

ELECTROPSYCHOMETRY



ELECTROPSYCHOMETRY

by Volney G. Mathison.

(Fourth Edition)

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MATHISON ELECTROPSYCHOMETERS, 1214 West 30th Street, Los Angeles 7, California

The fourth edition of this manual is in two beautifully mimeographed volumes, 8½ x 11, totaling nearly 200 pages. Of this, 125 pages are comprised of completely new material. The new text includes FIVE successful procedures for ascertaining the hidden causes of the patient's anxieties and illnesses. This is followed with FIVE successful techniques for the reduction of the traumatic or injurious conditions disclosed in the case.

STEP-BY-STEP PROCEDURES ARE GIVEN, IN THE FORM OF CONDENSED EXAMPLES.

The previously published chapter on "Creative Image Therapy" has been replaced with a COMPLETELY NEW, POWERFUL and HIGHLY USABLE INSTRUCTIVE TEXT. If only partially applied, the contents of this chapter are of incalculable value.



ELECTROPSYCHOMETRY *the source of Creative Image Therapy*

SOME IMPORTANT QUESTIONS AND THEIR ANSWERS

What is Electropsychometry?

Electropsychometry is the science and art of using a new patented type of electronic instrumentation for contacting the non-physical psyche of the patient.

Is Electropsychometry "something old" or "something new"?

Electropsychometry is derived from psychogalvanometry, from Freudian psychoanalysis, from metaphysics, and from nuclear research. IT IS A NEW SCIENCE.

Is Electropsychometry an adjunct of any particular school of healing?

No! It particularly applies, however, to the modernized and streamlined Freudian techniques of Creative Image Therapy.

What is the purpose of Electropsychometry?

The purpose of Electropsychometry is to enable the therapist quickly to ascertain the BASIC causes of the anxiety or illness of the patient. The Electropsychometer indicates not only psychic sources of distress, but also the situs of most types of physical pathology. Further, the accuracy of Electropsychometric assessment swiftly creates in the mind of the patient a feeling of respect for and confidence in the ability of the therapist.

Can an Electropsychometer be used successfully without special training?

The answer to this depends upon the capability of the therapist. One of America's leading psychiatrists has used an Electropsychometer since the first year of its invention, without a single word of instruction from the inventor. Many others have done likewise. Also, many therapists report they find the fourth two-volume edition of the manual "Electropsychometry" enables them to obtain excellent results, without any special training or class instruction.

If, after buying an instrument, I find that I need personal instruction, can I get it? If so, where, and at what cost?

Therapists rather uniformly find they can operate out of the manual. Personal instruction, however, IS available. A class is continually in progress, at one city or another. A therapist also can bring instruction to his own city by getting a sufficient number of enrollees to pay the cost of holding a class. The usual cost for each enrollee is \$60, and a minimum of from 10 to 25 enrollees is required, depending on the distance from Los Angeles. Special private instruction is also available at Los Angeles, by arrangement.

Does Volney G. Mathison personally do electropsychometric assessments?

Yes.

Is detailed information available about the specific procedures of Electropsychometry?

Yes. In the manual "Electropsychometry". \$3.75 postpaid. Deductible from the price of any Mathison Electropsychometer purchased later.

Creative Image Therapy
"A base of action through the *Verbs of Confession*"

1214 West 30th Street, Los Angeles 7, California

Enclosed \$3.75. Send two-volume manual "Electropsychometry" (deductible from price of any instrument purchased later.)

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Art by Agnes & Alpha Hart

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A symbolization of
THE ELECTROPSYCHOMETRIC TONE SCALE
Applicable to registrations observed
on Mathison Electropsychometers.
(The actual meter scale is reproduced
at the center of the theoretical
scale.)



3.

"SITTING ON TOP
OF THE WORLD."
Psychophysical
balance. Buoyant, keen sensations, high interest in ordinary daily events.



2.

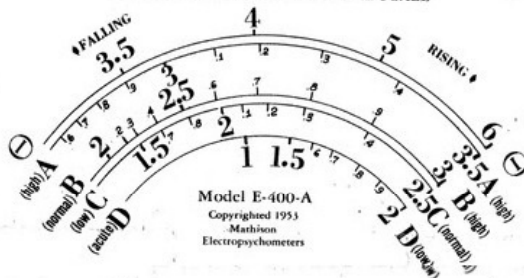
"AVERAGE
NORMAL."
One or two major worries, many lesser anxieties.



4.

Restful
Sleep

ELECTROPSYCHOMETRIC TONE-SCALE



1.

Acute anxiety or severe physical illness. Extreme mental or physical agony.

"WALLED OFF"
FROM WORLD--
through heavy
psychotic barriers. Feels
nothing, sees
nothing, cares
about nothing
in this world.



5.



0.

8.

DEAD

GOOD AS DEAD

The theoretical Tone Scale forms a COMPLETE CIRCLE. Registrations on the LEFT HAND SIDE of this circle, descending from 3.0 downward through 2 and 1, designate increasingly acute distress, anxiety, or illness, with extremely severe conditions at 1.25 and below, approaching death at 0.5, and death at 0.0.

Adolescents free from childhood traumas or injuries--mental or physical--are apt to read in the area of 2.75 or 3.25. Older persons who have suffered the tensions, anxieties, and griefs of life, are apt to read in the area of 2.0. A general national decrease from a previous American normal average of 2.25 has been noted in the past two years.



Registrations on the RIGHT HAND SIDE of the Tone Scale Circle, from 3.0 downward, indicate a diminishing expenditure of autonomic or psychophysical nervous energy. This correlates with decreasing contact with or interest in the physical universe, and also indicates an increasing INABILITY TO ENJOY to the full the activities of the physical universe.

Sleep is established at about 4.0 Readings at 4.0 or higher, while AWAKE, are not favorable, indicating a more and more psychically "walled in" state, with concomitant decrease of awareness of the external universe.

MULTIPLE SCLEROSIS, involving decayed nerve fibres, is also apt to produce similar "false high" tone-scale readings.

--for it quite often does--but because it takes far more time than the professional therapist feels able to give to the average case.

This technique consists, basically, in having the patient redramatize--that is, relive or as fully as possible re-experience--the traumatic event from beginning to end--not once, but over and over, in complete detail, until the Electropsychometer registers a distinct tone rise.

A brief example of this procedure has been given in a previous paper, with reference to reducing or exhausting the effect of a sharp physical pinch. The subject is pinched, then is instructed to close his eyes and repeatedly feel the pinch. After a few times of mentally re-feeling the pinch, the charge on the event dissipates.

This technique may be applied to complex and interrelated chains of traumatic events. It is essential that the patient not be permitted to recount details of the painful past event in some detached and casual fashion. On the contrary, the patient is required to narrate and at the same time as fully as possible relive the whole experience. Of course, the patient will probably say: "But how can I remember precisely what I said and what she said, and what they said, and so on?" The best thing to do about this seems to be to instruct the patient somewhat as follows: "Make up the approximate words as you go along. Just say whatever words come into your mind. The main thing is to feel the experience over again, from beginning to end. Especially feel the emotions and all the physical efforts you made at