

HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex

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FLOATING NEEDLE

Floating needles (F/Ns) are the end phenomena for any process or action with the pc on two cans. It is one of the most important rediscoveries made in years. It was known but lost by auditors.

It is the idle uninfluenced movement of the needle on the dial without any patterns or reactions in it. It can be as small as 1" or as large as dial wide. It does not fall or drop to the right of the dial. It moves to the left at the same speed as it moves to the right. It is observed on a Mark V E-Meter calibrated with the TA between 2.0 and 3.0 with GIs in on the pc. It can occur after a cognition blowdown of the TA or just moves into floating. The pc may or may not voice the cognition.

It, by the nature of the E-Meter reading below the awareness of the thetan occurs just before the pc is aware of it. So to give a "That's it" on the occurrence of the F/N can prevent from getting the cognition.

A "floating needle" occurring above 3.0 or below 2.0 on a calibrated Mark V E-Meter with the pc on 2 cans is an ARC Broken Needle. Watch for the pc's indicators. An ARC Broken Needle can occur between 2.0 and 3.0 where bad indicators are apparent.

Pcs and pre-OTs OFTEN signal an F/N with a "POP" to the left and the needle can actually even describe a pattern much like a Rock Slam. Meters with lighter movements do "pop" to the left and R/S wildly for a moment.

One does not sit and study and be sure of an "F/N". It swings or pops, he lets the pc cognite and then indicates the F/N to the pc preventing overrun.

When one OVERRUNS an F/N or misses one, the TA will start to climb. The thing to do is briefly rehabilitate it (rehab it) by indicating it has been by-passed and so regains it.

The F/N does not last very long in releasing. The thing to do is end the process off NOW. Don't give another command.

It coincides with other "end phenomena" of processes but is senior to them.

An F/N can be in normal range and still be an ARC Brk needle. The thing which determines a real F/N is Good Indicators. Bad Indicators always accompany an ARC Break Needle.

On an ARC Brk needle, check for an ARC Brk. If the TA then climbs, it was a real F/N so you rehab it quickly.

A one hand electrode sometimes obscures an F/N and gives false TA. If used, use higher sensitivity and get the TA from 2 cans when needed.

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