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George Seidler, D. Scn., has created this display in his bookstore in Peoria, Illinois.

THREE ROUTES TO FREEDOM

A SCIENTOLOGY ASSIST

PROBLEMS & ARC BREAKS WITH LIFE

2 SCIENTOLOGY BOOKS

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THREE ROUTES TO FREEDOM ³

L. RON HUBBARD has just prepared a new leaflet, **THREE ROUTES TO FREEDOM**, giving full information about the new plan for classification and gradation for auditors, co-auditors and preclears.

The goal of Scientology is the attainment of the full ability of the individual in all activities. This freedom may be reached by working along one of three routes in Scientology:

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For a full answer to these and other questions, you should obtain L. Ron Hubbard's leaflet and study it carefully and in full. This leaflet will soon be available from local organizations and from field auditors.

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4 A SCIENTOLOGY ASSIST

The following is a report to Ron on a successful Assist given by Ruth Moran, HAS, Scientology-Vermont.

Dear Ron:

Felt it was important to write you this report.

It is truly wonderful to realize you're able to handle things you wouldn't have been able to confront just a few years ago. Even when you've not had HCA Level training. I'm still a student of the books, so to speak, yet I had enough data and know-how to handle an injured child, the police, doctors and nurses for the biggest part of the weekend of May 16th.

My self-confidence, understanding of the people involved, their tone levels, the rightness they were trying to effect, and my rising to the situation are all just another example of Scientology in action. The results speak for themselves.

Friday morning, about 11:30 a.m. our youngest, Terrance Claude, two and a half years old, darted out in front of a car and was knocked down. He did not lose consciousness but did break his collar bone and cracked or broke four ribs all on his left side.

He and Kathleen had wandered about a block and a half from home. They had on other occasions traveled up that way to watch the cars and see the sights. When Kathy came hollering down the street, I met her on the run. I raced to the intersection. Terry was screaming. I took his hand in mine and informed him who I was and that 'Mother is here'. He knew me right away and his tone of scream changed almost immediately. I had him feeling my hand, noticing the doctor touching him as he checked for broken bones, and the ground he was lying on in front of the car that struck him.

They lifted him into the police cruiser and we were off to the hospital, less than a mile away. I asked him if he knew what happened. He nodded and said, 'Yum' that he did. I informed him where we were, and what they were doing to his body. Through the X-ray room, getting a towel dressing bound around him, the whole bit. He sobbed at times and cried out at others, but for the most part listened to what I was saying and nodded he understood my explanations and answered my questions. The doctor was getting slightly disturbed at my rather nonsensical adult conversation with this tiny child, plus the fact that every time he'd bend over Terrance he'd bump heads with my steel curlers (as I'd just finished rolling my hair when Kathy called to me).

Once in his room, I acknowledged every origination Terrance made, either verbally or with an attitude of ARC that seemed to be understood by him. They had given him some sort of sedative

to quiet him down a little. He slept fitfully for a few minutes at a time. I'd run him when awake on: 'Feel the sheets', 'Feel the bedrail', 'See the wall', 'touch the rail with your foot', just anything that was handy. He came around and through it beautifully. Despite the sedative and the shock and all, he was right there inside his little slightly bumped head by 2:00 p. m.

During this time the old man who had been driving the car came to the hospital. I was answering all the rather ridiculous questions they ask you at administration offices, when I heard the old fellow was there. I had learned that he was not a well man and had had a couple of heart attacks in the past.

The man was really shaking. He didn't know what to say to me nor how to confront me. He didn't have any insurance, and had come by with his daughter-in-law to see how my son was.

I put them at ease right away. I knelt on the floor beside him so as to get him to look at me, in the face, and I held his hand firmly. I had him put in the 'itsa' on the accident. He re-ran the incident quite well, had a few grief and fear things to blow off, got a few tiny witholds off about the insurance, the old car, some minor accidents that happened years ago, and, most of all, got off most of the 'uncertainties' about being able to drive anymore, getting insurance, paying the bill, really hurting Terry - and so forth. They were all sort of mish-mashed together. It took a little over twenty minutes or so, and his daughter-in-law just sat there listening, somewhat amazed at my calmness.

Finally I asked him if he'd like to see Terrance. They confronted each other; they both had a little grief charge and then they sort of shook hands, and Terry smiled at him - sort of the: it's-OK-I-had-something-to-do-with-it type sheepish half grin. They both smiled. The old man sighed a big mass-lifting sigh of relief, and left.

Mike returned from Montpelier about 5 p. m. and when he got there he really did take over. Mike stayed with Terry both nights. He would sleep a few minutes at a time, wake up hurting, or just hollering out. Mike says he was more or less re-running the incident as he'd screamed out much the way I had told Mike he had sounded at the accident. Bound up as he was, with one hand immobilized against his chest, trying to turn his body over caused pain. Mike would ask what happened. 'Me hurt', Terry would reply. 'Where?' 'Right dere' and he'd point with his good hand. Mike would run an assist until he was comfortable; they'd end the assist and Terry would go back to sleep. Mike ran 'Lie the body' and a couple of others with 'intention' for 15 minutes or so at a time. Terry was getting brighter and brighter, and finally he decided, 'I take a nap', and did sleep until morning.

The doctor, a stern-faced, rather non-communicative, medicine is a very serious-mysterious business type, figured Terry

would have to remain quiet and under observation for 3 to 5 days. We worked with him. The years of being part of this Scientology home environment really showed their worth. Terry was a beautiful PC. He ran so smoothly, no hang-ups anywhere. He even communicated in his child's vocabulary all he could about the accident and what he had been doing.

During Saturday's visit, I took over in the daytime hours. I re-arranged his room as he wanted to see outside. Together we watched the nearby hillside, the flowers, birds, the blue sky and the wind waving the bushes and trees outside.

He'd tell me if he was 'tore' and I would run a little touch assist for a few minutes at a time, either 'Does it hurt here?' (touching spots other than where he had pointed out as sore and occasionally touching that spot till the pain subsided, or was gone) or: 'Feel my finger?'. We have learned over the years that with kids, even before they can talk, one can run this type of questioning command and get a reply by a 'yum' or a nod of the head, or whatever the child uses to acknowledge they have felt your finger. The command is still a tone 40 intention, but requests a reply by the pc. It has worked well for us.

During the day he would fly into a rage whenever the nurses would take his rectal temperature, the bloodpressure bit, pulse and blood test. I'd tell him what they were doing and try to explain the reasons. He'd calm down some but wouldn't really relax again until they'd leave us alone.

By 6:30 p. m. he was sitting up in bed against a stack of pillows. His bloodpressure, temperature, pulse and attitude was stable, and hadn't changed from shortly after 2 the afternoon before. The doctor appeared somewhat perturbed by the fact that he had not had a bowel-movement, although he was relieved to see no blood in his first urination.

By 9:30 he was sitting on the regular hospital bed in the room for Mike and I to sleep on, and had played with his new little toys for a couple of hours, was laughing, eating like a little starved pig (havingness) and other than a few sore spots (muscles) he was fine. I requested some rubbing linament at Mike's request, and rubbed his legs and the bruised muscles, combining with a couple of touch assists. His body no longer resisted being touched and he was bright-eyed and clear talking.

Mike got to the hospital about ten and Terry was asleep. We talked in the reception room for a few minutes and I filled him in on what happened that day. All of a sudden we cognited on the reason the nurses and doctor were apparently so concerned. These people are trained to understand that 'shock' is an unpredictable, unknowable, considerable force. They are trained in bones, muscles, stitches and the mechanics of body healing but have no comprehension of how to handle 'shock' except to 'cope and hope'. They were all standing at parade-rest waiting for Terry to experience some evidence of shock. What they failed to realize is that we are experts in 'shock', that

through two-way communication Assists and ARC, I had pulled him through the shock period in the first two hours. We knew, and Terry knew, he'd been through it. They were still waiting for it to happen. Right then Mike opened up his attache case and offered two ABILITY's, 154, 155 and Keith Gerry's book: 'Scientology: It's Contribution to Knowledge' for the hospital staff library.

I had had to explain Scientology as a religion to a Seventh Day Adventist nurse the day before, when filling out the admission card. They were aware that we were 'some new type religion', and some had heard Mike on the radio, read his letter to the editors on 'The Dangerous Environment', and had heard of or read our news releases in the paper. So we were, to some degree 'real'. Now they were watching us in action and the results were so obvious they had to stand somewhat in awe, or bring up all sorts of counter-postulates, counter-efforts, threats of harm to Terry, even the rules of the hospital, etc. Mike told them he was not only the child's father but also his minister, and that if they would just leave us alone and let us handle the boy everything would be all right, otherwise we were going to take him home.

Things were better after that.

Early Sunday morning after a pretty good night's sleep for all of us, Mike found a wheelchair and began wheeling Terry up and down the halls. He talked with the nurses, visitors, kids that had to wait in the reception room and the woman at the admission desk.

When I took over and Mike went home, I talked the nurses into letting me take Terry in the wheelchair, out on the big veranda-type front porch. Over their warnings about pneumonia, shock and too-soon, Terry and I had a ball out on the porch, up the elevator to the fourth floor solarium and all around the halls. Every now and then we'd play a little game, 'What's that?', and he'd tell me: the fire extinguisher, the elevator door, the bookcase. Sometimes he'd touch them. His havingness was rising rapidly.

Come supertime, they wanted him to take his medicine; he refused. He wouldn't let them touch him, slapping at their hands. They set the food tray down and he pushed it on the floor. He wanted to go home, and he said, 'Me all better; me wanna go home'; I'd say, Okay, or, I know you do or somesuch, and he'd shout 'Right NOW, Mommie'. I was getting tired. I'd held up a long time, I guess, and I called Mike for moral support. He arrived in a few minutes with the girls and Terry settled down. Mike and I called the doctor. I guess the reports had been forwarded along to him, as he said he'd be right up to see what the trouble was. Shortly he arrived. Terry didn't want him to touch him and screamed the loudest yet: 'Wanna go home right now!'. The doctor asked Mike if Terry was always this whiny. Mike told him no, but that it was obvious he didn't like it here in the hospital, and since we were doing everything

preparing Terry's meals, and since he refused to take his medicine, and since his temperature and bloodpressure and pulse were unchanged, Mike couldn't see what possible reason there was to pay \$18 a day to sleep in a room the child didn't seem to want to be in, even for a few minutes at a time. The doctor in a rather 'you are the most egotistical, psuedo-know-it-all's' manner, dejectedly said: 'Go ahead and take him home'.

In front of the doctor, I told Terry, 'See, the doctor says we can take you home'. He stopped crying right then and there and asked, 'Right now?' We got him wrapped up quickly and as a car was not available, we walked. Mike carried Terrance, the girls skipping along beside us, and picking flowers as they went.

Mike had Terry feeling trees, pointing out things, noticing this and that and he was getting brighter and happier. Not even a trace of a whimper or pout in his talk. At the accident scene we left the two fellas and walked on ahead. Mike and Terry were there about five minutes. Terry told Mike how it happened. Pointed where. Blew through a grief thing, a little fear, and finally, reached a level of mild interest about the whole thing.

When home for 15 minutes Terry had his bowel movement without any trouble. He explained he didn't like their 'cold poddy'. Mike had talked the whole thing over with Kathleen, who had been holding Terrance's hand when he suddenly darted into the street, two days before. Together the two little ones talked and played together. We had some ice cream and put everybody to bed. Terrance slept through a comfortable night, he woke up twice, but went right back to sleep. Mike put a bed lamp in the room and Terrance was satisfied.

Terrance was home and except for mending bones and a bound up wing, he was 'business as usual', in just 56 hours! The only ones who expressed any wonderment were those who are supposed to be experts in the field of the body!

They are still wondering and shaking their heads.

Mike took Terrance back for his first check-up. The doctor blinked his eyes at the boy, and flunked Mike as a bandage wrapper. The next week, 18 days after the incident they took X-rays. Terry's ribs were all healed and mended together. The collarbone was more than 50% healed, and another week should find it healed perfectly. Terry sleeps as before, is as active as ever. He has been run on reach-and-withdraw (Touch the car with your hand. OK. Take your hand away from the car. OK.) on the car he ran into. The older fellow will be getting a session or two from Mike (permissively repetitive middle rudiment buttons on the week prior to, and the time since the accident). All in all everybody has been pretty well cleaned up on the whole thing; all of us sleep well and have had no after or side effects. Terrance says he didn't think he was off the curb, and the way the tape measurers, etc., figured it out, it appears that the auto was close to the curb, and Terry just took a few 'teasing

steps away from Kathy' and bumped into the car.

Thus another subjective evaluation of our philosophy of life is recorded. I think the important difference, if there be but one, is that from the moment of first hearing of the incident, we (Mike, Carrie, Kathy and myself) KNEW that Terrance 'had something to do with it', and we handled him from the point of CAUSE, rather than sympathetically, and apathetically from the point of 'look what a horrible thing has happened to you...why?' or the EFFECT side.

I want to conclude by saying how wonderful it is to have Scientology and you. I want to thank you for having taken all the pains, trials and errors, set-backs and government guff, all these years, and still having been strong enough to shine through so beautifully. You give everyone you touch a measure of your strength.

With much ARC and warm regards,
Ruth Moran, HAS, a Founding Scientologist
Director of Administration, Scientology-Vermont

P.S. Ron,

Ruth jokingly asked me just now if she passed 'Assists'. And this sort of ties in with what I was going to add. Ruth used to be of the consideration that a certificate, a completed course, a free needle, or something spectacular was necessary before one could expect any great measure of predictable success with the technology of Scientology. She realizes now that all it takes to DO anything in Life, in thought or in Scientology is to BE THERE MORE THAN ANYONE ELSE at that particular time.

Today she knows that she knows she CAN BE HERE, and DO. This I think is the basic win for her, us, mankind from today's lesson. ONE MORE THETAN has found out they CAN CONTROL with ARC, and that everybody is better for it in the final analysis.

I signed her check-sheet: 'with honors'.

Best as always,
Mike Moran, HCA III

This is a reminder, if you were in Scientology before 1964, to be sure to send in your application for your Founding Scientologist Certificate if you have not already done so (application form was sent you with ABILITY 158). This certificate enables you to be 'credited' with all the auditing you have received prior to 1964 and thus entitles you to be audited up to and including Class IV. If you are an auditor with good past training, it will entitle you to audit up to the same level. This is very important to your progress in Scientology, so don't neglect this application form. If for any reason your application has been mislaid, write to Letter Registrar at Saint Hill Manor, East Grinstead, Sussex, England, for another form.

10 HGC - Problems & ARC Breaks with Life

THE HUBBARD GUIDANCE CENTERS are presently engaged on a highly successful auditing program. L. Ron Hubbard has released techniques which enable preclears to rid themselves of their problems and their ARC breaks with life; and, where applicable, the HGC is running these processes and getting very good results indeed on those preclears who have by now received the auditing necessary to prepare their cases for these rather higher level techniques.

Problems are usually self-evident to the in-coming preclear, but a brief explanation of ARC breaks in life may be necessary here.

Each of us has experienced, time and again, the effects of what we call an ARC break -- a breakdown of affinity, reality or communication with another person, or a place, or an event, or a subject. The ARC break can result, not just in a quarrel, but in a kind of amputation of a part of one's life and experience. Examples of this would be the sort of situation in which one says, 'I'll never like so-and-so again', or 'I've never felt the same about holidays since....', or 'Just shows you can never trust a woman/man/grown-up/child (or whatever)', or 'It will never be the same between us because...'. We all say these things and they are more than a figure of speech -- for it is in fact true that as life goes on there are more and more people and things about which we can never feel quite the same amount of affinity, reality and communication.

Most of us try to counteract this by suppressing our feelings and trying to live our lives in spite of them. But, admirable though such self-discipline is, it never makes up for the gift of free and spontaneous feeling, agreement, talk and understanding which has been lost; and, try as we will, the suppression slows our reactions, puts effort into our actions, and blunts our ability to sum up a situation, make a quick decision, cement a friendship, or express a thought. So, with the best intentions in the world, we cause ourselves tiredness, vagueness, silence, and loneliness.

This narrowing of life can be reversed only by auditing, and we now have the means to do it.

ARC break auditing is not new, but the breadth of application of the processes now used is new. In the past, the emphasis in finding and running ARC breaks was on those which had to do with particular persons in particular environments. What we are now working on is the preclear's ARC breaks with the stuff of life itself. As these ARC breaks fall away one by one and the preclear's ability to experience and enjoy and broaden his life comes up and up, the full scope and power of these techniques is revealed.

L. Ron Hubbard states that these processes, combined with the Problems Intensive done on an accurate assessment, are quite capable of making a clear. They are as important as that.

This would be, of course, a Routine Four Clear.

This is wonderful news and you can benefit from it now.

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We are not interested in Scientology in getting people to accept what we say without question. We ask them to question it. We ask them to please look at people, at their own minds, and understand thereby that what we are talking about happens to be actual. I am not giving you new things. I am giving you old things. By understanding these old things which we have rediscovered, you become free.

Stanford S.

