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ASSIST SUMMARY

(References:

HCOB 5 Jul 71RB Rev. 20.9.78	C/S Series 49RB ASSISTS
HCOB 23 Jul 71R Rev. 16.7.78	ASSISTS
HCOB 12 Mar 69 II HCOB 24 Apr 69RA Rev. 20.9.78	PHYSICALLY ILL PCs AND PRE-OTs DIANETIC USE
HCOB 14 May 69 HCOB 23 May 69R Rev. 11.7.78	SICKNESS AUDITING OUT SESSIONS, NARRATIVE VERSUS SOMATIC CHAINS
HCOB 24 Jul 69R Rev. 24.7.78	SERIOUSLY ILL PCs
HCOB 27 Jul 69 HCOB 29 Mar 75RA Rev. 24.3.85	ANTIBIOTICS ANTIBIOTICS, ADMINISTERING OF
HCOB 15 Jan 70 HCOB 9 Oct 67RA Rev. 13.8.87	THE USES OF AUDITING CONTACT ASSIST
HCOB 2 Jan 71 HCOB 15 Jul 70R Rev. 17.7.78	ILLEGAL AUDITING UNRESOLVED PAINS
HCOB 7 Apr 72RA Rev. 25.8.87	TOUCH ASSISTS, CORRECT ONES
HCOB 25 Aug 87 II HCOB 2 Apr 69RA Rev. 28.7.78	TOUCH ASSISTS, MORE ABOUT DIANETIC ASSISTS
HCOB 19 Jul 69RA Rev. 21.9.78	DIANETICS AND ILLNESS
HCOB 29 Jul 81 I	FULL ASSIST CHECKLIST FOR INJURIES AND ILLNESSES
HCOB 24 Apr 69R II Rev. 20.7.78	DIANETIC RESULTS
HCOB 15 Aug 87 TAPE 6110C03	UNCONSCIOUS PERSON ASSIST THE PRIOR CONFUSION
HCOB 2 Nov 61 HCOB 30 Jul 62 HCOB 7 Jun 84	THE PRIOR CONFUSION A SMOOTH HGC 25 HOUR INTENSIVE False Purpose Rundown Series 3 THE PRIOR CONFUSION: NEW TECH BREAKTHROUGH
TAPE 5211C12 TAPE 5110C15B HCOB 12 Mar 68	TIME, CREATE, DESTROY, HAVE ARC POSTULATE PROCESSING MISTAKES, ANATOMY OF
New Era Dianetics Series 1 through 18, especially: HCOB 28 Jul 71RB Rev. 8.4.88	New Era Dianetics Series 8RA DIANETICS, BEGINNING A PC ON
HCOB 26 Jun 78RA II Rev. 15.9.78	New Era Dianetics Series 6RA ROUTINE 3RA, ENGRAM RUNNING BY CHAINS
HCOB 18 Jun 78R Rev. 20.7.78	New Era Dianetics Series 4R 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 Sep 78R, 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 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 physical divisions. These are:

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

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

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

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

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

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

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

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

The actual cause of not handling such conditions is, then, to be found as iv. 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 practiced by them.

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

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

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

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

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

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

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

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

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

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

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

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

Where a person is injured, given a Contact or Touch Assist and then medical examination and treatment, he is given the remainder as soon as he is able to be audited. The drug "five days" does not need to apply. But where the person has been given an assist over drugs, one must later come back to the case when he is off drugs and run the drug part out or at least make sure that nothing was submerged by the drugs. It is not uncommon for a person to be oblivious of certain parts of a treatment or operation at the time of initial auditing, only to have a missing piece of the incident pop up days, months or even years later. THIS is the reason injuries or operations occasionally seem to persist despite a full assist: a piece of it was left unhandled due to a drugged condition during the operation; such bits may come off unexpectedly in routine auditing on some other apparently disrelated chain. (Ref: HCOB 27 Jun 78RE, NED Series 9RC, DRUG HANDLING and HCOB 19 May 69RA, DRUG AND ALCOHOL CASES, PRIOR ASSESSING)

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

PRIOR CONFUSION: Fixed ideas follow a period of confusion. This is also true of engrams that hang up as physical injury. Slow recovery after an engram has been run can be caused by the prior confusion mechanism. The engram of accident or injury can be a stable item in a confusion. By 2-way comm see if a confusion existed prior to the accident, injury or illness. If so, it may be 2WCed earlier-similar 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. 2WC any mysterious aspect of the incident. 2WC it earlier-similar 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. 2WC any suppressive or invalidative presence that may have caused a mistake to be made or the accident to occur. 2WC E/S to F/N cog VGIs.

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

PROTEST: 2WC 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. 2WC (a) how long he/she expects to take to recover. (b) Get the person to tell you any predictions others have made about it. 2WC it to an F/N Cog VGIs. Note - avoid getting the person to predict it as a very long time by getting him to talk about that further.

LOSSES: A person who has just experienced a loss may become ill. This is particularly true of colds. 2WC 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 LO TA: A C/S 53RM should be used to get the TA under control during assists if it cannot be gotten down. It must be done by an auditor who knows how to meter and can get reads.

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

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

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

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

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

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

SUMMARY

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

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

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

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

His primary method of doing so is the ASSIST.

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

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

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

L. RON HUBBARD
Founder