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HCO BULLETIN OF 11 JULY 1973R REVISED 26 MAY 1978

(Revisions in Script)

ASSIST SUMMARY

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HCO PL 7 Aug 71 Interne Okay to Audit Checksheet,
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                  Assists Pack
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                  Illegal Auditing
HCO B 15 Jul 70 Unresolved Pains
(Reissued 25 Nov 70)
      7 Apr 72 Touch Assists, Correct Ones
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Injuries, operations, delivery of babies, severe illnesses and periods of intense emotional shock all deserve to be handled with thorough and complete assists.

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:

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- 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 catalogued 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 bio-compound excesses.
- H. Vitamin and bio-compound 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 the 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 non-optimum 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 practised cruelty to insist by neglect that a person continue on in such a state when one can learn and practise and obtain relief for such a person.

We are mainly concerned with the first group, 1-3. The group is not listed in the order that it is done but in the order that it has influence upon the being.

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

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

The actual cause of not handling such conditions is, then, to be found as iv. 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 as there are two sides to healing — the spiritual and the structural or physical, there are also two states that can be spiritually attained. The first of these states might be classified as "humanly tolerable". Assists come under this heading. The second is spiritually improved. Grade auditing comes under this second heading.

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

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

This is entirely outside the field of "healing" as envisioned by the medical doctor and by actual records of results is very, very far beyond the capability of psychology, psychiatry and "mental treatment" as practised 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:

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

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

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

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

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

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

HANDLE ANY SECONDARY, which is to say emotional reactions, before, during or after the situation. This must be run from the first intimation something was wrong or going to happen or being told something had happened. Run the incident narrative to erasure and only go earlier similar if it starts to grind very badly. Then run Flows 2, 3 and 0 to F/N.

HAMPLE ANY ENGRAM of actual physical duress. This is done by running the incident narrative to erasure and only going earlier similar if it starts to grind very badly. This is handled with Flows 1, 2, 3 and 0. 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.

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

Where a person is injured, given a contact or touch assist and then medical examination and treatment, he is given the remainder as soon as he is able to be audited. The drug "five days" does not need to apply. But where the person has been given an assist over drugs, one must later come back to the case when he is off drugs and run the drug part out or at least make sure that nothing was submerged by the drugs. It is not uncommon for a person to be oblivious of certain parts of a treatment or operation at the time of initial auditing, only to have a missing piece of the incident pop up days, months or even years later. THIS is the reason injuries or operations occasionally seem to persist despite a full assist: a piece of it was left unhandled due to a drugged condition during the operation; such bits may come off unexpectedly in routine auditing on some other apparently disrelated chain.

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

SUMMARY

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

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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 non-optimum physical conditions. In some instances he can do so. It is no invasion of his province to assist the patient to greater healing potential. And ills that are solely spiritual in nature are not medical.

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

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

His primary method of doing so is the ASSIST.

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

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