body.

Procedure:

The individual lies on his back on a couch, bed or cot. Doing this assist on the clothed body with shoes removed gives satisfactory results. Any constricting articles such as neckties or tight belts should be removed or loosened. It is not necessary to remove any clothing except for heavy or bulky garments.

continued

Where more than one session of this process is given, the body position may be varied to advantage by having the person lie face downward during alternate sessions.

Use the command:

“Feel my hands.” (“**Feel my hand**” on the occasion where only one hand is applied.)

The auditor begins by saying he is now going to do a Body Communication Process as an assist to help the person. He puts in a reality factor by telling the person briefly what the command is and what they will do. The command is then cleared. This should be done briefly and no Q and A should develop. A dictionary should be at hand for the person’s use in looking up the meaning of words in the command or in the name of the process.

To start the assist the auditor tells the person,

“Close your eyes,”

and acknowledges him by saying, “Thank you” when he does so.

The auditor places his hands on the individual's shoulders with a firm but gentle grip, using an agreed-upon firmness. That is a firmness which the auditor knows is agreeable to the individual. It must be done with ARC.

The auditor must *be* there with *intention* and *attention*. He must have good TRs throughout the session. This is to achieve optimum ARC and the best results.

The auditor gives the command:

“Feel my hands” (or “hand”).

The individual's reply is acknowledged with “Thank you” (or “Good,” “Fine,” “All right” or “Okay,” etc.).

The auditor continues to complete similar cycles down the body, over the chest, front of chest, sides of chest, hands on both sides of the abdomen at the waist, then one hand going around the abdomen in a clockwise direction. (Clockwise because this is the direction of flow of the large bowel.) The auditor then continues with both hands on the small of the back, one on each side and lifting firmly; a hand placed over each hip with firmer pressure on these bony parts, then down one leg to the knee with both hands and down the other leg to the knee with both

hands, then back to the other leg and down over the calf, the lower calf, the ankle, the foot and the toes and down the other leg from the knee to the toes similarly.

He then works upward in a flow towards the shoulders, down each arm and out to the fingers, both hands behind the neck, one on each side, sides of the face, forehead and back of the head, sides of the head, then away toward the extremities of the body.

An infinite variety of placing of the hands is available avoiding, of course, the genital areas or buttocks in both sexes and a woman's breasts. The process proceeds up and down the body, toward the extremities.

As ARC builds up (even as early, sometimes, as after the first command) the auditor will notice that something is happening with the individual. It may be a comm lag, a slight suffusion of the face, a somatic or twitch of the body. With such an indication, the auditor will know that a communication is available to him. He should then ask: "What happened?"

The individual describes what just happened or what is happening. The auditor leaves his hands in position with exactly the same pressure sustained while the individual is talking. The communication is acknowledged and the auditor continues with the process.

The process is continued until the person has a good change, a cognition and very good indicators. At this point the auditor says, "Thank you" and ends off by saying, "End of assist."

He does not, however, interrupt the person's communication or cognition to do so.

Notes on Running: The process should not be continued past the cognition and very good indicators.

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SECTION TWO: ADDITIONAL ASSISTS FOR HANDLING INJURIES AND ILLNESSES

Additional Assists
for Handling Injuries
and Illnesses

Additional Assists
for Handling Injuries
and Illnesses

REACH AND WITHDRAW ON ILL OR INJURED BODY PARTS

Additional Assists
for Handling Injuries
and Illnesses

References: HCOB 24 July 69R,
SERIOUSLY ILL PCs
HCOB 10 Apr. 81R,
REACH AND WITHDRAW

Use of Process: Reach and Withdraw is run on ill or injured or painful body parts.

Information: Reach and Withdraw can be used to restore communication to a sick or injured body part.

By *reach* is meant touching or taking hold of. It is defined as “to get to,” “come to” and/or “arrive at.”

By *withdraw* is meant move back from, let go.

Procedure:

The commands are:

1. “**Reach that _____.**”
2. “**Withdraw from that _____.**”

The injured body part is named in the blank and the commands are given 1, 2, 1, 2 and so on, with an acknowledgment given after the execution of each command.

Run to end phenomena.

REACH AND WITHDRAW ON OTHER BODY PARTS NOT AFFECTED,

THE ENVIRONMENT, THE BODY ITSELF, THE LOCATION WHERE
AN INJURY OCCURRED, THE THING THAT INJURED THE PC

References: HCOB 24 July 69R,
SERIOUSLY ILL PCs
HCOB 10 Apr. 81R,
REACH AND WITHDRAW
HCOB 29 July 81R,
FULL ASSIST CHECKLISTS FOR INJURIES AND
ILLNESSES

Use of Process: In addition to addressing the injured or ill body part, Reach and Withdraw can also be done on other body parts not affected, the environment, the body itself, the location where an injury occurred, the thing that injured the pc (e.g., the knife that cut him).

Information: Reach and Withdraw is a very simple but extremely powerful method of getting a person familiarized and in communication with things so he can be more at cause over and in control of them.

By *reach* is meant touching or taking hold of. It is defined as “to get to,” “come to” and/or “arrive at.”

By *withdraw* is meant move back from, let go.

Reach and Withdraw in auditing has long been used to bring about an increase of sanity—it has both mental and physical uses.

It is used to get a preclear into communication with anything that may be troubling him, be it a person, a situation, an area or a part of the body. It also serves to separate him from terminals and situations so that he is not compulsive towards them.

Procedure:

The commands are:

1. **“Reach that _____.”**
2. **“Withdraw from that _____.”**

The following commands may be substituted if the wording is more appropriate to the particular person, place or thing being addressed:

1. **“Touch that _____.”**
2. **“Let go of that _____.”**

A person, place or thing is named in the blank and the commands are given 1, 2, 1, 2 and so on, with an acknowledgment given after the execution of each command.

It is done on that one thing until the person has a minor win or three consecutive sets of commands with no change in the pc's motions or attitude. Then another person, place or thing is chosen and the commands are taken to a win on that item, and so on.

The auditor running Reach and Withdraw on another always points to the object (or person, space, etc.) each time he gives a command so there will be no mistake made by the person doing it.

One doesn't keep the person reaching and withdrawing endlessly from the same *part* of anything that is being used but goes to different points

and parts of an object being touched. If you keep him reaching for the same point on an object or just the general object time after time, you are actually running a duplication process, not Reach and Withdraw, and Reach and Withdraw is not to be confused with Opening Procedure by Duplication.

The person would be taken to a win or three sets of commands with no change on that one object or space (not on each different part of it that he is reaching and withdrawing from).

When the person has a minor win or does three sets of commands with no change, go on to the next object or space.

The auditor walks around with the person doing the action, ensuring that he actually does get in physical contact with the points or areas of objects, spaces and boundaries.

Run this to a win or cognition accompanied by good indicators on the whole area being addressed. Reach and Withdraw would not be run past a major win on the area.

Notes on Running: There is a large variance in how long the action will run before the end phenomena is reached. Sometimes it is very fast, sometimes it runs for quite a while before the person hits the end phenomena.

WHERE DID IT HAPPEN? WHERE ARE YOU NOW?

Additional Assists
for Handling Injuries
and Illnesses

References: Lecture 9 Feb. 56,
“Sixth Dynamic Decisional Processing”
Lecture 5 Nov. 56,
“Radiation”
Lecture 13 Apr. 57,
“Radiation and the Scientologist”
Lecture 21 Apr. 59,
“Modern Auditing Types”
Lecture 30 Mar. 65,
“ARC Breaks and Generalities”

Use of Process: For use on any injury or accident. Has been used successfully on persons exposed to atomic explosions and radiation.

Information: This assist is based on communication with the environment or location of the scene and location of present time.

It was successfully used on a person who had confronted an atomic bomb flash with the attendant blinding. The commands used were “Spot where the flash occurred,” and “Spot where you are now.” The whole thing ran out.

Procedure:
The commands are:

“Where did it happen?”

“Where are you now?”

Run until the person brightens up and unsticks from the location of the accident or injury. He will often have a cognition and very good indicators.

The command can be varied to specifically name the injury or accident. For instance, a person who has been cut and is still bleeding will stop bleeding much faster if you say,

“Where were you cut?”

“Where are you now?”

You’ll see the bleeding dwindle right on down.

Another wording would be,

“Where did you get hurt?”

“Where are you now?”

You can also have him point:

“Point to where you got hurt.”

“Point to where you are now.”

HELLO AND OKAY

Additional Assists
for Handling Injuries
and Illnesses

References: PAB 123, 1 Nov. 57,
THE REALITY SCALE
HCOB 22 Mar. 58,
CLEARING REALITY
Lecture 14 Mar. 57,
“A Summary of an Intensive”
Lecture 2 May 55,
“Staff Auditor’s Conference”
Lecture 26 Feb. 57,
“ARC Triangle and Associated Scales”

Use of Process: This process can be used on any injury or illness or ailment including toothaches, eye problems, etc. It can also be used to handle a fear of something like a stove.

Information: A person with a toothache who has no reality on Scientology can be run on this process and have the toothache go away.

You can get some fabulous results with this process on minor somatics, conditions or fears of things. If someone is afraid of a stove, run “Hello” and “Okay” on the stove and after a while the person won’t have any fear of touching the stove.

Procedure:

The commands are:

1. **“Say hello to the _____ (body part or object).”**
2. **“Have the _____ (body part or object) say okay to that hello.”**
3. **“Have the _____ (body part or object) say hello to you.”**
4. **“Say okay to the _____ (body part or object).”**

Run these commands 1, 2, 3, 4, 1, 2, 3, 4, 1, 2, etc., to end phenomena.

COMMUNICATION PROCESS

References: Lecture 3 June 59,
“Clearing: By Communication Processes, Specific”
Lecture 5 July 59,
“Communication Processes”
HCOB 7 Aug. 59,
THE HANDLING OF COMMUNICATION
PROCESSES, SOME RAPID DATA
HCOB 25 Sept. 59,
HAS CO-AUDIT

Use of Process: Can be run on any painful, sick or injured body part or part of the body the preclear thinks is sick.

Information: Every single physical illness stems from a failure to communicate with that thing that is ill.

Thus a communication to a body part can cure illness very easily.

Procedure:

Get the person to tell you what part of the body is sick or what part of the body he thinks is sick. Or find out what part of the body is bothering him.

Use the command:

**“From where could you communicate to
a _____ (body part)?”**

Run this command over and over, to end phenomena.

Notes on Running: The auditing command is always a general statement of the body part—“From where could you communicate to AN ELBOW?” Don’t use “your elbow” or “the elbow” because it is not always this elbow that he’s trying to avoid. He may be trying to avoid somebody else’s elbow or an elbow that he sprained earlier.

LOOK AT THAT (OBJECT) DECIDE THE INJURY CANNOT HAVE IT

Additional Assists
for Handling Injuries
and Illnesses

Reference: *Ability* 73, early May 58,
ASSISTS IN SCIENTOLOGY

Use of Process: This process is for use on injuries.

Information: When someone is injured you aren't going to move him around. But you have got his attention. Don't try to shift his thoughts around at first because they are dispersed and chaotic.

Procedure:

The commands are:

1. **“Look at that _____ (object).”**
2. **“Decide the injury cannot have it.”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

This is directed attention, positively controlled. There is no permissiveness connected with this in any way whatsoever.

KEEP IT FROM GOING AWAY

Reference: *Ability* 73, early May 58,
ASSISTS IN SCIENTOLOGY

Use of Process: Use on any ill or injured body part.

Information: This is a very powerful process. In one case, a bruise turned utterly black and covering this person's entire hip, passed away in 45 minutes of good auditing by keeping the right hip from going away, and then keeping the left hip from going away.

Procedure:

The commands are:

1. **“Keep the _____ (body part) from going away.”**
2. **“Keep the _____ (opposite body part) from going away.”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

If you run the right eye, you run the left eye as well. If you run one thing, you run another. If you run his head, run his knees as well.

Notes on Running: You don't run “Keep it from going away” first, because you are partially controlling his thoughts and this is not possible in the early stages of an assist.

PURPOSE

Additional Assists
for Handling Injuries
and Illnesses

Reference: Lecture Aug. 56,
“Chronic Somatics”

Use of Process: This process is run on any injured or ill body part.

Information: People get sick by postulates. That is the first and foremost way people get sick. The person wants to accomplish some particular purpose and so it happens that an illness fulfills that particular purpose.

Procedure:

Ask the pc:

**“Give me another purpose for a _____
(‘bad ear,’ or whatever the body part is).”**

He already assumes he’s given you one. He’s got a bad ear. You could ask him for a few more purposes. Continue to ask the question, to end phenomena.

SOMETHING NOTHING

References: *Journal of Scientology* 16-G, June 53,
THIS IS SCIENTOLOGY,
THE SCIENCE OF CERTAINTY
PAB 2, end May 53,
GENERAL COMMENTS,
SOP 8 AND A SUMMARY OF SOP 8-A
GENERAL COMMENT

Use of Process: This process can be run on any ill or injured body part or chronic somatic.

Information: Certainty of the production of effects and uncertainty as to the production of effects are the up and down of lifetimes.

“There is something here,” “There is nothing here” are the basic certainties of beingness. One can run a chronic somatic simply by picking out an area of the body which is painful or numb and having that area of the body alternately state to the pc by having the preclear run the statements in that area or having him run feelings which approximate the statements in that area “There is something here,” “There is nothing here,” “There is something there,” “There is nothing there,” and so on.

Procedure:

This process is run by having the preclear have the numb, painful or injured area say:

1. **“There is something here.”**
2. **“There is nothing here.”**

And then having it say:

3. **“There is something there.”**
4. **“There is nothing there.”**

And then having the preclear say about the area:

5. **“There is something there.”**

6. **“There is nothing there.”**

And then the preclear say about himself:

7. **“There is something here.”**

8. **“There is nothing here.”**

Run these commands 1, 2, 3, 4, 5, 6, 7, 8, 1, 2, 3, 4, 5, 6, 7, 8, 1, 2, etc., to end phenomena.

Notes on Running: The aim of the process is to get the area of the body alive or over its pain. Any numb area of the body run in this fashion should recover feeling; any pain in the body anyplace should recover a normal state if this is done.

HOLD IT STILL

Reference: Lecture 8 Feb. 57,
“General Use of Procedure”

Use of Process: For use on any injured or ill body part.

Information: When you use one part of a body, always use the matching part of the body, particularly if it is one that the body has two of. It is quite interesting because you will find all the somatics of the injured arm turning up in the uninjured arm in a very short space of time.

Procedure:

This would be run on an injured arm like so:

1. **“Take hold of your left arm.”**
2. **“Hold it still.”**
3. **“Take hold of your right arm.”**
4. **“Hold it still.”**

Run 1, 2, 3, 4, 1, 2, 3, 4, etc., to end phenomena.

If this is being run on something like a bruise, you would expect the bruise to abate.

SPOT THE SPOT

Additional Assists
for Handling Injuries
and Illnesses

References: Lecture 13 Oct. 54,
“Retraining Unit: The Assist”
Lecture 17 June 54,
“Assists”

Use of Process: This is for use on injuries and accidents.

Information: The preclear is made to locate the area of injury as an area in space, and then locate a spot in the room he is being audited in.

If somebody's terribly worried about having burned his hand, you would have him spot the spot where the individual had burned his hand, spot a spot in the room, spot the spot where the individual burned his hand, spot a spot in the room and so on.

Procedure:

The commands are:

1. **“Spot the spot where the accident (or injury) occurred.”**
2. **“Spot a spot in the room.”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

WHERE AREN'T YOU BEING (INJURED)

Reference: Lecture 17 June 54,
“Assists”

Use of Process: For use after an accident or injury.

Information: In running this process make sure the person gets the places with great certainty.

Procedure:

Ask:

“Where aren’t you being _____ (hit/hurt/
injured)?”

Use a wording that fits what is being handled.

Run the same command over and over again, to end phenomena.

SOMETHING WORSE THAN

Additional Assists
for Handling Injuries
and Illnesses

Reference: HCOB 23 Feb. 61,
PT PROBLEM AND GOALS

Use of Process: This process is used when nothing else seems to be working.

Information: The process is run on the ill or injured body part that is not recovering.

Procedure:
The command is:

**“Tell me something worse than
a _____ (body part, i.e., bad leg).”**

Run the same command over and over again, to end phenomena.

OTHER ILLNESSES

Reference: Lecture Aug. 56,
“Chronic Somatics”

Use of Process: Can be run on any illness including chronic illnesses.

Information: This process consists of having the person think of other illnesses he could have.

Procedure:
The command is:

“What other illnesses could you have?”

Run the same command over and over again, to end phenomena.

SOMEBODY ELSE HAD THAT CONDITION

Additional Assists
for Handling Injuries
and Illnesses

Reference: *Ability* Major 4, early July 55,
STRAIGHTWIRE—A MANUAL OF OPERATION

Use of Process: This process can be run on any condition—an illness, injury, etc.

Information: This process gets the person to recall someone else who had the condition.

Procedure:

The commands are:

1. **“Can you recall a time when somebody else had that condition?”**
2. **“Can you recall a time when you decided to have that condition?”**

Run these commands 1, 2, 1, 2, 1, etc., getting the preclear to tell you what he recalled each time. You would have to ask both of these questions many, many times to end phenomena.

ASSIST FOR AN ATHLETE OR ANYONE INJURED

Reference: Lecture 21 Apr. 59,
“Modern Auditing Types”

Use of Process: This process can be run on an athlete who has had an injury or on anyone with an injury.

Information: This is a touch process and gets the person into communication with the part of the body that is injured.

Procedure:

Use the injured body part to touch things in the vicinity. If it is the foot that is injured, the commands would go something like this:

“Touch the ground with that foot.”

“Touch the bench with that foot.”

“Touch your other foot with that foot.”

“Touch that blade of grass with that foot.”

“Touch that helmet over there with that foot.”

“Stand up and touch the top of the bench with your foot.”

“Touch my foot with your foot.”

And so on, to end phenomena.

Notes on Running: This can be run on any body part that is injured and hurting. It's a good one for athletic coaches to know.

PUT YOUR ATTENTION ON MY HAND

Additional Assists
for Handling Injuries
and Illnesses

Reference: *The Problems of Work*

Use of Process: This assist can be done for any injury to help the person recover.

Information: This is an elementary assist and easily done. For ages man has known that “laying on of hands” or Mother’s kiss was effective therapy. Even gripping, in pain, an injured member, seems to help. But man neglected the most important part of “laying on of hands.” This follows.

Procedure:

Do this exactly and do it with a minimum of talk.

During this assist the person has his eyes closed.

Place your index finger or fingers or palm on the injured member, very lightly, and say to the person:

“Put your attention on my hand.”

Now change the position of your finger or palm and have the person do it again.

It is best to touch the individual on spots which are further from his head than the injury.

Do not talk excessively, but coax him, as you touch, briefly, spot after spot, to put his attention on your finger or fingers or palm.

Change the spot every moment or two. Be calm. Be reassuring.

If the person experiences pain or trembling as a result, keep on, for the assist is working.

Continue in this fashion for many minutes or half an hour if necessary, until the pain or upset is gone.

TOLERATING SPACE

Reference: Lecture 5 July 54,
“Things in Time and Space”

Use of Process: This process can be run on any sort of emergency situation, such as a sprained ankle.

Information: Any problem in a preclear is a problem immediately stemming from a loss of self-determinism. This applies to psychosomatic ills or any mental aberration we know of. The process consists of locating in time and space.

Procedure:

The commands are:

1. **“How much distance could you tolerate to your _____ (sprained ankle)?”**
2. **“How much distance could your _____ (sprained ankle) tolerate to a thetan?”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

A HAVINGNESS PROCESS

Additional Assists
for Handling Injuries
and Illnesses

Reference: *Ability 73*, early May 58,
ASSISTS IN SCIENTOLOGY

Use of Process: For use on an ill or injured person.

Information: This process helps control or direct the attention of the injured person.

Procedure:

The commands are:

1. **“You look at that _____ (room object).”**
2. **“Now decide you can have it.”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

LOCATING THE PRESENT TIME ENVIRONMENT

Reference: Lecture 17 June 54,
“Assists”

Use of Process: For use on a person who is right now lying there injured.

Information: The process helps to orient the person to his present time environment.

There was one individual who had a tourniquet on and was still bleeding. He was simply asked to locate the present time environment and to locate the present time environment and to locate the present time environment. And he finally with good certainty located the side of the stretcher. That was the end of the assist.

Procedure:
Tell the person:

“Locate the present time environment.”

Use this command over and over again. Run until the person is better oriented in his present time environment.

RUNNING HELP ON AN INJURY

Additional Assists
for Handling Injuries
and Illnesses

Reference: Lecture 10 Feb. 58,
“Question and Answer Period”

Use of Process: A process that can be used on an injury such as a burned hand.

Information: The process runs Help on the injured body part back and forth.

Procedure:

The commands are:

1. **“How could that _____ (body part) help you?”**
2. **“How could you help that _____ (body part)?”**
3. **“How could that _____ (body part) help somebody else?”**
4. **“How could somebody else help that _____ (body part)?”**

Run these commands 1, 2, 3, 4, 1, 2, 3, 4, 1, 2, etc., to end phenomena.

ACCEPTABLE LEVEL OF ILLNESS

Reference: Lecture 1 Oct. 53,
“SOP 8, Steps 6 and 7”

Use of Process: For use on someone who has to have something wrong with him.

Information: This process gives the person an acceptable level of illness. A preclear may find that the only thing grandma would ever accept from him was being ill. Being happy and cheerful wasn't acceptable. She was sweet and sympathetic all the time when he was sick, but she sure didn't like well people.

The process will clean postulates out of the bank. Though it doesn't do much for the case, it does brighten up a case and sure teaches a person about life.

Procedure:

The commands are:

1. **“Get an acceptable level of illness.”**
2. **“Now, put your condition out in front until somebody shows up that it was acceptable to.”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

PLACES WHERE THE INJURED BODY PART IS SAFE

Additional Assists
for Handling Injuries
and Illnesses

Reference: Lecture 26 Mar. 54,
“Universe Series: How Not to Get Results”

Use of Process: For use on an injured body part.

Information: This process has the preclear locate places where the injured body part would be safe. Never *not* safe.

Procedure:

The commands are:

1. **“Give me some places where that _____
(body part) is safe.”**
2. **“Give me some more places where
that _____ (body part) is safe.”**

Run these commands 1, 2, 2, 2, 2, etc., to end phenomena.

PROCESS FOR HANDLING AN ILLNESS OR PHYSICAL CONDITION

Reference: Lecture 6 Oct. 55,
“Stable Datum and Confusion”

Use of Process: For use on a physical condition or illness.

Information: This process gets the preclear to put a stable datum in terms of action into the condition and he will get better because of it.

Procedure:

The command is:

**“What are you going to do about the _____
(condition, e.g., ‘gout’)?”**

(If the pc says something like, “What am *I* going to do about the gout? That’s up to the doctor,” then say, “No, what are *you* going to do about it?”)

Run to end phenomena.

PROCESS FOR AN ILLNESS

Additional Assists
for Handling Injuries
and Illnesses

Reference: Lecture 13 Oct. 54,
“Assist”

The Creation of Human Ability
“R2-34: Description Processing”

Use of Process: For use on an illness.

Information: This is a simple process to do and helps the preclear get rid of his illness.

Procedure:

Use these commands:

1. **“Tell me about your illness.”**

When he has done so:

2. **“How does it seem to you now?”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

ATTENTION

Reference: Lecture 21 May 59,
“Clearing Process—Special Cases”

Use of Process: Use on a person who is explaining his illness by saying he needs attention.

Information: A person can be explaining his illness by saying he needs attention and using it as a service facsimile. You will often find this resolves if you give him attention.

Procedure:

There are various ways to give him attention. Get him a nurse, get him a doctor, put him in a special room, put him on arduously, awfully hard to maintain schedules. He is told that he must take a pink pill at twenty minutes after the hour, three and one-half blue pills forty-five minutes past the hour, and then every hour on the hour take seven green ones but skip every odd-numbered hour.

Attention then is given to it and he gets the idea it is being as-is-ed. This makes him feel stronger and he will start to as-is it himself and very often gets well simply by giving him attention. There are various mechanisms to do so.

Continue until the person gets well or starts to get well.

INJURED OR ILL AND WAS IN A SMALL ROOM FOR A LONG TIME

Additional Assists
for Handling Injuries
and Illnesses

Reference: Lecture 28 Apr. 59,
“Theory of Processes”

Use of Process: For use on anyone who has been ill or injured and in a small room for a long time.

Information: The gradient scale of taking people into larger and larger spaces was an early one. An individual has been lying in this small room. He's very ill. He's been lying in this small room for days and days and weeks and weeks and you're going to process him. Just get him into a little bit larger space. The tremendous tiredness he will experience is just giving him a little more space and a greater remoteness of wall.

Procedure:

Take the person out of his room into a larger room. He will start to experience tiredness. If you did that every day and you gave him a little more space every day and gradually scaled him up the line a little bit more and a little bit more, the individual would snap out of it.

Notes on Running: What you're doing is giving him a gradient scale of larger spaces to confront. Don't give it to him with such steep doses that he finds them unfrontable and you've got it made.

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SECTION THREE: ASSISTS FOR HANDLING SPECIFIC DIFFICULTIES

Assists for Handling
Specific Difficulties

Assists for Handling
Specific Difficulties

HOW TO MAKE A PERSON SOBER

Assists for Handling
Specific Difficulties

Reference: HCOB 7 June 69R,
HOW TO MAKE A PERSON SOBER

Use of Process: For use in handling someone who is drunk.

Information: This process is not used to cure a person of alcoholism. It can make a drunk person sober in a very few minutes and the cause of his need for alcohol can be audited out later. As society currently has no technology for handling the drunk, who is an embarrassment to the police, his family and often to himself, this process has social value and may serve as a line of cooperation and assistance to the police.

Procedure:

Use the command:

“Look at that _____ (room object).”

A drunk is usually considered somewhat unfrontable and he himself certainly cannot confront. One thing he cannot confront is an empty glass. He always refills it if it is empty.

Repeat the command, each time pointing out a room object, as often as required to bring the person to sobriety. Do not Q&A with the frequent comment “What object?” Just get the command carried out, acknowledge and give the next command.

Run until the person is no longer drunk.

Notes on Running:

Do not ever get angry with or strike a drunk, whatever the provocation.

TOOTHACHE ASSIST

Reference: Assist Process, 1958

Use of Process: For use on a toothache.

Information: This process involves flattening pain and unconsciousness in order to help the person with his toothache.

Procedure:

The commands are:

1. **“Put pain into the left wall.”**
2. **“Put pain into the right wall.”**
3. **“Put pain into the front wall.”**
4. **“Put pain into the back wall.”**
5. **“Put pain into the ceiling.”**
6. **“Put pain into the floor.”**

Run these commands 1, 2, 3, 4, 5, 6, 1, 2, 3, 4, 5, 6, etc., to end phenomena.

1. **“Put no pain into the left wall.”**
2. **“Put no pain into the right wall.”**
3. **“Put no pain into the front wall.”**
4. **“Put no pain into the back wall.”**
5. **“Put no pain into the ceiling.”**
6. **“Put no pain into the floor.”**

Run these commands 1, 2, 3, 4, 5, 6, 1, 2, 3, 4, 5, 6, etc., to end phenomena.

1. **“Put unconsciousness into the left wall.”**
2. **“Put unconsciousness into the right wall.”**
3. **“Put unconsciousness into the front wall.”**
4. **“Put unconsciousness into the back wall.”**
5. **“Put unconsciousness into the ceiling.”**
6. **“Put unconsciousness into the floor.”**

Run these commands 1, 2, 3, 4, 5, 6, 1, 2, 3, 4, 5, 6, etc., to end phenomena.

1. **“Put no unconsciousness into the left wall.”**
2. **“Put no unconsciousness into the right wall.”**
3. **“Put no unconsciousness into the front wall.”**
4. **“Put no unconsciousness into the back wall.”**
5. **“Put no unconsciousness into the ceiling.”**
6. **“Put no unconsciousness into the floor.”**

Run these commands 1, 2, 3, 4, 5, 6, 1, 2, 3, 4, 5, 6, etc., to end phenomena.

PROCESS FOR THE COMMON COLD

Reference: Lecture 6 Feb. 56,
“SLP 8, Level One, Theory”

Use of Process: For use to help someone get rid of a cold.

Information: What is back of a cold? The person within the last few days has been threatened with a serious loss. This is a fabulous process to get rid of a cold.

Procedure:

Ask:

“What haven’t you lost lately?”

Or,

“Tell me something you haven’t lost.”

Keep this up, to end phenomena. Usually what he has lost is so buried and out of sight that it swims with great difficulty to the front of his mind. And he finally will tell you something like, “Oh well, nothing really except my car was stolen three days ago. But I did get it back, you know.”

TAKE A WALK (A SURE CURE)

Assists for Handling
Specific Difficulties

References: Lecture Aug. 56,
“Axioms 6–10”
Lecture 1 Sept. 56,
“Third Dynamic Application of Games Principles”
Lecture 31 July 57,
“Surprise—The Anatomy of Sleep”
The Problems of Work

Use of Process: The most common use of this process is in the workplace to handle exhaustion, but it can be used at any time on anyone. It can be done on self. It can help handle insomnia. It can help a person who is very worried about work or someone who is worried about anything.

Information: People sometimes get exhausted after working all day. A person who has a machine or books or objects continually at a fixed distance from him leaves his work and tends to keep his attention fixed exactly where his work was.

The wrong thing to do, regardless of whether one is a bookkeeper, an accountant, a clerk, an executive or a machinist, is to leave work, go home, sit down and fix attention on an object more or less at the same distance from one as one confronts continually at work.

Procedure:

Take a walk around the block.

This consists of walking around the block until one feels rested. The person is to walk around the block and look at things until he sees the things he is walking near. It does not matter how many times he walks around the block, he should walk around the block until he feels better.

This is continued until the person achieves extroversion of attention onto the world in which one lives.

continued

Notes on Running: In doing this it will be found that one will become a little brighter at first and then will become very much more tired. He will become sufficiently tired that he knows now that he should go to bed and have a good night's sleep. This is not the time to stop walking since he is walking through exhaustion. He is walking out his exhaustion. The factor that is important is the unfixing of his attention from his work to the material world in which he is living.

This is terrifically good therapy. A worker who is tired and exhausted and has only been doing clerical work who goes out and takes a walk around the block until he is actually looking at the environment will stop worrying and being obsessed with the materials he was handling.

This is a near cure-all. If one feels antagonistic toward one's wife, the wrong thing to do is to beat her. The right thing to do is to go out and take a walk around the block until one feels better. And make her walk around the block in the opposite direction. Do this until extroversion from the situation is achieved.

An ancient native cure is to walk somebody along a road until they drop and then make them get up and walk back, and that is quite effective. It is effective on psychosis.

ASSIST FOR SLEEPLESSNESS

Assists for Handling
Specific Difficulties

Reference: Lecture 31 July 57,
“Surprise—The Anatomy of Sleep”

Use of Process: This is good for sleeplessness.

Information: This is a variation on the “Take a Walk” process.

Procedure:

The procedure consists of walking around the block until things start to look solid. There isn’t any method to it, it just consists of walking around the block until things start to look solid.

Walk until the environment starts to look solid.

Notes on Running: Even if you are totally exhausted and can hardly drag yourself along, go out and walk around the block. The first two times round the block you might feel absolutely that the third time is going to be so gruesome that nobody could possibly make it. Somewhere about halfway along all of a sudden things start looking solid and the exhaustion goes away and you start coming up scale and next thing you know you feel quite relaxed and after a while, why, you can lie down and go to sleep. It is so simple that it’s almost impossible to convince anybody that it is one of the better processes.

ASSIST FOR SOMEONE WHO HAS HAD A CAR WRECK

Reference: Lecture 20 Sept. 56,
“London Auditors’ Conference”

Use of Process: This is for use on someone who has had a car wreck.

Information: On someone who has had a car wreck, having him go out and touch cars will help him get over it.

Procedure:

Take the person out and make him touch cars.

Use the command:

“Touch that car.”

Run this command over and over again, to end phenomena.

Notes on Running: Using this in conjunction with “Keep It from Going Away” (“Keep the car from going away”) and “Something Worse Than,” (“Tell me something worse than a car accident”) could handle the whole car wreck.

COMMUNICATION PROCESS FOR AN AUTOMOBILE ACCIDENT

Assists for Handling
Specific Difficulties

Reference: Lecture 7 Aug. 58,
“Question and Answer Period”

Use of Process: This is for someone who has had an automobile accident.

Information: This is a killer as a process for a little assist.

Procedure:

The command is:

“Recall a time you communicated with an automobile.”

You want a time when he really communicated with an automobile.

Run this command over and over, getting him to remember a time on each command and tell you about it. Run to end phenomena.

Notes on Running: The person may answer, “Wrecks, accidents, smashups, repair bills, and ‘communicated with it all right,’ ” and you have to clarify the command. “No, when you really communicated with an automobile.” He’ll all of a sudden get the “an” in there and he’ll say, “When I really communicated with an automobile? Oh, yeah! I remember one time I was driving through Texas. Boy, was I in communication with that automobile!” And a little flick of the accident will fly off. This takes the accident out using the power of communication prior to the accident.

PROCESS FOR FIXED ATTENTION ON SOMETHING WRONG WITH THE BODY

Reference: Lecture 21 Jan. 54,
“Livingness Processing Series”

Use of Process: This process can be used on someone whose attention is all wound up in the ringing in his ears or some similar malady.

Information: This is a very simple assist to get someone’s attention off what it is fixated on.

Procedure:

The commands are:

1. **“Find something in your body which is all right.”**
2. **“What’s some other place in the body that is all right?”**

Run these commands 1, 2, 2, 2, 2, 2, etc., to end phenomena.

LOSS OF A PERSON

Assists for Handling
Specific Difficulties

Reference: Lecture 10 Dec. 63,
“Scientology Zero”

Use of Process: This process can be run on someone who has suffered the loss of a person.

Information: The idea is to key the person out of the loss.

Procedure:

The command is:

**“Find something that isn’t reminding you
of _____ (that person).”**

Run this over and over, to end phenomena.

ASSIST FOR SOMEONE WHO CANNOT HAVE MOTION

Reference: Lecture 23 July 54,
“The Four Conditions of Existence—Part II”

Use of Process: For use on someone who is just sitting at home not doing anything.

Information: What has such a person stopped doing? He thinks he cannot have any motion.

Motion consists of consecutive positions in a space. To have motion a person would have to conceive that he had some space and that he'd have to have some consecutive motions in it.

Procedure:

Ask the person to go out and trim the hedge (or do some similar task), no more and no less, just go out and trim the hedge.

Get him to do it.

Or ask him to go out and put a piece of chalk on the sidewalk all the way around the block, every five feet and get him to do that.

You would see considerable recovery on his case. Why? He knows he would have to go all the way around the block or he knows he would have to finish trimming the hedge. Or he would have to come around to his door again or come around to the other side of the yard. In other words, he can continue to postulate a time continuum against the objects which are already there.

Any similar action to the above could be used.

Run this to an improvement in the case, which will usually be expressed by a cognition.

ASSIST FOR SOMEONE SICK AFTER AN AIRPLANE FLIGHT

Assists for Handling
Specific Difficulties

Reference: Lecture 25 Oct. 56,
“Games vs. No-Games”

Use of Process: Use on someone who has just had a rough trip on an airplane and doesn't feel well.

Information: The person has been at the effect of the airplane moving him through space. This process gets him back at cause.

Procedure:
The command is:

“Look around and tell me something you could do.”

Run this command over and over, to end phenomena.

Notes on Running: Run this assist to snap the person out of it in about 15 minutes. This is cause-distance-effect.

PROCESS TO HANDLE A LIMP OR A PERSON WHO IS LAME

Reference: Lecture 5 Nov. 51,
“Postulates and Emotion”

Use of Process: Can be used on a person who is lame or going around limping.

Information: This process handles postulates.

Procedure:
The command is:

**“Who did you injure, and felt sorry about it,
that was lame?”**

Run this command over and over, to end phenomena.

ASSISTS TO BE RUN IN AN EMERGENCY ROOM

Assists for Handling
Specific Difficulties

Reference: Lecture 17 June 54,
“Assists”

Use of Process: This is something that can be run in an emergency room or receiving entrance of a hospital.

Information: The assist consists of locational processing on the environment. It is easily done.

Procedure:

Speak to the people as they come in and do the following, spending a bit of time on each person.

Ask the person to:

“Feel the floor beneath your feet.”

Ask him several times to:

“Feel the chair.”

“Put your hand on the chair.”

“Now feel it. What is that?”

“Feel the floor beneath your feet.”

“How far away is the ceiling?”

“How far away is that wall from in front of you?”

“Feel this chair again.”

And so on. The commands are not rote. You can run this on one person until he brightens up or has a cognition and then run it on another patient, etc.

PROCESS FOR SOMEONE WITH FEAR OF A DISEASE

Reference: Lecture 4 Nov. 53,
“Randomity and Automaticity, Process to Resolve”

Use of Process: This is a process to run on a person who has a fear of a disease.

Information: The idea is to get him to stop resisting the disease.

Procedure:
The commands are:

1. **“Be yourself as a body.”**
2. **“Be the disease attacking the body.”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

RUNNING PLEASURE MOMENTS

Assists for Handling
Specific Difficulties

References: Lecture 2 Aug. 50,
“The Importance of Getting Engrams”
Lecture 17 Aug. 50,
“Straightwire”

Use of Process: You can turn off headaches, toothaches and so on by running a recent pleasure moment because it has a tendency to key out the engram. This is very useful.

Information: You can get a person out of a light key-in by running a pleasure moment.

Even a chronic somatic will key out on this in about 20 percent of the cases. But it is a limited technique. It is not a cure, it is an alleviation. But it can make the person feel more comfortable.

Procedure:

Have the person close his eyes and ask him to

**“Remember something very pleasant that
you did recently.”**

Have him go through the incident and then tell you about it. Have him do it again. And again. You can ask questions to elicit communication about the pleasure moment (“Were you having fun?” “How did the ocean look?” etc.). Run to end phenomena.

POSTULATE PROCESSING

References: Lecture 15 Oct. 51,
“ARC and Effort Processing”
Lecture 11 Oct. 51,
“Epicenters and Self-determinism”
Lecture 9 Mar. 55,
“Health and Certainty”

Use of Process: This process is used on illnesses and disabilities.

Information: This process knocks out old postulates. A person is subject to his own postulates or statements. He says, “I’m not very good at music,” and fifteen years later he cannot play music.

A person could be beaten up, knocked down, shot up, sent up in a balloon and dropped from 10,000 feet, mangled, mauled—he could have done anything destructive in his life and it will not have done him any slightest harm unless he says to himself, “That’s the way it is.” The second he says that, that’s the way it is.

A person becomes the effect of his own postulates. And the earlier postulate is valid despite a later postulate.

Procedure:

This process has no rote commands. Depending on what is being addressed you would word the command so the person will locate the postulate underlying his condition. These questions are not rote. The idea is to ask him questions to help him locate the postulate. For a person on crutches you would start off with a question like,

“When did you decide to have crutches?”

(Then carry on with questions as given below for illnesses.)

For someone with an illness, ask:

“When did you make up your mind that you were going to be sick?”

If he says “No, I never did that,” then ask something like:

“Well, when might you have done so?” Or, “Is there somebody around whom you were sicker than you were around other people?”

Get this question answered so there is a terminal located and then ask:

“Did you ever decide, just actually, analytically decide, to be sick around (that person)?”

Get this answered and then ask:

“Is there any other time in your life when you decided to be ill?”

Use the following types of questions to get this answered:

“How about school?”

“What about grammar school?”

And continue on in this way.

Here is another way of approaching an illness or somatic.

“Did you ever wish that you were sick?” Or, “Did you ever make yourself sick?” Or, “Did you ever wish to be sick?”

“Come now, there must have been a time in your life when you wished you were sick.”

“Did you ever try to get out of school?”

And then continue asking questions as above.

For eyesight:

“Do you remember a time when you didn’t want to see?” Or, “Do you remember a time when you decided you couldn’t see?”

And then carry on as above to get the postulate located.

Run this until the postulate is located and the preclear is very good indicators.

CONCLUSIONS

Reference: Lecture 29 Oct. 51,
“The Theta Facsimile—Part II”

Use of Process: This process can be run on a physical injury or condition such as a shin out of order or a twisted bone, etc.

Information: If a person can remember making a conclusion, you also have to ask him what the reason for making it was and it will pry loose from the rest of the bank.

Procedure:

For a shin out of order, the process would go like this:

(These commands are not rote.)

**“When did you want to kick somebody
in the shins?”**

**“Did you ever want to kick your teachers
in the shins?”**

**“Did you ever want to kick your mother
in the shins?”**

**“Did you ever want to kick your father
in the shins?”**

“Did you have any brothers or sisters?”

**“Well, when did you want to kick your brother
(or sister) in the shins?”**

Continue on in this way, to end phenomena.

EFFORT PROCESSING ASSIST

Assists for Handling
Specific Difficulties

References: Lecture 15 Oct. 51,
“ARC and Effort Processing”
Advanced Procedure and Axioms,
Chapter 9

Use of Process: For use on a headache, toothache or similar circumstance.

Information: In running Effort Processing on a headache you get the apathy of agreement and then work the person up the Tone Scale. This is a shortened version of Effort Processing.

Procedure:

For a headache the commands would be:

1. **“Give me the effort to have a headache.”**
2. **“Give me the effort NOT to have the headache.”**
3. **“Give me the effort to have a headache.”**
4. **“Now give me the effort NOT to have the headache again.”**

Run these commands 1, 2, 3, 4, 3, 4, 3, 4, 3, 4, etc., to end phenomena.

FEEL THE ALIVENESS

(1952 EFFORT PROCESSING)

Reference: Supplement No. 4 to *Science of Survival*, Feb. 52,
EFFORT PROCESSING

Use of Process: Can be used on any old pain or psychosomatic illness. It is a wonderful game for processing children. They will usually play it with you and thus you can turn off their coughs and sneezes, aches and pains in a large number of cases.

Information: This process, used long enough, may exhaust some old pain the preclear has. A person's present attention is not only on the environment, it is upon an old pain or on dozens of old pains the person doesn't even "know" he is experiencing.

He may be unaware of that wasted attention until his attention is taken to some other part of the body. This list simply takes the preclear's attention to some other portion of the body. He may feel groggy or may feel a real pain when doing this list. When attention goes to the part that hurts, the pain shuts off. He may also notice that the old pain tends to wear itself out when it is reexperienced several times.

Procedure:

Direct the preclear's attention to the parts of the body named, each one in its turn. Concentrate on the *aliveness* of the part named. Get the preclear to feel as though he were wholly alive only in that part. If any pain turns on in some other part of the body, ignore it and go on with this list.

“Feel the aliveness of _____:”

- | | |
|----------------------------------|--------------------------------|
| 1. Your right hand. | 16. Your right cheek. |
| 2. Your left hand. | 17. Your forehead. |
| 3. The back of your head. | 18. Your left ear. |
| 4. Your right foot. | 19. Your left cheek. |
| 5. Your left foot. | 20. Your right |
| 6. Your right knee. | shoulder. |
| 7. Your stomach. | 21. Your left shoulder. |
| 8. Your left knee. | 22. The back of your |
| 9. Your back. | neck. |
| 10. Your tongue. | 23. Your brain. |
| 11. Your loins. | 24. Your right side. |
| 12. Your right leg. | 25. Your left side. |
| 13. Your right arm. | 26. All your fingers. |
| 14. Your left leg. | 27. Your nose. |
| 15. Your right ear. | 28. Your chin. |

Notes on Running: Do not concern yourself with any pain or grogginess which turns on. Just keep doing the list. If you continue this practice, you might get rid of some serious psychosomatic illness. This process can be used for more than one session.

ASSIST FOR A FIGHT WITH SPOUSE

Reference: Lecture 17 June 54,
“Assists”

Use of Process: This assist can be used on a husband or wife after a severe fight where there has been quite an emotional upset and a threat of loss.

Information: This is another way of remedying a loss or threat of loss. It is for use on an immediate emergency situation.

Procedure:

The commands are:

1. **“Give me places where an angry _____
(husband/wife) would be safe.”**
2. **“Give me places where an angry _____
(husband/wife) would find you safe.”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

Notes on Running: The process may remedy considerably more than just one secondary.

RESOLVING THE DANGEROUSNESS OF THE ENVIRONMENT

Assists for Handling
Specific Difficulties

References: *The Creation of Human Ability*

Lecture 29 Apr. 59,
“Processing of Children”

Use of Process: For use in processing animals, very small children or people who are extremely ill.

Information: Trouble with a preclear can come about when the environment is insufficiently dangerous and so does not produce sufficient amusement. What occurs is the environment becomes dangerous to a man and the man cannot be dangerous to the environment. And his answer to this is immobility and general deterioration.

Procedure:

Get the pet, child or sick person to reach out toward your hand.

At that moment, without moving so suddenly that the living being will be startled, withdraw your hand.

Then advance again to be driven away, over and over.

This, of course, is done on a gradient scale.

The process would be ended when the living being is striking out with more enthusiasm. It can recover considerable sanity.

Notes on Running: You reach for the cat's front paws, and then just leave your hand there, and wait for the cat to reach for your hand. And when the cat reaches for your hand you slowly (not rapidly because you'll frighten the cat) withdraw your hand, because the cat is pawing at your hand. And the cat will swat at your hand again. Then withdraw your hand a little bit further. And this cat will become eight times as big as a lion, finally, if you do this on a regular processing schedule of just a few minutes a day. Processing beings on this, they will gradually go through various things and eventually get tough. They'll get very tough before they can get kind.

THREATENING ENVIRONMENT

Reference: Lecture 10 Dec. 63,
“Scientology Zero”

Use of Process: This process can be used on someone who finds the environment very threatening.

Information: This is a very simple process. It is run on the environment the person is in that he finds threatening.

Procedure:

Run this process in the environment which the person finds threatening.

Use the command:

“Look and find out if the environment is as threatening as it appears to be.”

Run this command over and over, to end phenomena.

PROCESS FOR SOMEONE WHO FEELS EVERYONE IS HOSTILE TO HIM

Assists for Handling
Specific Difficulties

Reference: Lecture 10 Dec. 63,
“Scientology Zero”

Use of Process: Use on a person who feels like everybody in the environment is hostile to him.

Information: This process gets the preclear to inspect the environment and find there is some slight greater security in it.

Procedure:

Use a command such as one of those below. There may be a different wording more appropriate to the situation.

“You find something people say or do around here that isn’t hostile to you.”

(Then you would ask for something else that people do that is not hostile, etc.)

“Is there one person in the organization who isn’t actively hostile to you?”

(Then you would ask for any other people in the organization that are not actively hostile, etc.)

“Is there anything said today that wasn’t directly and immediately hostile to you?”

(Then you would ask for anything else that was said today that was not directly and immediately hostile, etc.)

Run to end phenomena.

PROCESS FOR SOMEONE WHO IS CONTINUOUSLY SICK

Reference: Lecture 20 Aug. 54,
“Axioms: Part IV”

Use of Process: For use on anyone who is continuously sick.

Information: If anyone is being continuously sick, then he is being continuously sick because he gave a counter-postulate to being well. Therefore, we have him postulate that he is well.

Procedure:
The command is:

“Get the idea of being well.”

This is run over and over and over, to end phenomena.

Notes on Running: He may get a lot sicker before he gets well, because he will keep running into the postulate to be sick.

AN ASSIST FOR A HEART ATTACK

Assists for Handling
Specific Difficulties

Reference: Lecture 12 Feb. 57,
“Final Lecture: Question and Answer”

Use of Process: This process can be run on someone who has had a heart attack. *Medical attention would always come first.*

Information: If the person is not in need of immediate medical attention run this process.

Keep your head, be perfectly willing to engage in communication with the person and do something very positive about it.

Procedure:

Enter into tactile, touch communication as follows:

“Touch my heart.”

“Now, I will touch your heart. See, I touched your heart.”

“Do you know I touched your heart?”

“All right, now you touch my heart.”

“All right, I will touch your heart.”

“Now you touch my heart.”

These commands are not rote. Continue in this way and the person will feel better after a while.

PROCESS FOR AN ANXIETY STOMACH

Reference: Lecture 11 Oct. 51,
“Axioms 33–49”

Use of Process: For use on an anxiety stomach.

Information: Perceptions are filed in the mind according to time. Perceptions have time in them. The process can knock the effort out of an engram this way.

Procedure:

Get the person to lie down on the couch and imagine the position of the middle of his body is this way or that way or whatever way it is. Ask him,

“What position do you think the middle of your body is in?”

He will probably say something like, “I am just right here on the couch.”

Say:

“No, what position was it in *then*? Can you get a *then* imagination of where it is?”

He will get a perception of this. He may get a vague idea that it was over a little bit, so you say:

“All right now, move it back. Move the *then* perception back.”

And he will start to get the “then” perception back into place. Then get him to get the “then” perception of his feet and the “then” perception of his hands and then the “then” perception of his stomach again. If you keep this up you will gradually knock the effort out of an engram which hasn’t even been perceived.

PROCESS FOR A TERROR STOMACH

Assists for Handling
Specific Difficulties

References: Lecture 26 Oct. 56,
“Learning Rates”
Lecture 25 Jan. 57,
“Auditing Techniques: Specifics”
PAB 107, 1 Mar. 57,
SPECIFIC FOR TERROR STOMACH

Use of Process: Use on a terror stomach.

Information: A terror stomach is simply a confusion in a high degree of restimulation in the vicinity of the vagus nerve. This is one of the larger nerves and it goes into agitation under restimulation.

This process has been used to handle a terror stomach. It can be run on almost any level of case.

Procedure:

Have the preclear sit down in the room and point out the fact to him that there are six sides to this room. Four walls and a ceiling and a floor.

Part I

Have him put into the walls all the way around and the ceiling and floor, very neatly and nicely each time, regardless of his ability to do so, the statement “This means go to _____,” and he furnishes the place.

Ensure that he knows that he is to put into the wall the statement to him or to some part of his body, “This means go to _____.”

You ask the preclear to put into the four walls, the ceiling and the floor in *regular order* the statement to him or to some part of his body, “This means go to _____,” and the preclear furnishes the location. He puts “This means go to” and adds “Poughkeepsie.” And the next side of the room, he would put “This means go to” and he furnishes the place, “Albany.”

continued

And the next one he would have the wall say to him, “This means go to” and he would probably put in “Africa.” He puts the whole postulate in. Then he puts it in the four walls and then the ceiling and the floor in that order. Regularity has a great deal to do with the efficacy of this particular process.

Use the commands:

1. **“Put into the left wall the statement,
‘This means go to _____.’”**
2. **“Put into the front wall the statement,
‘This means go to _____.’”**
3. **“Put into the right wall the statement,
‘This means go to _____.’”**
4. **“Put into the back wall the statement,
‘This means go to _____.’”**
5. **“Put into the ceiling the statement,
‘This means go to _____.’”**
6. **“Put into the floor the statement,
‘This means go to _____.’”**

Run the above commands once through 1, 2, 3, 4, 5, 6, ensuring that the preclear executes the command each time.

Part II

Then go on to “This means don’t go to.”

Use the commands:

7. **“Put into the left wall the statement,
‘This means don’t go to _____.’”**
8. **“Put into the front wall the statement,
‘This means don’t go to _____.’”**
9. **“Put into the right wall the statement,
‘This means don’t go to _____.’”**
10. **“Put into the back wall the statement,
‘This means don’t go to _____.’”**
11. **“Put into the ceiling the statement,
‘This means don’t go to _____.’”**
12. **“Put into the floor the statement,
‘This means don’t go to _____.’”**

Run each of these commands once through, 7, 8, 9, 10, 11, 12, and then go back and do Part I again and then Part II again. Do these over and over.

Run Parts I and II: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, etc., to end phenomena. It takes a long time to flatten them on a rather low-level case with a real terror stomach in agitation at that time.

Part III

When that pair is run to end phenomena, change the auditing command to “This means stay,” and that goes six times around. You say to the preclear “Now, you see that wall? Put ‘This means stay in (you furnish the place) in that wall.’” That goes the six times around.

Use the commands:

1. **“Put into the left wall the statement,
‘This means stay in _____.’”**
2. **“Put into the front wall the statement,
‘This means stay in _____.’”**
3. **“Put into the right wall the statement,
‘This means stay in _____.’”**
4. **“Put into the back wall the statement,
‘This means stay in _____.’”**
5. **“Put into the ceiling the statement,
‘This means stay in _____.’”**
6. **“Put into the floor the statement,
‘This means stay in _____.’”**

Run these commands once through, 1, 2, 3, 4, 5, 6, ensuring that the preclear executes the command each time.

Part IV

Part IV is “This means don’t stay in.”

Use the commands:

7. **“Put into the left wall the statement,
‘This means don’t stay in _____.’ ”**
8. **“Put into the front wall the statement,
‘This means don’t stay in _____.’ ”**
9. **“Put into the right wall the statement,
‘This means don’t stay in _____.’ ”**
10. **“Put into the back wall the statement,
‘This means don’t stay in _____.’ ”**
11. **“Put into the ceiling the statement,
‘This means don’t stay in _____.’ ”**
12. **“Put into the floor the statement,
‘This means don’t stay in _____.’ ”**

Run Parts III and IV: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, etc., to end phenomena.

This process should be run until the terror stomach goes.

ASSIST FOR AN OBSESSIVE NOSEBLEED

Reference: Lecture 12 Feb. 57,
“Final Lecture: Question and Answer”

Use of Process: For use on an obsessive nosebleed.

Information: Use of this process can halt the obsessive bleeding and get the person back to battery. This is not intended to take the place of first aid.

Procedure:

The commands are:

1. **“Hold your face and keep it from going away.”**
2. **“Hold the _____ (object) and keep it from going away.”**

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

PROCESS FOR ARTHRITIS

Assists for Handling
Specific Difficulties

Reference: Lecture 24 Oct. 51,
“Introduction to the Service Facsimile”

Use of Process: Run this process on someone with arthritis.
Use after proper medical attention has been given.

Information: Arthritis is a *holding* disease. The person is trying to *hold* motion; he is trying to damp out motion.

Procedure:
Run the command:

“When did you try to damp out motion in your environment?”

Run this command over and over, to end phenomena.

ASSISTS FOR SOMEONE WHO IS DYING

Reference: Lecture 12 Feb. 57,
“Final Lecture: Question and Answer”

Use of Processes: These processes can be used with benefit on someone who is dying.

Information: A thetan needs reassuring. The way you reassure him is to show him he can hold on to things, and show him he can still touch things, and he can still sense things. Locational Processes and Keep It from Going Away, that sort of thing, are of terrific benefit.

Procedure:

There are several processes in this category that can be run:

Locational Assist (Section 1, page 51)

A Havingness Process (Section 2, page 87)

Keep It from Going Away (Section 2, page 74)

A PROCESS FOR PARALYSIS

Assists for Handling
Specific Difficulties

Reference: Lecture 1954,
“Illusion Processing”

Use of Process: Can be used to help cure paralysis.

Information: This process has helped people get over paralysis of various parts of the body.

Procedure:

The process would be run something like this:

“What finger can you move?”

“Oh,” the person says, “I can move my whole hand.” And you say,

“Move your whole hand.”

“Now move each finger separately in the whole hand. Now stretch them out. Now move the whole hand. Now you notice there that your wrist happens to move a little bit when you move your hand?”

“Now move your wrist. Move your wrist a little bit further. Now move your hand some more. Move your hand and your wrist.”

“You notice your forearm’s moving when you move your hand?”

“Move your forearm and move your wrist and move your hand. Do you notice that your elbow moves when you move your hand?”

The person will brighten up and be relieved of some or all of the paralysis.

PROCESS FOR SOMEONE WITH A PHYSICAL CONDITION

Reference: Lecture 30 Dec. 53,
“Beingness, Doingness, Unconsciousness”

Use of Process: For use on a physical condition, such as gout, arthritis, a bad leg, etc.

Information: This process is quite workable.

Procedure:

The commands are:

1. **“Be _____ (physical condition) now.”**
2. **“Now be yourself.”**
3. **“Now be _____ (physical condition).”**
4. **“Now be yourself.”**

Run the commands 1, 2, 3, 4, 3, 4, 3, 4, etc., to end phenomena.

An alternate wording for a bad leg (or similar affliction) would be:

1. **“Be the bad leg now.”**
2. **“Now be you.”**
3. **“Now be the bad leg.”**
4. **“Now be you.”**

One would run the commands 1, 2, 3, 4, 3, 4, 3, 4, etc., to end phenomena.

PLACES WHERE THE CONDITION IS NOT

Assists for Handling
Specific Difficulties

Reference: Lecture 21 Jan. 54,
“Livingness Processing Series”

Use of Process: For use on a physical condition, such as a
stomachache.

Information: This is not run on abstract significances. When you ask
what’s there, you really want the preclear to tell you with certainty.

Procedure:

The commands are:

1. **“Give me a place where the _____
(condition, e.g., ‘stomachache’) is not.”**

Get that question answered and then take the answer and fit it in the
following command:

2. **“What is in the _____ (location he gave in
the first answer, e.g., ‘corner of the room’)?”**

Get him to answer the question of what is there.

- 2A. Conditional: If he is unsure and says something like, “Oh, I
don’t know. Maybe...” then ask:

**“Well, in the first place, are you sure the
condition is not there?”**

If he says no, he is not sure the condition is not there then say:

**“Well, let’s find a place where you’re really
sure it isn’t.”**

Get that question answered and then repeat #2 above.

Really make sure he answers the question.

continued

3. **“Give me another place where the
_____ (condition) is not.”**

4. Get that question answered and ask:

“What is there?”

4A. Conditional: If he is unsure, then ask:

**“Well, in the first place, are you sure the
condition is not there?”**

If he says no, he is not sure the condition is not there then say:

**“Well, let’s find a place where you’re really
sure it isn’t.”**

Get that question answered and then repeat #4 above.

Really make sure he answers the question.

Run these commands 1, 2, 3, 4, 3, 4, 3, 4, etc., to end phenomena.

IMPROVING A PSYCHOSOMATIC ILLNESS

Assists for Handling
Specific Difficulties

Reference: *Scientology: The Fundamentals of Thought*

Use of Process: This is a process to address a psychosomatic illness such as a crippled leg, which having nothing physically wrong with it, yet is not usable.

Information: This can improve the condition of someone with a psychosomatic illness or somatic.

Procedure:

Run this command on the area of the psychosomatic illness or somatic:

**“Look around here and tell me something your
_____ (‘leg’) could have.”**

Run this over and over, to end phenomena.

PROCESS TO TURN OFF A SOMATIC

Reference: Lecture 21 Dec. 53,
“Ability to Accept Direction”

Use of Process: Can be used on a somatic.

Information: This is a fast way to turn off a somatic.

Procedure:

The commands are:

1. **“Be your body.”**
2. **“Be the pain.”**

Give the commands slowly enough so that he can be both.

Run these commands 1, 2, 1, 2, 1, etc., to end phenomena.

If the person is seeing a picture and it is bothering him, use the following remedy:

“Now, be yourself.”

“Now, be the picture.”

“Be yourself.”

“Be the picture.”

And so on, until the picture stops bothering him. Then return to the process and continue, to end phenomena.

COMMUNICATION PROCESS FOR A CHRONIC SOMATIC

Assists for Handling
Specific Difficulties

Reference: Lecture 8 Apr. 59,
“States of Being”

Use of Process: This process can be used to handle a bad finger, hand, arm, toe, foot, leg, etc.

Information: A chronic somatic can be handled by a communication process.

Procedure:

If the person's *finger* is very bad and hurting, the process would go as follows:

“Now touch the table with your finger.”

“Touch the ashtray with your finger.”

“Touch your head with your finger.”

“Touch your hand with your finger.”

“Touch your other hand with your finger.”

“Touch your chest with your finger.”

“Touch the table with your finger.”

“Touch this dish with your finger.”

“Touch your chest with your finger.”

“Touch the top of your head with your finger.”

“Touch your nose with your finger.”

“Touch your other hand with your finger.”

And so on, to end phenomena.

A WAY TO GET RID OF A CHRONIC SOMATIC

Reference: Lecture 29 Oct. 51,
“The Theta Facsimile—Part I”

Use of Process: For use on a chronic somatic.

Information: You may not unbury the answer, but if the preclear can answer this question, if you can find the answer to the question, the chronic somatic may just go away.

Procedure:

Get the person to consider the chronic somatic:

1. **“Take what you consider your chronic somatic, right now at this moment and just think about it.”**

Then ask:

2. **“Now, who did you wish this somatic on?”**

Get this second question answered fully. If the preclear does not understand the second question you can ask:

“Who did you first try to give this thing to?”

Run these commands 1, 2, 1, 2, etc., to end phenomena.

PROCESS FOR A CHRONIC SOMATIC

Assists for Handling
Specific Difficulties

Reference: Lecture 4 June 55,
“Direction of Truth in Processing”

Use of Process: For use on chronic somatics.

Information: A chronic somatic is a pain that persists. This process can change or get rid of the somatic.

Procedure:

Have the person move the somatic around:

1. **“Move _____(chronic somatic) to the right.”**
2. **“Move _____(chronic somatic) to the left.”**
3. **“Move _____(chronic somatic) up.”**
4. **“Move _____(chronic somatic) down.”**

Run these commands 1, 2, 3, 4, 1, 2, 3, 4, 1, 2, etc., to end phenomena.

S

SECTION FOUR: ASSISTS FOR CHILDREN

Assists for Children

Assists for Children

FOR A NEWBORN BABY

Assists for Children

Reference: HCOB 20 Dec. 58,
PROCESSING A NEW MOTHER

Use of Process: For use on a newborn baby.

Information: Perhaps the best thing is *no* processing for three days. Then talk to the baby, tell the newcomer he or she is welcome, then make friends. Various things can be done—Touch Assist is best.

There is another process that can be run to help the baby get oriented.

Procedure:

Use the command:

“You make that body lie in that cradle.”

Run this until the baby seems to have brightened up.

Notes on Running: This process is wonderful on babies up to six months.

ASSIST FOR A CHILD WHO FEELS UPSET

Reference: *Child Dianetics*

Use of Process: For use on a child who is feeling upset, not one who is seriously ill.

Information: This process runs out the lock the child has in restimulation. It is for children old enough to express themselves clearly in spoken communication and who understand formal auditing commands.

Procedure:

Ask the child when he felt this way before. Usually a child will remember. As you ask further questions about what was happening, what he was doing at the time, who was talking, what was said, how he felt and the usual questions directed toward uncovering the situation, he will describe the scene graphically.

When he does so, simply run him through it again a few times: After he has described the incident ask him to tell you about it again. Any simple phrase which will return the child to the beginning of the scene can be used.

Run until the child comes out of it and is brighter and in present time.

HANDLING FOR A CHILD WHO IS CRYING

Assists for Children

Reference: *Child Dianetics*

Use of Process: This is a good way to handle a child who is crying.

Information: Getting the child to tell you what he is crying about will alleviate the incident that has upset him.

Procedure:

Ask the child:

“What are you crying about?”

After he has told what he is crying about a few times, each time being helped by questioning about the incident, and when the crying has abated, you may ask:

“What else are you crying about?”

This may take the child back to earlier-similar incidents and will help handle the key-in.

A CHILD WHO FEELS BAD

Reference: *Child Dianetics*

Use of Process: This technique can be used on a child who feels bad.

Information: The child feels bad because something has been restimulated. If you can get what restimulated him located, he will often come right out of it.

Procedure:

Ask:

“What happened to make you feel bad?”

Or

“What did I say to make you feel that way?”

This will often bring out the restimulative elements in the present situation and will take the charge off it and bring him out of the lock. Have him tell you about it until he feels better.

A CHILD WHO IS RUNNING AROUND THE ROOM

Assists for Children

Reference: Lecture 29 Apr. 59,
“Processing Children”

Use of Process: For use on a child who insists on flying and running around the room.

Information: This is an elementary process which triggers his game of running around the room.

Procedure:

Use the command:

“Run around the room.”

Repeat this command over and over. This will bring him to cause over what he is doing. Run this until the child settles down and brightens up.

TELL ME SOMETHING WORSE

Reference: Lecture 7 Nov. 56,
“Creation”

Use of Process: This can be used after the child has had an upset or accident or similar incident.

Information: The process calls for the child to get something worse than the incident that has happened to him.

Procedure:

Use the following approximate patten:

“Tell me something worse than that.”

“Come on, give me something worse than that.”

“Okay, tell me something worse than that.”

Continue on with similar commands.

Run until the child feels better.

CHILD WITH PHYSICAL DEFECT OR PSYCHOSOMATIC ILL

Assists for Children

Reference: *Ability* 110,
TECHNIQUES OF CHILD PROCESSING

Use of Process: For use on physical defects or psychosomatic illnesses.

Information: This is a simple process to run on a child and one the child will enjoy.

Procedure:

Use the commands:

1. **“Feel my arm.”**
2. **“Feel your arm.”**

Run these commands 1, 2, 1, 2, 1, etc., using common body parts, to end phenomena.

WHERE DID IT HAPPEN? WHERE ARE YOU NOW?

References: *Ability* 110,
TECHNIQUES OF CHILD PROCESSING
HCOB 28 Sept. 59,
TECHNICAL NOTES ON CHILD PROCESSING

Use of Process: Use on a child when he has just been injured or had an accident or after an operation, etc.

Information: This assist is based on communication with the environment or location of the scene and location of present time.

Procedure:

Ask:

1. **“Where did it happen?”**

Have him answer the question and point to where it happened.

2. **“Where are you now?”**

Have him answer the question and point to where he is now.

The command can be varied to specifically name the injury or accident.
For instance:

1. **“Where did you fall?”**

Have him answer the question and point to where he fell.

2. **“Where are you now?”**

Have him answer the question and point to where he is now.

Or,

1. **“Where did you get hurt?”**

Have him answer the question and point to where he got hurt.

2. **“Where are you now?”**

Have him answer the question and point to where he is now.

Run the applicable commands 1, 2, 1, 2, 1, 2, etc., until the child brightens up and unsticks from the location of the accident or injury. He will often have a cognition.

LOOK AT MY FINGERS

Reference: *Ability 110,*
TECHNIQUES OF CHILD PROCESSING

Also see Section 1, Touch Assist

Use of Process: For use on an injury.

Information: This is a good assist for an injured child.

Procedure:

Say,

“Look at my fingers,”

while touching around the injured area lightly.

When the child brightens up or his attention goes off the injury, the assist is complete.

EMERGENCY ASSIST FOR A CHILD JUST INJURED

Assists for Children

Reference: Lecture 17 June 54,
“Assists”

Use of Process: Do this assist on a child who has just been injured.

Information: Emergency assists often take place very rapidly. A supervisor at a public school playground could use this assist. If a child fell down and wrenched his ankle or something of the sort, this is a good assist to do.

Procedure:

You want a minimum of talk around the injured child.

If it is the ankle that is injured, the following would be done:

“Put your attention on my hand,”

and put your hand below that ankle, in other words, on his heel (with his shoe on).

Then move your hand and repeat the command.

Keep this up and make sure that the child lets you know he has done the command each time.

Run this to a win for the child.

Notes on Running: If you do this well for about ten, fifteen minutes, the child will quite ordinarily simply get up and walk away without a limp or any difficulty.

Even if the child is writhing around in pain he will at least try to do it. You will feel the limb tremble, you will feel the tremor abate, you will feel it cut in again, and then get quiet. And for several placements, no particular result. And then you will feel the tremble and you will feel it abate, only the tremble each time will be less. The person will actually feel the impact over again that caused the injury.

METHOD OF HANDLING AN ANGRY CHILD

Assists for Children

Reference: *Child Dianetics*

Use of Process: For handling a child that has gotten angry.

Information: This consists of letting the child be angry, even if you are the victim.

Procedure:

Let the child be angry. Let him act out his anger. Usually it will disappear quickly. When that occurs, that is the end phenomena.

ASSIST FOR A MINOR PHYSICAL INJURY

Reference: *Child Dianetics*

Use of Process: In cases of minor physical injury, the following assist can be done. But in young children, often just letting them cry it out seems to be enough.

Information: Parents can help a child most by saying nothing. It may take a short while to train themselves not to speak when the child is hurt, but it is not difficult to form the habit of remaining silent. Silence need not inhibit affection. One may hold the child, if he wants to be held, or put an arm around him. Often, if nothing is said, a young child will cry hard for a minute or so, and then suddenly stop, smile, and run back to what he was doing. Allowing him to cry seems to release the tension resulting from the injury and no assist is needed if this occurs. In fact, it is often very difficult to make the child return to the moment of injury if he has run it out himself this way. He will avoid the pain of returning as he would the original pain, and probably the incident is already run out and refilled, and therefore no longer important enough to trouble about.

But if the child does not spontaneously recover after a moment or two of crying, the following process can be done.

Procedure:

Wait until the child has recovered from the short period of anaten that accompanies an injury. It is usually not difficult to tell when a child is dazed and when he is not. If he still cries after the dazed period, it is usually because other previous injuries have been restimulated. In this case, an assist is valuable. On older children (five and up) an assist is usually necessary.

When the child is no longer dazed, ask him,

“What happened? How did you get hurt? Tell me about it.”

As he begins to tell about it, switch him to the present tense if he doesn't tell the story in the present tense spontaneously. Try it this way:

"Well—I was standing on a big rock and I slipped and fell, and . . ."
(crying)

"Does it hurt when you are standing on the rock?"

"No."

"What happens when you are standing on the rock?"

"I slip . . ." (crying)

"Then what happens?"

"I fall on the ground."

"Is there grass on the ground?"

"No—it's all sandy."

"Tell me about it again."

You can take the child through it several times until he gets bored or laughs.

Notes on Running: There is nothing difficult about it, and the whole process may be so casual and easy that anyone unfamiliar with Dianetics will not realize that anything unusual is being done. After a child has had a few assists run this way, he will, upon being injured, run to the person who can administer this painless help and reassurance, demanding to "tell about it."

HANDLING A CHILD THAT HAS BEEN ANGRY FOR SOME TIME

Reference: Lecture 6 Oct. 56,
“Uses of Scientology”

Use of Process: This is a process that can be run on a child who has been angry for some time.

Information: Suppose you had a method by which you could take an angry child who was not cooperating in school, and actually successfully teach the child something? If you will just have the child touch your hands one after the other, and maybe touch the tip of your nose, you will find you are no longer talking to an angry child.

The entering wedge would be how do you persuade an angry child to do this? It will actually take some persuasion but if you could do that then your child would change tone. And you would no longer be talking to an angry child.

Procedure:

Persuade the child to touch your hands one after the other, and touch the tip of your nose, etc.

Keep this up until the child is no longer angry.

MIMICRY

Assists for Children

Reference: Lecture 11 Feb. 57,
“Question and Answer Period”

Use of Process: For use on a child who has hurt himself.

Information: This is a good way to get into communication with the child and get him out of the upset.

Procedure:

Mimicry consists of mimicking what the child does. If he looks at you and says, “_____,” you look at him and say the same thing. He gets the idea and comes right out of it.

This can get a child out of an engram very fast.

The child looks at you and does something, you look at him and do the same thing. It makes him cause.

Run this until the child comes out of the incident and brightens up.

TOUCHING

Reference: Lecture 12 Feb. 57,
“Final Lecture: Question and Answer”

Use of Process: For use on a child that is injured.

Information: You can always get a child's attention enough to touch you. And you can always lead his hand over to swat that part of your body that he is injured in.

Procedure:

Shake the child by the hand and pat him on the head and have him touch the area of your body that he is injured in. If he is injured in the shoulder, get him to touch your shoulder and then you touch his shoulder.

“Touch my shoulder.”

“Now, I will touch your shoulder.”

“See, I touched your shoulder.

Do you know I touched your shoulder?

All right, now you touch my shoulder.”

“All right, I will touch your shoulder.”

“And you touch my shoulder.”

And so on.

Run until the child feels better.

PROCESSES TO HANDLE A SICK CHILD

Assists for Children

Reference: Lecture 12 Nov. 52,
“8-8008 Continued: Time and Space”

Use of Processes: These are processes that will help a child who is in bad shape and sick.

Information: In illness the being is helpless in handling space, time, energy and matter. These processes will let somebody switch around time, become more at cause over space and matter and energy.

The child will likely get well.

Procedure:

This is a technique that can be done with time.

1. Put the clock he goes to school by on the bed, attract his attention to it, direct him to take the clock and put it over here on the bed. Then direct him to put it closer to him, and direct him to put it further from him on the bed and then make him put the clock on the other side of him. He'll start to brighten up.
2. Show him the back of the clock, let him vary the hands, change it, put it to half an hour later, an hour earlier, fool with it. He will brighten up.
3. After fooling around with the clock, put the clock on the floor and put the clock here and there. You'll have him sitting up on the bed in a very short space of time. Then have him put the clock up there.
4. Then have him take this clock and choose some instrument of his own desire and have him smash the clock. And have Mother give him a quarter or a shilling because he smashed the clock.

continued

These are techniques that can be done with space.

Get his little sister's doll house or something of the sort and make him change the partitions around in the doll's house.

Or,

Make him force somebody to change the location of objects in his room or give him something of his choice in the terms of space, any way we could improve his choice of space.

Or,

Do it on the level of possessions. Get a possession he does not like and let him dump it. Get a possession that he likes and let him have it.

Run as given. The child should be more at cause over time, space, matter and energy.

HANDLING A CHILD WHO HAS JUST WOKEN FROM A NIGHTMARE

Assists for Children

Reference: Lecture 15 Mar. 57,
“Exact Control”

Use of Process: This is a handling for a child who has just woken up from a nightmare and has not come out of it.

Information: This process will bring the child out of the terror of a nightmare.

Procedure:

Say to the child:

“Give me your hand.”

The child will probably just keep screaming.

The auditor takes the child’s hand and puts it into his own. (He’d use the other hand to put the child’s hand in his own.) And say, “Thank you.”

Let the hand go and repeat the command.

You have to wait a moment to see if the child will give you the hand without any manual prompting, but just an instant. You go on with this until the child offers you his hand and then stop the manual part and just do the verbal part of this process.

You do this until the child laughs and looks around the room. He may say “hello.”

S

SECTION FIVE: PREGNANCY AND POSTPARTUM ASSISTS

Pregnancy and
Postpartum Assists

Pregnancy and
Postpartum Assists

ASSIST FOR A WOMAN HAVING TROUBLE DELIVERING

Pregnancy and
Postpartum Assists

Reference: Lecture 13 Oct. 54,
“Retraining Unit: The Assist”

Use of Process: Can be used on an expectant mother who is having difficulty delivering.

Information: This was successfully used on a woman who was having a very difficult time. She was in the hospital expecting to deliver but was unable to deliver. The process was run for three minutes and the next day the woman had a perfectly normal delivery.

Procedure:

Have her give you things, hand them to you.

Use the command:

“Give me that _____ (name an object nearby).”

Get her handing you things. A pillow, a book, a comb, a vase of flowers, etc. You put the item back each time.

Run to end phenomena.

Notes on Running: This process will break through the “got-to-hold” and help her have a normal delivery.

PROCESS FOR A NEW MOTHER

Reference: HCOB 20 Dec. 58,
PROCESSING A NEW MOTHER

Use of Process: For use on a woman who has just delivered a baby.

Information: Havingness is used on a woman after delivering a baby and is very important for the new mother.

Procedure:

At once after delivery, the woman should have Simple Havingness run, preferably by the husband.

Simple Havingness:

The command is:

**“Look around here and find something
you have.”**

This Simple Havingness should be run to end phenomena, directly after the delivery and again the same day and then run again the following day.

After two days run Factual Havingness:

Factual Havingness:

Factual Havingness consists of three commands. The commands are:

1. **“Look around here and find something you have.”**

Run this until it is flat. (A command is flat when the communication lag is the same from the moment the command is given until the time the preclear answers the command for at least three commands in a row. A process is also flat when a cognition occurs or there is an ability regained.) Then run the following command:

2. **“Look around here and find something that you would continue.”**

Run this until it is flat.

3. **“Look around here and find something you would permit to vanish.”**

Run this until it is flat. And then return to the first command again and continue on as above, to end phenomena.

ASSIST FOR A WOMAN WHO HAS DELIVERED A BABY

Reference: Lecture 17 June 54,
“Assists”

Use of Process: Use on a woman who has delivered a baby and is not doing well.

Information: This process successfully handled a woman who was still in the hospital 15 days after her baby was born because she was too weak.

Procedure:

These commands are not rote.

1. **“Spot some spots where you’re not delivering a child.”** Get her to tell you what she spots.
2. **“Spot some more spots where you’re not delivering a child.”** Get her to tell you what she spots.
3. **“Now give me some places where your condition doesn’t exist.”**
4. **“Now get some more places where your condition doesn’t exist.”**

On the first two commands, use “You’re sure of that one?” or “You’re sure of that spot?” occasionally to ensure she really is finding the spots.

And continue on getting more spots where she is not delivering a child and more places where her condition doesn’t exist.

Run these commands 1, 2, 3, 4, 1, 2, 3, 4, 1, 2, etc., to end phenomena.

KEEP IT FROM GOING AWAY, AFTER A PREGNANCY

Pregnancy and
Postpartum Assists

Reference: Lecture 20 Sept. 56,
“London Auditors’ Conference”

Use of Process: This process should be run on a woman after the delivery of a baby.

Information: It is interesting that a woman who has been pregnant is undoubtedly still pregnant after delivery. So having her keep her stomach from going away will help her get rid of those months of pregnancy.

Procedure:

The commands are:

1. **“Take hold of your _____ (body part) and keep it from going away.”**
2. **“Now take hold of your _____ (opposite body part) and keep it from going away.”**

Run these commands 1, 2, 1, 2, 1, etc. Run on various body parts. And be sure to run the stomach and her back.

Run to end phenomena.

S

SECTION SIX: TEMPERATURE ASSISTS

Temperature Assists

TEMPERATURE ASSIST VERSION A

References: HCOB 23 July 71R,
ASSISTS

HCOB 24 Aug. 71 II,
ASSISTS ADDITION

Use of Process: For a pc running a temperature, too ill for regular auditing, he should be given antibiotics and an assist-type boost, not a major action like Dianetics. Temperature Assist Version A would be run if the preclear is *far* too ill to get up.

Information: A persistent temperature can be brought down by running the pc on Objective "Hold It Still."

There are two versions of the Temperature Assist. Both Version A and Version B can be used on the same pc.

Let us say on Monday, A Version is used. Then on Tuesday if the temperature has gone back up but the preclear is better, B Version is used.

The temperature process is most effective on a low-order persistent fever that goes on and on for days and even weeks. In such cases Version B would be used and the temperature would come down and stay down very nicely.

An E-Meter is required in order to do both Version A and Version B Temperature Assists.

Version A is NOT very lasting. It is for very ill pcs and very high temperatures.

Do not run this over out-rudiments. Often a preclear is ill because his rudiments in life are out.

The Temperature Assist will only fail if the preclear had an in-life ARC break, present time problem or withhold.

Sometimes these alone will change the temperature for the better.

Each rudiment of course must be taken earlier-similar to F/N if no F/N on the first answer given to a rudiment.

Procedure:

1. Fly the rudiments, earlier-similar to F/N.
2. Run the following two commands:
 - i. **“Look around here and find something.”**
 - ii. **“Hold it still.”**

(Do this until pc can or feels he can.)

Run the above two commands i, ii, i, ii, i, etc.

This will drop a fever.

3. Two-way comm:

“How do you feel? Have you felt like this before?”

Earlier-similar to F/N VGIs.

Run to end phenomena.

TEMPERATURE ASSIST VERSION B

References: HCOB 23 July 71R,
ASSISTS
HCOB 24 Aug. 71 II,
ASSISTS ADDITION

Use of Process: It is done on a pc who can, even with effort, walk around a room.

Information: This is true Objective “Hold It Still” and is very lasting.

Do not run this over out-rudiments. Often a preclear is ill because his rudiments in life are out.

The Temperature Assist will only fail if the preclear had an in-life ARC break, present time problem or withhold.

Sometimes these alone will change the temperature for the better.

Each rudiment of course must be taken earlier-similar to F/N if no F/N on the first answer given to a rudiment.

Procedure:

This assist is done OFF the meter to cognition and good indicators. The preclear then should at once be put on the meter and will be found to have an F/N. If no F/N on the meter the process is either (a) unflat or (b) overrun. If unflat it is continued, flattened off the meter and the same meter test follows. If overrun, the release point is rehabbed.

1. Fly the rudiments, earlier-similar to F/N.
2. Run the following commands:
 - i. **“Look around here and find something.”**
 - ii. **“Walk over to it.”**
 - iii. **“With your hands, hold it still.”**

Run the commands i, ii, iii, i, ii, iii, i, etc., the pc executing each command and being acknowledged until the pc has a cognition and good indicators. He is then checked on the meter.

A thermometer can be used to check temperature after the meter check for F/N. The temperature will be found to have subsided.

Run to end phenomena.

Notes on Running: When the preclear, off the meter, has a cognition, he should be put back on the meter and checked. Usually an F/N will be found.

S

SECTION SEVEN: ASSISTS FOR THE WORKPLACE

Assists for
the Workplace

TAKE A WALK AROUND THE BLOCK

Assists for
the Workplace

References: Lecture 1 Sept. 56,
“Third Dynamic Application of Games Principles”
The Problems of Work

Use of Process: This process is most commonly used in the workplace to handle exhaustion. It can also help a person who is very worried about work.

Information: People sometimes get exhausted after working all day. A person who has a machine or books or objects continually at a fixed distance from him leaves his work and tends to keep his attention fixed exactly where his work was.

The wrong thing to do, regardless of whether one is a bookkeeper, an accountant, a clerk, an executive or a machinist is to leave work, go home, sit down and fix attention on an object more or less at the same distance from one as one confronts continually at work.

Procedure:

Take a walk around the block.

This consists of walking around the block until one feels rested. The person is to walk around the block and look at things until he sees the things he is walking near. It does not matter how many times he walks around the block, he should walk around the block until he feels better.

This is run to extroversion of attention onto the world in which one lives.

Notes on Running: In doing this it will be found that one will become a little brighter at first and then will become very much more tired. He will become sufficiently tired that he knows now that he should go to bed and have a good night's sleep. This is not the time to stop

walking since he is walking through exhaustion. He is walking out his exhaustion. The factor that is important is the unfixing of his attention from his work to the material world in which he is living.

This is terrifically good therapy. A worker who is tired and exhausted and has only been doing clerical work who goes out and takes a walk around the block until he is actually looking at the environment will stop worrying and being obsessed with the materials he was handling.

REACH AND WITHDRAW

Assists for
the Workplace

Reference: HCOB 10 Apr. 81R,
REACH AND WITHDRAW

Use of Process: Reach and Withdraw is a very simple but extremely powerful method of getting a person familiarized and in communication with things so that he can be more at cause over and in control of them.

Reach and Withdraw can be used on any person in order to familiarize him with the objects and spaces and boundaries of his work.

Information: One would not expect a person to be at cause over or to have much control or understanding of or skill in something with which he was not familiar. The keynote of familiarity is communication.

Reaching and withdrawing are two very fundamental actions in this universe, and Reach and Withdraw is actually a breakthrough from advanced technology.

By *reach* is meant touching or taking hold of. It is defined as “to get to,” “come to” and/or “arrive at.”

By *withdraw* is meant move back from, let go.

Reach and Withdraw is a valuable tool to use to get a person into good communication with his work environment, especially the tools and objects he uses.

A pilot would do Reach and Withdraw on all the objects and spaces of his airplane, his hangar, the earth; a secretary would do Reach and Withdraw on her typewriter, her chair, walls, spaces, her desk, etc.

One person was run on Reach and Withdraw on a large piece of equipment he was having trouble installing. The installation seemed hopelessly bugged. During the Reach and Withdraw he realized that a large cable necessary to hook up the machine was totally disconnected! He'd never even *seen* the cable before.

Procedure:

The commands are:

1. **“Reach that _____.”**
2. **“Withdraw from that _____.”**

The following commands may be substituted if the wording is more appropriate to the particular person, place or thing being addressed:

1. **“Touch that _____.”**
2. **“Let go of that _____.”**

A thing or part of something (e.g., “the big red button on the front of the machine”) or a space or a person is named in the blank and the commands are given 1, 2, 1, 2 and so on, with an acknowledgment given after the execution of each command.

It is done on that one thing until the person has a minor win or three consecutive sets of commands with no change in the person’s motions or attitude. Then another object, part of an object, space or person is chosen and the commands are taken to a win on that item, and so on.

Always point to the object each time you give a command so there will be no mistake made by the person doing it.

One doesn’t keep the person reaching and withdrawing endlessly from the same *part* of anything that is being used but goes to different points and parts of an object being touched. If you keep him reaching for the same point on an object or just the general object time after time, you are actually running a duplication process, not Reach and Withdraw.

The person would be taken to a win or three sets of commands with no change on that one object or space (not on each different part of it that he is reaching and withdrawing from).

So when the person has a minor win or does three sets of commands with no change, go on to the next object or space.

The auditor walks around with the person doing the action, ensuring that he actually does get in physical contact with the points or areas of objects, spaces and boundaries.

You can run Reach and Withdraw on a space or a room by having the person walk into the room and walk out of the room over and over. This is used when you're running Reach and Withdraw on a room or a space rather than an object. Of course, you would also run the other objects connected with the person's duties.

Run to a win or cognition accompanied by good indicators on the whole area being addressed. Reach and Withdraw would not be run past a major win on the area.

Notes on Running: This is not kindergarten tech. A flight surgeon ran Reach and Withdraw on his squadron and for one whole year there was not one single accident, not even so much as the touch of a wingtip to a wingtip. It is probably the only squadron in history that went a whole year without even a minor accident.

KEEP IT FROM GOING AWAY, IN THE WORKPLACE

Reference: Lecture 8 Feb. 57,
“General Use of Procedure”

Use of Process: For use on anyone who is operating some piece of equipment.

Information: Take the example of a stenographer. She gets an occupational disability in sitting there pounding away at a typewriter, pounding away at a typewriter, pounding away at a typewriter. Her action demonstrates she is actually trying to push the typewriter away from her. In other words, the strike and action is down. She is getting rid of pieces of paper, and this is a rather aberrative action.

If you wanted to put her right back in the running as a stenographer, you would run “Keep It from Going Away” on her typewriter and parts of her typewriter.

Procedure:

The following procedure is given as it would be used on a typewriter. This can be adapted to any sort of machine.

Have the person sit down at a typewriter and keep parts of the typewriter from going away:

1. **“Look at that _____ (part of the typewriter).”**
2. **“Touch that _____ (part of the typewriter).”**
3. **“Keep it from going away.”**
4. **“Did you keep it from going away?”**

Run these commands 1, 2, 3, 4, 1, 2, 3, 4, etc., until the person has a win or three full sets of commands with no change.

Then run:

1. **“Look at that typewriter.”**
2. **“Touch that typewriter.”**
3. **“Keep it from going away.”**
4. **“Did you keep it from going away?”**

Run these commands 1, 2, 3, 4, 1, 2, 3, 4, etc., until the person has a win or three full sets of commands with no change.

Then add in pieces of paper and all of the letters and things that she has to do with. These commands are not rote.

1. **“Look at that _____ (paper).”**
2. **“Touch that _____ (paper).”**
3. **“Keep it from going away.”**
4. **“Did you keep it from going away?”**

Run these commands 1, 2, 3, 4, 1, 2, 3, 4, 1, 2, etc., to end phenomena.

If the person is not in reaching distance of the item being used in the command then use,

“Walk over to that _____,”

after the first command.

HOLD IT STILL, IN THE WORKPLACE

Reference: Lecture 8 Feb. 57,
“General Use of Procedure”

Use of Process: For use on anyone who is operating a piece of equipment.

Information: This process should be run following “Keep It from Going Away,” as given just above.

Procedure:

After running “Keep It from Going Away,” the next step is to have her hold all of these same things still:

1. **“Look at that _____ (part of the typewriter).”**
2. **“Touch that _____ (part of the typewriter).”**
3. **“Hold it still.”**
4. **“Did you hold it still?”**

Run these commands 1, 2, 3, 4, 1, 2, 3, 4, etc., to end phenomena.

If the person is not in reaching distance of the item being used in the command then use,

“Walk over to that _____,”

after the first command.

COMMUNICATION PROCESS

Assists for
the Workplace

Reference: Lecture 30 Nov. 59,
“Processes”

Use of Process: Use this process on someone like a Letter Registrar or a phone salesman, a disc jockey, etc. Someone whose profession involves communicating from their office.

Information: You will find that the inflow and hammer and pound has the person cut off. Running this process a Letter Registrar's letter volume and responsibility area goes way out, because she begins to realize that she can communicate to the whole world from that room.

Procedure:

Take the person into the office in which they work and have the person sit down at the desk. Run the command:

“To what (or to whom) could you communicate from this room?”

Run this command over and over, getting him to tell you his answer each time. Run to end phenomena.

S

SECTION EIGHT: DIANETIC ASSIST ACTIONS

Dianetic Assist
Actions

Dianetic Assist
Actions

R3RA NARRATIVE ON THE INCIDENT ITSELF

Dianetic Assist
Actions

References: HCOB 11 July 73RB,
ASSIST SUMMARY
HCOB 26 June 78RA II,
NED Series 6RA,
ROUTINE 3RA, ENGRAM RUNNING BY CHAINS
HCOB 28 June 78RA,
NED Series 7RA,
R3RA COMMANDS
HCOB 28 July 71RB,
NED Series 8RA,
DIANETICS, BEGINNING A PC ON

Use of Process: For use on a person who is not yet Clear and who has had an accident, injury, operation, serious illness, etc.

Information: Running out the engram is a key assist action to help the person get a full recovery.

Procedure:

Run the incident itself R3RA Narrative Quad to erasure and full EP. Interest is checked. It is understood here that Flow 1 was the physical incident itself, not necessarily something done to the person but as something that happened to him or her.

HANDLE ANY SECONDARY

References: HCOB 11 July 73RB,
ASSIST SUMMARY
HCOB 26 June 78RA II,
NED Series 6RA,
ROUTINE 3RA, ENGRAM RUNNING BY CHAINS
HCOB 28 June 78RA,
NED Series 7RA,
R3RA COMMANDS
HCOB 28 July 71RB,
NED Series 8RA,
DIANETICS, BEGINNING A PC ON

Use of Process: Use to handle any emotional reactions, stresses or shocks before, during or after the situation.

Information: Any sort of secondary should be run to help the person fully get over the injury or illness.

Procedure:

Handle any secondary, which is to say emotional reactions, stresses or shocks before, during or after the situation. Narrative secondaries are run R3RA Narrative Quad. Interest is checked. It is important to get the earliest beginning of the incident and to continue to check for earlier beginning each run through.

PREASSESS THE INCIDENT

References: HCOB 11 July 73RB,
ASSIST SUMMARY
HCOB 18 June 78R,
NED Series 4R,
ASSESSMENT AND HOW TO GET THE ITEM

Use of Process: For use in any assist program.

Information: Full handling of an injury or illness would include preassessment and handling all running items with R3RA.

Procedure:

Preassess the incident and take to full Dianetic EP all somatics connected with the incident in which the pc is interested.

L3RH

Reference: HCOB 11 Apr. 71RE,
NED Series 20,
L3RH, DIANETICS AND INT RD REPAIR LIST

Use of Process: This is for use when the area has been audited previously with R3RA.

Information: It can be of great benefit to repair past misdone Dianetics chains that were audited on the area.

Procedure:

Check if the area was audited before on R3RA. If so, L3RH to F/Ning list on it.

SERVICE FACSIMILE

Dianetic Assist
Actions

Reference: HCOB 22 June 78RA,
NED Series 2RA,
NEW ERA DIANETICS
FULL PC PROGRAM OUTLINE

Use of Process: For use in an assist program on someone who has a service facsimile or evil purpose behind the injury or illness.

Information: As service facsimiles and evil purposes can hold an illness or injury in place, these should be addressed.

Procedure:

If pc has a service facsimile or evil purpose behind the illness or injury, run it out with R3RA Quad.

UNRESOLVED PAINS

Reference: HCOB 15 July 70R,
UNRESOLVED PAINS

Use of Process: For use on unresolving pains.

Information: This can get to the bottom of pains that are not resolving with Dianetics auditing.

Where you can't fully repair a crippled left leg, don't be surprised to find it was the *right* leg that was hurt. You audit the *left* leg somatic in vain. If you do, start auditing somatics in the OPPOSITE SIDE OF THE BODY. This is also true for toothaches. Look at the pc's mouth. Has the RIGHT upper molar ever been pulled or injured? Yes. That's how the *left* molar began to decay. The right upper molar was pulled. The pain (especially under the painkiller on the right side only) backed up and stopped on the opposite side. Eventually, the left upper molar, under that stress, a year or ten later, caves in and aches.

Procedure:

Preassess the opposite side of the body or the exact body part on the opposite side of the body. Run what is found R3RA.

S

SECTION NINE: ADVANCED ASSIST ACTIONS

Advanced
Assist
Actions

Advanced
Assist
Actions

RUDIMENTS ON THE ILLNESS OR INJURY

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: Use as part of any assist program on an illness or injury.

Information: Out-rudiments are included in the causes of predisposition, precipitation and prolongation of any illness or injury.

Procedure:

1. Handle any ARC break that might have existed at the time:
 - a. with the environment
 - b. with another
 - c. with others
 - d. with himself
 - e. with the body part or the body
 - f. with any failure to recover at onceEach to F/N.
2. Handle any problem the person may have had:
 - a. at the time of illness or injury
 - b. subsequently due to his or her conditionEach to F/N.

3. Handle any overt act the person may feel he or she committed:
 - a. to self
 - b. to the body
 - c. to another
 - d. to others

Each to F/N.

4. Handle any withhold:
 - a. the person might have had at the time
 - b. any subsequent withhold
 - c. any having to withhold the body from work or others or the environment due to being physically unable to approach it.

Each to F/N.

L1C

Reference: HCOB 23 July 71R,
ASSISTS

Use of Process: For use on any assist program for an illness, injury or accident.

Information: This action will help to handle any upset, etc., regarding the illness, injury or accident.

Procedure:
Assess an L1C

“Concerning the illness _____”

or

“Concerning the injury/accident _____.”

An L1C can also be done on the injured body part.

PREPCHECK

References: HCOB 24 July 69R,
SERIOUSLY ILL PCs
HCOB 7 Sept. 78R,
MODERN REPETITIVE PREPCHECKING

Use of Process: For use in handling an illness.

Information: This will help get charge off the subject of the illness.

Procedure:
Assess for area of illness and prepcheck on the area. Also one can prepcheck the body itself.

The prepcheck buttons are:

| | |
|-------------------|----------------|
| SUPPRESSED | DECIDED |
| EVALUATED | WITHDRAWN FROM |
| INVALIDATED | REACHED |
| CAREFUL OF | IGNORED |
| DIDN'T REVEAL | STATED |
| NOT-ISED | HELPED |
| SUGGESTED | ALTERED |
| MISTAKE BEEN MADE | REVEALED |
| PROTESTED | ASSERTED |
| ANXIOUS ABOUT | AGREED (WITH) |

DATE LOCATE

Advanced
Assist
Actions

Reference: HCOB 15 Nov. 78,
DATING AND LOCATING

Use of Process: For use on handling an injury.

Information: This can help unstick the preclear from the injury.

Procedure:

Date and locate the injury per HCOB 15 Nov. 78, DATING
AND LOCATING.

POSTULATE TWO-WAY COMM

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: This is done only if the person has not already discovered that he had decisions connected to the incident.

Procedure:

This is two-way comm on the subject of “any decision to be hurt” or some such wording.

It is carried to F/N. One must be careful not to invalidate the person.

PRIOR CONFUSION Two-way COMM

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: Fixed ideas follow a period of confusion. This is also true of engrams that hang up as physical injury. Slow recovery after an engram has been run can be caused by the prior confusion mechanism. The engram of accident or injury can be a stable item in a confusion.

Procedure:

By two-way comm see if a confusion existed prior to the accident, injury or illness. If so, it may be two-way commed to F/N.

MYSTERY POINT TWO-WAY COMM

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: Often there is some part of an incident which is mysterious to a preclear. The engram itself may hang up on a mystery. A thetan could be called a “mystery sandwich” in that he tends to stick in on mysteries.

Procedure:

Two-way comm any mysterious aspect of the incident. Two-way comm it to F/N, cognition and very good indicators.

RUDIMENTS BEFORE THE ILLNESS OR INJURY

References: HCOB 24 July 69R,
SERIOUSLY ILL PCs
HCOB 17 June 70RA,
TRIPLE/QUAD RUDIMENTS
AND OVERTS

Use of Process: For use on any assist program for an illness or injury.

Information: As out-rudiments can predispose one to injury or illness, prior out-rudiments should be addressed in any assist program.

Procedure:

Fly rudiments before the illness or injury.

These can be done Quad flows. The Quad commands are:

ARC Breaks:

Flow 1:

**“Prior to the _____ (illness/injury/accident)
did another ARC break you?”**

Flow 2:

**“Prior to the _____ (illness/injury/accident)
did you ARC break another?”**

Flow 3:

**“Prior to the _____ (illness/injury/accident)
did another ARC break others?”**

Flow 0:

**“Prior to the _____ (illness/injury/accident)
did you ARC break yourself?”**

Present Time Problems:

Flow 1:

**“Prior to the _____ (illness/injury/accident)
did another give you a present time problem?”**

Flow 2:

**“Prior to the _____ (illness/injury/accident)
did you give another a present time problem?”**

Flow 3:

**“Prior to the _____ (illness/injury/accident)
did another give others a present time problem?”**

Flow 0:

**“Prior to the _____ (illness/injury/accident)
did you give yourself a present time problem?”**

Withholds:

Flow 1:

**“Prior to the _____ (illness/injury/accident)
did you have a withhold from another?”**

Flow 2:

**“Prior to the _____ (illness/injury/accident)
did another have a withhold from you?”**

Flow 3:

**“Prior to the _____ (illness/injury/accident)
did another have a withhold from others?”**

Flow 0:

**“Prior to the _____ (illness/injury/accident)
did you have a withhold from yourself?”**

Overts:

Flow 1:

**“Prior to the _____ (illness/injury/accident)
did another commit an overt on you?”**

Flow 2:

**“Prior to the _____ (illness/injury/accident)
did you commit an overt on another?”**

Flow 3:

**“Prior to the _____ (illness/injury/accident)
did another commit an overt on others?”**

Flow 0:

**“Prior to the _____ (illness/injury/accident)
did you commit an overt on yourself?”**

Run each reading flow to F/N.

PREPCHECK PRIOR CONFUSION

References: HCOB 9 Nov. 61,
THE PROBLEMS INTENSIVE, USE OF THE PRIOR
CONFUSION
HCOB 7 Sept. 78R,
MODERN REPETITIVE PREPCHECKING
Lecture 3 Oct. 61,
“The Prior Confusion”

Use of Process: For use on any assist program for an illness or injury.

Information: This action will help the preclear clear up any prior confusion to the illness, accident or injury.

Procedure:

Prepcheck the prior confusion to the illness or the accident/injury.

Do not prepcheck the illness itself or accident/injury itself.

The prepcheck buttons are:

| | |
|--------------------------|-----------------------|
| SUPPRESSED | DECIDED |
| EVALUATED | WITHDRAWN FROM |
| INVALIDATED | REACHED |
| CAREFUL OF | IGNORED |
| DIDN'T REVEAL | STATED |
| NOT-ISED | HELPED |
| SUGGESTED | ALTERED |
| MISTAKE BEEN MADE | REVEALED |
| PROTESTED | ASSERTED |
| ANXIOUS ABOUT | AGREED (WITH) |

PTS C/S-1

References: HCOB 31 Dec. 78RA III,
EDUCATING THE POTENTIAL TROUBLE SOURCE,
THE FIRST STEP TOWARD HANDLING: PTS C/S-1
HCOB 31 Dec. 78RA II,
OUTLINE OF PTS HANDLING

Use of Process: For use in handling PTSness.

Information: The first step in handling PTSness is educating the person in the materials of the subject. It must be done before any other PTS handling is begun.

Procedure:

Do a PTS C/S-1 as given in HCOB 31 Dec. 78RA III, EDUCATING THE POTENTIAL TROUBLE SOURCE, THE FIRST STEP TOWARD HANDLING: PTS C/S-1.

SUPPRESSIVE PRESENCE Two-way COMM

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: Mistakes or accidents or injuries occur in the presence of suppression. One wants to know if any such suppressive influence or factor existed just prior to the incident being handled. This could be the area it occurred in or persons the preclear had just spoken to.

Procedure:

Two-way comm any suppressive or invalidative presence that may have caused a mistake to be made or the accident to occur.

Two-way comm it to F/N, cognition and very good indicators.

PTS INTERVIEW

References: HCOB 24 Apr. 72 I,
C/S Series 79,
ExDn Series 5,
PTS INTERVIEWS

HCOB 10 Aug. 73,
PTS HANDLING

HCOB 31 Dec. 78RA II,
OUTLINE OF PTS HANDLING

Use of Process: For use in handling PTSness.

Information: A metered PTS interview done by an auditor in session or an Ethics Officer, Director of Processing or Staff Section Officer will, in most cases, assist the person to spot the antagonistic or SP element. Once spotted, the potential trouble source can be assisted in working out a handling for that terminal.

Procedure:

This interview is done exactly per HCOB 24 Apr. 72 I, C/S Series 79, ExDn Series 5, PTS INTERVIEWS.

The interview asks (a) about persons who are hostile or antagonistic to the pc, (b) about groups that are anti-Scientology, (c) about people who have harmed the pc, (d) about *things* that the pc thinks are suppressive to the pc, (e) about locations that are suppressive to the pc and (f) about *past-life* things and beings suppressive to the pc.

RUDIMENTS ON ANTAGONISTIC TERMINAL

Advanced
Assist
Actions

References: HCOB 31 Dec. 78RA II,
OUTLINE OF PTS HANDLING
HCOB 17 June 70RA,
TRIPLE/QUAD RUDIMENTS AND OVERTS

Use of Process: For use in handling PTSness.

Information: Flying rudiments and overts Triple or Quad flow on the antagonistic terminal is often done to “get rudiments in” and enable the preclear to better confront the PTS situation he is faced with.

Procedure: **ARC Breaks:**

Flow 1:

“Has _____ (terminal) ARC broken you?”

Flow 2:

“Have you ARC broken _____ (terminal)?”

Flow 3:

“Has _____ (terminal) ARC broken others?”

Flow 0:

**“Have you ARC broken yourself because of
_____ (terminal)?”**

Present Time Problems:

Flow 1:

“Has _____ (terminal) given you a present time problem?”

Flow 2:

“Have you given _____ (terminal) a present time problem?”

Flow 3:

“Has _____ (terminal) given others a present time problem?”

Flow 0:

“Have you given yourself a present time problem because of _____ (terminal)?”

Withholds:

Flow 1:

**“Do you have a withhold from _____
(terminal)?”**

Flow 2:

**“Does _____ (terminal) have a withhold
from you?”**

Flow 3:

**“Does _____ (terminal) have a withhold
from others?”**

Flow 0:

**“Do you have a withhold from yourself because
of _____ (terminal)?”**

Overts:

Flow 1:

“Has _____ (terminal) committed an overt on you?”

Flow 2:

“Have you committed an overt on _____ (terminal)?”

Flow 3:

“Has _____ (terminal) committed an overt on others?”

Flow 0:

“Have you committed an overt on yourself because of _____ (terminal)?”

SEARCH AND DISCOVERY

Advanced
Assist
Actions

References: HCOB 16 Aug. 69R,
HANDLING ILLNESS IN SCIENTOLOGY
HCOB 17 June 70RA,
TRIPLE/QUAD RUDIMENTS AND OVERTS

Use of Process: For use in handling PTSness.

Information: Sickness is of course the result of engram chains in restimulation. One has to ask, however, what causes restimulation to occur? The answer is out-rudiments plus a suppressive environment or situation. Therefore, obviously, if one wanted to really handle, handle, handle sickness and do some miracles, one would use the lot of one's weapons.

Procedure:

1. The first action is to fly the rudiments, "In life."

The single-flow commands are:

"In life, have you had an ARC break?"

"In life, have you had a problem?"

"In life, have you had a withhold?"

The Quad commands are:

ARC Breaks:

Flow 1:

“In life, has another ARC broken you?”

Flow 2:

“In life, have you ARC broken another?”

Flow 3:

“In life, has another ARC broken others?”

Flow 0:

“In life, have you ARC broken yourself?”

Present Time Problems:

Flow 1:

“In life, has another given you a present time problem?”

Flow 2:

“In life, have you given another a present time problem?”

Flow 3:

“In life, has another given others a present time problem?”

Flow 0:

“In life, have you given yourself a present time problem?”

Withholds:

Flow 1:

“In life, do you have a withhold from another?”

Flow 2:

“In life, does another have a withhold from you?”

Flow 3:

“In life, does another have a withhold from others?”

Flow 0:

“In life, do you have a withhold from yourself?”

Overts:

Flow 1:

“In life, has another committed an overt on you?”

Flow 2:

“In life, have you committed an overt on another?”

Flow 3:

“In life, has another committed an overt on others?”

Flow 0:

“In life, have you committed an overt on yourself?”

2. Assess:

| | |
|-------------------------|-------|
| Withdraw from | _____ |
| Stop | _____ |
| Unmock | _____ |
| Suppress | _____ |
| Invalidate | _____ |
| Make nothing of | _____ |
| Suggest | _____ |
| Been careful of | _____ |
| Failed to reveal | _____ |

3. Take the three that read best (null to 3 items). Use the one that read most first.
4. Test one of these items in these two questions to see which question then reads best:
- “Who or what has attempted to _____ you?”**
- “Who or what have you tried to _____?”**
5. List the best reading question by the Laws of Listing and Nulling. BE EXACT IN FOLLOWING THOSE LAWS or you'll make the person even sicker!
6. Use each of the three this way.

AGREEMENT TWO-WAY COMM

Advanced
Assist
Actions

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: There is usually a point where the person agrees with some part of the scene. If this point is found, it will tend to unpin the preclear from going on agreeing to be sick or injured.

Procedure:

Two-way comm to get any agreement the person may have had in or with the incident. Two-way comm to F/N.

PROTEST TWO-WAY COMM

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: Any sort of illness or injury will generally contain protest.

Procedure:

Two-way comm any protest in the incident to F/N.

PREDICTION TWO-WAY COMM

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: The person is usually concerned about his recovery.
Undue worry about it can extend the effects into the future.

Procedure:

Two-way comm:

- a. How long he/she expects to take to recover.
- b. Get the person to tell you any predictions others have made about it.

Avoid getting the person to predict it as a very long time by getting him to talk about that further.

Two-way comm it to F/N, cognition and very good indicators.

LOSSES TWO-WAY COMM

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: A person who has just experienced a loss may become ill. This is particularly true of colds.

Procedure:

Two-way comm anything the preclear may have lost to F/N.

HAVINGNESS

References: HCOB 11 July 73RB,
ASSIST SUMMARY
HCOB 7 Aug. 78,
HAVINGNESS, FINDING AND RUNNING
THE PC'S HAVINGNESS PROCESS
HCOB 6 Oct. 60R,
THIRTY-SIX NEW PRESESSIONS

Use of Process: For use in any assist program.

Information: An injured or sick person is out of present time. Thus running Havingness in every assist session is vital. This not only remedies havingness but also brings the preclear to present time.

The *purpose* of a Havingness Process is to get the preclear stabilized in his environment.

Procedure:

The preclear's Havingness Process is tested for on the meter in an exact way. You test it on the *needle* with can squeezes from the preclear.

1. Set the sensitivity for 1/3-of-a-dial drop when the preclear squeezes the cans.
2. Run five to eight commands of the Havingness Process below, with the preclear on the meter.

“Look around here and find something you could have.”

3. Then have the preclear squeeze the cans, noting the size of the needle read now. If this second can squeeze shows the needle looser (wider swing) than the first can squeeze did, you've got it. The Havingness Process you've tested is the Havingness Process for the preclear and may be used to remedy his havingness.
4. If the process *tightens* the needle during the test, don't use it. Don't bridge off. Just get off the process now and test the next process given below, or the next, continuing until you find a Havingness Process that does loosen the needle and gives a wider swing. One will be found among the following list.

“Look around here and find something you could have.”



“Point out something in this room you could confront.”

“Point out something in this room you would rather not confront.”



“What part of a beingness around here could you have?”



“Look around here and point out an effect you could prevent.”



“Point out something.”

■

“Where is the (room object)?”

■

“Look around here and find an object you are not in.”

■

**“Notice that (indicated object).
(No acknowledgment)”**

“What aren’t you putting into it?”

■

“Look around here and find something you can agree with.”

■

“Look around here and find something you could have.”

“Look around here and find something you could withhold.”

■

“Notice that (room object). Get the idea of making it connect with you.”

■

“Look around here and find something you could withhold.”

■

“Point out something around here that is like something else.”

■

“Where isn’t that (indicated object)?”

■

“What else is that (indicated object)?”

■

“What is the emotion of that (indicated object)?”

■

“What is that (indicated object) not duplicating?”

■

“What scene could that (indicated object) be part of?”

■

“Duplicate something.”

■

“What is the condition of that (indicated object)?”

■

“What is the condition of that person?”

■

“Notice that body.”

“What aren’t you putting into it?”

■

“What bad activity is that (indicated object) not part of?”

■

“Where would that wall have to be located so you wouldn’t have to restrain it?”

■

a. **“What around here would you permit to be duplicated?”**

or

b. **“What is the safest thing in this room?”**

■

“Who would that (indicated object) be a good example to?”

■

“What would you have to do to that (indicated object) in order to have it?”

■

Auditor holds two *small* objects, one in each hand. Exposes them alternately to preclear, with as little motion of arms and hands as possible.

■

“How could you deter a _____?”

“What have you not given a _____?”

■

“Notice that (indicated room object).”

“How could you get it to help you?”



“Notice that (room object).”

“How could you fail to help it?”

5. The correct Havingness Process selected is run ten to twelve commands at a time, usually just before ending off a session.

Run the process to F/N.

Notes on Running: A preclear’s Havingness Process can change as the preclear changes with auditing. If at some point in the auditing the Havingness Process which has been being used fails to get the desired result, simply retest for a new Havingness Process, find one that works and use it.

Even the right Havingness Process if run too much at one time (more than ten or twenty commands) will start running the bank. It doesn’t harm the preclear but that isn’t its use, as there are other processes that run the bank better.

HANDLING HIGH OR LOW TA

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: A C/S 53RM should be used to get the TA under control during assists if it cannot be gotten down. It must be done by an auditor who knows how to meter and can get reads.

Procedure:

Assess the C/S 53RM Method 5 and handle to get the TA under control.

L&N, VERIFY CORRECT

Reference: HCOB 20 Apr. 72 II,
C/S Series 78,
PRODUCT PURPOSE AND WHY AND
W/C ERROR CORRECTION

Use of Process: For use on someone who has had L&N in connection with the area being addressed.

Information: Nothing produces as much case upset as a wrong list item or a wrong list. Nothing else produces such a sharp deterioration in a case or even illness.

Procedure:

Check if any L&N done in connection with the area, verify or correct the lists.

ILLNESS OR INJURY DURING OR FOLLOWING AUDITING

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: When a preclear gets ill or injured while being audited or following auditing, the auditing must be repaired.

Procedure:

Repair the auditing with the appropriate correction list and/or a Green Form Method 5.

It can occur that a preclear gets ill after being audited where the “auditing” is out-tech. When this occurs or is suspected, a Green Form should be assessed only by an auditor who can meter and whose TR 1 gets reads. The Green Form reads are then handled. Out-Interiorization, bad lists, missed withholds, ARC breaks and incomplete or flubbed engrams are the commonest errors.

FIXED PICTURE

(BEFORE-AFTER)

Advanced
Assist
Actions

Reference: HCOB 11 July 73RB,
ASSIST SUMMARY

Use of Process: For use in any assist program.

Information: Where an injured or ill preclear is so stuck that he has a fixed picture this should be addressed.

Procedure:

One can jar it loose by asking him to recall a time before the incident and then asking him to recall a time after it. This will “jar the engram loose” and change the stuck point.

Run until the picture jars loose and the preclear F/Ns.

HANDLING REASONS FOR NO RECOVERY

Reference: LRH Assist program dated 1978

Use of Process: Can be used on someone who is not getting well or recovering in the expected time.

Information: One must be trained in Listing and Nulling to run this process.

Procedure:

List and null:

“What would you have to decide in order to get well totally?”

Run the resulting item in R3RA Quad.

If preclear not fully recovered, list and null:

“What would be the consequences of your full recovery?”

TIREDNESS

References: HCOB 29 July 81R,
FULL ASSIST CHECKLISTS FOR INJURIES
AND ILLNESSES
HCOB 8 Sept. 71R II,
CASE SUPERVISOR ACTIONS

Use of Process: For use on someone who is tired continually or who sleeps too much.

Information: Tiredness is technically BLUNTED PURPOSE.

Procedure:
List and null:

“What purpose has been blunted?”

You can also use “abandoned” if it reads better.

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SECTION TEN: HANDLING UNCONSCIOUSNESS, COMAS AND SHOCK

Handling
Unconsciousness,
Comas and Shock

Handling
Unconsciousness,
Comas and Shock

UNCONSCIOUS PERSON ASSIST

Handling
Unconsciousness,
Comas and Shock

References: HCOB 15 Aug. 87,
UNCONSCIOUS PERSON ASSIST
TR Instruction Film No. 10, *Assists*

Use of Process: For use on an unconscious person, including someone who has been in a coma for some time.

Information: A person who is unconscious, even someone who has been in a long continued coma, can be helped using a process called an Unconscious Person Assist. With this assist you can help to get the person into communication with you and his surroundings, and so bring him from unconsciousness back to life and livingness. It is an easy assist to learn and to do.

Procedure:

1. Take the person's hand gently in your hand and tell him, "I am going to assist you to recover."
2. Gently move the person's hand and press it against an object. Use the bedspread, pillow, bed, etc. Give the command,

"Feel that (object)"

and give him a very short time to feel it. You do not wait for any response, but you do give the person a moment to feel the object. (The auditor shouldn't fall for the belief that "unconscious" people are unable to think or be aware in any way. A thetan is seldom unconscious regardless of what the body is doing or not doing.)

3. Acknowledge the person.

4. Move the person's hand to touch another object and give the next command.

For example: (Auditor places preclear's hand on bedspread.)

“Feel that bedspread.”

(Pause)

“Thank you.”

(Auditor moves preclear's hand and places it on pillow.)

“Feel that pillow.”

(Pause)

“Thank you.”

And so on.

5. Continue moving his hand to the next object, giving commands and acknowledging.
6. When the person has regained consciousness you end off by saying, “End of assist.”

If you are handling a person in a coma, you may not get him back to consciousness in a single assist session. What you look for in such a case as a signal to end the session is an improvement in the person's condition. There are various indicators which will tell you you've gotten an improvement. The person's breathing may be easier; his skin tone may improve; he may simply look better or more comfortable than when you started that session. Watch very carefully for such indicators. They show you are making progress. When you have an improvement on a person in a coma, end off by saying “That's it for today” and let the person know when you will see him for the next session.

The assist is complete when you have the person back to consciousness. This may happen rather rapidly or it may sometimes require many sessions before it is achieved. Your job is to keep at it, taking each session to an improvement for the person. When the person is conscious again the assist is ended, but this is not the end of your handling of him. It means you can now move on to other assist actions and processing.

Notes on Running: A signal system can be arranged with an unconscious person in order to question him and get “yes” or “no” answers. The signal system is simple: Clasp the person’s hand gently in yours so that he can squeeze it. Tell him, “You can answer me by squeezing my hand. Squeeze once for ‘Yes’ and twice for ‘No.’” You can then ask simple questions to find out if you have gotten an improvement: “Can you hear me?” or “Do you know where you are?” The person will usually respond, if faintly, even while unconscious. If there is no response or a negative response, continue with the assist session.

This system is especially useful when giving an assist to someone who is in a coma. Say you notice a change in the person during the assist, such as his eyelids quiver or squint slightly. The signal system can be used at that point to ask the person, “Do you feel any better?” or “Do you know where you are?” If you find he’s improved, you end off that session, otherwise continue on until he does have an improvement.

Another example of the use of this system would be in starting an assist session on someone in a coma who you’ve been giving regular assist sessions to. At the start of such a session you can establish the hand-squeeze signal system and ask the person, “Are you doing any better today?” or “Are you doing better than when I was here last?” Whatever response you get (short of the person coming back to consciousness right then and there), you still go ahead with the Unconscious Person Assist until you have an improvement for that session.

PROCESS FOR SOMEONE WHO IS UNCONSCIOUS OR IN A COMA

Reference: Lecture 21 May 59,
“Clearing Process—Special Cases”

Use of Process: For use on someone who is unconscious or in a coma.

Information: This is a way to get into communication with someone in a coma.

Procedure:

“You make that body lie on that bed”

or

“You make that body sit on that chair.”

(Use whichever command fits what the preclear is doing.)

Run until the person responds or his condition improves in some way.

PROCESS FOR HANDLING SHOCK OR CATATONIA

Handling
Unconsciousness,
Comas and Shock

Reference: Lecture 17 June 54,
“Assists”

Use of Process: For use on someone who is in shock from some accident or incident or catatonia.

Information: People who are hurt and very emotionally upset are actually at a momentary psychotic case level and should be treated as such.

Procedure:

Say:

“Here. What word did I say to you?”

“Here. What word did I say to you?”

And keep this up until all of a sudden the preclear says, “You said ‘here.’”

Then give the command:

“Reach down now and find the floor with your hand. Press on it.”

Continue this until the person comes out of it.

Run until the person comes into present time and brightens up.

THE “BRING BACK TO LIFE” ASSIST

References: HCOB 8 Apr. 88,
THE “BRING BACK TO LIFE” ASSIST
TR Instruction Film No. 10, *Assists*

Use of Process: For use on someone who has left the body—i.e., in a situation where if the thetan does not come back the body will die.

Information: “Doing a bunk” is an English slang term meaning “running away or deserting.” In our terminology it means that a person shoots out of his head. He actually abandons the body, i.e., the being is really *gone*. There is a difference between a thetan leaving the body and a thetan going unconscious. When a person is unconscious, he will still be breathing and will have a pulse. But when a person has *left*, pulse and breath may stop.

Procedure:

If a person has done a bunk, you can simply order him to come back and bring the body to life. The commands are addressed to the person and should be given in a tone of authority.

It would be as simple as commanding,

“Come back and bring this body to life!”

Or ordering the person,

“Come back here and pick up your body! At once! Pick it up! I order you! Right now!”

You just keep commanding him with Tone 40. He is still around and can be gotten to come back again.

There is another means of bringing a person back to life. You can *coax* the person back. In one case, an auditor pleaded along the lines that the

person should remember her husband, should think of her children, and so on, all with no response. He couldn't get her to pick up the body at all. Finally, the auditor said, "Think of your poor auditor!" at which point she came back and brought the body to life.

Once you have brought the person back to life, that is the end of this assist action. Of course, if it is needed, the person should be fully handled with medical treatment and further assist actions to make him completely well.

Notes on Running: Someone who has done a bunk must be handled within three to four minutes. A maximum amount of time would be eight minutes, but by this time physical damage will probably have occurred. An assist can be done to bring the person back to life. Anyone attempting such a handling must act *fast*.

When someone has done a bunk, there is still a communication line to the body. There is always a communication line to the body because the thetan is tuned up to the wavelength of the ridges of that body. Therefore, even if the thetan is six universes away, he can still communicate through the body.

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SECTION ELEVEN: TABLES OF ASSISTS

Tables
of Assists

Tables
of Assists

TABLES OF ASSISTS

These tables are provided as a guideline for using the assists in this book.

There are a multitude of assists that can be used. And there will be numerous circumstances in which to use them.

The tables range from full lists of everything that could be applied to someone who is sick or injured, to simple processes which apply to a single situation, such as handling a drunk or a child who has just woken up from a nightmare screaming.

HOW TO USE THESE TABLES

Under each situation given, is the assist or assists that can be done in order to bring about a full recovery. The tables of processes are a guideline to a full assist program. There may be *other* assists in this book that could be applied to the person that are not given in the table and if so, these should be done.

The tables of assist processes are not intended to be used as a rote sequence of handling assists, which vary based on the circumstances of the preclear.

Any assist action must be suited to that preclear's case and current condition.

TABLES OF ASSISTS FOR INJURIES

Tables
of Assists

FIRST AID AND ENVIRONMENTAL CONTROL

Where you are giving an assist to one person, you put things in the environment into an orderly state as the first step, unless you are trying to stop a pumping artery—but here you would use first aid. First aid *always* precedes an assist. Look the situation over from the standpoint of how much first aid is required.

You may often have to find some method of controlling, handling and directing personnel who get in your way before you can render an assist. You might just as well realize that an assist requires that you control the entire environment and personnel associated with the assist if necessary.

This could include getting some assistance to ease discomfort, such as Epsom-salt baths, liniment, changing bandages, etc.

Medical Treatment: An assist is not a substitute for medical attention and does not attempt to cure injuries requiring medical aid. First, call the doctor. Then assist the person as you can.

Symptom: Injured and has done a bunk.

What to Do:

Ensure any necessary first aid is done and environmental control and then:

| | | |
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| The “Bring Back to Life” Assist | Section 10 | pg. 262 |
|---------------------------------|------------|---------|

Next, make sure the needed medical treatment occurs. Further assists include:

| | | |
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| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
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| Unconscious Person Assist | Section 10 | pg. 257 |
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| Touch Assist | Section 1 | pg. 45 |
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| Locating the Present Time Environment | Section 2 | pg. 88 |
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| Running Help on an Injury | Section 2 | pg. 89 |
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| A Havingness Process | Section 2 | pg. 87 |
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| Havingness | Section 9 | pg. 241 |
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| Put Your Attention on My Hand | Section 2 | pg. 85 |
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| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
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| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
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| Locational Assist | Section 1 | pg. 51 |
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| Hello and Okay | Section 2 | pg. 71 |
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| L1C | Section 9 | pg. 213 |
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| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
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| Handle Any Secondary | Section 8 | pg. 202 |
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| Preassess the Incident | Section 8 | pg. 203 |
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| L3RH | Section 8 | pg. 204 |
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| Service Facsimile | Section 8 | pg. 205 |
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| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Tolerating Space | Section 2 | pg. 86 |
| Places Where the Injured Body Part Is Safe | Section 2 | pg. 91 |
| Running Help on an Injury | Section 2 | pg. 89 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Severely injured and close to death.

What to Do:

Ensure that any necessary first aid, environmental control and medical treatment is done.

Further assists for this situation include:

| | | |
|--|------------|---------|
| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Touch Assist | Section 1 | pg. 45 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| Running Help on an Injury | Section 2 | pg. 89 |
| A Havingness Process | Section 2 | pg. 87 |
| Havingness | Section 9 | pg. 241 |
| Put Your Attention on My Hand | Section 2 | pg. 85 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Communication Process | Section 2 | pg. 72 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |

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| Mystery Point Two-way Comm | Section 9 | pg. 218 |
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| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Tolerating Space | Section 2 | pg. 86 |
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| Running Help on an Injury | Section 2 | pg. 89 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Has had an electric shock.

What to Do:

Ensure that any necessary first aid, environmental control and medical treatment is done.

Further assists for this situation include:

| | | |
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| Process for Handling Shock or Catatonia | Section 10 | pg. 261 |
| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| A Havingness Process | Section 2 | pg. 87 |
| Havingness | Section 9 | pg. 241 |
| Put Your Attention on My Hand | Section 2 | pg. 85 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Communication Process | Section 2 | pg. 72 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
| Purpose | Section 2 | pg. 75 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |

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| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Severely injured and bleeding/broken bones.

What to Do:

Ensure that any necessary first aid, environmental control and medical treatment is done.

Further assists for this situation include:

| | | |
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| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| A Havingness Process | Section 2 | pg. 87 |
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| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Communication Process | Section 2 | pg. 72 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
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| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Injured and in a coma.

What to Do:

Ensure that any necessary first aid, environmental control and medical treatment is done.

Further assists for this situation include:

| | | |
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| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
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| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: In or was in a state of shock.

What to Do:

The first thing to do is any necessary first aid and environmental control and then:

| | | |
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| Process for Handling Shock or Catatonia | Section 10 | pg. 261 |
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Next, ensure the needed medical treatment occurs. Further assists include:

| | | |
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| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
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| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Tolerating Space | Section 2 | pg. 86 |
| Places Where the Injured Body Part Is Safe | Section 2 | pg. 91 |
| Running Help on an Injury | Section 2 | pg. 89 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Injured and unconscious.

What to Do:

The first thing to do is any necessary first aid, environmental control and ensure the needed medical treatment occurs.

Further assists include:

| | | |
|---|------------|---------|
| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| Put Your Attention on My Hand | Section 2 | pg. 85 |
| A Havingness Process | Section 2 | pg. 87 |
| Havingness | Section 9 | pg. 241 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Communication Process | Section 2 | pg. 72 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
| Purpose | Section 2 | pg. 75 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |

| | | |
|---|-----------|---------|
| L1C | Section 9 | pg. 213 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Date ▪ Locate | Section 9 | pg. 215 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Tolerating Space | Section 2 | pg. 86 |
| Places Where the Injured Body Part Is Safe | Section 2 | pg. 91 |
| Running Help on an Injury | Section 2 | pg. 89 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Injured and in pain.

What to Do:

The first thing to do is any necessary first aid, environmental control and ensure the needed medical treatment occurs.

Further assists include:

| | | |
|---|-----------|---------|
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| A Havingness Process | Section 2 | pg. 87 |
| Havingness | Section 9 | pg. 241 |
| Put Your Attention on My Hand | Section 2 | pg. 85 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Communication Process | Section 2 | pg. 72 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
| Purpose | Section 2 | pg. 75 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |

| | | |
|---|-----------|---------|
| Date ▪ Locate | Section 9 | pg. 215 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before--After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Tolerating Space | Section 2 | pg. 86 |
| Places Where the Injured Body Part Is Safe | Section 2 | pg. 91 |
| Running Help on an Injury | Section 2 | pg. 89 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Injured with extreme discomfort.

What to Do:

The first thing to do is any necessary first aid, environmental control and ensure the needed medical treatment occurs.

Further assists include:

| | | |
|---|-----------|---------|
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| A Havingness Process | Section 2 | pg. 87 |
| Havingness | Section 9 | pg. 241 |
| Put Your Attention on My Hand | Section 2 | pg. 85 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Communication Process | Section 2 | pg. 72 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
| Purpose | Section 2 | pg. 75 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| LIC | Section 9 | pg. 213 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Date ▪ Locate | Section 9 | pg. 215 |

| | | |
|---|-----------|---------|
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Tolerating Space | Section 2 | pg. 86 |
| Places Where the Injured Body Part Is Safe | Section 2 | pg. 91 |
| Running Help on an Injury | Section 2 | pg. 89 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Injured with an infection/temperature.

What to Do:

The first thing to do is any necessary first aid, environmental control and ensure the needed medical treatment occurs, including antibiotics where needed.

Further assists include:

| | | |
|---|-----------|---------|
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| A Havingness Process | Section 2 | pg. 87 |
| Havingness | Section 9 | pg. 241 |
| Put Your Attention on My Hand | Section 2 | pg. 85 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Communication Process | Section 2 | pg. 72 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
| Purpose | Section 2 | pg. 75 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |

| | | |
|---|-----------|---------|
| Date ▪ Locate | Section 9 | pg. 215 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Tolerating Space | Section 2 | pg. 86 |
| Places Where the Injured Body Part Is Safe | Section 2 | pg. 91 |
| Running Help on an Injury | Section 2 | pg. 89 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Injured and taking drugs.

What to Do:

The first thing to do is any necessary first aid, environmental control and ensure the needed medical treatment occurs.

Further assists include:

| | | |
|---|-----------|---------|
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| A Havingness Process | Section 2 | pg. 87 |
| Havingness | Section 9 | pg. 241 |
| Put Your Attention on My Hand | Section 2 | pg. 85 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Communication Process | Section 2 | pg. 72 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
| Purpose | Section 2 | pg. 75 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Date ▪ Locate | Section 9 | pg. 215 |

| | | |
|---|-----------|---------|
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Tolerating Space | Section 2 | pg. 86 |
| Places Where the Injured Body Part Is Safe | Section 2 | pg. 91 |
| Running Help on an Injury | Section 2 | pg. 89 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Injured with little/no discomfort.

What to Do:

The first thing to do is any necessary first aid, environmental control and ensure the needed medical treatment occurs.

Further assists include:

| | | |
|---|-----------|---------|
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| Locating the Present Time Environment | Section 2 | pg. 88 |
| A Havingness Process | Section 2 | pg. 87 |
| Havingness | Section 9 | pg. 241 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Where Did It Happen? ▪ Where Are You Now? | Section 2 | pg. 69 |
| Look at That (Object) Decide the Injury Cannot Have It | Section 2 | pg. 73 |
| Tolerating Space | Section 2 | pg. 86 |
| Places Where the Injured Body Part Is Safe | Section 2 | pg. 91 |
| Running Help on an Injury | Section 2 | pg. 89 |
| The Body Communication Process | Section 1 | pg. 57 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |

| | | |
|------------------------------------|-----------|---------|
| Date ▪ Locate | Section 9 | pg. 215 |
| Preassess the Incident | Section 8 | pg. 203 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

The following processes can also be used, as needed:

| | | |
|------------------------------------|-----------|---------|
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Where Aren't You Being (Injured) | Section 2 | pg. 80 |
| Purpose | Section 2 | pg. 75 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |
| Handle Any Secondary | Section 8 | pg. 202 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |

| | | |
|---|-----------|---------|
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Spot the Spot | Section 2 | pg. 79 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |

Symptom: Injury not healing.

What to Do:

| | | |
|---|-----------|---------|
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Process for Fixed Attention on Something Wrong with the Body | Section 3 | pg. 108 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before--After) | Section 9 | pg. 251 |
| Feel the Aliveness (1952 Effort Processing) | Section 3 | pg. 120 |
| Postulate Processing | Section 3 | pg. 116 |
| Conclusions | Section 3 | pg. 118 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |
| Service Facsimile | Section 8 | pg. 205 |
| Handling Reasons for No Recovery | Section 9 | pg. 252 |

Symptom: Injured after or while incomplete on an auditing action.

What to Do:

Handle the injury with the appropriate handlings given in the table that most closely approximate the injury being treated.

Then do:

| | | |
|--|-----------|---------|
| Illness or Injury During or Following Auditing | Section 9 | pg. 250 |
|--|-----------|---------|

Symptom: Old injury recurring or restimulated.

What to Do:

| | | |
|---------------------------------------|-----------|---------|
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Date ▪ Locate | Section 9 | pg. 215 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Postulate Processing | Section 3 | pg. 116 |
| Conclusions | Section 3 | pg. 118 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: High or low TA.

What to Do:

| | | |
|-------------------------|-----------|---------|
| Handling High or Low TA | Section 9 | pg. 248 |
|-------------------------|-----------|---------|

Symptom: Repeating injuries/accidents (accident-prone).

What to Do:

As soon as the appropriate assist actions are done and the person is recovered, the person should be programed for a full battery of Objectives. (These are not assist processes.) Or put the person through the TRs and Objectives Co-audit Course.

Symptom: Pc can't recall recent engram.

What to Do:

| | | |
|------------------------|-----------|---------|
| Preassess the Incident | Section 8 | pg. 203 |
|------------------------|-----------|---------|

Do this until the person recalls the engram. Then do:

| | | |
|---------------------------------------|-----------|---------|
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
|---------------------------------------|-----------|---------|

| | | |
|----------------------|-----------|---------|
| Handle Any Secondary | Section 8 | pg. 202 |
|----------------------|-----------|---------|

Complete the preassessment of the incident. Then proceed with assist actions based on current symptoms.

TABLES OF ASSISTS FOR ILLNESSES

Tables
of Assists

MEDICAL TREATMENT

An assist is not a substitute for medical attention and does not attempt to cure illnesses requiring medical aid. First, call the doctor. Then assist the person as you can.

(This could include getting some assistance to ease discomfort, such as Epsom-salt baths, liniment, changing bandages, etc.)

First Aid and Environmental Control: Where you are giving an assist to one person, you put things in the environment into an orderly state as the first step, unless you are trying to stop a pumping artery—but here you would use first aid. First aid *always* precedes an assist. Look the situation over from the standpoint of how much first aid is required.

You may often have to find some method of controlling, handling and directing personnel who get in your way before you can render an assist. You might just as well realize that an assist requires that you control the entire environment and personnel associated with the assist if necessary.

Symptom: Ill and has done a bunk.

What to Do:

The “Bring Back to Life” Assist Section 10 pg. 262

Then do any necessary first aid, environmental control and proper medical treatment.

Then use the following assists:

| | | |
|---|------------|---------|
| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |

| | | |
|--|-----------|---------|
| L1C | Section 9 | pg. 213 |
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
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| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Severely ill and close to death.

What to Do:

The first thing to do is ensure that proper medical treatment is being done.

Then use the following assists:

| | | |
|---|------------|---------|
| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| LIC | Section 9 | pg. 213 |

| | | |
|---|-----------|---------|
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Handle any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Severely ill.

What to Do:

The first thing to do is ensure that proper medical treatment is being done.

Then use the following assists:

| | | |
|---|------------|---------|
| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |

| | | |
|---|-----------|---------|
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Ill and in a coma/unconscious.

What to Do:

The first thing to do is ensure that proper medical treatment is being done.

Then use the following assists:

| | | |
|---|------------|---------|
| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| LIC | Section 9 | pg. 213 |

| | | |
|---|-----------|---------|
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Ill and in a state of shock (or was).

What to Do:

The first thing to do is ensure that proper medical treatment is being done.

Then use the following assists:

| | | |
|---|------------|---------|
| Process for Handling Shock or Catatonia | Section 10 | pg. 261 |
| Process for Someone Who Is Unconscious or in a Coma | Section 10 | pg. 260 |
| Unconscious Person Assist | Section 10 | pg. 257 |
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| LIC | Section 9 | pg. 213 |

| | | |
|---|-----------|---------|
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Ill and in pain/extreme discomfort.

What to Do:

The first thing to do is ensure that proper medical treatment is being done.

Then use the following assists:

| | | |
|---|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |

| | | |
|---|-----------|---------|
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Ill with an infection/temperature.

What to Do:

The first thing to do is ensure that proper medical treatment is being done, including antibiotics where needed.

Then use the following assists:

| | | |
|---|-----------|---------|
| Temperature Assist Version A | Section 6 | pg. 181 |
| Temperature Assist Version B | Section 6 | pg. 184 |
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |

| | | |
|---|-----------|---------|
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Ill and taking drugs.

What to Do:

The first thing to do is ensure that proper medical treatment is being done.

Then use the following assists:

| | | |
|---|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |

| | | |
|---|-----------|---------|
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Ill with little/no discomfort.

What to Do:

The first thing to do is ensure that proper medical treatment is being done.

Then use the following assists:

| | | |
|---|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| Havingness | Section 9 | pg. 241 |
| A Havingness Process | Section 2 | pg. 87 |
| Locational Assist | Section 1 | pg. 51 |
| Attention | Section 2 | pg. 94 |
| Reach and Withdraw on Ill or Injured Body Parts | Section 2 | pg. 65 |
| Reach and Withdraw on Other Body Parts Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc | Section 2 | pg. 66 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Keep It from Going Away | Section 2 | pg. 74 |
| Hold It Still | Section 2 | pg. 78 |
| Other Illnesses | Section 2 | pg. 82 |
| Process for an Illness | Section 2 | pg. 93 |
| Purpose | Section 2 | pg. 75 |
| Somebody Else Had That Condition | Section 2 | pg. 83 |
| Rudiments on the Illness or Injury | Section 9 | pg. 211 |
| L1C | Section 9 | pg. 213 |

| | | |
|--|-----------|---------|
| Prepcheck | Section 9 | pg. 214 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Handle Any Secondary | Section 8 | pg. 202 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| Postulate Two-way Comm | Section 9 | pg. 216 |
| Prior Confusion Two-way Comm | Section 9 | pg. 217 |
| Mystery Point Two-way Comm | Section 9 | pg. 218 |
| Agreement Two-way Comm | Section 9 | pg. 237 |
| Protest Two-way Comm | Section 9 | pg. 238 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Losses Two-way Comm | Section 9 | pg. 240 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Something ▪ Nothing | Section 2 | pg. 76 |

| | | |
|---|-----------|---------|
| Injured or Ill and Was in a Small Room for a Long Time | Section 2 | pg. 95 |
| Rudiments Before the Illness or Injury | Section 9 | pg. 219 |
| Prepcheck Prior Confusion | Section 9 | pg. 223 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

Symptom: Illness not healing.

What to Do:

The first thing to do is ensure that proper medical treatment is being done.

Then use the following assists:

| | | |
|---|-----------|---------|
| Preassess the Incident | Section 8 | pg. 203 |
| Prediction Two-way Comm | Section 9 | pg. 239 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Process for Fixed Attention on Something Wrong with the Body | Section 3 | pg. 108 |
| Feel the Aliveness (1952 Effort Processing) | Section 3 | pg. 120 |
| Postulate Processing | Section 3 | pg. 116 |
| Conclusions | Section 3 | pg. 118 |
| PTS C/S-1 | Section 9 | pg. 224 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |
| Unresolved Pains | Section 8 | pg. 206 |
| L&N, Verify ▪ Correct | Section 9 | pg. 249 |
| Something Worse Than | Section 2 | pg. 81 |
| Service Facsimile | Section 8 | pg. 205 |
| Handling Reasons for No Recovery | Section 9 | pg. 252 |

Symptom: Old illness recurring (chronically ill).

What to Do:

| | | |
|---|-----------|---------|
| Preassess the Incident | Section 8 | pg. 203 |
| Fixed Picture (Before–After) | Section 9 | pg. 251 |
| Acceptable Level of Illness | Section 2 | pg. 90 |
| Process for Handling an Illness or Physical Condition | Section 2 | pg. 92 |
| Process for an Illness | Section 2 | pg. 93 |
| Feel the Aliveness (1952 Effort Processing) | Section 3 | pg. 120 |
| Postulate Processing | Section 3 | pg. 116 |
| Conclusions | Section 3 | pg. 118 |
| Process for Someone Who Is Continuously Sick | Section 3 | pg. 126 |
| Process for Fixed Attention on Something Wrong with the Body | Section 3 | pg. 108 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |
| Unresolved Pains | Section 8 | pg. 206 |
| L&N, Verify ▪ Correct | Section 9 | pg. 249 |
| Something Worse Than | Section 2 | pg. 81 |

Symptom: Ill during/after auditing.

What to Do:

Handle the illness with the appropriate handlings given in the table that most closely approximates the illness being treated.

Then do:

| | | |
|--|-----------|---------|
| Illness or Injury During or Following Auditing | Section 9 | pg. 250 |
|--|-----------|---------|

Symptom: High or low TA.

What to Do:

| | | |
|-------------------------|-----------|---------|
| Handling High or Low TA | Section 9 | pg. 248 |
|-------------------------|-----------|---------|

Symptom: Nothing works.

What to Do:

| | | |
|----------------------|-----------|--------|
| Something Worse Than | Section 2 | pg. 81 |
|----------------------|-----------|--------|

Symptom: Tiredness.

What to Do:

| | | |
|---------------------------|-----------|---------|
| Tiredness | Section 9 | pg. 253 |
| Take a Walk (a Sure Cure) | Section 3 | pg. 103 |

TABLES OF ASSISTS FOR SPECIFIC CONDITIONS OR DIFFICULTIES

Following is a listing of the various assist processes that can be done for specific conditions or difficulties that you may run into in the course of a day.

There are many different kinds of situations which merchants, policemen and the cleaning women in the next building will get into that will require assists. When confronted with such, what assists should you do? These tables supply you with the various assist processes that can be used in the different situations which arise as people go through life.

Symptom: Person drunk.

What to Do:

| | | |
|----------------------------|-----------|--------|
| How to Make a Person Sober | Section 3 | pg. 99 |
|----------------------------|-----------|--------|

Symptom: Dangerous environment.

What to Do:

| | | |
|--|-----------|---------|
| Resolving the Dangerousness of the Environment | Section 3 | pg. 123 |
| Assist for Someone Who Cannot Have Motion | Section 3 | pg. 110 |
| Threatening Environment | Section 3 | pg. 124 |
| Process for Someone Who Feels Everyone Is Hostile to Him | Section 3 | pg. 125 |

Symptom: Has had a car accident.

What to Do:

| | | |
|--|-----------|---------|
| Assist for Someone Who Has Had a Car Wreck | Section 3 | pg. 106 |
| Communication Process for an Automobile Accident | Section 3 | pg. 107 |
| Reach and Withdraw | Section 7 | pg. 191 |
| Keep It from Going Away, in the Workplace | Section 7 | pg. 194 |
| Hold It Still, in the Workplace | Section 7 | pg. 196 |
| Communication Process | Section 2 | pg. 72 |

Symptom: Common cold.

What to Do:

| | | |
|-----------------------------|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| Process for the Common Cold | Section 3 | pg. 102 |
| Locational Assist | Section 1 | pg. 51 |

Symptom: Exhaustion.

What to Do:

| | | |
|---------------------------|-----------|---------|
| Take a Walk (a Sure Cure) | Section 3 | pg. 103 |
|---------------------------|-----------|---------|

Symptom: Insomnia.

What to Do:

| | | |
|--------------------------|-----------|---------|
| Assist for Sleeplessness | Section 3 | pg. 105 |
|--------------------------|-----------|---------|

Symptom: Toothache.

What to Do:

| | | |
|------------------|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| Toothache Assist | Section 3 | pg. 100 |
| Hello and Okay | Section 2 | pg. 71 |

Symptom: Headache.

What to Do:

| | | |
|---|-----------|---------|
| Effort Processing Assist | Section 3 | pg. 119 |
| Places Where the Condition Is Not | Section 3 | pg. 139 |
| Process to Turn Off a Somatic | Section 3 | pg. 142 |
| Running Pleasure Moments | Section 3 | pg. 115 |
| Feel the Aliveness (1952 Effort Processing) | Section 3 | pg. 120 |
| Postulate Processing | Section 3 | pg. 116 |
| Conclusions | Section 3 | pg. 118 |

Symptom: Misalignment of the joints or spine/back out.

What to Do:

| | | |
|--------------|-----------|--------|
| Nerve Assist | Section 1 | pg. 52 |
| Touch Assist | Section 1 | pg. 45 |

Symptom: Someone who has been chronically out of communication with the body, such as after an illness or injury, etc.

What to Do:

| | | |
|--------------------------------|-----------|--------|
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |
| The Body Communication Process | Section 1 | pg. 57 |

Symptom: Anxiety stomach.

What to Do:

| | | |
|--------------------------------|-----------|---------|
| Process for an Anxiety Stomach | Section 3 | pg. 128 |
|--------------------------------|-----------|---------|

Symptom: Someone is continuously sick.

What to Do:

| | | |
|--|-----------|---------|
| Process for Someone Who Is Continuously Sick | Section 3 | pg. 126 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |
| Service Facsimile | Section 8 | pg. 205 |

Symptom: Trouble with the eyes.

What to Do:

| | | |
|---|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| Hello and Okay | Section 2 | pg. 71 |
| Feel the Aliveness (1952 Effort Processing) | Section 3 | pg. 120 |

Symptom: Attention fixed on something wrong with the body.

What to Do:

| | | |
|--|-----------|---------|
| Process for Fixed Attention on Something Wrong with the Body | Section 3 | pg. 108 |
|--|-----------|---------|

Symptom: Fight with spouse.

What to Do:

| | | |
|--------------------------------|-----------|---------|
| Assist for a Fight with Spouse | Section 3 | pg. 122 |
|--------------------------------|-----------|---------|

Symptom: Sick after an airplane flight.

What to Do:

| | | |
|---|-----------|---------|
| Assist for Someone Sick After an Airplane Flight | Section 3 | pg. 111 |
|---|-----------|---------|

Symptom: Feels the land rocking after a train or airplane trip.

What to Do:

| | | |
|---|-----------|---------|
| Assist for Someone Sick After an Airplane Flight | Section 3 | pg. 111 |
|---|-----------|---------|

Symptom: Terror stomach.

What to Do:

Process for a Terror Stomach

Section 3 pg. 129

Symptom: Obsessive nosebleed.

What to Do:

Assist for an Obsessive Nosebleed

Section 3 pg. 134

Symptom: Relative or friend dying.

What to Do:

Assists for Someone Who Is Dying

Section 3 pg. 136

Symptom: Person has lost someone.

What to Do:

| | | |
|----------------------|-----------|---------|
| Loss of a person | Section 3 | pg. 109 |
| Handle Any Secondary | Section 8 | pg. 202 |

Symptom: Person is in the emergency room of a hospital.

What to Do:

| | | |
|--|-----------|---------|
| Assists to Be Run in an Emergency Room | Section 3 | pg. 113 |
|--|-----------|---------|

Symptom: Person has a limp or is lame.

What to Do:

| | | |
|---|-----------|---------|
| Process to Handle a Limp or a Person Who Is Lame | Section 3 | pg. 112 |
|---|-----------|---------|

(See also under “Psychosomatic Illness.”)

Symptom: Person has fear of a disease.

What to Do:

| | | |
|--|-----------|---------|
| Process for Someone with Fear of a Disease | Section 3 | pg. 114 |
|--|-----------|---------|

Symptom: Paralysis.

What to Do:

| | | |
|-------------------------|-----------|---------|
| A Process for Paralysis | Section 3 | pg. 137 |
|-------------------------|-----------|---------|

Symptom: Someone stuck in the house.

What to Do:

| | | |
|---|-----------|---------|
| Assist for Someone Who Cannot Have Motion | Section 3 | pg. 110 |
|---|-----------|---------|

Symptom: Chronic somatics.

What to Do:

| | | |
|---|-----------|---------|
| Process for a Chronic Somatic | Section 3 | pg. 145 |
| Process to Turn Off a Somatic | Section 3 | pg. 142 |
| Communication Process for a Chronic Somatic | Section 3 | pg. 143 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Postulate Processing | Section 3 | pg. 116 |
| Effort Processing Assist | Section 3 | pg. 119 |
| A Way to Get Rid of a Chronic Somatic | Section 3 | pg. 144 |
| Conclusions | Section 3 | pg. 118 |
| Feel the Aliveness (1952 Effort Processing) | Section 3 | pg. 120 |
| Process for Fixed Attention on Something Wrong with the Body | Section 3 | pg. 108 |
| Process to Handle a Limp or a Person Who Is Lame | Section 3 | pg. 112 |
| Places Where the Condition Is Not | Section 3 | pg. 139 |
| Process for Someone with Fear of a Disease | Section 3 | pg. 114 |
| Process for Someone with a Physical Condition | Section 3 | pg. 138 |

Symptom: Psychosomatic illness.

What to Do:

| | | |
|--|-----------|---------|
| Running Pleasure Moments | Section 3 | pg. 115 |
| Postulate Processing | Section 3 | pg. 116 |
| Effort Processing Assist | Section 3 | pg. 119 |
| Process for Someone Who Is Continuously Sick | Section 3 | pg. 126 |
| Conclusions | Section 3 | pg. 118 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Feel the Aliveness (1952 Effort Processing) | Section 3 | pg. 120 |
| Process for Fixed Attention on Something Wrong with the Body | Section 3 | pg. 108 |
| Process to Handle a Limp or a Person Who Is Lame | Section 3 | pg. 112 |
| Improving a Psychosomatic Illness | Section 3 | pg. 141 |
| Places Where the Condition Is Not | Section 3 | pg. 139 |
| Process for Someone with Fear of a Disease | Section 3 | pg. 114 |
| Process for Someone with a Physical Condition | Section 3 | pg. 138 |

Symptom: Unhandled physical condition.

What to Do:

| | | |
|---|-----------|---------|
| Postulate Processing | Section 3 | pg. 116 |
| Effort Processing Assist | Section 3 | pg. 119 |
| Conclusions | Section 3 | pg. 118 |
| Feel the Aliveness (1952 Effort Processing) | Section 3 | pg. 120 |
| Something ▪ Nothing | Section 2 | pg. 76 |
| Places Where the Condition Is Not | Section 3 | pg. 139 |
| Process for Someone with a Physical Condition | Section 3 | pg. 138 |

TABLES OF ASSISTS FOR CHILDREN

The assists given below are for children.

These assists are not a substitute for medical attention. They are not an attempt to cure injuries or illnesses requiring medical treatment. First, call the doctor. Then assist the child with the appropriate assist or assists as given below.

Note that there may be other assists given in this book that could be applied as well, and if so, these should be used. As children get older, they will be able to run more and more processes and can receive metered assist actions.

Symptom: Newborn baby.

What to Do:

| | | |
|--------------------|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| For a Newborn Baby | Section 4 | pg. 149 |

Symptom: Child has been injured.

What to Do:

| | | |
|---|-----------|---------|
| Contact Assist | Section 1 | pg. 43 |
| Where Did It Happen? ▪ Where Are You Now? | Section 4 | pg. 156 |
| Look at My Fingers | Section 4 | pg. 158 |
| Touch Assist | Section 1 | pg. 45 |
| Emergency Assist for a Child Just Injured | Section 4 | pg. 159 |
| Assist for a Minor Physical Injury | Section 4 | pg. 162 |
| Touching | Section 4 | pg. 166 |
| Tell Me Something Worse | Section 4 | pg. 154 |
| Mimicry | Section 4 | pg. 165 |

Symptom: Child is sick.

What to Do:

| | | |
|----------------------------------|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| Processes to Handle a Sick Child | Section 4 | pg. 167 |
| Look at My Fingers | Section 4 | pg. 158 |
| Tell Me Something Worse | Section 4 | pg. 154 |

Symptom: Child is upset, crying or feels bad.

What to Do:

| | | |
|------------------------------------|-----------|---------|
| Assist for a Child Who Feels Upset | Section 4 | pg. 150 |
| Handling for a Child Who Is Crying | Section 4 | pg. 151 |
| A Child Who Feels Bad | Section 4 | pg. 152 |
| Tell Me Something Worse | Section 4 | pg. 154 |
| Locational Assist | Section 1 | pg. 51 |

Symptom: Angry child.

What to Do:

| | | |
|--|-----------|---------|
| Method of Handling an Angry Child | Section 4 | pg. 161 |
| Handling a Child That Has Been Angry for Some Time | Section 4 | pg. 164 |

Symptom: Child has had an operation.

What to Do:

| | | |
|---|-----------|---------|
| Touch Assist | Section 1 | pg. 45 |
| Where Did It Happen? ▪ Where Are You Now? | Section 4 | pg. 156 |
| Look at My Fingers | Section 4 | pg. 158 |
| Tell Me Something Worse | Section 4 | pg. 154 |

Symptom: Just awoke from a nightmare.

What to Do:

| | | |
|--|-----------|---------|
| Handling a Child Who Has Just Woken from a Nightmare | Section 4 | pg. 169 |
|--|-----------|---------|

Symptom: Child has a physical defect or psychosomatic ill.

What to Do:

Child with Physical Defect or
Psychosomatic Ill

Section 4 pg. 155

Symptom: Child is running around the room.

What to Do:

A Child Who Is Running Around the Room

Section 4 pg. 153

TABLES OF ASSISTS FOR WOMEN WHO ARE PREGNANT OR WHO HAVE RECENTLY DELIVERED A BABY

Tables
of Assists

This section contains processes which should be done on any woman who is pregnant and any woman who has given birth.

After the woman has given birth the engram of delivery should be run out. The result of doing so can be very spectacular. There is no “postpartum psychosis” or dislike of the child and no permanent injury to the mother. It is in fact best to audit the mother both before and after the delivery. This allows for a fast, relatively painless childbirth and quick recovery.

Symptom: Woman is pregnant.

What to Do:

| | | |
|---|-----------|---------|
| Touch Assist (done regularly) | Section 1 | pg. 45 |
| Nerve Assist (done regularly) | Section 1 | pg. 52 |
| All out-rudiments handled on the subject of babies, children and families | Section 9 | pg. 211 |
| Preassessment on birth and babies per Preassessment | Section 8 | pg. 203 |
| Run past deliveries, the woman's own birth and bad hospital experiences per R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |

Symptom: Baby is due, mother having trouble delivering.

What to Do:

| | | |
|--|-----------|---------|
| Assist for a Woman Having Trouble Delivering | Section 5 | pg. 173 |
| Touch Assist (done regularly) | Section 1 | pg. 45 |
| Nerve Assist (done regularly) | Section 1 | pg. 52 |

Symptom: Woman just had a baby.

What to Do:

| | | |
|--|-----------|---------|
| Touch Assist (done regularly) | Section 1 | pg. 45 |
| Nerve Assist (done regularly) | Section 1 | pg. 52 |
| Process for a New Mother | Section 5 | pg. 174 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Keep It from Going Away, After a Pregnancy | Section 5 | pg. 177 |

Symptom: Woman had a baby and is not doing well.

What to Do:

| | | |
|---|-----------|---------|
| Touch Assist (done regularly) | Section 1 | pg. 45 |
| Nerve Assist (done regularly) | Section 1 | pg. 52 |
| Process for a New Mother | Section 5 | pg. 174 |
| Assist for a Woman Who Has Delivered a Baby | Section 5 | pg. 176 |
| R3RA Narrative on the Incident Itself | Section 8 | pg. 201 |
| Keep It from Going Away, After a Pregnancy | Section 5 | pg. 177 |
| Reach and Withdraw on Other Body Parts <small>Not Affected, the Environment, the Body Itself, the Location Where an Injury Occurred, the Thing That Injured the Pc</small> | Section 2 | pg. 66 |
| Locational Assist | Section 1 | pg. 51 |
| Hello and Okay | Section 2 | pg. 71 |
| Communication Process | Section 2 | pg. 72 |
| Preassess the Incident | Section 8 | pg. 203 |
| L3RH | Section 8 | pg. 204 |
| Service Facsimile | Section 8 | pg. 205 |
| The Body Communication Process | Section 1 | pg. 57 |
| PTS C/S-1 | Section 9 | pg. 224 |
| Suppressive Presence Two-way Comm | Section 9 | pg. 225 |
| PTS Interview | Section 9 | pg. 226 |
| Search and Discovery | Section 9 | pg. 231 |
| Rudiments on Antagonistic Terminal | Section 9 | pg. 227 |

TABLES OF ASSISTS FOR THE WORKPLACE

These are assists that can be done in the workplace.

Whether there is an on-the-job accident or injury or a person who is having trouble operating a piece of machinery, these assists have broad applicability to the workplace.

In handling accidents and injuries, also use the tables given in Tables of Assists for Injuries.

Symptom: Injury on the job.

What to Do:

Ensure that the necessary first aid, environmental control and medical attention is given.

Then do:

| | | |
|----------------|-----------|--------|
| Contact Assist | Section 1 | pg. 43 |
| Touch Assist | Section 1 | pg. 45 |

Assists as given in Tables of Assists for Injuries should also be done, as fit the situation being handled.

Symptom: Exhaustion.

What to Do:

| | | |
|------------------------------|-----------|---------|
| Take a Walk Around the Block | Section 7 | pg. 189 |
|------------------------------|-----------|---------|

Symptom: Person very worried about his work.

What to Do:

| | | |
|------------------------------|-----------|---------|
| Take a Walk around the Block | Section 7 | pg. 189 |
|------------------------------|-----------|---------|

Symptom: Person needs to be familiarized with a piece of equipment or the objects and spaces of his work area.

What to Do:

| | | |
|--------------------|-----------|---------|
| Reach and Withdraw | Section 7 | pg. 191 |
|--------------------|-----------|---------|

Symptom: For use on anyone operating a piece of equipment.

What to Do:

| | | |
|---|-----------|---------|
| Keep It from Going Away, in the Workplace | Section 7 | pg. 194 |
| Hold It Still, in the Workplace | Section 7 | pg. 196 |
| Reach and Withdraw | Section 7 | pg. 191 |

Symptom: Person whose communication is cut off.

What to Do:

| | | |
|-----------------------|-----------|---------|
| Communication Process | Section 7 | pg. 197 |
|-----------------------|-----------|---------|

GLOSSARY

GLOSSARY

aberration: a departure from rational thought or behavior. *Aberration* means basically to err, to make mistakes, or more specifically to have fixed ideas which are not true. The word is also used in its scientific sense. It means departure from a straight line. If a line should go from A to B, then if it is *aberrated* it would go from A to some other point, to some other point, to some other point, to some other point, to some other point and finally arrive at B. Taken in its scientific sense, it would also mean the lack of straightness or to see crookedly as, for example, a man sees a horse but thinks he sees an elephant. Aberrated conduct would be wrong conduct, or conduct not supported by reason. Aberration is opposed to sanity, which would be its opposite. From the Latin, *aberrare*, to wander from; Latin, *ab*, away, *errare*, to wander.

Ability: the magazine of the Founding Church of Scientology of Washington, DC, since 1955. Many new technical articles by L. Ron Hubbard were written for and first published in *Ability* magazine during the 1950s and 1960s.

acknowledgment: something said or done to inform another that his statement or action has been noted, understood and received. “Very good,” “Okay,” and other such phrases are intended to inform another who has spoken or acted that his statement or action has been accepted. An acknowledgment also tends to confirm that the statement has been made or the action has been done and so brings about a condition not only of communication but of reality between two or more people. Applause at a theater is an acknowledgment of the actor or act, plus approval. Acknowledgment itself does not necessarily imply an approval or disapproval or any other thing beyond the knowledge that an action or statement has been observed and is received.

Advanced Org: an upper-level Scientology organization that delivers advanced auditing and training services. *See also* **organization** in this glossary.

Allied: of or having to do with the Allies, the countries (Great Britain, France, the Soviet Union, the United States, etc.) which fought against the Axis (Germany, Italy, Japan, etc.) in World War II (1939–1945).

anaten: short for *analytical attenuation*: a diminution (lessening) or weakening of the analytical awareness of an individual for a brief or extensive period of time. If sufficiently great, it can result in unconsciousness. It stems from the restimulation of an engram which contains pain and unconsciousness. *See also* **engram** and **restimulation** in this glossary.

AO: abbreviation for Advanced Organization. See **Advanced Org** in this glossary.

ARC: a word made from the initial letters of *affinity*, *reality* and *communication* which together equate to understanding. These are the three things necessary to the understanding of something—one has to have some affinity for it, it has to be real to him to some degree and he needs some communication with it before he can understand it. For more information on ARC, read the book *Science of Survival* by L. Ron Hubbard.

ARC break: a sudden drop or cutting of *affinity*, *reality* or *communication* with someone or something. Upsets with people or things (ARC breaks) come about because of a lessening or sundering (breaking apart) of affinity, reality or communication or understanding. It is called an ARC break instead of an upset, because if one discovers which of the three points of understanding have been cut, one can bring about a rapid recovery in the person's state of mind. See also **ARC** and **ARC triangle** in this glossary.

ARC triangle: a triangle which is a symbol of the fact that affinity, reality and communication act together as a whole entity and that one of them cannot be considered unless the other two are also taken into account. Without affinity there is no reality or communication. Without reality or some agreement, affinity and communication are absent. Without communication there can be no affinity or reality. See also **ARC** in this glossary.

ardure: a coined word meaning “difficulty.” Formed from the word *arduous*, derived from Latin *ardu-us*, which means “high, steep, difficult.”

Aristotle: (384–322 B.C.) Greek philosopher noted for his works on logic, ethics, politics, etc. He developed a system of logic which excluded anything but the two values of “truth” and “falsity.”

as-ised: made to disappear just by looking at it and conceiving exactly what it is. For more information, see the Scientology Axioms in *Scientology 0-8: The Book of Basics* by L. Ron Hubbard.

assessment: the action of an auditor asking a series of questions of a preclear and noting reactions to them with an E-Meter. See also **E-Meter** in this glossary.

auditing: the application of Dianetics and/or Scientology processes and procedures to individuals for their betterment. The exact definition of *auditing* is: the action of asking a person a question (which he can

understand and answer), getting an answer to that question and acknowledging him for that answer. Also called *processing*. See also **process** in this glossary.

auditor: a person trained and qualified in applying Dianetics and/or Scientology processes and procedures to individuals for their betterment; called an auditor because *auditor* means *one who listens*. See also **process** in this glossary.

Auditor's Code: a collection of rules (do's and don'ts) that an auditor follows while auditing someone, which ensures that the preclear will get the greatest possible gain out of the processing that he is having. See also **auditing**, **auditor** and **preclear** in this glossary.

automaticity: non-self-determined action which ought to be determined by the individual; what one does but is unaware or only partially aware he does; something the individual has "on automatic."

axioms: statements of natural laws on the order of those of the physical sciences. Full lists of the axioms of Dianetics and Scientology can be found in the book *Scientology 0-8: The Book of Basics*.

back to battery: (*slang*) an artillery term. A gun, after it fires, is said to go out of battery, which is to say, it recoils. Then it is supposed to go back to battery, which is sitting the way you see a gun in photographs. It is used as a slang term to indicate somebody who is now fixed up; he will be all right for something, or what he has had will now be over.

bank: the mental image picture collection of the preclear. It comes from computer terminology where all data is in a "bank." See also **picture** in this glossary.

BD: abbreviation for *blowdown*: a tone arm motion to the left, made to keep the E-Meter needle on the dial. It usually occurs after a long fall (dip to the right) of the E-Meter needle and denotes a period of relief and cognition to a preclear. See also **TA** in this glossary.

beingness: condition or state of being; existence. *Beingness* also refers to the assumption or choosing of a category of identity. Beingness is assumed by oneself or given to oneself or is attained. Examples of beingness would be one's own name, one's profession, one's physical characteristics, one's role in a game—each and all of these things could be called one's beingness.

blow: an informal expression for a sudden departure or to suddenly depart. It is usually used to describe either the sudden dissipation

(vanishing) of mass in the mind with an accompanying feeling of relief, or someone leaving, ceasing to be where he should really be, or just ceasing to be audited.

Book One: *Dianetics: The Modern Science of Mental Health*, the basic text on Dianetics techniques, written by L. Ron Hubbard and first published in 1950. *See also* **Dianetics** in this glossary.

Bridge, the: the route to Clear and OT. It is also referred to as the Bridge to Total Freedom. The *Bridge* is a term which originated in early Dianetics days, symbolizing travel from unknowingness to revelation. For more information see the Scientology Classification, Gradation and Awareness Chart of Levels and Certificates. *See also* **Clear, Grade Chart** and **OT** in this glossary.

case: a general term for a person being treated or helped. *Case* also refers to a person's condition, which is monitored by the content of his reactive mind. A person's case is the way he responds to the world around him by reason of his aberrations. *See also* **reactive mind** and **aberration** in this glossary.

case supervision: the technology of supervising auditing. The actions of case supervision include keeping the correct sequence of programs and processes being used on pcs, telling the auditors what to do, correcting their tech, keeping the lines straight and the auditors calm and willing and winning. Case supervision has the aim of keeping Scientology working in the hands of auditors for the benefit of pcs. *See also* **case** in this glossary.

Case Supervisor: an accomplished and properly certified auditor who is additionally trained in case supervision. The Case Supervisor is the auditor's "handler" and the pc's case director. He is there to efficiently and effectively order the right action based on a survey of the case and then see that it is done. *See also* **case supervision** in this glossary.

cause: the point of emanation; the origination point of any communication or action.

chains: series of incidents of similar nature or similar subject matter. *See also* **incident** in this glossary.

Claims Verification Board: an official board within the Church of Scientology which facilitates refund requests.

class: the level of classification of an auditor. Each level of classification is achieved through completion of an exactly laid out course of theory and

practical learning which teaches an auditor to deliver certain types of processing to preclears. The levels of auditor classification go from Class 0 to Class XII.

Clear: the name of a state achieved through auditing or an individual who has achieved this state. A Clear is a being who no longer has his own reactive mind. He is an unaberrated person and is rational in that he forms the best possible solutions he can on the data he has and from his viewpoint. *See also* **reactive mind** in this glossary.

clearing: auditing someone to the state of Clear. *See also* **Clear** in this glossary.

co-audit: short for *cooperative auditing*. It means a team of any two people who are helping each other reach a better life with Dianetics or Scientology auditing.

cog: short for *cognition*. *See* **cognition** in this glossary.

cognition: something that a person suddenly understands or feels. Some examples of cognitions are, "Well, what do you know! I never understood that before!" or "So that's why I've always been afraid of falling!"

comm: short for *communication*. *See* **communication** in this glossary.

command: a statement that the preclear is to do something; a certain and exact instruction which the preclear can follow and perform.

comm line: short for *communication line*, the route along which a communication travels from one person to another; the line on which particles flow; any sequences through which a message of any character may go.

communication: the interchange of ideas across space. Its full definition is the consideration and action of impelling an impulse or particle from source-point across a distance to receipt-point, with the intention of bringing into being at the receipt-point a duplication and understanding of that which emanated from the source-point. The formula of communication is cause, distance, effect, with intention, attention and duplication with understanding. *See also* **duplicate** in this glossary.

communication lag: the length of time intervening between the asking of the question by the auditor and the reply to that specific question by the preclear. The question must be precise; the reply must be precisely to that question. It does not matter what intervenes in the time between the asking of the question and the receipt of the answer. The preclear may outflow, jabber, discuss, pause, hedge, disperse, dither or be silent; no matter what he does or how he does it, between the asking of the question and the giving of the answer, the *time* is the communication lag.

confront: face without flinching or avoiding. *Confront* is actually the ability to be there comfortably and perceive.

control: the ability to start, change and stop something. One is successful in his life to the degree that he can start or change or stop the things and people within his environment. For example, a driver who cannot exert control over a car by making it start, move about and stop when he wants it to is quite likely to have accidents. A person who *can* control a car, on the other hand, will be able to arrive where he intends to.

correction list: an assembly of the majority of things which can be wrong in a case, an auditing action or a session. For every type of auditing action that exists in Scientology, a correction list also exists which addresses the specific types of things that could go awry in auditing that action.

C/S: abbreviation for Case Supervisor. Also used to designate a Case Supervisor direction of what to audit on a preclear (as in “he was given a new C/S”), or the giving of such a direction by the Case Supervisor (as in “the preclear was C/Sed for his next action”). *See also* **Case Supervisor** in this glossary.

C/S 53RM: the designation for a correction list which addresses high or low TA and other case outnesses. *C/S* is short for *Case Supervisor Series*, a series of HCO Bulletins which covers the technology of case supervision; *53RM* indicates the version and number of this correction list in the series. *See also* **correction list**, **high TA** and **low TA** in this glossary.

Dating: an action taken by an auditor to help the pc spot the exact *time* something happened. Getting the exact time and place a specific thing happened enables the preclear to blow the mass and energy connected with the occurrence which has hung him up at that point. Dating is used with Locating to accomplish this. *See also* **Locating** in this glossary.

determinism: power of choice; power of decision; ability to decide or determine the course of one’s actions.

Dianetic Clear: a person who has achieved the state of Clear in Dianetics or New Era Dianetics auditing. *See also* **Clear** in this glossary.

Dianetics: comes from the Greek words *dia*, meaning “through” and *nous*, meaning “soul.” Dianetics is a methodology developed by L. Ron Hubbard which can help alleviate such things as unwanted sensations and emotions, irrational fears and psychosomatic illnesses. It is most accurately described as *what the soul is doing to the body through the mind*.

disassociate: misidentify; be unable to recognize a thing for itself.

disseminating: spreading or scattering broadly. By dissemination in a Scientology organization we mean making broadly known the materials, services and results of Dianetics and Scientology through books, promotional material, letters, films or other media or activities, including word of mouth.

drop: a movement of the needle on the E-Meter dial to the right as you face the meter. Also called a *fall*.

duplicate: cause something to be made, done or happen again. In Scientology, *duplication* is also used to describe the action of reproducing something exactly. For example, if Person A communicated the concept of a cat to Person B and Person B got the exact same concept of a cat without any alteration, Person B would be said to have *duplicated* what was originated by Person A.

dynamic: one of the eight urges (drives, impulses) in life. They are motives or motivations. These are urges for survival as or through (1) self, (2) sex and family, (3) groups, (4) all mankind, (5) living things (plants and animals), (6) the material universe, (7) spirits and (8) infinity or the Supreme Being.

earlier-similar, taken: handled by an auditor having a preclear look earlier for a similar item or incident.

effect: the receipt-point of an idea, particle or mass. Therefore, the person who catches a baseball thrown at him is being an effect. At that moment he's an effect, the person who threw the baseball is cause. *See also* **cause** in this glossary.

8-8008: a formula which states that the attainment of infinity is achieved by the reduction of the apparent infinity and power of the MEST universe to a zero for oneself, and the increase of the apparent zero of one's own universe to an infinity for oneself. Infinity (∞) stood upright makes the number eight: thus, Scientology 8-8008 is not just another number, but serves to fix into the mind of the individual a route by which he can rehabilitate himself, his abilities, his ethics and his goals.

E-Meter: short for *electrometer*; an electronic device for measuring the mental state or change of state of *Homo sapiens*. It is *not* a lie detector. It does not diagnose or cure anything. It is used by auditors to assist the preclear in locating areas of spiritual distress or travail.

engram: a mental image picture of an experience containing pain, unconsciousness and a real or fancied threat to survival. It is a recording in the reactive mind of something which actually happened to an individual

in the past and which contained pain and unconsciousness, both of which are recorded in the engram. It must, by definition, have impact or injury as part of its content. Engrams are a complete recording, down to the last accurate detail, of every perception present in a moment of partial or full unconsciousness. *See also* **mental image picture** and **reactive mind** in this glossary.

enturbulence: turbulence or agitation and disturbance.

EP: abbreviation for *end phenomena*, those indicators which are present when an auditing action has been fully and correctly completed.

epicenters: subbrains in various parts of the body, probably picked up on the evolutionary line, which have a monitoring effect on the body and the individual. These would be such parts of the body as the “funny bones” or any “judo sensitive” spots: the sides of the neck, the inside of the wrist, the places the doctors tap to find out if there is a reflex. For more information on epicenters, see the book *Scientology: A History of Man* by L. Ron Hubbard.

erases: causes (something, such as an engram, etc.) to “vanish” entirely by recounting, at which time it is filed as memory and experience and ceases to be part of the reactive mind. *See also* **engram** and **reactive mind** in this glossary.

evaluate: impose data or knowledge upon another. An example would be someone telling another why he is the way he is instead of permitting or guiding him to discover it for himself.

Examiner: the staff member in a Scientology organization who checks to ensure that the technical results of the organization are excellent and consistent, that students and preclears are without flaw for their skill or state when passed and that any technical deficiency of organization personnel is reported and handled so that the technical results of the organization continue to be excellent and consistent. The Examiner checks each preclear after each session and when the preclear has completed a major auditing action, and examines students when they have completed a course.

exteriorization: the state of the thetan being outside his body with or without full perception, but still able to control and handle the body. When a person goes exterior, he achieves a certainty that he is himself and not his body.

extroversion: the act of directing one’s interest outward or to things outside of self.

“five days”: reference to the fact that a person who has taken drugs or alcohol has to wait a period of time (several days to a week) for the effect of the drugs or alcohol to wear off before receiving auditing. This is because a person who is audited over these may not receive lasting gains and benefits.

Flag: short for *Flag Service Organization*: the Scientology service organization that delivers advanced auditing levels and the highest training levels available on the planet. It is located in Clearwater, Florida.

flattening: causing (something) to no longer produce a reaction. For example, flattening a communication lag means continuing to give the auditing command until the communication lag has been similar for three successive questions. *See also* **communication lag** in this glossary.

floating needle: a rhythmic sweep of the E-Meter dial at a slow, even pace of the needle, back and forth, back and forth, without change in the width of the swing except perhaps to widen as the pc gets off the last small bits of charge (harmful energy or force). A floating needle is one of the parts of the end phenomena (process completion) for any process or action. Also called a free needle. *See also* **E-Meter** in this glossary.

flow: a progress of energy between two points; an impulse or direction of energy particles or thought or masses between terminals; the progress of particles or impulses or waves from Point A to Point B. There are four specific flows defined in Scientology and used in Scientology counseling: *Flow 1*, something happening to self; *Flow 2*, doing something to another; *Flow 3*, others doing things to others; *Flow 0*, self doing something to self.

fly the rudiments: (*colloquial*) take the rudiments to a floating needle. The term comes from the fact that an F/N which is a real F/N takes off—it *flies*. *See also* **rudiments** in this glossary.

F/N: abbreviation for *floating needle*. *See also* **floating needle** in this glossary.

FPRD: abbreviation for *False Purpose Rundown*, an auditing program designed to remove those factors which obscure a being's real purposes. The *FPRD Series* is a series of HCO Bulletins which gives the technology of this rundown. *See also* **HCO Bulletin** in this glossary.

GF: abbreviation for *Green Form*. *See* **Green Form** in this glossary.

grade: of the *grades*: States of Release, as listed on the Grade Chart. A grade consists of series of processes which are run on a person with the purpose of bringing him to a particular state of Release (what occurs

when a person separates from his reactive mind or some part of it). For example, Grade Zero consists of twenty-three processes, each of which is run in sequence to full end result. A person who completes Grade Zero is a Communications Release and has gained the ability to communicate freely with anyone on any subject.

Grade Chart: the *Classification, Gradation and Awareness Chart of Levels and Certificates*, the route to Clear and the states beyond, also called the *Bridge to Total Freedom*, or the *Bridge*. *Classification* means that there are certain actions required to be done or conditions to be attained before an individual is classified for a particular training level and allowed to progress up. *Gradation* means a gradual grade up, just as there are grades to a road or there are grades to steps. *Awareness* refers to one's own awareness, which improves as one progresses up. On the right side of this chart there are various steps called the States of Release. The left-hand side of the chart describes the very important steps of training on which one gains the knowledge and abilities necessary to deliver the Grades of Release to another. It is a guide for the individual from the point where he first becomes dimly aware of a Scientologist or Scientology and shows him how and where he should move up in order to make it. Scientology contains the entire map for getting the individual through all the various points on this gradation scale and for getting him across the Bridge to higher states of existence. *See also* **grade** in this glossary.

gradient: short for *gradient scale*. *See* **gradient scale** in this glossary.

gradient scale: a gradual approach to something, taken step by step, so that, finally, quite complicated and difficult activities or concepts can be achieved with relative ease.

grant beingness: to let someone else be what he is. Listening to what someone has to say and taking care to understand them, being courteous, refraining from needless criticism, expressing admiration or affinity are examples of the actions of someone who can grant others beingness. *See also* **beingness** in this glossary.

Green Form: a prepared list that is used as a precision tool to find the things bugging a case which have not been otherwise detected. It specializes in picking up the peculiarities and elements of a preclear's life that are out of view in normal auditing and which cause a case to behave unusually. *See also* **case** in this glossary.

hang up: to become or remain suspended.

HAS Co-audit: short for *Hubbard Apprentice Scientologist Co-audit*, a basic Scientology course delivered in the late 1950s and early 1960s in which students received theory instruction and then audited each other alternately on precise processes. The purpose of this course was to improve cases and further interest people in Scientology.

havingness: the concept of being able to reach. By *havingness* we mean owning, possessing, being capable of commanding, taking charge of objects, energies and spaces. Specific processes exist in Scientology to help a preclear increase his havingness, and these are appropriately called Havingness Processes.

HCO: abbreviation for *Hubbard Communications Office*, the division of a Scientology organization which is responsible for the hiring of personnel, routing of incoming and outgoing communications and maintaining ethics and justice among Scientologists on staff and in the area. HCO was originally a separate company which was the worldwide communications network for Dianetics and Scientology. It was incorporated into Scientology organizations as Division 1 in 1965 and the name *HCO* was retained as the name of this division.

HCO Bulletin: short for *Hubbard Communications Office Bulletin (HCOB)*, a technical issue written by L. Ron Hubbard only. An HCO Bulletin is valid from first issue unless specifically cancelled. All data for auditing and courses is contained in HCO Bulletins. They are issued in red ink on white paper, consecutive by date. *See also* **HCO** in this glossary.

HGC: abbreviation for *Hubbard Guidance Center*, that part of a Scientology church which delivers auditing to preclears.

high TA: an E-Meter tone arm which registers above normal range. Chronically high TA means the person is trying to stop things. *See also* **TA** in this glossary.

incident: an experience, simple or complex, related by the same subject, location, perception or people that takes place in a short and finite time period such as minutes, hours or days.

indicators: conditions or circumstances arising during an action which indicate whether the action is running well or badly. Examples of *bad indicators* would be a preclear frowning, crying, scowling or in pain; *good indicators* would be the person looking brighter or more cheerful.

in-session: in the condition necessary for successful auditing, defined as the preclear interested in own case and willing to talk to the auditor.

- intensive:** a specific number of hours of auditing given to a preclear over a short period of time, as a series of successive sessions at regularly scheduled intervals.
- intention:** an impulse toward something; an idea that one is going to accomplish (do) something.
- interiorization:** the action of going into something too fixedly and becoming part of it too fixedly.
- Int RD:** short for *Interiorization Rundown*, an auditing action which addresses the adverse mental and spiritual effects of interiorization. *See also interiorization* in this glossary.
- introverted:** directed (one's interest, mind or attention) upon oneself.
- invalidate:** refute, degrade, discredit or deny something someone else considers to be fact.
- item:** any one of a list of things, people, ideas, significances, purposes, etc., given by a preclear to an auditor while listing; any separate thing or article; in particular, one placed on a list by a preclear. *See also Listing and Nulling* in this glossary.
- Journal of Scientology:** the magazine of the Hubbard Association of Scientologists, published between August 1952 and January 1955. Many new technical articles by L. Ron Hubbard were written for and first published in the *Journal of Scientology* during this time.
- key-in:** a moment when the environment around an awake but fatigued or distressed individual is itself similar to a dormant (inactive) engram. At that moment the engram becomes active. *See also engram* in this glossary.
- key out of:** release or separate from (the reactive mind or some portion of it). *See also reactive mind* in this glossary.
- killer:** (*slang*) an extremely successful, impressive, exciting, etc., person or thing.
- Korean War:** a war, also called the Korean conflict, fought between the United Nations and Communist North Korea. In 1950, after North Korea invaded South Korea, the United Nations declared North Korea the aggressor and sent troops, mostly from United States forces, to aid the South Korean army. In 1953, with neither side having a prospect of victory, a truce was signed. After the war, it was discovered that captured American soldiers had been brainwashed by the communists during the war.
- L&N:** abbreviation for *Listing and Nulling*. *See Listing and Nulling* in this glossary.

laying on of hands: (in divine healing) placing the hands (of the healer) upon the person to be cured.

Legion of Honor: an honorary society founded by Napoleon (French military leader and emperor of France) in 1802. Membership is given as a reward for great service to France.

Letter Registrar: the staff member in a Scientology organization who writes to the public. His duty is to detect what the expressed or inferred want of a person is, increase it and help the individual get on the route that will deliver the thing wanted. He channels individuals onto the right service which moves them further along in their auditing or training.

list: the items said by the preclear during Listing and Nulling. *See also Listing and Nulling* in this glossary.

Listing and Nulling: the auditor's action in writing down items said by the pc in response to a question by the auditor (listing) and then the auditor's action in saying items from a list to a pc and noting the reaction of the pc by use of an E-Meter (nulling).

livingness: the activity of going along a certain course, impelled (driven) by a purpose and with someplace to arrive.

Locating: an action taken by an auditor to help the pc spot the exact *place* something happened. Getting the exact time and place a specific thing happened enables the preclear to blow the mass and energy connected with the occurrence which has hung him up at that point. Locating is used with Dating to accomplish this. *See also Dating* in this glossary.

Locational Processing: an assist process which consists of having the person look at various things in the immediate environment. The auditor points out and has the person look at many different objects (including the injured body part, if the person has a specific injury) so as to diminish the person's pain and improve his condition.

lock: a mental image picture of an experience where one was knowingly or unknowingly reminded of an engram. It does not itself contain a blow or a burn or impact and is not any major cause of upset. It does not contain unconsciousness. It may contain a feeling of pain or illness, etc., but is not itself the source of it. For example, a person sees a cake and feels sick. This is a lock on an engram of being made sick by eating cake. The picture of seeing a cake and feeling sick is a lock on (is locked to) the incident (unseen at the moment) of getting sick eating cake.

LIC: the designation for a correction list which addresses upsets the preclear has had in session or in life. *See also correction list* in this glossary.

low TA: an E-Meter tone arm which registers below normal range. A low TA is a symptom of an overwhelmed being. It means that a person has gone past a desire to stop things and is likely to behave as though unable to resist real or imaginary forces. *See also* **high TA** in this glossary.

L3RH: the designation for a correction list which addresses errors that have occurred in Dianetic auditing. *See also* **correction list** in this glossary.

Major: an issue of *Ability* magazine which goes out semimonthly. It consists of informative technical material, etc., which is mainly of interest to informed Scientologists, whereas the Minor issue (which goes out on opposite weeks to the Major magazine) contains items of interest to the broad public. *See also* **Ability** in this glossary.

mass: a quantity of matter forming a body of indefinite shape and size, usually of relatively large size. On a thought level, mental mass is actual mass; it has weight (though very small) as well as size and shape.

mechanics: the technical aspect or working part; mechanism; structure.

mental image picture: a mental copy of one's perceptions some time in the past; three-dimensional color pictures with sound and smell and all other perceptions, plus the conclusions or speculations of the individual. For example, if a person was in a car accident, he would retain "pictures" of that experience in his mind, complete with recordings of the sights, physical sensations, smells, sounds, etc., that occurred during that incident.

MEST: a word coined from the initial letters of *matter*, *energy*, *space* and *time*, which are the component parts (elements) of the physical universe. Also used as a noun to refer to the physical universe, and loosely to mean physical universe objects, such as property or possessions.

meter: (1) (*noun*) short for *E-Meter* or *electrometer*. (2) (*verb*) use an E-Meter. *See also* **E-Meter** in this glossary.

Method 5: short for *Method 5 Word Clearing*, one of the systems used in Scientology to find words that a person does not fully understand and help him to clear up the meaning of them. In this method, one person asks another person, "What is the definition of _____?" If there is any doubt whatever of it, or if the person is the least bit hesitant in answering, the word is looked up in a proper dictionary.

mind: a control system between the thetan and the physical universe. The mind is not a brain. The mind is the accumulated recordings of thoughts, conclusions, decisions, observations and perceptions of a thetan throughout his entire existence.

misemotion: a coined word in Dianetics and Scientology, often used loosely to refer to anything that is unpleasant emotion, such as antagonism, anger, fear, grief, apathy or a death feeling. The full meaning of *misemotion* is an emotion or emotional reaction that is inappropriate to the present time situation. It is taken from *mis-* (wrong) + *emotion*. To say that a person was *misemotional* would indicate that the person did not display the emotion called for by the actual circumstances of the situation. Being misemotional would be synonymous with being irrational. One can fairly judge the rationality of any individual by the correctness of the emotion he displays in a given set of circumstances. To be joyful and happy when circumstances call for joy and happiness would be rational. To display grief without sufficient present time cause would be irrational.

missed withhold: a withhold which has *almost* been found out by another, that leaves the person who has the withhold in a state of wondering whether or not his hidden deed is known. *See also* **withhold** in this glossary.

mission: a group granted the privilege of delivering elementary Scientology and Dianetics services. The purpose of missions is to get new people in and up the line to organizations.

narrative: in the manner used to handle narrative chains of incidents in a Dianetics auditing session. A narrative chain is a chain of similar *experiences* rather than similar somatics; a chain of incidents of similar description or event (such as “falls downstairs,” “fight with brother”), as opposed to one in which the similarity of content is of feelings, sensations, attitudes, pains, emotions.

NED: abbreviation for *New Era Dianetics*. *See* **New Era Dianetics** in this glossary.

New Era Dianetics: a summary and refinement of Dianetics based upon thirty years of experience in the application of the subject. New Era Dianetics was released in 1978 and New Era Dianetics auditing and training are today available in all Scientology organizations.

null: to determine the item or items on an assessment that contain the heaviest charge (harmful energy or force). This is done by the auditor first assessing the list of items and noting reads, then calling off the reading items to the preclear to see which of them continue to read. This procedure is repeated until the list has been narrowed down to the number of reading items specified by the process being run.

Nuremberg: a city in Germany and the location of the trial of 22 German Nazi leaders brought before an international court after World War II

for war crimes. The Nazi leaders were charged with crimes against humanity including the murder and ill-treatment of civilians in Germany and in occupied countries both before and during the war, especially religious, racial and political persecution.

Oak Knoll Naval Hospital: a hospital located in Oakland, California, USA. Its official name is Oakland Naval Hospital.

Objective: of the *Objectives*, a counseling procedure which helps a person to look or place his attention outward from himself. *Objective* refers to outward things, not the thoughts or feelings of the individual. Objective Processes deal with the real and observable. They call for the person to spot or find something exterior to himself in order to carry out the procedures. Objective Processes locate the person in his environment, establish direct communication, and bring a person to present time, a very important factor in mental and spiritual sanity and ability.

org: a coined Scientology abbreviation for *organization*. See **organization** in this glossary.

organization: (often shortened in Scientology to *org*) a church of Scientology. Most Scientology and Dianetics activities are carried on at either Scientology organizations (churches) or Scientology missions. A church (org) is authorized to deliver higher levels of Scientology and Dianetics services than a mission. See also **mission** in this glossary.

originate: to make a statement or remark about one's condition, ideas, reactions or difficulties (as opposed to a statement or remark referring only to someone else or the environment). In an auditing session, originations are things volunteered by the preclear all on his own. The preclear is as well as he can originate a communication. That means he can stand at cause on the communication formula.

OT: a being "at cause over matter, energy, space, time, form and life." *Operating* comes from "able to operate without dependency on things." A thetan beyond the state of *Clear* advances through pre-OT levels (such as OT III) to the full state of Operating Thetan. See also **thetan** in this glossary.

out-: (1) not being applied or not being correctly applied (e.g., *out-tech*). (2) not in a proper condition (e.g., *out-rudiments*).

out-Interiorization: having concern or trouble with exteriorization or interiorization. Someone with out-Interiorization needs to receive or have repaired his Interiorization Rundown. See also **exteriorization**, **interiorization** and **Int RD** in this glossary.

overrun: continue an auditing process or a series of processes past the point of completion.

overt act: an act by the person or individual leading to the injury, reduction or degradation of another, others or their persons, possessions or associations. It can be intentional or unintentional. Also called an *overt*.

PAB: abbreviation for *Professional Auditor's Bulletin*: one of a series of issues written by L. Ron Hubbard between 10 May 1953 and 1 April 1959. The content of these bulletins was technical and promotional. Their intent was to give the professional auditor and his preclears the best possible processes and processing available at the moment it became available.

pc: abbreviation for *preclear*. See **preclear** in this glossary.

picture: short for *mental image picture*. See **mental image picture** in this glossary.

postulate: a self-determined thought which starts, stops or changes past, present or future efforts; a conclusion, decision or resolution made by the individual himself to resolve a problem or to set a pattern for the future or to nullify a pattern of the past.

Poughkeepsie: a city in southeastern New York situated on the east bank of the Hudson River about 66 miles north of New York City. Its name derives from an Indian word meaning "the reed-covered lodge by the little water place."

preassess: apply *Preassessment*, a procedure in New Era Dianetics to determine what categories of somatics are connected to the original item (a condition, illness, accident, drug, alcohol or medicine) and which of these is the most highly charged (contains the most harmful force or energy).

preclear: a person not yet Clear, hence pre-Clear; generally, a person being audited, who is thus on the road to Clear; a person who, through auditing, is finding out more about himself and life. A Clear is an unaberrated person. He is rational in that he forms the best possible solutions he can on the data he has and from his viewpoint. It is a state of mental well-being never before achieved by man.

Prepcheck: short for *Preparatory Check*, a procedure consisting of a series of questions which are used to take the charge off of any subject or area.

present time: the time which is now, rather than in the past or future. It is a term loosely applied to the environment existing in the present. A person said to be "out of present time" would be someone whose

attention is fixed on past or future events to such an extent that he is not fully aware of or in communication with his actual present environment.

present time problem: a special problem that exists in the physical universe “now” on which the preclear has his attention fixed. It is any set of circumstances that so engages the attention of the preclear that he feels he should be doing something about it instead of being audited.

Presession: short for *Presession Process*, a method of getting a beginning preclear or a person who is having difficulty into session. *See also session* in this glossary.

process: (1) (*noun*) a set of questions asked by an auditor to help a person find out things about himself or life. More fully, a process is a patterned action, done by the auditor and preclear under the auditor’s direction, which is invariable and unchanging, composed of certain steps or actions calculated to free the preclear. (2) (*verb*) give auditing to. *See also auditing* in this glossary.

processing: same as *auditing*. *See auditing* in this glossary.

program: any series of actions designed by a C/S to bring about definite results in a pc. A program usually includes several sessions.

psychiatry: the supposed medical practice or science of diagnosing and treating mental disorders.

psychology: the study of the human brain and stimulus-response mechanisms. It states that “Man, to be happy, must adjust to his environment.” In other words, man, to be happy, must be a total effect.

psychosis: any severe form of mental disorder; insanity.

psychosomatic: a term used in common parlance to denote a condition “resulting from a state of mind.” Psychosomatic illnesses account for about 70 percent of all ills, by popular report.

psychotic: insane; characterized by psychosis. *See also psychosis* in this glossary.

PT problem: short for *present time problem*. *See present time problem* in this glossary.

PTS: abbreviation for *potential trouble source*: a person who is in some way connected to and being adversely affected by a suppressive person. They are called a *potential* trouble source because they can be a lot of trouble to themselves and to others. *See also suppressive person* in this glossary.

Q and A: (from “Question and Answer”) in Scientology, a coined expression which means “to not get an answer to one’s question, fail to complete

something, or deviate from an intended course of action.” An auditor who starts a process, just gets it going, gets a new idea because of a change in the preclear, takes up the change and abandons the original process is Q-and-Aing.

Quad: using all four flows. *See also* **flow** in this glossary.

randomity: a consideration of motion. We have plus randomness and we have minus randomness. We can have, from the individual's consideration, too much or too little motion, or enough motion. What's enough motion measured by? The consideration of the individual. The term *randomity* is often used to mean simply too much motion or action.

Reach and Withdraw: a very simple but extremely powerful process for getting a person familiarized and in communication with things so that he can be more at cause over and in control of them. *Reach* means touch or take hold of; get to, come to and/or arrive at. *Withdraw* means move back from; let go.

reactive mind: a portion of a person's mind which works on a totally stimulus-response basis, which is not under his volitional control, and which exerts force and the power of command over his awareness, purposes, thoughts, body and actions. Stored in the reactive mind are engrams, and here we find the single source of aberrations and psychosomatic ills. Also called *bank*.

read: (1) (*noun*) a reaction of the needle on an E-Meter. (2) (*verb*) gave a positive reaction on the E-Meter. *See also* **E-Meter** in this glossary.

reality: agreement upon perceptions and data in the physical universe. All that we can be sure is real is that on which we have agreed is real. Agreement is the essence of reality. *See also* **ARC** in this glossary.

reality factor: the action of letting a person (or preclear) know what's going on, what one is looking for and what is being done so there is understanding and agreement on what is to occur.

rehabbed: short for *rehabilitated*, restored to a former capacity or condition. In Scientology, the term “rehabilitate” is most commonly used to mean “restoring a state of release previously attained by the preclear.”

release point: a moment in time when a person has been backed out of or separated from a part of his reactive mind. The reactive mind is still there, but the person isn't sunk into it with all its physical pains or discomforts and depressions. *See also* **reactive mind** in this glossary.

restimmed: short for *restimulated*. *See* **restimulation** in this glossary.

restimulation: a reactivation of a past memory due to similar circumstances in the present approximating circumstances of the past.

R-factor: short for *reality factor*. See **reality factor** in this glossary.

ridge: a solid accumulation of old, inactive energy suspended in space and time. A ridge is generated by opposing energy flows which hit one another, and continues to exist long after the energy flows have ceased.

Routine 3RA: the designation given to *Engram Running by Chains*: a process for the running of engrams originally released as Routine 3R in 1963 and refined by LRH in 1978 with the release of New Era Dianetics. See also **New Era Dianetics** in this glossary.

R3RA: short for *Routine 3RA*. See **Routine 3RA** in this glossary.

rudiments: the first principles, elements or fundamentals, as of a subject to be learned. In auditing, rudiments are those steps or actions used to get the preclear in shape to be audited in that session. They address such life situations as ARC breaks, present time problems, withholds, etc., which have to be handled before auditing can take place at all. See also **ARC break**, **present time problem** and **withhold** in this glossary.

run: perform the steps of auditing on. See also **auditing** in this glossary.

run (something) out: process and cause (something in the reactive mind) to vanish entirely (at which time it is filed as memory and experience). See also **process** in this glossary.

Scientology: comes from the Latin *scio*, which means “know” and the Greek word *logos*, meaning “the word or outward form by which the inward thought is expressed and made known.” Thus, Scientology means knowing about knowing. Scientology is an applied religious philosophy developed by L. Ron Hubbard. It is the study and handling of the spirit in relationship to itself, universes and other life.

Scientology Zero: a subject of Scientology which gives descriptions of the environment and what is wrong with it. It takes care of the world in which a person lives and can be summed up under the heading “The Dangerous Environment.”

secondary: a mental image picture of a moment of severe and shocking loss or threat of loss which contains misemotion such as anger, fear, grief, apathy or “deathfulness.” It may contain unconsciousness. It is called a secondary because it itself depends upon an earlier engram with similar data but real pain. See also **mental image picture** and **engram** in this glossary.

self-determinism: a condition of determining the actions of self; the ability to direct oneself.

service facsimile: a computation (the consideration that one must be consistently in a certain state in order to succeed) generated by the individual to make self right and others wrong, to dominate or escape domination and to enhance own survival and injure that of others. This computation will cause the individual to deliberately hold in restimulation selected parts of his reactive mind to explain his failures in life. For example, a person may keep an old injury in restimulation so that his family has to look after him. *See also* **reactive mind** and **restimulation** in this glossary.

session: a precise period of time during which an auditor audits a preclear.

7 cases: reference to the 7 types of cases which are the only cases that can hang up in auditing. These include cases with unhandled drugs, those who continue to commit overts on Scientology and those with serious physical illnesses, among others. For more information, see HCOB 25 Nov. 71 II, RESISTIVE CASES, FORMER THERAPY, in *Technical Bulletins* Volume IX. *See also* **case** in this glossary.

shock: short for *electric shock*, the psychiatric practice of administering an electric shock to the head of a patient in a supposed effort to treat mental illness. There is no therapeutic reason for shocking anyone and there are no authentic cases on record of anyone having been cured of anything by shock. The reverse is true. Electric shock causes often irreparable damage to the person in the form of brain damage and impaired mental ability.

significance: any thought, decision, concept, idea, purpose or meaning connected with something as opposed to its mass.

SLP 8: short for Six Levels of Processing Issue 8, a group of Scientology processes developed to remedy a person's willingness to confront, to be there, and to find out where he is.

somatic: a physical pain or discomfort of any kind. The word *somatic* means, actually, bodily or physical. Because the word *pain* has in the past led to confusion between physical pain and mental pain, *somatic* is the term used in Scientology to denote physical pain or discomfort.

SOP 8: short for Standard Operating Procedure 8, an auditing procedure which emphasizes positive gain and the present and future rather than negative gain of eradication of the past. The goal of this procedure is not the rehabilitation of the body but of the thetan. Rehabilitation of a

body incidentally ensues. The goal of this procedure is Operating Thetan. The steps of SOP 8 are laid out in the *Journal of Scientology* Issue 16-G, mid-June 1953. For more information, see *Technical Bulletins* Volume II.

SOP 8-A: short for Standard Operating Procedure 8-A: an auditing procedure addressing the problem of a preclear's uncertainties or occlusions at certain steps of SOP 8. *See also* **SOP 8** in this glossary.

spinny: (*slang*) in a state of mental confusion.

stable datum: the one datum from which any body of knowledge is built, and around which other data align. A stable datum does not have to be a correct one—it is simply the one that keeps things from being in a confusion.

Straightwire: the name of an auditing process. It is the act of stringing a line between present time and some incident in the past, and stringing that line directly and without any detours. The auditor is stringing a straight “wire” of memory between the actual genus (origin) of a condition and present time, thus demonstrating that there is a difference of time and space in the condition then and the condition now. The preclear, conceding this difference, is then able to rid himself of the condition or at least be able to handle it.

Suppress, Invalidate and Misunderstood: buttons (items, words, phrases, subjects or areas that cause response or reaction in an individual) that are used by an auditor when he gets no reaction on the E-Meter to a question he has asked a preclear. For example, if a question asked produces no reaction on the E-Meter, the auditor will ask, “On (the question) has anything been suppressed?” If that button reads, the question will now also read. On “Misunderstood,” the auditor would clear up what was misunderstood and then ask the question again.

suppressive person: a person who seeks to *suppress*, or squash, any betterment activity or group. A suppressive person suppresses other people in his vicinity. This is the person whose behavior is calculated to be disastrous. “Suppressive person” is another name for the “antisocial personality.”

TA: abbreviation for *tone arm action*. The tone arm is a control lever on the E-Meter. The tone arm registers density of mass in the mind of the preclear. This is actual mass, not imaginary, and can be weighed, measured by resistance, etc. Therefore, the tone arm registers the state of the case at any given time in processing. As a person is processed, mental mass shifts and dissipates, and the auditor moves the tone arm to compensate for these fluctuations. *Tone arm action* refers to the measurement of how much the auditor had to move the tone arm

downward (counterclockwise) during a session, and is used as an index of case improvement in the preclear. Tone arm action is measured in units called *divisions*. A *division* is the distance between any of the two consecutive numbers appearing on the tone arm dial.

tech: short for *technology*. See **technology** in this glossary.

technology: the methods of application of an art or science as opposed to mere knowledge of the science or art itself.

terminal: a point that receives, relays and sends communication; a man would be a terminal, but a post (position, job or duty to which a person is assigned) would also be a terminal.

terror stomach: the feeling a person experiences in the area of their stomach during moments of intense fear. It is simply a confusion in a high degree of restimulation in the vicinity of the vagus nerve (either of a pair of large nerves which act upon the larynx, lungs, heart, esophagus, and most of the abdominal organs). See also **restimulation** in this glossary.

theta: energy peculiar to life which acts upon material in the physical universe and animates it, mobilizes it and changes it; natural creative energy of a being which he has free to direct toward survival goals. See also **thetan** in this glossary.

thetan: the person himself—not his body or his name, the physical universe, his mind, or anything else; that which is aware of being aware; the identity which is the individual. The thetan (spirit) is described in Scientology as having no mass, no wavelength, no energy and no time or location in space except by consideration or postulate. The spirit then is not a *thing*. It is the *creator* of things. The term was coined to eliminate any possible confusion with older, invalid concepts. It comes from the Greek letter *theta* (θ), to which an *n* is added to make a noun in the modern style used to create words in engineering. It is also θ^n , or “theta to the *n*th degree,” meaning unlimited or vast. See also **postulate** and **theta** in this glossary.

tone: an emotional level on the Tone Scale. See also **Tone Scale** in this glossary.

Tone 40: a positive postulate with no counter-thought expected, anticipated or anything else; that is, total control. The name *Tone 40* comes from the top position of the Tone Scale (a scale, in Dianetics and Scientology, that shows the emotional tones of a person), which is serenity of beingness. See also **postulate** in this glossary.

Tone Scale: a scale, in Scientology, which shows the emotional tones of a person. These, ranged from the highest to the lowest, are, in part, serenity, enthusiasm (as we proceed downward), conservatism, boredom, antagonism, anger, covert hostility, fear, grief, apathy. An arbitrary numerical value is given to each level on the scale. There are many aspects of the Tone Scale and using it makes possible the prediction of human behavior. For more information on the Tone Scale, read the book *Science of Survival* by L. Ron Hubbard.

Triple: a procedure that is run on only three flows: inward to oneself; outward to another or others; and crossways, others to others. *See also* **flow** in this glossary.

TRs: abbreviation for *training regimens* or *routines*: often referred to as *training drills*. TRs are practical drills which can greatly increase a student's ability in essential auditing skills, such as communication and control.

turned on: started suddenly to affect or show.

two-way comm: short for *two-way communication*, a style of auditing governed by the rules of a *two-way cycle of communication*. A two-way cycle of communication would work as follows: Joe, having originated a communication, and having completed it, may then wait for Bill to originate a communication to Joe, thus completing the remainder of the two-way cycle of communication. Bill does originate a communication, this is heard by Joe, answered by Joe, and acknowledged by Bill.

universe: a whole system of created things. The universes are three in number. The first of these is one's own universe. The second would be the material universe, which is the universe of matter, energy, space and time, which is the common meeting ground of all of us. The third is actually a class of universes—the universe of every other person.

unmock: make nothing of.

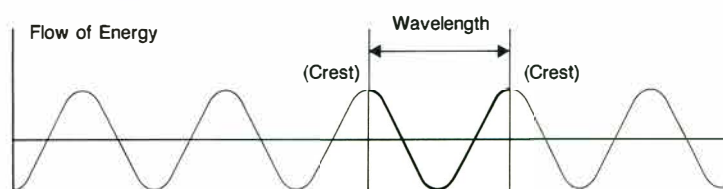
up scale: into a better condition or state of being.

VGIs: abbreviation for *very good indicators*, one of the manifestations that shows that a process has reached its end phenomena. *See also* **indicators** in this glossary.

V-J Day: short for *Victory in Japan Day*: the day of victory for the Allied forces over Japan in World War II; officially September 2, 1945.

Voltaire: assumed name of François Marie Arouet (1694–1778), French author and philosopher who believed in freedom of thought and respect for all men, and who spoke out against intolerance, tyranny and superstition.

wavelength: the relative distance from crest to crest in any flow of energy.



W/C: abbreviation for *word clearing*: Scientology procedures used to locate and clear up words the student or preclear has misunderstood in his studies of Dianetics and Scientology or other subjects he has studied.

W/H: abbreviation for *withhold*. See **withhold** in this glossary.

White Form: the former name of the Original Assessment Sheet: an assessment done as the beginning action of Dianetics auditing and on all new cases. It is done in a formal auditing session in an auditing room with the preclear duly signed up and in-session. The assessment is done using a form with a space after each question where the auditor writes the preclear's answers and needle reactions. The form includes questions about such things as accidents, illnesses and operations the preclear has had, deaths and severe losses that have affected the preclear, etc. The purpose of this form is to provide essential data regarding the preclear and his case to the Case Supervisor, Director of Processing and the auditor, and to better acquaint the auditor with the preclear at the onset of auditing.

Why: that basic outness (a thing which is not right or correct; wrongness) found which will lead to a recovery of statistics. A wrong Why, corrected, will further depress statistics. The real Why when found and corrected leads straight back to improved statistics.

win: a gain or realization. Also, intending to do something and doing it or intending not to do something and not doing it. For example, if one intends to be able to communicate better with his boss and does so, that is a win. Or if one intends to no longer be shy around girls and accomplishes that, it is a win.

withhold: an unspoken, unannounced transgression against a moral code by which the person was bound. A thing the person did that he or she is not talking about. A withhold is always the manifestation which comes after an overt. Any withhold comes after an overt. See also **overt act** in this glossary.

worksheets: pages written by an auditor which contain the complete running record of an auditing session from beginning to end.

A BOUT THE AUTHOR

About
the Author

About
the Author

ABOUT THE AUTHOR

About
the Author

L. Ron Hubbard's many works on the subjects of Dianetics and Scientology reflect a profound knowledge of man's nature—knowledge gained through lifelong experience with people from all walks of life and every part of society.

Ron's quest for knowledge on the nature of man began at a very early age, when he studied the Greek philosophers and other classics. He traveled across the United States and throughout the Pacific and Asia. By the time he was nineteen he had covered more than a quarter of a million miles. And during the course of his journeys he studied twenty-one different races and cultures around the world.

In the fall of 1930, Ron enrolled at George Washington University where he studied mathematics, engineering and attended one of the first classes in nuclear physics taught in the United States. This background allowed him to apply a scientific methodology to questions of man's spiritual potential. After realizing that neither the philosophy of the East nor the materialism of the West held the answers, Ron was determined to fill the gap.

He financed his early research through fiction writing and soon became one of the most highly demanded authors in this golden age of popular fiction. His prolific output as a writer during the 30s and 40s was interrupted only by his service in the US Navy during World War II.

Partially disabled at war's end, Ron applied his discoveries about the human mind to restore his own health and that of other injured servicemen.

In late 1947, Ron detailed these discoveries in a manuscript which enjoyed a wide circulation amongst friends and colleagues who copied it and passed it on to others. (This manuscript was published in 1951 as *Dianetics: The Original Thesis*, and later republished as *The Dynamics of Life*.) As his original thesis continued to circulate, Ron found himself besieged with inquiries from interested readers; and with the first publication of his work on Dianetics in the *Explorers Club Journal* in late 1949, the flood of letters was so great that it placed enormous demands on his time. It was in response to these requests for more information about his discoveries that he wrote a comprehensive text on the subject.

Published on May 9, 1950, *Dianetics: The Modern Science of Mental Health* made his breakthrough technology broadly available for the first time. Dianetics shot to the top of the *New York Times* bestseller list and remained there week after week. By the end of four months, 750 Dianetics study groups had sprung up, prompting such headlines as: “Dianetics Takes US by Storm.”

Responding to this groundswell of enthusiasm, Ron delivered lectures to packed halls across the country. Before the year’s end, tens of thousands had not only read his book, but were readily applying it to better their lives. Meanwhile, he continued his research, and further breakthroughs followed. In 1951, he wrote and published six more books, including *Science of Survival*, the authoritative work on the subject of human behavior.

In the autumn of that year, and in spite of growing demands on his time, he intensified research into the true source of life energy. This research led him to identify the very nature of life itself, and formed the basis of the applied philosophy of Scientology—the study of the spirit in relationship to itself, universes and other life. This track of research, begun so many years earlier as a young man traveling the globe in search of answers to life itself, was to span the next three decades.

Through the 1950s, Ron continued to advance Scientology techniques with the development of hundreds of new processes, delving deeper into the true nature of man. And as more and more people discovered Ron’s breakthroughs, Scientology churches around the world opened to provide services to them.

In 1959, Ron purchased a home in England, Saint Hill Manor, where he lectured to hundreds of Scientology students who came from as far away as the United States, Australia and South Africa. A new era for Scientology began with the opening of the Saint Hill Special Briefing Course in May of 1961 to train expert auditors. Between 1961 and 1966, Ron not only personally supervised these students, but also delivered more than 440 lectures and auditing demonstrations while continuing his research and overseeing the expanding affairs of Scientology internationally.

He released the Scientology Classification, Gradation and Awareness Chart at Saint Hill in 1965, laying out the standard step-by-step route for

preclears and auditors. Additionally, because of Scientology's rapid expansion, Ron developed administrative policies for Scientology organizations which have proven to be universal in their application.

On the threshold of breakthroughs never before envisaged, Ron resigned from all directorships in Scientology organizations in 1966 to devote himself more fully to research.

The following years saw the discovery and codification of the technology which allows anyone to move through the levels of Operating Thetan, the highest states of spiritual awareness and ability.

Ron continued to seek out methods to help his fellows. As he encountered ever-worsening conditions in society, he developed procedures to address and resolve a wide range of man's problems. He even refined the techniques of Dianetics in 1978 to bring about faster and easier-to-attain results—New Era Dianetics.

No area of life was left untouched in this search for ways to improve the human condition. His work provided solutions to such social ills as declining educational standards, moral decay and drug use. He codified the administration of organizations, the principles of ethics, the subjects of art and logic and much more. And yet he never lost sight of the man on the street and his day-to-day problems of living in these complex and troubled times. Thus in Scientology one finds solutions to any difficulty one can encounter in life.

The processes in this book represent but a small part of the more than forty million words of Ron's recorded lectures, books and writings on Dianetics and Scientology.

With his research fully completed and codified, L. Ron Hubbard departed his body on January 24, 1986. Ron's legacy lives on through his works which are applied daily by millions around the world to bring understanding and freedom.

Thanks to his efforts, there is today a pathway for anyone to travel to attain full spiritual freedom. The entrance is wide and the route is sure.

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We do a lot of things “automatically”—such as driving a car. But what happens when a person’s mental machinery takes over and starts running him? In this fascinating lecture, L. Ron Hubbard gives you an understanding of what mental machinery really is, and how it can cause a person to lose control. You *can* regain your power of decision and be in full control of your life. Listen to this lecture and find out how.

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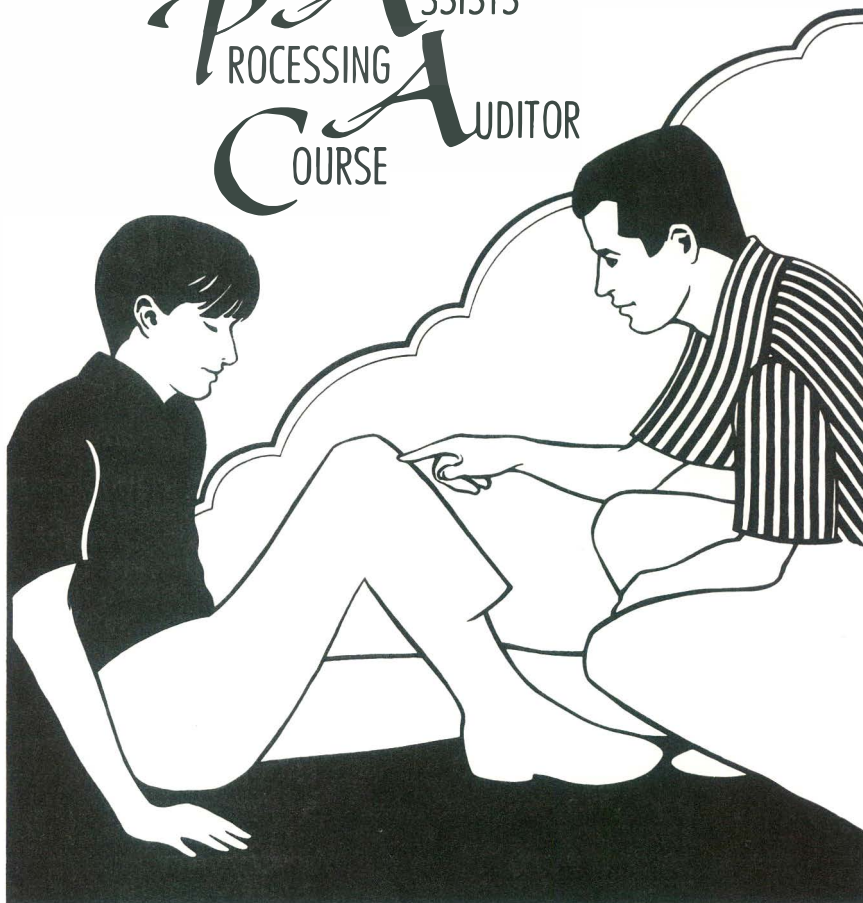
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