ORIGINAL
OT 4

CLASS VIII

OT IV RUNDOWN

Symptoms

Has completed OT III

OT IV Warning

This is in fact a Grade. Therefore to run it with out first setting the case up fully is to waste it.

Often the case has to:

(1) Be discharged with lots of corrective actions and

(2) OT III must be run on the Pre OT by the auditor or at least cleaned up. It might not be uncommon to have to do half or more of the C/S's in the book before doing the OT IV rundown.

If one holds off and really flys the case, then the person ends up at OT Exterior very nicely when one does OT IV.

If you do OT IV and he is still in his head, all is not lost. You have other actions you can take eg: Clusters, Prepchecks , failed to exteriorise directions.

OT V and VI are designed for someone all ready exterior.

If a person doesn't go exterior after OT IV Rundown, you set him up for OT V by seeing he jolly well does go exterior before going on to V.

OT IV RUNDOWN

Done only by an auditor on a case fully set up by various directions.

1. Ruds or GF to F/N.
2. Rehab drugs.
3. Valence shifter "What valence would be safe ?"
4. Rehab ARC Straightwire to Grade IV.
5. Rehab R6EW to OT II.
6. Prepcheck OT III.
7. Rehab OT V and VI.
8. Run "What has been overrun ?"
9. Run "What can you confront ?"

IF THE PRE OT DOESN'T EXTERIORISE, WE WILL DO 7 CASES NEXT SESSION UNTILL HE DOES GO EXTERIOR which is really the end - phenomena of OT IV audited only by a class VIII.

HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex.

HCO BULLETIN OF 4 OCTOBER 1968

CLASS VIII

Pre-OTs who have been audited for a long time over out Ruds will not respond to the OT IV Rundown unless every RUD is gotten in.

When putting in the Ruds on such pcs, you put in suppress and False Reads on each one, each to F/N.

LRH:

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HCO BULLETIN OF 10 SEPTEMBER 1968
(Amended 20 Sept 68)

Class VIII

VALENCE SHIFTER

The List question, “What valence (identity) would be safe” is based on tech theory and is used for Pre OTs with high OT sections that do not change non-optimum behaviour.

It is also (rarely) used on a lower grade case who is detached which is to say chronically out of valence to the point of no case gain.

It is very dynamite - be exact in listing it.

LRH: jp: de

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HCO BULLETIN OF 4 SEPTEMBER 1968

CLASS VIII

When you run a Valence Shifter on a case that has had low T/A, he’g going to get into a valence he can’t confront and fall on his head.

Cure for it, is to rehab him on Grades and Sections.

Specifically Prep-check III.

LRH:jp

L. RON HUBBARD
Founder

OT IV SOLO

The end phenomenon of OT IV is "Certainty of Self as a Being." OT IV Solo is designed to "proof up a being" against any possibility of being reimplanted in the future.

Part One

The main idea on OT IV Solo is to mock up (create) and unmock (blow) each line of the Clearing Course GPM (7's, The Basic End Words, The Confusion GPM, Objects-Hollow, and Objects-Solid) with all the perceptics of force, effort, heat, impact and unconsciousness of the original implant (as much as you are able). Put sufficient significance on to it to cause the TA to rise. Then spot it (unmock it, blow it) until the TA falls and the mass erases. Then mock it up again and erase it, each line to a floating needle. The TA should rise on the mock up part and blow down on the unmocking of the charge. Do this repetitively with each line of the GPM (including the lights) to a floating needle on each line and until you feel you can create and dissipate that line. Continue until you feel totally free with and at cause over this implant sequence; you may not need to complete all 5 parts. Do it until you can freely and easily mock up and blow this implant GPM.

Part Two

Mock up heat until body feels warm.

Part Three

Postulating mass, with the use of the E-meter and the command "I have mass," create a reactive mind. Put sufficient significance on to it to cause the TA to rise. Then spot it until the TA falls and the mass erases. Then mock it up again and erase it each timeto a floating needle. This procedure is repeated until the PreOT is certain he can create and dissipate a reactive mind.

Part Four

Mock up a non-atomic light and unmock it repetitively to EP.

Part Five

Move the body and notice who is doing it. Run to a cognition.

Part Six

Run ARC Breaks, Problems and Witholds of Long Duration on Matter, Energy, Space and Time (each separately).

Part Seven

Run ARC Breaks, Problems and Withholds of Long Duration on Self.

Part Eight

Run general O/W (What have you done?/What have you withheld?) on track.

Part Nine

Scan out, lightly, all of your auditing early to late, adding up all the hours in session as you go along. Come up with a total number of auditing hours for yourself.

Part Ten

Run your favorite havingness process. If you don't have one, run "spot an object" to F/N.

Part Eleven

Go to a park or beach (for cold weather areas, an indoor shopping mall will do) and spot the following list of things, each repetitively to EP.

Spot/Look at Matter

Spot/Look at Energy

Spot/Look at Space

Spot/Look at Time

Spot/Look at MEST combined

Spot/Look at an animal

Spot/Look at a person

Spot/Look at an object

Spot/Look at self

Spot/Look at another's universe

Spot/Look at what you are doing

Spot/Look at what another is doing

ATTEST OT IV

NEW
OT 4

HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex

HCO BULLETIN OF 29 JANUARY 1980

Limited
Distribution
OT III & above
ONLY.
(NOT for issue
to Solo Auditors.)
AO Auditors & C/Ses
(OT III).
NOTs Auditors & C/Ses.
Class XII Auditors
& C/Ses.

C O N F I D E N T I A L

THE OT DRUG RUNDOWN

(THE TECHNIQUES GIVEN HEREIN ARE ONLY FOR USE BY AUDITORS AND C/Ses WHO HAVE BEEN TRAINED ON THIS RD, AND IS TO BE DELIVERED AS A WHOLE RD, NOT BIT AND PIECE NOR MIXED IN WITH OTHER RDs, NOR AS "HOURS" OF ANOTHER SERVICE. IT IS ITS OWN RD AND PACKAGE.)

(References:

HCOB	15 Nov 78	DATING AND LOCATING
HCOB	25 Oct 69R	CLUSTER FORMATION, CUMULATIVE
HCOB	6 Feb 78RA	THE PURIFICATION RUNDOWN
HCOB	8 Jan 69	DRUGS AND "INSANITY", NON-COMPLIANCE AND ALTER-IS
HCOB	17 Oct 69RA	DRUGS, ASPIRIN AND TRANQUIL-IZERS
BOOK:	ALL ABOUT RADIATION	
BOOK:	SCIENCE OF SURVIVAL	
HCOB	15 Jul 71RB	C/S Series 48RC DRUG HANDLING Issue III The OT III Pack)

BTs, CLUSTERS & DRUGS

BTs and clusters are affected by drugs. They mock up the biochemistry and they mock up the drug and drug incidents. Drug taking in this lifetime restimulates earlier incidents of drug taking on the track. When the case is viewed as a composite of BTs and clusters, you will see that drug taking in this lifetime causes a highly multiple restim. A drug incident can be a cluster making incident.

Earlier drug cultures on the track were much worse than this drug culture. In some cultures the psychiatrist, priest and medico were all one and the same person and frequently used drugs. Some implanters used drugs, either as part of the implant incident or to keep a population enslaved thereafter. When BTs and clusters who have whole track drug incidents are restimulated by a this lifetime drug incident, there is a multiple restim, and if severe enough can form a new cluster composed of the BTs and clusters thrown into restimulation by the drug.

The residual drug remaining in the body tends to keep these BTs and clusters in restimulation, and they by mocking it up, tend to hold onto the drug and keep the drug pictures in restim.

There are two factors regarding drugs: (1) There is the factor of residual drugs in the body, and (2) There are BTs and clusters who are stuck in whole track drug incidents which they are mocking up. These two factors are interactive.

The residual drug deposit in the body causes a drug effect and tends to keep BTs and clusters in restimulation. It is this residual drug deposit that is gotten rid of by sweat out on the Purification Rundown.

BTs and clusters who are stuck in whole track drug incidents continue to mock it up. They actually mock up the drug as well as the incident. This can give the apparency that the drug is in the body. After all a thetan can create MEST, and because they are mocking up the drug, and because they are stuck in it totally, you can get the apparency that there is a residual drug remaining in the body.

Where you have both factors present, (the residual drug deposit in the body and BTs/ clusters stuck in drug incidents), it's absolutely deadly. The drug deposit in the body tends to hold onto BTs and clusters and to keep them in restimulation. And BTs and clusters who are stuck in whole track drugs mock up the drug and the drug incident giving the apparency of drugs in the body. These two factors are interactive both ways, the actual residual drug in the body affects the body and keeps BTs and clusters in restim, who, because they are mocking up drugs that they are stuck in, are creating the apparency of more drugs in the body, and so it goes.

The Purification Rundown will handle a lot of this by getting rid of the residual drugs in the body, and this in itself not only improves the person physically, but also will allow much of the BT and cluster pictures to drop out of restimulation, or at least to drop out of chronic restimulation.

There is another process pretty well forgotten about called freewheeling. This was discovered in earlier research, and is described in Science of Survival, II, p. 260, where it is pointed out that Guk (see All About Radiation) can cause the somatic strip to freewheel. The active ingredients of Guk being Vitamin B1 and Niacin, and these cause BTs and clusters to freewheel through engrams they are stuck in on the track, they don't get down to a basic or anything, they unstick from the stuck point in a track engram. This permits that engram to drop out of chronic restimulation. So we have another phenomenon going on the Purification Rundown that persons below OT III case level would not be aware of. The B1 and Niacin by moving BTs and clusters out of the engram they are chronically stuck in, permits these BTs and clusters to drop out of restimulation, and thus cease mocking it up. This too brings about an improvement in the case condition of the person.

You should also know that when the BT or cluster is Free-wheeling through such a drug incident it can turn on the apparency of that drug in the body. This could be puzzling if you didn't know this datum. Maybe the guy has never taken LSD or Pheno-barbitol in this lifetime and doesn't have any of that drug actually in his body, But the BT or cluster freewheeling through an incident containing the drug mocks up the apparency of that drug in the body, making the guy feel that he is on that drug. And there have been other drugs on the whole track quite different from any drugs in existence today. So during the Purification Rundown you can have a BT or cluster freewheel through and out of a stuck drug engram, and while he's going through it there can be an apparency of that drug in the body even though he's never taken it in this lifetime, but when the BT or cluster freewheels on out of that stuck point, it ceases to mock up the apparency of that drug in the body. Hence get a two way result on the Purification Rundown by getting rid of both the residual drug in the body and the apparency of the drug in the body mocked up by a BT or cluster.

How many of these BTs and clusters actually blow during the Purification Rundown is unknown, but there definitely will be less of them present when he's through the Rundown, and the case will be a lot better off, though not completely and entirely handled on the subject of drugs.

(Caution: The attention of auditors and C/Ses is called to the OT III data, that a person can also freewheel straight through Inc II - this is different from freewheeling out of a drug incident as described above in this issue - but should someone start freewheeling through Inc II, and we know of no instances of this having occurred, the possibility is that it can occur. The description of a freewheel through Inc II is given in the OT III materials and the handling is given in HCOB 2 Oct 68 OT III and 3RD NOTE, RUNNING INCIDENT II of 28 Oct 68 both of which are in the OT III pack.)

Normally we would run Objectives and a NED Drug Rundown after the Purification Rundown, and these actions, particularly running out drug incidents, would handle much of these BT/cluster drug pictures - without the case ever being aware of it at that level. But there are also cases who are Dianetic Clears who are in a body stuffed up with drugs (in fact there is probably a high incidence of Clears who are now doing the Purification Rundown), and these cases cannot be run on R3R or R3RA as they are Clears. This poses a problem of how to handle these Clears after their Purification Rundown.

Clears can be run on Objectives (though you must not re-run an Objective process that has already been run to EP); Clears can be run on recall or straightwire processes and thus can be run on Recall processes on Drugs and the L3RF and End of Endless Drug Rundown can be done on Clears (provided you handle reading lines by indication and do not attempt any R3R or R3RA). These actions will handle a lot of the mental aspect of drugs and drug taking and will enable you to then get the case up the Grade Chart to OT III.

On OT III the Solo auditor will handle and blow many of these BTs and clusters without necessarily ever being aware of, nor having to address drug pictures. But some BTs and clusters can be so held down by drugs, or hung up in drug cluster- making incidents that the Solo auditor is unlikely to be able to audit or handle these, and will need auditing by an OT III Drug RD Auditor.

LIABILITY OF HANDLING DRUGS AT OT III

As drugs and drug incidents have been so common on the whole track, to simply generally ask for drugs or drug incidents when dealing with BTs and clusters, could cause a total restim. It would be likely to throw a large number of BTs and clusters (each of whom individually have different incidents), into restim on drugs. The liability then is that of throwing the whole case into restim on the subject of drugs.

HOW TO HANDLE DRUGS AT OT III

By adding "Drugs" into an existing list or prepared assessment, the subject of drugs is then only mentioned in relation to a specific area and the liability of over-restimulation is avoided. This makes it possible to handle drugs at the level of OT III.

1. Having found the position of a cluster or pressure area in relation to the body, the auditor has the Pre-OT limit his attention to that area (so as not to restim other areas).

2. Find the type of incident that made it into a cluster by assessment of: "Accident, Impact, Injury, Illness, a drug, shock, Implant, heat, freezing, electrical, explosion, implosion, psychiatric incident, lightning, burning, vacuum, radiation." (Usually the read will occur early on the assessment; don't go on assessing after you have got the read.) The auditor indicates the type of incident that read on the assessment and confirms the read. Sometimes you will get a BD and a break up or blow on this step alone.

3. Date the incident to blow.

4. Locate the incident to blow.

5. Handling any remaining single BTs to blow.

6. Check for and handle any copy.

(It is essential that the auditor have the Pre-OT limit his attention to the specific area of the body found, so as not to stir up other BT or cluster masses. And it is essential not to overrun this action and start in on other BTs who were not part of this incident and to whom this does not apply.)

One can ask for a drug or a drug incident on a specific BT or cluster, provided it is limited to that area, and not asked generally.

On a prepared list such as a C/S 53 being done on an OT III or above, if you get a read on any of the lines in the Drug section of the C/S 53, be sure to find the position of the BT or cluster that the read is coming from (per HCOB 4 Jul 79 HANDLING CORRECTION LISTS ON OTs).

Heavy this lifetime mutual drug incidents (or drug trips) can be Dated and Located, but realize that a this lifetime incident is late on the track, and that there could be an earlier (whole track) mutual incident (ref: Cumulatlve clusters).

There was a case who refused to do a Purification RD, who was handled by the techniques given above, and then became willing to do the Purification RD, as he now realized that he had been the effect of drugs and now wanted to get it handled.

Prior Assessment: There is a way to use the Prior Assessment to taking drugs at this level. By taking up the somatics and misemotions the person experienced prior to taking drugs (as is done in a Drug RD), you can then find the BT or cluster and blow it. Instead of running the Prior Assessment item by R3RA as one would do on a Drug RD, (and you must be very careful not to run any R3R or R3RA), you simply take up a reading somatic or misemotion from the list of somatics Prior to taking drugs, have the Pre-OT locate where the BT or cluster is by position in relation to the body, and blow the BT or cluster by usual techniques. This technique has proven very effective in handling two somatic-shut-off cases.

SOMATIC SHUT-OFF CASES

You can find a BT with misemotion on drugs, and especially with an absence of emotion, absence of sensation, absence of perception, absence of feeling. The “lack of_____” or the “absence of_____”, (the blank being any emotion, feeling or perception), is just as common on drugs and drug items as the somatic item connected with the drug. (Hence somatic shut- offs caused by drugs and medicines, etc.) These have in earlier materials been called “negative items” due to the absence or lack of an expected emotion, feeling or perception. Whether this “negative item” is the result of a somatic being suppressed by a drug or anesthetic, or whether it is an inability to feel or perceive due to a drug in the body or an accumulation of drugs in the body, such “negative items” are equally important to ask for and to handle in the handling of drugs, as are somatics and misemotions induced by drugs. As these “negative items” are an omitted (a not-thereness of something), they may not be noticed or volunteered by a pc unless asked for them, and sometimes pcs come up to an awareness of a numb area of the body.

CASE HISTORIES

The following case histories (reported by FSO C/Ses), of case handlings piloted on

the subject of drugs on OT III Pre-OTs show what can be done:

Case 1:

"LSD case. Ran BTs and clusters stuck in drug experiences. Date/Located bad drug experiences.

"He experienced relief and stopped complaining that the auditing was having no effect on him. Case had a tendency to blow out quickly without big wins, unable to continue session. Was able to run longer sessions after handling drugs as above."

Case 2:

"LSD Constant roller-coaster. Critical. Felt crazy, lots of restim.

"An R/Sing cluster went to basic incident of an LSD trip. Said grief charge persisting from acid trips. LSD came up frequently in her auditing. (The grief was handled.)"

Case 3:

"LSD. Had many drug trips that created clusters on LSD and LSD mixed with other drugs. A C/S 53 handled per HCOB 4 Jul 79 HANDLING CORRECTION LISTS ON OTs, was done and drugs read a lot. Each read was handled and each cluster connected blown. Also handled BTs stuck in drugs.

"He got relaxed in the environment, felt there was hope and destimulated. It was the first significant gain he had made."

Case 4:

"LSD and other heavy drugs. She was also 'over-restimulated'. Was put on GF 40 Expanded and drugs read. She blew many clusters made during LSD and speed. She finished the GF 40 Expanded and later would find masses that were related to LSD and say: 'that was made on acid', and it would BD, and was handled to blow.

"She then ran smoother and her comm line was better and the over-restimulation ended."

Case 5:

"Heavy drug history. No somatic case. Was 2WCed to find what he was like prior to drugs which revealed back somatics and misemotions. BTs connected with the misemotions and back somatics were handled, as well as BTs stuck in drugs.

"He ran much better after this and it ended the somatic shut-off.

Case 6:

"Very similar to Case #5 above. BTs stuck in drugs and prior somatics to drugs were handled and he came around and ran properly."

Case 7:

"Heavy druggie. Case opened up dramatically on the handling of a drug cluster-making incident which had been the major point of case deterioration this lifetime.(became psychotic in the incident). The handling of this incident changed his life.

Case 8:

"Slow resistive case. Had been bumping into BTs and clusters stuck in anesthetics this lifetime. Still needs to be directly addressed. Not gotten to as he had wins and completed current auditing hours paid for."

Case 9:

"Heavy drugs and alcohol. Run on BTs and clusters stuck in drugs, restimulated by drugs, stuck in alcohol, restimulated by alcohol. Had C/S 53 and GF 40 Expanded reads on drugs handled.

"Case running better after the above. Still has more to be handled."

Case 10:

"LSD and alcohol.

"Drugs often came up as a cluster-making incident.

"Was stuck in a drug 'exteriorization', was actually a flashing drug picture.

"Had a good win on handling BT/cluster influenced by drugs. On handling BT/cluster restimulated by taking drugs a number of old drug pictures and sensations turned on and blew. On handling BT/clusters stuck in drugs a reasonableness he still had on drugs was handled.

"These handlings were a 'win point', he had felt paranoid about drugs up until now. He also felt lighter.

"Later on a C/S 53, LSD read and on handling, turned on and blew an electric shock type somatic.

"Case had a lot of gain from the above handlings."

PROGRAM FOR THE OT DRUG RD

A. SET-UP:

The case must be set-up for the OT Drug RD by doing the Purification RD, and this is essential. (Obviously there would be no point in trying to handle BTs/clusters hung up in drugs while there is still a residue of drugs remaining in the body.) The only apparent exception to this rule would be as described in this issue, where some drug handling might have to be done in order to get the Purification RD done, but this would be rare and would be followed by the Purification RD, then the full steps of the OT Drug RD. Not only is the Purification RD a required set-up, but there is a very great deal to be gained from doing it as the reader of this issue will understand.

B. THE OT DRUG RD:

1. Based on folder study and as deemed necessary by the C/S a case can be prepared for the RD by assessing and handling a C/S 53 (in accordance with HCOB 4 Jul 79 HANDLING CORRECTION LISTS ON OTs), or even a GF 40 Expanded. (Ref: C/S Series 1 - 10, C/S Series 17.) This step would at least include getting the Ruds in, and may contain other specific needed repair actions if the case has had a rough time in previous auditing or on Advanced Courses. This step requires some C/S skill so as not to over-do nor under-do the Repair, as covered in C/S Series 17.

2. Date/Locate reading (charged) cluster-making drug incidents (i.e. heavy trips, anesthetic operations, severe medicinal drugs or medication), in this lifetime. These having happened to the Pre-OT's current body, tend to be held in common as mutual incidents.

Use the procedure for handling clusters (or cumulative clusters).

3. Handle any pressure areas and any numb (lacking sensation) areas of the body by locating where the area is, assessing for the mutual incident, Date/Locating it, IIs and Is, copies.

4. Take any previously given Drug somatic items, or newly list any additional items connected with reading drugs, medicines, etc., and assess for reading somatic item. (DO NOT RUN ANY R3R OR R3RA) If the BT or cluster that had that item is still there, it will read on the meter. Locate the BT or cluster that the somatic item belongs to by meter read on the position in relation to the body. Blow the BT or cluster by usual OT III actions, (i.e. Inc II, Inc I, or cluster handling or cumulative cluster handling).

(Caution: It can occur that the BT or cluster who had that item has already blown, but some other BT or cluster is copying it, giving a false apparency that the item still exists. This is described and the handling for it is given in Section III OT, ADDITIONAL SHEET, NOTES ON RUNNING, page 2.)

Be sure to include here any "negative items" previously given, or to list for these, and handle these too, as above.

On this step one exhausts all reading drug somatic items and all reading drugs.

(Caution: Never run anything that does not read. Buttons may be checked on unreading items, but if it doesn't read, do not take it up.)

(Note: If you run into an item that was badly messed up in earlier auditing on R3R or R3RA, you may have to repair it by assessing an L3RF using the item as the prefix, with the Pre-OT holding his attention on that specific BT. Indicate only, do not attempt any engram running, when repaired, blow the BT or cluster with usual OT III techniques, if not already blown on the L3RF.)

5. Prior Assessment. Take up any previously listed, now reading, misemotion or somatic item, or "negative item" given on a Prior Assessment to drugs or alcohol or medicine, and handle with the same procedure given in #4 above. Find out when the person started taking drugs or medicine, and 2WC for any prior somatics (and "negative items") and handle any of these that read, as in #9 above.

6. LDN OT III RB. Assess and handle an LDN OT III RB to clean the case up. This will either go to an F/Ning list rather easily, or the case will return to Solo. (As some cases who have attested previously, may find more to run after the OT Drug RD, but this will not always be so.)

WARNING:Although it is stated in earlier materials that an item once having read, even though it does not currently read, should be run, that does not apply to the OT Drug RD. If the BT or cluster whose item it is is still present the item will read. If the item no longer reads the BT or cluster has already blown or it is Suppressed or Invalidated. One must not run any unreading item as doing so risks giving other BTs and clusters on the case (to whom this item does not apply) a wrong item, which can be very upsetting to the case. It can also result in other BTs obsessively copying the item and making it more solid. Refer to the section on Misownership in HCOB 22 Dec 79. False reads will have the same effect, so the auditor must know how to read a meter, and should only use a serviced meter, preferably a Mark VI. Flows of an item are not taken up, only the item, for obvious reasons.

COMPLETION AND NEXT STEP

When the Pre-OT has completed the above Steps 1 - 6, the OT Drug RD is complete and the Pre-OT is sent to declare. He or she would then be advised of the next step, either next OT level, NED for OTs, (sometimes a return to Solo III materials). The Pre-OT will be in

very good shape and if the OT Drug RD has been well audited and C/Sed, will probably make faster case gain on subsequent actions, and will probably have a faster learning rate, in addition to case gains made on this RD. Although these should not be promised, their absence should result in an immediate FES and repair of the RD.

While it is possible that the Solo auditor will blow a lot of these BTs and clusters that were affected by drugs during Solo auditing on OT III or OT III Expanded, and while some cases might not have to have the OT Drug RD, it is probable that the majority of cases will need this RD to handle the effects of drugs, medicines, etc., especially those who have had heavy drugs.

Each of the methods given herein have been tested and proven workable. Sometimes there have been dramatic results from these handlings of drugs given herein on cases who hung fire or were resistive.

Provided you do not make the error of broadly asking for drugs on cases at this level (which would cause over-restimulation), you now have the means for handling drugs at the level of OT III and OT III Expanded.

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As assisted by
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