

GERIATRICS

A lecture given on
20 September 1962

Lecture two, 20 Sept., AD 12. Geriatrics. That's the title of the lecture. Geriatrics. Now, you don't even know how to spell it. G-e-r-i-a-t-r-i-c-s. Got it?

Audience: Yeah. Got it.

It's a trick way of saying gerontology. But actually, gerontology never solved geriatrics. But we have.

Geriatrics is of some interest to you and has been floating around you all the time, and you yourself have noticed it, and you've kept your eye peeled on it, and you've been curious about it, and you've actually used it as a method of measuring whether a case was progressing or not, but never really given it any further significance. Well, it does have further significance.

You should understand that one of the longest searches man has ever indulged in has been that of longevity itself. And the study of living longer is geriatrics. I, by the way, was one time a leading light in the American Society of Gerontology. What do you feed men to make them live longer? Well, there are many such preparations. Women: there's equinprinine, stilbestrol – the female hormones. Somebody gets beyond forty or something like that, why, they ought to start shooting them with a bit of equinprinine, something like that, that makes them look younger and feel friskier and make passes at the iceman.

Anyway, I had a very astonishing experience one time. I saw a lady and... This was right after the war. I had just studied quite a bit of endocrinology and found it a very fascinating study, but I was only studying it for one particular peculiar reason. I wanted to find out if the mind monitored the body or the body monitored the mind. And obviously the switchboard system between the body and the mind is the endocrine system or the glands. All right. Could you feed somebody these marvelous preparations which had been biochemically developed and effect a better frame of mind? And I found out that you could do so, occasionally, on lots of people. That's not good enough, is it? What was introducing the variable?

Traumatic second dynamic occlusions and one thing or another prevented the hormones and other shots from operating. I did this work at Oak Knoll Naval Hospital in Oakland, California. All right. A line officer wears his badges of rank on both collars and a staff officer wears them only on one collar, see. So I first got into their medical library simply by

taking off one of my rank badges off one collar and hired a Marine to come by and say, “Good afternoon, Doctor.” And that was very simple.

So anyway, we entered the field of endocrinology for only that reason and I ruined a great many cases. I ruined them abundantly. I – there was a doctor there by the name of – I think his name – one of the doctors on the thing was named Yankewitz, improbably. And this guy was keeping records on this sort of thing. And they – the government at vast expense was importing carload lots of pills and shots and monkey glands, and they had the problem of all the fellows who had been incarcerated in the Japanese prison camps. And these fellows were in a very bad state. They were too fat, and they were too thin, and they were too this, and they were too that, and they were trying to put them back to rights with hormones.

And this is a very valid proposition. You can do far more for somebody’s ulcers by giving him shots of testosterone than any other known method. The doctors, of course, are unable to operate, so they don’t favor it. It’s out of favor entirely.

Anyway, they were bringing these pills in and capsules in carload lots and they were administering them to people. And having a bit of access to their records, I knew what cases were being successfully affected and which weren’t. And so I have done a little bit of work in trying to ascertain whether or not the people who were being successfully affected were or were not aberrated. And decided they were not very badly aberrated. And the people on whom they were not being effective, I found to have psychic traumas by the bucketload; and à la Freud, with a few frills from Ron, flipped a few psychic traumas out of the road and made these endocrines operate on them very successfully, and came to the conclusion that an endocrine...

The United States Navy should be given a rising vote of thanks for this, because I’m sure the program cost them millions and millions and millions of dollars. And they derived absolutely no benefit from it of any kind whatsoever. But we did. I didn’t ruin their whole program, but I sure sent their figures a little bit awry occasionally, you see. It’s how many – what the dosage should be. And on a case or two it became “none.” Now, this simply monitored this – this was not very conclusive, it was not very definite, and I could have done far more along this line of course, but I was only trying to establish one thing: By using physical substances, could you change a person’s mind? You understand? Or, by changing a person’s mind, could you change the character of physical substances? I found the latter to be the case and thereafter have spent no time monkeying with physical substances. Do you follow this line of reasoning?

In other words, the mind can change the body, but the body only slightly alters the mind. In other words, function monitors structure, structure does not monitor function, see. Now, of course, structure can monitor function sufficiently and observably enough that somebody’s liable to take this as a keynote. The obvious broad fact that you cut off somebody’s

legs – he can't walk. Now, structure certainly monitored function. And a medico, being somewhat of this crude reasoning level of course, takes that as the *fait accompli* and says, "That's it. That's it. Therefore – therefore, no function monitors structure." I don't know how he ever got there, you know? It's something like departing for the moon and finding yourself on Wrigley Field and saying, "Well, that proves it. But we're not quite sure what," you know?

Now, here's – here's the point. They are wrong. They are wrong. Because if – the uniformity is that you can always get function or thought to monitor structure. You can get thought to monitor structure, but you can't always get structure to monitor thought.

And that's how I came to that basic conclusion. Why you never find me paying any real attention to structure. Because if you don't flip out the psychic traumas, you're not going to monitor anybody's thinking. And if you do flip out the psychic traumas, why, you're going to monitor structure. You follow that? See?

This guy can't perform in some direction. Well, you could feed him all the hormones and give him all the Turkish baths and all the exercise, and all the dumbbells in the world and he still wouldn't be able to do this, don't you see? But you change the psychic condition and he'll make some progress in that direction.

Now, his structure might be inadequate to performing what he wants to perform, but that again, by extrapolation, is an error in not enough thought, do you see – on it.

Now, these conclusions – these conclusions are very valid in the field of geriatrics. Some girl, when she gets to be forty or so, and so forth, would do very well – I say so, would do very well, since I've seen a lot of evidence in this line – to go down and get herself a fist full of stilbestrol or equinprivine, or something... You don't get a fistful of equinprivine; you get the gluteus maximus full of it. That – it's a shot. Anyway – anyway, a man hitting around that age – that'd be a very good thing for him to do, get ahold of some methyltestosterone and throw it down his gullet.

Frankly though, if either one has any slightest second dynamic aberration, it'll do a minimal amount of good. And if their second dynamic aberration is terrific, it won't do any good whatsoever. You might as well pour it down the drain. Do you see that? All right. This has a lot to do with geriatrics. Not the second dynamic.

Metchnikoff, I think his name was – I've forgotten my books on this to a large degree, and didn't bother to look them up because it wouldn't do you any good. Once – I just remembered this as an anecdote. He said sour milk would make somebody have a greater longevity. Make them live forever and that was fine. And he, by the way, was quite a boy. He added quite some number of medical substances to man's category – amongst them compound calomel in the prevention of syphilis and other things of this character. This guy was quite a sharpie. And he was getting on in years, so he studied geriatrics. They all come to studying

geriatrics sooner or later. And they feel those years creeping up on them, you know, and they start cracking the textbook on gerontology.

So, he collected sour cream and more sour cream and sour milk and sour skimmed milk and sour watered milk, and – I almost said sour British milk – and he collected all varieties. All varieties. And he had his basement full of them, and his neighbors' basement's full of them, you know, and so forth. And he'd led his experiments and he had it made. He just had it made. He and his partner both had it made, as a matter of fact. And they could extend life with these magic compounds based on sour milk indefinitely. And they both died on the sunny side of seventy. Just like any other man.

Usually, this is the fate of gerontological hopes. In the Middle Ages, why, people were always slipping a bag of gold across to the aged witch to receive in return the amulet which would cause them to live forever, don't you see? And those fellows, they'd still die in bed at the age of seventy. And the soldiers were always getting amulets for not being shot in battle, you know, and that sort of thing. And occasionally these things worked. The bullet hits them and can't penetrate, you know, something like that. There's all kinds of amulets and potions to save life, continue life, to make life longer and that sort of thing. All of which is very odd because you can't kill a thetan. That's very peculiar when you come down to think about it, that there'd be all this tremendous interest in geriatrics.

What they're interested in, actually, is the preservation of a body. And they are not interested actually in the prolongation of individual life, because that does not need prolonging. It may need better remembering, but it prolongs itself. You don't drop out of the race. But the point is, here, that a body, being a possession, starts aging and caving in, and limiting a thetan's activities and he or she gets upset about this. And they want to look younger, and they want to feel younger, they want to act younger. And so they would rather go in the direction of gerontology. And almost anybody who comes along with a magic amulet or a potion or a shot of pills of some kind or another, is going to get a considerable amount of interest on this exact line.

Now you, as an auditor, have very often seen a pc doing well and looking younger, and doing badly and looking older. Have you ever noticed this? Do you have a good reality on this? Have you ever seen people look younger and look older through processing? Have you ever seen this? Now, some people look very much older and some people look very much younger. And it's quite mad how this thing will go.

Now, in the process of finding a goal in a Dynamic Assessment, you see this roller coaster rather rapidly. This person is all exhausted over lots of goals they've been over, and lots of this and that, and they feel bad about it, and they've had a bad goal found or something, and you give them a Dynamic – they look terrible, you know, they look like they're about 180, and they're just all caved in. And then you do a Dynamic Assessment on them, and you

get the dynamic. And right away, they look a bit younger, you know. They look nice and younger. And then you find an item, you know, and they look lots younger, and you find a goal, and boy do they look young and spry! Everything is getting along fine. They haven't hit any ultimate yet, but that's dandy. And then the auditor ARC breaks them, and they look much older. And then they will look younger, and they'll look older. And as the lines are listed out you can normally tell if the pc is having good progress by just this one point alone. Do they look younger?

For instance, I'm looking at somebody that last June had a line listed off to Clear, and I came in and thought we had a new teenage student. And a couple of weeks later, the goal had flubbed, there weren't enough lines, nothing had been tiger drilled on the thing and so forth and she looked about ninety-five. You get – this is this wild. But you've seen this. You've seen this with your own eyesight. So I'm not telling you anything you haven't observed. You've seen this.

This is definitely allied to the science of aging. You say, "Well, Ron, why are you mentioning this? We've all seen this. We know this." Well, one thing is we don't know all there is to know about this, see. We don't know how long a body will live in a five-goal Clear. You know, a five-goal Clear, how long can that person make the body live? We don't know.

We haven't any data on what the longevity could be stacked up to, but we can hazard a few good, solid guesses. That – let's say, somebody who was about thirty-five, or something like this, as raw meat, would look what would be average thirty-five, and if cleared would undoubtedly drop a few years in appearance. This we've got some reality on. Somebody who was about forty-five or fifty, something like this – well, you'd probably get a much steeper drop. Don't you see, they'd probably drop back to a much younger appearance proportionately.

Somebody who's around seventy, of course, is kicking the point of no return or has already passed it, but you'd still expect them to look younger. Now, also, how much longer would you expect this person to live? Well, that's almost in the lap of the gods, you know. But you could make some ragged guess at this thing that maybe you'd put five, ten, fifteen, twenty years onto their life.

Now naturally, if you clear somebody at the age of thirty, you're probably going to stack thirty or forty years onto the end of their line, you see, at least. And if you clear somebody at seventy-five, why, maybe you'd stack another five or six, don't you see? So the older they are, probably the less years you stack on, or there's some rule of that character might apply.

Now, studying geriatrics, you're in a very, very interesting field. You're in a field of no data because none can happen for the next seventy years, you see. So, never do you get geriatrics being studied in any one lifetime. And nobody, of course, is ever able to keep any records

on this, because they get bored. And there's no series, you see. The guy who was interested in keeping records has kicked the bucket and nobody else has picked it up and so on. So you're always challenged along this line in the field of gerontology on just this one fact: "Well, nobody has lived long enough to prove it."

Well, that is your usual blunt argument that is offered. But that is not what you're trying to prove. You're not trying to prove by the actual livingness. But age is normally determinable – relative physiological age is determinable – by the condition and character of certain parts of the body, certain functions of the body, and cellular structures.

You see, we are the first that could do this, see. There's been nobody else before us that could do anything about this, you see. But you would take and make a physiological examination of the person, their cellular structure, you see, and this and that and the other thing about them – the springiness of their joints or something – and you'd take this person and then clear this person, and then get an independent examination of the springiness of the joints and the cellular structure and that sort of thing. All of these various things.

Now, that's going at it rather painfully. But you would determine, then, that the person was physiologically younger, which of course predetermines the fact that they will live longer. You see how that works out? In other words, this is susceptible to proof now, in Scientology, in a period of less than six months, whether you have added to longevity or not, don't you see.

Now, that's the first time anybody's ever been able to do any conclusions on the subject of geriatrics, and we probably should go ahead and do something with this. Because this is – this is something that people are interested in. People are interested in care of the body, care of the body, preservation of the body, all that sort of thing, and they would find that this is very, very much to the good. Before a person can carry out any of his personal ambitions, he should have enough physical energy, and enough resilience of body to be able to accomplish this. And therefore, it is important to people.

Now, you try to tell people about the mind, the mind, the mind, the mind, the mind, and they very often don't know what you're talking about. Or they think you're apologizing or something, and they say, "Well, I had a brother once who was crazy," you see. I mean, this sort of thing – this sort of thing is completely beyond them. But you start talking to them about geriatrics and longevity and this fellow says, "What is this thing, Scientology?"

"Well," you'd say – you'd say, "Well, what do you suppose your life expectancy is?" This puts it where he lives, see. He might even collect some of these insurance tables. They're the lyingest things you ever had anything to do with. But insurance men believe in them implicitly, and people who do actuarial work – that's the phony mathematics that determine how much you pay for your policy – this kind of stuff gives you all kinds of tables.

And there's one over in "Rockefeller" Center that's the most alarming thing I ever had anything to do with. And you go up to it and you set on a dial – and – how old you are. And then you go around the corner and look at this other thing, and that tells you when you're going to die. Sort of blunt. And not at all accurate.

But they figure it out this way: A baby who lives to the age of six months has got a chance of living to one year. Because most babies who are going to kick the bucket, of course, do so within the first six months, don't you see? But the baby who lives to the age of one year has a life expectancy, you see, of maybe two-and-a-half years or something like that. But if somebody has lived to the good old age of fifteen, then he's got a good chance of living, according to the averages, to the age of thirty-eight. And somebody who has lived to the age of thirty-eight has a good chance of living until he's eighty-nine or something, you know. This is a totally mad series of scales, but everybody believes in them. It's sort of "the magic charm." "What's your life expectancy?" It's quite a game.

And one time I went up there – many years ago – "Rockefeller" Center. It was before the war. It didn't say any war was coming up on the thing, so it was not a very good swami, it didn't predict that. And I remember, I think I was something like twenty-seven or I was twenty-six. And I turned up twenty-six on the dial, you see. Went around the corner and took a look. And my God, you know, I'd been dead for years, according to what it said.

So anyway, regardless of what these expectancies are, the insurance policy situation is very easily overridden by changing somebody's life expectancy. Now, you'd think insurance companies were interested in this, but actually they're not. You can't sell these things to an insurance company for the good reason that they don't deal in anything but figures. And their figures are based upon expectancies of claim payments. And it's all mathematics.

Actually, an automobile insurance company doesn't care how many wrecks you have – doesn't care for a minute how many wrecks you have, because it's all going to be figured out actuarially and averaged, don't you see. It's – some of the fellows up at Lloyd's worry because one or two of the syndicates may have the *Queen Elizabeth* or something, you see, under total insurance. Huh-huh! You know, and that's just one ship, you know. And it's worth skillions. And if it ever went thud, why, that would be the end of that syndicate. Don't you see, all their – all their eggs are in one funnel, you know?

And anyway, where we have a spread out risk, though, like in life insurance, and that sort of thing, or automobile accidents or something, it's just a matter of "who cares?" They just charge as much for the policy as they're going to pay out in claims. I mean, that's the blunt thing. They're not in the business of making people live longer. As a matter of fact, most insurance companies would scream with terror if you proposed to them that you could make every one of their retirement policy holders live an additional hundred years.

Also, a socialist state is liable to get rather queasy on this subject. You finally break it down to the fact that there's one three-months old baby left in the entire place who is able to work and isn't on a pension, don't you see? It's just too ghastly to contemplate.

So you get a reverse philosophy going, that you will occasionally run into in geriatrics, which goes as follows: "If people weren't kicking the bucket all the time, we would be in a terrible state. And it's a very good thing everybody is dying off the way they are," see.

And you get all kinds of reasons why death is a marvelous thing and so forth. And they're actually thinking about their Aunt Tilde, who, if she lived forever, would never let them come into their inheritance or something of the sort. But now with inheritance tax they don't even think that anymore.

The upshot of this condition in geriatrics is you've got people who want people to live longer, and you've got people who hope to hell they don't, see, and would do anything they could to shorten it down just a little bit. But insurance companies have an open mind, and others don't care. I'm just telling you this so that you won't bother to approach these people with this subject. And – but I'm also telling you what arguments you will get into in this, and they're quite funny.

But when you say to somebody that you could increase his longevity, he's liable to be much more interested than if you said you could make him healthy. He – well, I'm only talking about a small section of people – would be far more interested... Guy's gimping along on crutches, you know, and he's all caved in, both ears are bent, and he says – you say, "Well, I could make you healthy. I could cure you." Well, he's not sure. He's not sure about that. He's got his service facsimile right there in his pocket and he knows its various uses. And if you cured him up he wouldn't get his pension anymore from the railroad. And you've threatened his survival.

But if you told him you could make him live longer – Oh, now we have another entrance point on the same Joe, see. Ho-ho. You're not only taking his pension – not taking his pension away from him, see, you are actually...

So therefore, in actual fact, a Scientologist needs this other string to his bow, in the case of an argument along these lines. And you see somebody gimping on crutches, you say, "I could take you off the crutches," and you've made an enemy. And you say, "I could make you live longer," and you've made a friend.

People, of course, really don't believe that they can live longer, they just *wish* they could. And you have Greek plays, for instance, which convince you utterly of the folly of immortality. There's one of them there who at the end of a thousand years of age, why, he's just begging the gods to kill him off, because he's lost all his friends and everything else like that. I think he was a dope. But anyhow, that's beside the point.

If he had that much influence with the gods in the first place, why didn't he get his friends living longer, too? The guy was merely selfish.

So the point here is that you have a reverse argument, and there is use for this argument and this action. Now, how much longer you can make the person live, by the process of just doing a Problems Intensive, I don't know, but it must be considerable. You can make a haphazard guess at it, and your guess would be as good as anybody else's.

This person is, let us say, thirty-five years old, and they feel like they're going to die any minute, and you give them a Problems Intensive; well, you've increased their life expectancy – that is, how long they *expect* to live – regardless of how long you have increased their actual livingness. Do you see? And most people are fighting living any longer.

Now, let's go into this a little more searchingly. What exactly leads one off into any conclusions on this subject, at all, that have any validity?

Well, right there in that pavilion you're using these days, I conducted a bunch of plant experiments. Just vegetable matter, true, but it had something binging in it, and theta-bopping. And I conducted a series of experiments. And in the far end of that, that's furthest from the chapel here, there were a bunch of tomato plants which were championship tomato plants. Nobody has ever heard their like. I've got photographs of them and records of them to this day. But they were growing as far – as many as forty-seven tomatoes to the truss. This is unheard of it's absolutely impossible, see. And they were growing up in height, higher than sixteen feet. And nothing was killing them off. They hadn't heard of seasons. Their temperature was being held constant, their moisture was being held constant, and I developed quite a little bit of stuff in order to get something to do this. Everybody thought I was interested in horticulture. I really wasn't. I was interested in several other things – namely disease and things of that character. But very carefully, none of these tomato plants were given any injuries.

Now, the normal way of raising tomatoes is you punish them until they yield tomatoes. You snip them. Every time they try to put out a new little branch or something like that, that you don't want, you snip them. And you top them and you do this to them and you do that to them. You do other things to them. And you're always at them, you know. Always at them, at them, at them, at them, you know. And they finally will grow a lot of tomatoes for you. Yeah, they'll grow some big tomatoes and so forth. But oddly enough they are very fragile.

And hothouse tomatoes, growing, is an adventurous activity. You have the banker on one hand and on the other side, why, you have every disease known to tomatoes – all manner of blights and fungus and this and that and the other thing. You never saw anything as sick as a tomato plant when it's been got at, at, at, at, at, more, snip, snip, snip, snip. See, it all comes under the heading of, "Care for it, care for it, you know. Look after your tomatoes, care for it.

Torture them. And when you finally get this going real good, why, they'll bear you a few tomatoes," but it actually establishes a short cycle of life.

In other words, the life term of a tomato and the amount of punishment that a tomato plant is given have something in common. That's something to remember there. They're both the same – a similar curve.

Now, a tomato plant which is abused will become ill. A tomato plant standing right next to it, wide open for infection, that hasn't become abused – hasn't been abused, doesn't become ill readily. Or if it does, it can be cured. In other words, abuse has something to do with incidence of illness and has a great deal to do with longevity. How long's this plant going to live?

So I raised half of that pavilion over there full of tomato plants that you had – we finally had to shoot them down, that's all – I don't know where they would have gone. But they were filling up the whole house, and they were the most cheerful tomatoes that anybody ever had anything to do with. And they were just getting bigger and producing more tomatoes. And they'd already gone through two seasons. And they were preparing happily to go into a third season. I said, "The devil with it. We have concluded all. I want to conclude. Cut them down." And we did. And that's the only reason that house isn't well, that's the only reason the whole pleasure garden out there isn't full of tomatoes to this day.

Now, stationed around these tomatoes, and amongst this, under exactly the same climatic conditions, were tomatoes which were abused, and which did not follow this curve of action. They were the same tomatoes, under the same environmental action, and they became (quote) sick (unquote), and their longevity was very short. Now, they were not badly abused, they were simply brushed against rather regularly, and they were snipped the way tomatoes are supposed to be snipped, you know, and so forth. But they never even managed to pass their diseases over onto these other tomatoes.

Now, I'm telling you as much as one could observe within the crude limits of experimentation which can be accomplished on this planet in any case. These were as well done as you can do such experiments. But no experiment is perfectly done, ever. The fellow who perfectly does an experiment – he hasn't been found yet.

So, within those limits, these facts are very factual. But certainly, I can show you the photographs of these tomatoes, and my God, you never saw tomatoes grow and grow and grow. And trusses would come out, and tomatoes would grow on the trusses, and so on. I think the record one for England is something rather low like thirty-four tomatoes to the truss, something like that. And these were going – we didn't even bother to count all of them, because you couldn't reach them all, you know. But many of these were forty-seven tomatoes to the truss, see.

Here you had longevity; you also had reproductiveness and creativity. You had these various things. So some of the fondest theories were upset in handling those tomatoes. All of which has to do – had a lot to do with the human being, if you consider a human being mainly body. Because a body follows apparently these same physiological lines. And I've seen nothing to disprove this fact: that a body and plant life and so forth, these things are all cousins. What laws apply to one tend to apply to another.

And I learned enough out of this to learn that abuse determines longevity. And that was the datum that came out of that. And once I had stared this in the face, I looked around in amongst human beings to see if this continued, and to a marked degree it did. And all of our experience in Dianetics and so forth, tended to conclude that anyway, even long before these experiments.

Now, the other thing was that abuse determined incidence of illness. A thing was as sick as it was abused and its life was as short as it was abused. See, these two things emerged as parallel conclusions as a result of these plant experiments. Now, that means that there are two levels or two lines of approach here, as far as dissemination of Scientology is concerned. You can talk about incidence of illness, or illness, or you can talk about longevity.

Now, these of course are quite inferior to talking about a thetan and clearing and beingness of a person, his individuality and that sort of thing. But remember, when you're talking about individuality or an individual or an individual being, you're not talking about a body. See? And so therefore, these things are true when you mean a body.

And on a planet which is terribly fixated on bodies and so forth, these two things are very strong and powerful dissemination media. If everybody's interested in the body and their minds are all busy being interested in the body, you can give them a couple of data about the body which is quite interesting. And one of those is that the longevity of a body can be increased or decreased in livingness, and the other, that incidence to illness and being well can also be monitored, you see. These two things can occur. A person can be made "weller," or a person can be made sicker, or a person can be made to live longer, or *look* less old, or can be made to live less long and look older, you see. These things can all be concluded from these things. And they are not such foreign statements that people – people can misunderstand them. And they're all quite factual and so forth.

Now, the abuse of the tomato plant, and the deletion of abuse from the life of a human being have a parallel. In other words, if you delete the abuse, you have done something like not abuse. And that was how I cross-translated the experiment, rightly or wrongly. In other words, if you could pick up the abuses out of a person's lifetime or pick up those factors which made the person believe he was abused, you then picked up, of course, the characteristics of not having been abused. Do you follow that? And sure enough, that's how longevity follows.

So these tomato experiments were important to that degree, but you couldn't very easily process a tomato, at least I haven't been able to yet. Turn on theta bops on them, and rock slams and things like that, but I never got into good communication with them. I'm sure they were ready to go into session, but I didn't know the language.

Anyway, the point I'm talking about here is, when you're talking to a world that is terribly fixated on bodies, that world will listen on the subject of bodies.

And there are two things which utterly bypass the laws against healing and the laws against helping people, and so forth. And those things are longevity – geriatrics. I mean, that's wide open, man. Make them live longer. It's wide open. It has no medical connotations connected with it whatsoever. You're not giving them drugs to live longer. And the other one, on the other side of the fence, of course, is, "Maybe you're not sick, maybe you're just suppressed," see.

Now, let's look at this other one for a moment, which is aside from geriatrics. This dissemination mechanism is of great interest to us. Because you can say this – particularly in England you can say this, "If you've been depressed..." We use that word instead of suppressed, and it's not too good to continue to use this button "suppress," because you have to tiger drill it hard because people have kidded about it, you know, and done other things with it. But "If you've been depressed, you can develop symptoms which look exactly like illness."

Then you go up to somebody and you say to them like this, you say, "Hello Joe. Joe, have you ever – you ever been sick?"

And he says, "You kidding?"

And you say, "Well, you ever go to the doctor?"

And he says, "Sure."

"Oh, did he cure you?"

And he says, "No, of course not."

Well, you follow your line in, "Well, maybe you weren't sick. Maybe you're just depressed."

And he says, "Huh?" His interest will be caught at that point.

"Maybe you weren't sick, maybe you're just depressed."

"What do you mean?"

"Well, a lot of people – you know, they feel depressed and they are depressed for a long time and life depresses them. You know, it, pushes in on them, depresses them one way

or the other. And they will eventually develop a feeling or a belief that they are sick. And they'll actually develop symptoms of sickness when they're not sick."

And this guy'll say, "Maybe I'm not sick! Hm! Hm! What are you talking about? Yeah, maybe I'm not sick. All right, what do I do about it?"

Well, you say, "Get processed."

And that's all, see. You give that person a Problems Intensive. And let me guarantee, the data which has come rolling in on me here in the last, I don't know how many – well, I guess the last two or three months – have been demonstrating some of the wildest recoveries you ever wanted to hear. Perfectly illegal diseases, they must not be treated. I think there are twenty-five diseases that you better not have in California, because it's illegal to treat them. By law, it's illegal to treat them. Cancer, arthritis – there's a whole bunch of them. You mustn't treat them; you can go to jail for it. I think that even applies to medical doctors. But of course it safely applies to them.

Anyhow – oh, and you talk about – you talk about fancy treatments – I don't know how much a treatment for arthritis costs, on gold shots. They're called gold shots with reason. Man, you'd have to be one of the biggest directors in the Bank of England able to sign those five pound notes in your own fair hand in order to get enough gold shots to make you well. And furthermore, cortisone and other such things are only relief as long as they're administered. They cure nothing, they just relieve. So you've got tremendous numbers of relieving medicines for this vast number of diseases.

Now, if you came up and said – correctly, it so happens – "Well, I don't care whether the fellow has cancer or arthritis or hangnails! Nothing to do with me. He's depressed. He's not sick. I'm not practicing medicine. Sure I've cured him – of being depressed! And very often when people are depressed they exhibit symptoms of illness. All right, he's well. So he recovered from his hangnails. Who cares? I haven't told him I'd..." And you must do this, you, "I've never treated him for hangnails. I never had anything to do with hangnails. I never recommended it. Never even diagnosed he had them. He said he had them, but that's nothing to do with me! All I did was treat his depressed or suppressed condition," whichever word you want to use. "I treated his suppression. Life had suppressed him very badly, and he'd answered by telling people he was sick."

"Oh, you're treating hypochondria."

"No, no, no, no. He didn't even believe he was sick. He just felt sick."

This is the peculiarity that you can drive home. You could get into one of the most circuitous – and people could run it out on you in sessions on the half-truth rudiment – get into one of the most circuitous arguments you ever wanted to get into in your life. Either one of these – geriatrics or "not sick, suppressed," see. Either one of those things gives you an abso-

lute wealth of material that you can embroider back and forth, and work one way or the other and talk about. You can generate tons of ideas. It just starts an automaticity of generating ideas.

You're talking to some bird and he says, "Well, I don't know. I'll never be the same again. I know that. Ever since my first marriage, I've been pretty well caved in, and I'll never be the same again. I know I'll just go on being ill like this," and so forth. And you say – well, you know you're on the wrong button. You see, that's the wrong button to play on that case. So you just go into geriatrics, see. And you say, "Well, actually – actually I realize that some people are practically incurable. I realize that. There are some things that are practically incurable." And somebody can run it out of you in a session, you see. Because what you mean of course is his fixed idea on the subject of he has to be sick. He thinks it's a sickness you're talking about and you just simply tell him, "Well, there's another thing Scientology can make you do, and that's live longer." That has an apparency. "There are some indications that processing makes one live longer." Well, you're not being dishonest there! You're not being dishonest there at all.

You can certainly tell him, "It makes you look younger." You can tell him that with some truth. They'll go consulting the mirror every time they turn around to see if they live younger. This is in a world, of course, which is totally fixated on a body and you're trying to disseminate to people who haven't heard of anything, who don't know anything about clearing, don't know anything about releasing, don't know anything about anything. And there you go. It opens up a door.

Now, the reason why I'm addressing this has nothing to do with whether or not I want to *sell* people an idea. We've got to have a bridge. We've got to have a bridge from raw meat to clearing. Well, that bridge has got to contain reality for the person it's happening to. And unless we have a bridge, we'll simply clear up all those people who are already interested in Scientology and that'll be the end of the line. There's got to be some bridge that brings the person into contact with a reality on the mind and life. I know nothing better than a Problems Intensive or a series of Problems Intensives.

Now, let us suppose you are running a clinic. It was – you were talking about making people live longer or you were talking about making people feel better. We don't care what you're doing, as long as it's either one of another or these particular activities. You have a – well, let's say it's a clinical type co-audit. You're using interns or anything you can lay your hands on, you know, and you're giving people Problems Intensives. And they're walking in and the Problems Intensives are given at two hours a week or nine hours a week or thirty-eight hours a week. We don't care how these things are given. And they're getting processed and they're walking in and all you're doing is running just a straight Problems Intensive, that's all. And you're just getting the buttons repetitively, and it's all right, because you're running a Prepcheck repetitive style. Doesn't matter whether the button is clean or not. If the fellow

can't think of any more answers, why, you just say, "Well, all right," and shift to another button.

All of this is perfectly fine. And that fellow's going to come out the other end, if any kind of a job of auditing was done at all, looking and feeling younger – geriatrics – and well of something he has been sick of both are going to happen to him, if anything was run at all. I'm getting some amazing reports on what a Problems Intensive is doing.

You know, it's sort of like you climb this arduous mountain to find a nugget, you see, and you get up to the top of this mountain and somebody down in the valley, down below – there you are mopping the sweat off your brow, and he says, "Hey!" he says, "There's one here that's two feet in diameter." He says, "Would that do?" Well, we just bypassed it because the whole top of the mountain is gold, don't you see?

There still is that nugget in the valley. We've evidently bypassed the Problems Intensive. We've bypassed the potentialities of "suppressed, not sick," see. We've bypassed geriatrics completely. Haven't paid any attention to it until tonight; you probably haven't even heard the name. All of these things, you see, we've just thrown them away. We aren't paying any attention to them at all.

Now, I dare say we have people right here – their hidden standard is whether they look younger. You know, they go to the mirror every morning, and see if they look – and some of them, who want to look older. You see, it's – they're using age, or appearance of age, as a hidden standard to find out how they're doing. Are they looking younger? Are they looking older? You know? Well, this is a very, very standard, hidden standard. This runs all through the human race. And if it's that general, well, you'd certainly better have a use for the generality of the button. And the generality of the button is this.

I'm not trying to teach you how to be con men or something like that. I'm just trying to teach you how to talk to people within their sphere of interest. Now, in Book Three of Book One – that is the third book of that first volume, Book One, *Dianetics: The Modern Science of Mental Health* – it says that if you can parallel – that's right at the beginning of it, if you can parallel what the mind is doing, you see, you can reach it and do something for it. Well, I'm trying to teach you a trick here to take raw meat and get their – to parallel, and for you to be able to parallel what their mind is doing. You see? That starts a session before the session happens. And I've all been – always been looking for these little buttons one way or the other and have accumulated a lot of information about it – information which I'm sure you can use.

So, you've got these two buttons, and with a superfixation on the body, the fellow is thinking, "How well am I?" and "How young or old am I?" See? "How well or sick am I?" "How young or old am I?" He's asking these questions all the time.

And on a superfixation on the body you can always get him into a communication on this subject, because his attention is fixed on it. How do people greet each other on this planet? They say, “How are you?” meaning “How sick are you today?” And the other fellow brags up and says, “Well, I’ve had a cold lately, but uh...” so forth. Just read a letter that emanates from one farm district to another farm district, just catch the mail on censorship, and it all has to do with health and Aunt Lizzie’s kidney stones, you know. These are the milestones of time, you see, and this sort of thing. Well, those minds are definitely stuck on state of the body. And of course, state of the body is young or old, sick or well.

Now, the reason I’ve called this lecture “Geriatrics” is because it’s a brand-new – brand-new sphere. It’s a brand-new look. It’s a brand-new communication line, and it’s a very old hidden standard. I imagine, trillions of years ago, when you wanted to know if you were getting along all right, you stuck your doll body up in front of a mirror to see how its dents were, you know? And you’d say, “Well, I’m getting on now, I’m getting pretty dented.” You know, “Paint’s getting kind of worn off. Face is no longer shiny.”

Now, you’ve come on down the track trillennia, you have a meat body, and you go up to the mirror and you say, “Well, I’m doing very badly because my nose is shiny,” you know. There’s all kinds of changed considerations on this thing. But thetans have always been going on these two views. “How young or old do I look? How sick or well am I?”

Therefore, these are very, very good dissemination media. They’re a good media for conversation. And I give them to you simply because you have a pat solution in the Problems Intensive.

Now, what clearing does for this is fantastic. We haven’t even talked about what clearing would do for this, to any degree at all. I haven’t a clue, because it is just too much. It’s beyond a ready embrace of the mind. Age is hooked on to the body, normally, by the thetan himself as self-expression. And it is held in place in terms of engrams and secondaries. It’s held right there, man. Anything that is wrong with a body is held into it and on it by the thetan who has that body. That’s it. As long as he believes he can’t grow a new leg, he won’t have one, either. And this is very observably the place. There is frankly no limitation on what thought can do to structure. There is no limitation on that. There is a fantastic short look on what structure can do for function or thought.

But nevertheless, this is a ready tool. This is something that you need. You’re sitting there, somebody says to you, “What is Scientology?” You look them over. You can tell them it’s something that makes you well, or something that makes you younger. You can tell them, not in a dictionary definition of this or that which they won’t understand anyhow because they won’t have any comparable datum. The reason you have trouble defining Scientology to people is because there is no datum of comparable magnitude in this universe.

So they always put up a datum of comparable magnitude and hang you right away into a suppression and disagreement. So you have a hard time. Because they say, “Oh, it’s like Christian Science.”

“No,” you say. You’re hung right away with a suppression. You say, “No, it is not like Christian Science.” And that puts you into a disagreement, and you haven’t got the thing in-session, don’t you see. There it isn’t flying now.

But they say, “Well, what is Scientology?”

And you say, “Well, Scientology is a study of livingness. A study of livingness. Now, do you often wish you were younger?”

The fellow says, “Oh, yeah, yeah, I do that.”

And you say, “Well, good. Scientology processing and so forth would possibly permit you to achieve that desire.”

Now, they’ve got a datum of comparable magnitude – themselves. So never let them find a datum of comparable magnitude; you give them one. Now, your datum of comparable magnitude may be, to a baseball manager, his baseball team. You see, but always give them the datum of comparable magnitude. It’s themselves or it’s what they own or it’s their family or it’s their aging or sick mother or their ailing wife. It is something like that, don’t you see? It’s a datum of comparable magnitude. And you can say – it’s almost a short circuit on the thing. They say, “What is Scientology?”

Take a look at them: “Do you feel – do you often wish you were younger? Have you been sick lately?”

The fellow says, “Well no, I’ve never been sick a day in my life.”

“Well, do you wish you felt younger?”

“Uh – No, I – i never did. I – i don’t – don’t ever wish I felt any younger.”

“Do you have any ailing members of your family?”

“Oh, yes, there’s my dear old mother.”

“Well good. Scientology would be something that would make her well.”

“Oh, uh – it’s medicine?”

“No. No,” it’s – you’re off on the wrong line, so you’d better amplify completely your statement. You’d say, “Well, Scientology is a system of processing which does certain things for the individual and straightens them out. And some people are not sick; they’re just suppressed,” and so forth, now.

And he says, “Your mother – uh – my mother,” he says, “My mother, she always was kind of suppressed by my father. Oh God, I hated him! You know, he was no good at all!”

And you say, “Well, there you are. She’s pretty suppressed. Huh? Well, you could take something like Scientology to pick up that suppression and straighten her out.”

And he says, “Well, now, that’s a good thing.”

See, that’s his immediate conclusion. See how you’d do it?

But he’s going to reach for a datum of comparable magnitude. You’re not going to be able to stop him from doing that. Because understanding comes by comparison, don’t you see? And he’s going to reach for a datum of comparable magnitude, so you better reach for him first.

Now, naturally, we take this society lady, and she has powder on her face a quarter of an inch thick. We’re left in no illusions about it, but we also have to be very tactful. We’re going to use geriatrics on this case, but we have to be *very* tactful about it. Like, “Some people, even when they look young, can be made to look even younger.”

You’ll find many people cannot confront illness, have nothing to do with illness and illness is a very forbidden field to them, illness is a zone and area for specialists, illness is a place where you must not tread. This prejudice and superstition is fantastic, and yet to get an entrance in the case you’ve got to talk about something about the body. Because they’ll never envision the mind.

All right, then you have geriatrics. You can get into the most endless discussions on people about whether people are older or younger, or as old as they feel or younger than they feel. And what if you just kept processing somebody and processing them, and they went down and became a baby and... ? You know? And could you process a person the wrong way and make them look older and older? And all kinds of things like this, but you’d find interest would quicken. You see?

Well, you’ve got, “Maybe you’re not sick, maybe you’re just suppressed,” as a dissemination medium. I thought I’d better tell you about geriatrics, because there’s a large section of the society that can’t confront illness and won’t even talk about it. Now, you’ve got geriatrics. An interesting, very interesting field. And one which we have incidentally wrapped up *en passant* and haven’t even noticed. So I thought I’d better call it to our attention before we passed by it utterly. But you would be amazed how many billions of dollars are spent every year trying to discover the route to eternal youth. We are the only ones who have that map at the present time and naturally we’ve got maps to so many more worthwhile goals and actions that we’ve paid no attention to it at all.

So I thought I’d better call it to your attention.

Thank you very much.

Female voice: Thank you.