

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 work-place; 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 indication 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.

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ASSIST SUMMARY

Refs:

HCOB	5 July 71 RB Rev. 20.9.78	C/S Series 49RB
HCOB	23 July 71 R Rev. 16.7.78	ASSISTS
HCOB	12 Mär. 69 II	ASSISTS
HCOB	24 Apr. 69 RA I Rev. 20.9.78	PHYSICALLY ILL PCs AND PRE-OTs DIANETIC USE
HCOB	14 May 69 I	SICKNESS
HCOB	23 May 69 R Rev. 11.7.78	AUDITING OUT SESSIONS, NARRATIVE VERSUS SOMATIC CHAINS SERIOUSLY ILL PCs
HCOB	24 July 69 R Rev. 24.7.78	ANTIBIOTICS ANTIBIOTICS, ADMINISTERING
HCOB	27 July 69	
HCOB	24.3.85	

HCOB	15 Jan. 70 I	
HCOB	9 Oct. 67 RA Rev. 13.8.87	
HCOB	2 Jan. 71	OF
HCOB	15 July 70 R Rev. 17.7.78	THE USES OF AUDITING CONTACT ASSIST
HCOB	7 Apr. 72 RA Rev. 25.8.87	ILLEGAL AUDITING UNRESOLVED PAINS
HCOB	25 Aug. 87 II	TOUCH ASSISTS, CORRECT ONES
HCOB	2 Apr. 69 RA Rev. 28.7.78	TOUCH ASSISTS, MORE ABOUT DIANETIC ASSISTS
HCOB	19 July 69 RA I Rev. 21.9.78	DIANETICS AND ILLNESS
HCOB	29 July 81 I	FÜLL ASSIST CHECKLISTS FOR INJURIES AND ILLNESSES DIANETIC RESULTS
HCOB	24 Apr. 69 R II Rev. 20.7.78	61 I THE PRIOR CONFUSION
HCOB	15 Aug. 87	62 A SMOOTH HGC 25-HOUR INTENSIVE 84 FPRD Series 3
Tape:	6110C03	"The Prio
HCOB	2 Nov. 61 I	THE PRIOR CONFUSION: NEW TECH
HCOB	30 July 62	UNCONSCIOUS PERSON ASSIST The Prior Confusion"
HCOB	7 June 84	BREAKTHROUGH
Tape:	521 IC 14	"Time, Create, Destroy, Have"
Tape:	5110C15B	"Postulate Processing"
HCOB	12 Mär. 68	MISTAKES, ANATOMY OF New Era Dianetics Series I 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 *äs* 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 *äs* (iv) NEGLECT. 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 *äs* 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 *äs* "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 PROLONG-ING HIS CONDITION AND LESSENING HIS PREDISPOSITION TO FURTHER INJURE HIMSELF OR REMAIN IN AN INTOLER-ABLE 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 ARG 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 I 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 pre-assessment 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 unrelated chain. (Refs: HCOB 15 July 71RD III, NED Series 9RC, DRUG HANDLING, and HCOB 19 May 69RA, DRUG AND ALCOHOL GASES, 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 Gase Supervisor. The point is not to let the person go on suffering while time is consumed making a decision.

PRIOR GON FUSION: 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 E/N cog VGIs.

AGREEMENT : Get any agreement the person may have had in 01- 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 E/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 G/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 I gets reads. The GF reads are then handled. Out-Interiorization, bad lists, missed W/Hs, ARG 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 71 R, 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 successfui 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 successfui 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.

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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.

L. RON HUBBARD
Founder

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

Physkolly III
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. Audit-ing 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.

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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 helpfui 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.

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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 it 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 appearance 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 äs 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 äs 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 "eure" 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 eure. 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 eure.

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.

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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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HCO BULLETIN OF 2 APRIL 1969RA
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DIANETIC ASSISTS

The Use of Dianetics to the Medical Doctor

Oionetic
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 fall 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 successfui and is in very broad use over the world.

L. RON HUBBARD
Founder

CONTACT ASSIST

References: HCOB 9 Oct. 67RA,
CONTACT ASSIST

TR Instruction Filrn 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 caUed 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 orten 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. Teil 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. Teil the person to move slowly through the accident just like it happened. Have him duplicate exactiy 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 *sarrw* 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 *türm 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 *türm 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

Basic
Assists for
Illnesses
and Injuries

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 person sit down or lie down—whatever position will be more comfortable for him.
2. Tell the person that you are going to be doing a Touch Assist and explain briefly the procedure.
Tell the person 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 person 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 *pari*. 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

Reference: *AUility* 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 Rumung: If a somatic turns on while running the locational, continue the process until the somatic turns off.

NERVE ASSIST

Basic
Assists for
Illnesses
and Injuries

References: HCOB 25 Aug. 87 I,
NERVE ASSIST
TR Instruction Film No. 10, *Assists Use of*

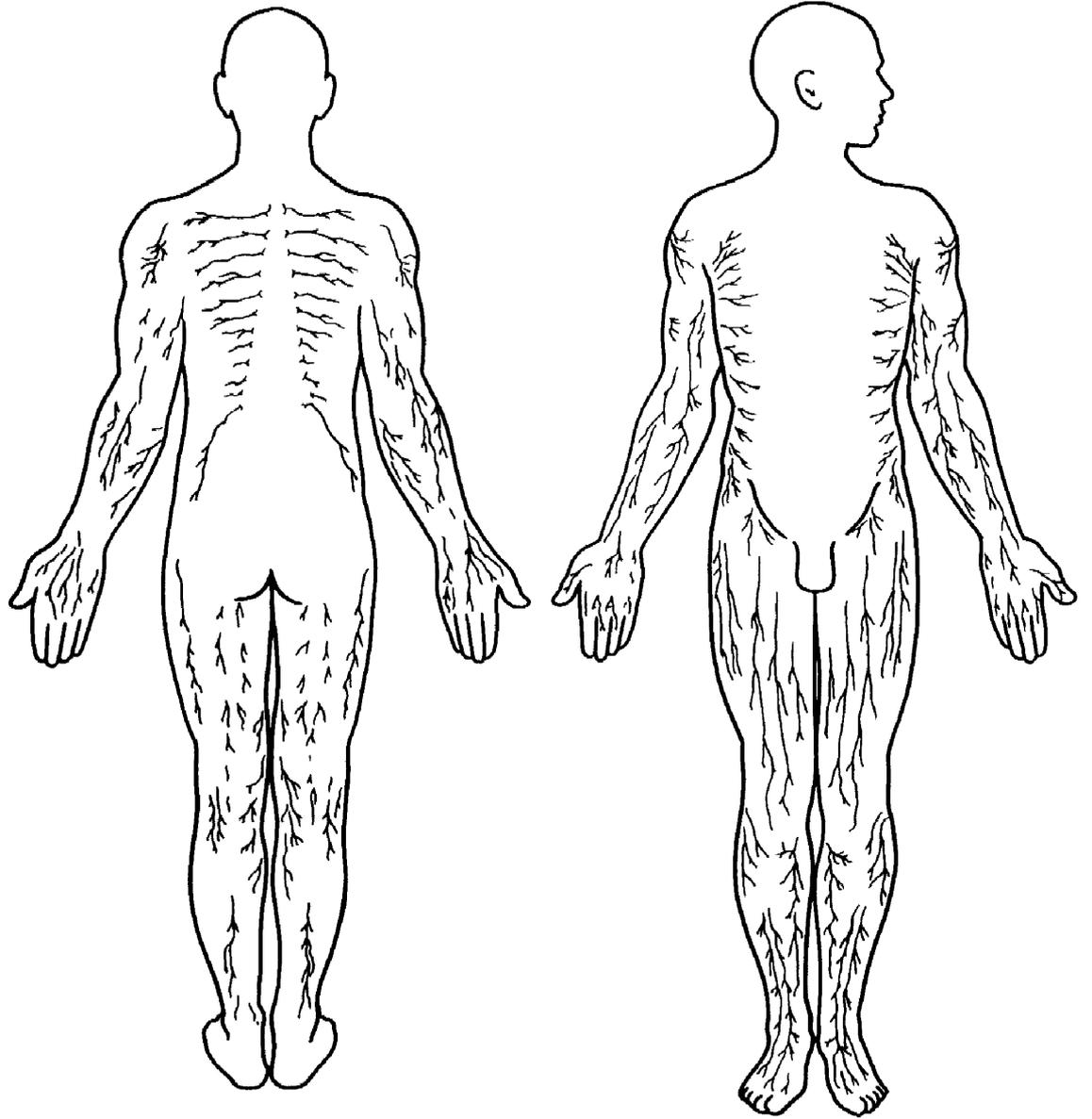
Process: For use on straightening the joints and the spine.

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.

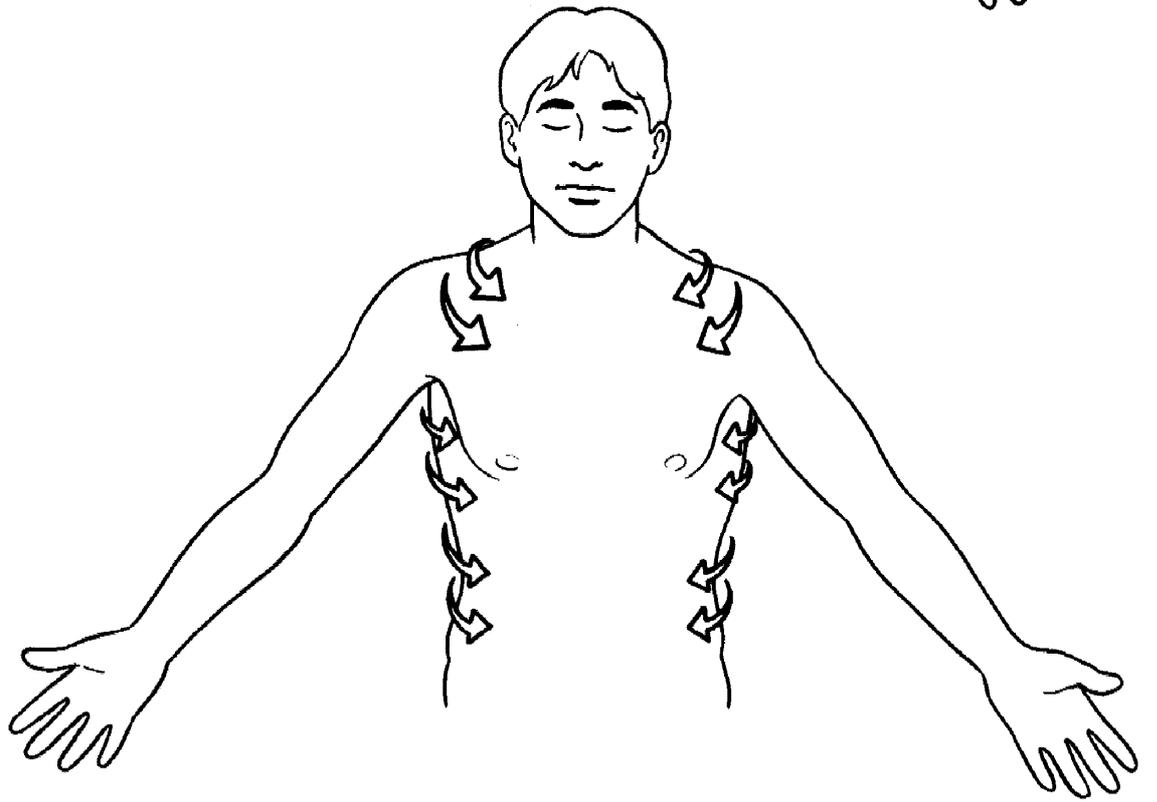
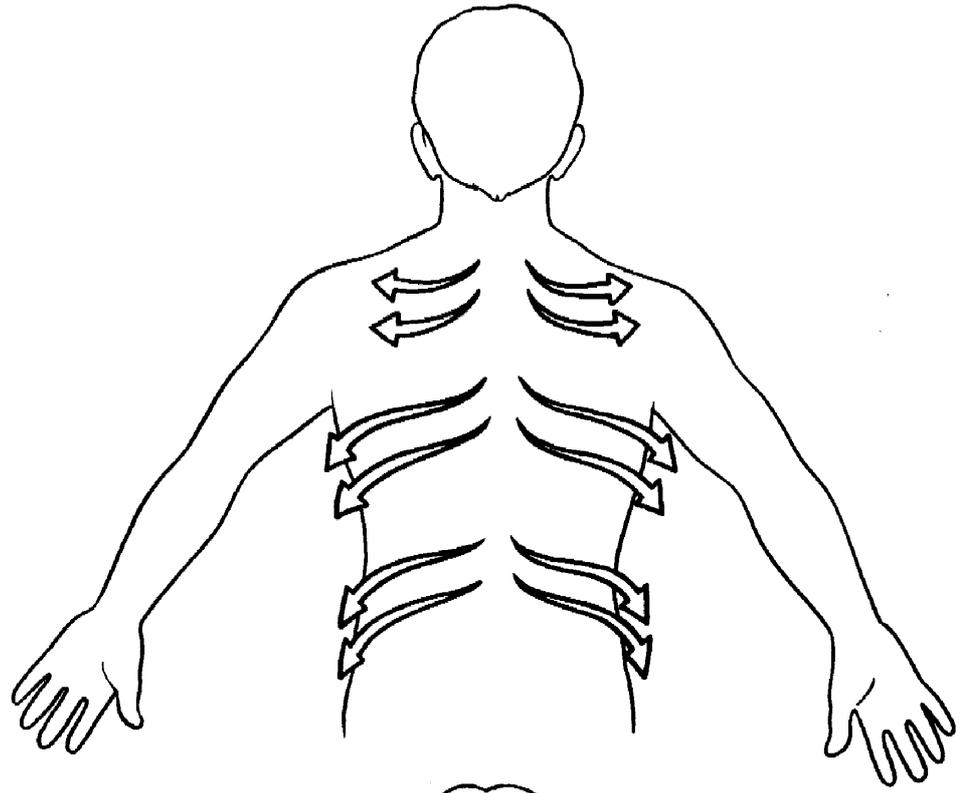
Procedure:

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.

The auditor now reverses the direction of his strokes so they go back up to the spine.

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.)



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

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.

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.

REACH AND WITHDRAW ON III OR INJURED BODY PARTS

Additional Assists
for Handling
Injuries and
Illnesses

References: HCOB 24 July 69R,
SERIOUSLY ILL PCs
HCOB 10 Apr. SIR, 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

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ON OTHER BODY PARTS NOT AFFECTED,

TUE 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,
FÜLL 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 Üiem.

By *nach* 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 Wididraw 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 11 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 will or three consecutive sets of commands with no change in the person's motions or attitude. Then another person, place or thing is chosen and the commands are taken to a new one 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 *field* of anything that is being used but goes to different points

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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 Mär. 65, "ARG
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.

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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 Mär. 58,
CLEARING REALITY
Lecture 14 Mär. 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.

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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

I Assists for
n|U(ies and

References: Lecture 3 June 59,
"Clearing: By Communication Processes, Spedfic"
Lecture 5 July 59,
"Communication Processes"
HCOR 7 Aug. 59,
TUE HANDLING OF COMMUNICATION
PROCKSSES, SOME RAPII) DATA
HCOB 25 Sept. 59,
HAS CO-AUDIT

Use of Process: Can be run on any painfui, sick or injured *hody* part or part of thc Ixxly the preclear thinks is sick.

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

Thus a Communication to a body pari cau eure illness very easily.

Procedure:

Cet the person to teil you what part ot the body is sick or what part of the Ixxly he thinks is sick. Or find out what part of the body is bolhering him.

L'se thc command:

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

Run this conimand uver and ovcr, to end phenomena.

Notes on Running: The auditing command is always a general statement ot 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.

LOOKATTHAT(OBJECT) DECIDETHE INJURY CANNOTHAVEIT

**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

Assists *h*/
injuries and

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 diese commands 1,2, 1,2, 1, etc., to end phenomena.

If you run the right eye, you run the left eye äs well. If you run one diing, you run another. If you run his head, run his knees äs 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

Reference: Lecture Aug. 56,
"Chronic Somatics"

Additional Assists for
Handling Injuries and
Illnesses

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 patient:

**"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

**Additional Assists
for Handling
Injuries and
Illnesses**

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."

I 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

Assists for
injuries and

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

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

**Additional
Assists for
Handling
Injuries and
Illnesses**

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

Information: The predear 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.

WHEREAREN'TYO U BEING (INJURED)

Additional Assists for
Handling Injuries and
Illnesses

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

Reference: HGOB 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.

**Additional
Assists for
Handling
Injuries and
Illnesses**

OTHER ILLNESSES

Assists for
injuries

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: *Ahility* 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

Mditional Assists for
Handling Injuries

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

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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

for Handling Injuries

Additional Assists
for Handling Injuries
and Illnesses

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

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

Information: This process helps c-onu-o] or direct the attention of the injured person.

Procedure:

Typical 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

**Additional
Assists for
Handling
Injuries and
Illnesses**

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

Assists fol
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Reference: Lecture I 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 pustulates 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 Mär. 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

Assists for
injuries and

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 stähle dalurn 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 phenoniena.

PROCESSFOR AN ILLNESS

Reference: Lecture 13 Oct. 54,
"Assist"

The Creäüm of Human Ability
"R2-34: Description
Processing"

Additional Assists fo>
Handling Injuries and
Illnesses

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. "Teil 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

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ts for
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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

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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.

HOW TO MAKE A PERSON SOBER

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 alcohol. It can make a drunk person sober in a very few minutes and then 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 utility. It 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 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 required to bring the person to sobriety. Do not Q&A with the comment "What object?" Just get the command carried out, 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 process.

TOOTHACHE ASSIST

Assists for
Handling
Specific
Difficulties

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 w**
- 2. "Put unconsciousness into the right**
- 3. "Put unconsciousness into the front**
- 4. "Put unconsciousness into the back**
- 5. "Put unconsciousness into the ceilin**
- 6. "Put unconsciousness into the floor.**

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

- 1. "Put no unconsciousness into the lef**
- 2. "Put no unconsciousness into the rig**
- 3. "Put no unconsciousness into the fr**
- 4. "Put no unconsciousness into the ba**
- 5. "Put no unconsciousness into the ce**
- 6. "Put no unconsciousness into the flc**

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

PROCESS FOR THE COMMON COLD

Assists for
Handling
Specific
Difficulties

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 threatened with a serious loss. This is a fabulous process to get rid of a

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 swims with great difficulty to the front of his mind. And he finally will tell you "Oh well, nothing really except my car was stolen three days ago. But I did get it know."

TAKE A WALK (A SURE C

References: Lecture Aug. 56,
"Axioms 6-10"

Lecture 1 Sept. 56, "Third Dynamic Applicati
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 th
handle exhaustion, but it can be used at any time on anyone. I
self. It can help handle insomnia. It can help a person who is v
work or someone who is worried about anything.

Information: People sometimes get exhausted after working :
who has a machine or books or objects continually at a fixed c
leaves his work and tends to keep his attention fixed exactly v

The wrong thing to do, regardless of whether one is a bookkee
a clerk, an executive or a machinist, is to leave work, go home
attention on an object more or less at the same distance from c
confronts continually at work.

Procedure:

Take a walk around the block.

This consists of walking around the block until one feels re
around the block and look at things until he sees the things he
not matter how many times he walks around the block, he sho
block until he feels better.

This is continued until the person achieves extroversion of att
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 (Hit 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.

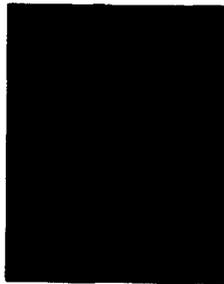
This is a near cure-all. If one feels antagonistic toward one's wife, the wrong thing to do is to beat her. The right thing to do is to go out and take a walk around the block until one feels better. And make her walk around the block in the opposite direction. Do this until extroversion from the situation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

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SECTION
FOUR:
ASSISTS
FOR
CHILDREN



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
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Reference: *Child Dianedcs*

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

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

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

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

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.

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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

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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

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 MINOR
FOR A
PHYSICAL
INJURY

Reference:

Child

Diawtics

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

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

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 techniciuc 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 die 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 die 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.

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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

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."



SECTION FIVE:
^/ PREGNANCY
AND
POSTPARTUM
ASSISTS



ASSIST FOR A WOMAN HAVING TROUBLE DELIVERING

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

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.

SECTION six:
</ 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 VERSIONS

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:

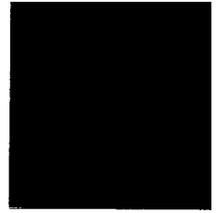
- i. "Look around here and find something."**
- ii. "Walk over to it."**
- m. "With your hands, hold it still."**

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.



SECTION SEVEN:
</ ASSISTS FOR
THE
WORKPLACE

TAKE A WALK AROUND THE BLOCK

References: Lecture 1 Sept. 56,
"Third Dynamic Application of Games Principles"

The Problem 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

Reference: HCOB 10 Apr. 81 R,
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

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:

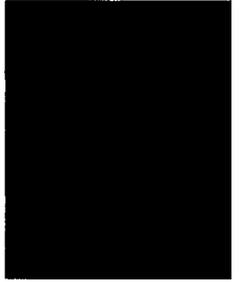
Take the person into the office in which they work and have the person sit down at the desk. Run the command:

**"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.



SECTION
EIGHT:
^/ DIANETIC
ASSIST ACTIONS



R3RA NARRATIVE ON THE INCIDENT ITSELF

References: HCOB 11 July 73RB,
ASSIST SUMMARY
HCOB 26June78RAII,
NED Series 6RA,
ROUTINE 3RA, ENGRAM RUNNING BY CHAINS
HCOB 28 June 78RA, NED
Series 7RA, R3RA
COMMANDS
HCOB 28July7IRB,
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 ER 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.

L3R

H

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 misdome 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

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.



SECTION

NINE:

^/



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 once

Each 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 condition

Each 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.

L1
C

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 ANXIOUS	ASSERTED
ABOUT	AGREED (WITH)

DATE
LOCAT
E

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?"⁹**

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?"**

continwd

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?"**

continued

Overts:

Flow 1:

**"Prior to the _____
(illness/injury/acddent)
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/acddent)
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
INVALIDATED	FROM
CAREFUL OF	REACHED
DIDN'T REVEAL	IGNORED
NOT-ISED	STATED
SUGGESTED	HELPED
MISTAKE BEEN	ALTERED
MADE PROTESTED	REVEALED
ANXIOUS ABOUT	ASSERTED
	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

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)?"**

continued

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?"

continwd

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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

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 I[^]-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."**

continwd

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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."

continued

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"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?"**

continued

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a. "What around here would you permit to be duplicated?"

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)

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?"

TI REDNESS

References: HCOB 29 July 81 R,
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.

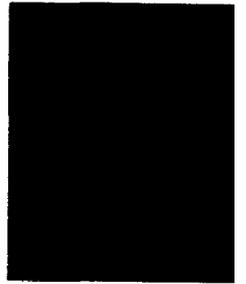
Procedure:

List and null:

"What purpose has been blunted?"

You can also use "abandoned" if it reads better.

SECTION TEN:
HANDLING
UNCONSCIOUSNE
SS COMAS AND
SHOCK



UNCONSCIOUS PERSON ASSIST

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.

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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 F O R
HANDLING SHOCK
OR CATATONIA

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

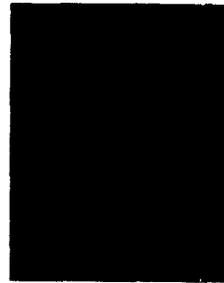
person should remember her husband, should think of her children, and so on, all with no response. He couldn't get her to pick up the body at all. Finally, the auditor said, "Think of your poor auditor!" at which point she came back and brought the body to life.

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.

SECTION
ELEVEN:
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

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:

The "Bring Back to Life" Assist

Section 10 pg. 262

Next, make sure 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
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 111 or Injured Body Parts	Section 2 Pg- 65
Reach and Withdraw on Other Body Parts	Section 2 Pg- 66
Not Affected the Environment the Body	
Locational Assist	Section 1 Pg- 51
Hello and Okay	Section 2 Pg- 71
L1C	Section 9 Pg- 213
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
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 111 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. 26

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 111 or Injured Body Parts	Section 2	Pg- 65
Reach and Withdraw on Other Body Parts	Section 2	Pg- 66
Not Affected, the Environment, the Body		
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

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
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Something • Nothing	Section	2	pg. 76
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Injured or 111 and Was in a Small Room for a Long Time	Section	2	pg. 95
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Rudiments Before the Illness or Injury	Section	9	pg. 219
Prepcheck Prior Confusion	Section	9	pg. 223
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Suppressive Presence Two-way Comm	Section	9	pg. 225
PTS Interview	Section	9	pg. 226
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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
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Fixed Picture (Before-After)	Section	9	pg. 251
Something • Nothing	Section	2	pg. 76
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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:

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 die 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 111 or Injured Body Parts	Section 2	Pg- 65
Reach and Withdraw on Other Body Parts	Section 2	Pg- 66
Not Affected, the Environment, the Body 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 9	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- 210
Prior Con fusion 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- 80
Places Where the Injured Body Part Is Safe	Section	2	Pg- 91
Running Help on an Injury	Section	9	Pg- 89
Injured or 111 and Was in a Small Room for a Long Time	Section	2	Pg- 95
Spot the Spot	Section	9	Pg- 79
Rudiments Before the Illness or Injury	Section	9	Pg- 219
Prepcheck Prior Con fusion	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
PIS 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:

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 111 or Injured Body Parts	Section 2	Pg- 65
Reach and Withdraw on Other Body Parts	Section 2	Pg- 66
Not Affected, the Environment, the Body		
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 111 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
PTSC/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 a coma.

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
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 111 or Injured Body Parts	Section 2	Pg- 65
Reach and Withdraw on Other Body Parts	Section 2	Pg- 66
Not Affected, the Environment, the Body		
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 Cooling 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

ASSIST FOR SLEEPLESSNESS

Assists for Han
Specific Difficult

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

Assists for
Handling Specific
Difficulties

Reference: Lecture 20 Sep. 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 Han
Specific Difficu

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: If 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.

Assists for
Handling
Specific
Difficulties

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 Speci
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.

Assists for
Handling Specific
Difficulties

ASSIST FOR SOMEONE WHO CAN NOT 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 at 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 Spe
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.

Assists for
Handling Specific
Difficulties

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 Hand
Specific Difficu

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

Assists for
Handling Specific
Difficulties

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 Han
Specific Difficu

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 engrain. 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

Assists for
Handling Specific
Difficulties

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

Assists for
Handling Specific
Difficulties

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 brain.

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 Spec
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)

Assists for
Handling Specific
Difficulties

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 process 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. The 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. 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 in that part. If any pain turns on in some other part of the body, ignore it and go on with the 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
shoulder. |
| 6. Your right knee. | 21. Your left shoulder. |
| 7. Your stomach. | 22. The back of your
neck. |
| 8. Your left knee. | 23. Your brain. |
| 9. Your back. | 24. Your right side. |
| 10. Your tongue. | 25. Your left side. |
| 11. Your loins. | 26. All your fingers. |
| 12. Your right leg. | 27. Your nose. |
| 13. Your right arm. | 28. Your chin. |
| 14. Your left leg. | |
| 15. Your right ear. | |

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

Assists for Handling
Specific Difficulties

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."**

**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 Hand
Specific Difficulti

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 wUl gradually go through various things and eventually get tough. They'll get very tough before they can get kind.

THREATENING ENVIRONMENT

Assists for
Handling Specific
Difficulties

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 Han
Specific Difficu

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.

Assists for
Handling Specific
Difficulties

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.

Assists for
Handling
Specific
Difficulties

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 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 Spec
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 *irregular 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 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,
preclear executes the command each time.

ensuring that the

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.

Assists for
Handling Specific
Difficulties

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

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

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

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 (W}
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

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.

TO WAY 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

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.

