10 Sec. 1 Tues., May 13, 1958 Los Angeles Examiner ★

BEHAVIOR CHANGES TOLD

Mentally Ill Given Talk 'Injections'

SAN FRANCISCO, May 12 (AP)—A psychiatric research team reported today it has changed the behavior pattern of schizophrenics and psychoneurotics by pouring talk into their ears during prolonged sleep.

The talk marathon even caused temperature changes in some patients. The experimenters now are trying to cause blood pressure differences between one arm and another with talk. They previously had produced such changes in the muscular tension of patients' arms.

But talk produced its most striking results in improving the social behavior of those treated, Dr. D. Ewen Cameron, professor psychiatry at McGill University, Montreal, told the American Psychiatric Association.

RECORDED TALK—

Associated with Dr. Cameron in the experiment were Robert B. Malmo, Ph.D., of the Laboratory for Psychological Studies, and Dr. Leonard Levy, of the Allan Memorial Institute, Montreal.

Six of the patients were psychotics of long standing. One was an epileptic. Eight others had varying kinds of psychoneuroses.

Voices of both men and women were used, repeating such statements as "You are a warm-hearted person." "People like you and need you." "Your right ear is warmer than your left ear."

Dr. Cameron described a woman in her middle forties, unmarried and shy.

'NEW' MARGARET—

For 27 days things like this were dinned into her ears:

"Margaret (the patient) is becoming easier and more friendly with men. She likes their company and she can trust them."

After the treatment, Margaret became really warm, the psychiatrist reported. She would put her arms around people. She would even interrupt her meals to rise and embrace them. She became positively flirtatious with the men.

Nearly all the subjects improved in one way or another

To produce long-term changes, he added, the treatment probably would have to be given until the new behavior pattern becomes established in the mind of the patient. The subject also must approve in advance the kind of talk he is to get. And it is more effective if he can tell from the attitude of his family and friends that the treatment is doing him good.

This research has been conducted thru the use of tape recordings similar to PRESLEEP and SELF-HYPNO TAPES. V.G.M.

Vol. 2, No. 5 1958

The Electropsychometer

News and information about Electropsychometry and PRE-SLEEP TAPES.
Published intermittently as required.

HERE IS THE CULMINATION OF EIGHT YEARS OF ELECTROPSYCHOMETRIC RESEARCH!

EMBER

*(*EMBER -- An abbreviation of Electropsychometrically-Monitored Bionuclear Energy-flow Reversal.)*

AN OFFICE-PRACTICE PROCEDURE. FOR THE HEALING OF ILLNESS AND DISEASE. THE LATEST AND GREATEST BREAKTHROUGH IN THE DYNAMIC DEVELOPMENT OF ELECTROPSYCHOMETRY -- AND PERHAPS IN THE ENTIRE HISTORY OF DRUGLESS HEALING!

EMBER stands for Electropsychometrically-Monitored Bionuclear Energy-flow Reversal -- a system of therapy applicable to 90% of all conditions of illness, pain, and disease. The exceptions are mentioned below.

THIS IS A METAPHYSICAL SYSTEM. IT MAY BE USED BY ITSELF ALONE. OR IT MAY BE USED AS AN AID TO MEDICINE, TO OSTEOPATHY, TO CHIROPRACTIC, AND TO NATUROPATHY. EMBER LENDS ITSELF AT ONCE TO USE WITH ANY LEGITIMATE METHOD OF THE HEALING ARTS—THOUGH IT MAY TRANSCEND MANY PHASES OF ALL OTHER SYSTEMS.

The EMBER system may be and IS used by medical doctors, by osteopathic, chiropractic, and naturopathic physicians--and by specializing electropsychometric metaphysicians.

The electropsychometrist-metaphysician (M.E.) does not use any occult, mystical, "scientological", or other subjective methods. He does not represent himself as practicing medicine, osteopathy, chiropractic, naturopathy, psychology, or psychoanalysis--unless specifically licensed and accredited as such.

HISTORICAL OUTLINE -- Electropsychometric "Body-Scanning"

In 1952, the present writer, a radio engineer and electronic inventor, after experiencing and rejecting a variety of psychophysical treatment procedures, invented and patented the Electropsychometer -- an electronic instrument that has been figuratively described as "The X-ray of the Human Psyche".

It was soon observed that sharp "surge-meter" responses were accurately registered on the Electropsychometer when, in the course of administering an area-by-area body relaxing technique, the examinee's attention was directed upon any local area of physical subnormality or disease within his or her own body. This electropsychometric registration occurred whether or not the examinee was consciously aware of the existence or specific location of the adverse condition. This area-by-area electropsychometric testing procedure is called "body-scanning".

"Contact-Therapy"

An experimental "contact-therapy" technique was developed wherein the subnormal or diseased area is physically palpated, while the patient's psychophysical reactions are observed on the meters of the electropsychometer. This procedure did not in practice achieve a satisfactory percentage of cures. The reason for this was found to be that the original BASIC CAUSE of the subnormal condition or disease had not been detected.

Electropsychometrically-monitored Research Is Continued

Electropsychometric research -- which consists, in the main, of electronically monitoring the processing of examinees with widely varying types of problems and ailments--has more and more validated the bionuclearly-based formulation that the living physical body, rather than being a mere structure of "matter", is really a vast, inconceivably intricate and complex organization of ELECTRONIC WAVES, FIELDS, AND SUBNUCLEAR ENERGY FORCES--AND THAT ANY CONDITION OF PAIN, PHYSICAL SUBNORMALITY, OR DISEASE IS A MANIFESTATION OF A FORCIBLY DISTORTED PSYCHOPHYSICAL OR BIONUCLEAR ENERGY FLOW PATTERN WHICH IS EXPRESSING ITSELF IN THE AFFLICTED AREA.

The Seven Probable Sole Causes of Disease

Electropsychometry also supports the view that while there are now 1876 specific ailments and diseases listed in the medical lexicon, there may be only about SEVEN MAJOR BASIC CAUSES OF ALL OF THESE DISEASES.

These seven causes are:

1. Congenital (inherited or biogenetic). 2. Physical injury. 3. Infection (invasion by destructive organisms. Sometimes disputed as not being a true cause). 4. Environmental (too hot, too cold, too wet, too dry, too dusty, too much radioactivity, etc.) 5. Nutritional deficiencies. 6. Iatrogenic (from *iatros*, a Greek word meaning *physician*. An iatrogenic disease is one generated in the patient by his being informed by the physician -- whose words carry powerful authority--that the patient HAS THE ALLEGED DISEASE -- OR THAT THE PATIENT WILL DEVELOP IT. This is a medically-recognized CAUSE of disease. 7. STRESS. Dr. Hans Selye, M. D., states, in effect, that 90% of ALL illness and disease is psychogenic in origin--that is, it is a consequence or effect of TENSIONS, STRESSES, FEARS, and the like. The iatrogenic factor mentioned above (6) really also belongs in this category.

Stress Is the Major Cause

STRESS IS RECOGNIZED, NOWADAYS, AS BEING THE BASIC CAUSE OF MORE DISEASE, PAIN, AND ILLNESS THAN ALL THE OTHER CAUSES COMBINED! THE EMBER SYSTEM IS FOR TREATING STRESS-CAUSED ILLNESS, PAIN, AND DISEASE. It is not recommended for treating categories 1 to 5, inclusive, as listed above.

Electropsychometric research with ill and troubled examinees has repeatedly disclosed that the SPECIFIC CAUSE, ORIGIN, OR SOURCE of stress resulting in pain, illness, and disease sometimes -- THOUGH NOT ALWAYS--relates to or rests upon situations and past events that are NOT IN THE SUFFERER'S CONSCIOUS AWARENESS.

Heretofore, most electropsychometric techniques have concentrated upon the detection or ascertainment of the DEEP HIDDEN CAUSES OF STRESS. The application of these techniques has, in the past, required a great deal of experience and skill.

The Breakthrough of 1958

Dr. Jonas E. Miller, Sarasota Springs, Florida, a naturopathic physician, has achieved and demonstrated two completely new and magnificently usable techniques--one relating to intensification of the electropsychometric examination, and the other relating to treatment, after ascertaining BASIC CAUSE. Dr. Miller has given his specific system the name of Sophron, a Greek term symbolizing the achievement of sound mind and of health. The Sophron techniques have been integrated, harmonized, and co-ordinated with the electropsychometric findings outlined in the preceding paragraphs. The completely integrated result is the EMBER system -- a system for achieving electropsychometrically-monitored bionuclear energy-flow pattern reversal therapy.

The application of this system, in actual practice, is not as complicated as the technical title might indicate. It consists of BODY-SCANNING, under electropsychometric observation, integrated with and intensified by PSYCHICAL SCANNING, and, finally, the application of procedures for achieving the DISPERSAL OR REVERSAL OF THE STRESS-CREATED DISTORTED BIONUCLEAR ENERGY FLOW PATTERNS that have been expressing themselves as pain, illness, and disease.

There is also an OPTIONAL integration of the "healing touch" of chirothesian practice, which is of interest to the chiropractic physician and to the metaphysician.

The intensified psychical-scanning procedure is a top-level technique whereby EITHER SPECIFIC MENTAL IMAGE RECALLS OR SPECIFIC FEELING RECALLS are activated in the examinee that discloses WHEN, WHERE, WHY, HOW the original series of bionuclear distortions were installed, implanted, or "ORBITED". Psychical-scanning is implemented by a STEP-BY-STEP CHART, the use of which does not require a high degree of art or skill. This is integrated with powerful bionuclear energy-flow-pattern-reversal techniques of a direct, objective, scientific, and readily usable type that can and do achieve healing -- OFTEN IN ONE, TWO, OR THREE SESSIONS ON THE ELECTROPSYCHOMETER. THIS HAS BEEN DEMONSTRATED IN CASE AFTER CASE, BOTH HERE AT LOS ANGELES AND AT SARASOTA SPRINGS, FLORIDA.

A revised 12-hour 1959 edition of the tape-recorded course in Electropsychometry, based completely upon and presenting the step-by-step application of the EMBER system, is now available, price $75 postpaid and insured. Registered owners of the original $45 recorded course can obtain the EMBER reels for $30.

This tape-recorded course may suffice for some practitioners. It seems certain, however, that the EMBER system can best be taught in personal instruction classes. Such instruction is now available at Palo Alto, California, and at Sarasota Springs, Florida. Also, an instructor will be sent to any locally-organized group of doctors or practitioners for a minimum group fee of from $1,000 up, depending upon the distance from Los Angeles.

The EMBER System Is the Key to SELF-HYPNO and PRESLEEP Tapes

The EMBER system is an office-practice system. It does not supersede or replace SELF-HYPNO and PRESLEEP TAPES, which are for achieving major personality changes, for reversing feelings of inferiority, inadequacy, failure, and futility -- and for the release of innate powers to learn, to recall, to do, to be, to achieve. Also, as has been demonstrated in the case of Mary Jean, and in many other cases, personalized SELF-HYPNO and PRESLEEP TAPES can rescue psychotics, psychoneurotics, and schizophrenics who are beyond the reach or aid of any other method whatsoever.

The EMBER system is for the treatment of specific localized physical pain, illness, and disease. It is basic to and underlies the structure of the personalized SELF-HYPNO TAPE, hence the EMBER method and SELF-HYPNO TAPES are primary and secondary aspects of an ultramodern electropsychometric healing system.

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CHAPTER VIII

GENESIS OF THE ELECTROPSYCHOMETER

In 1950 I obtained patents on what promised to be a valuable invention--a device to be used in motion-picture theaters to analyze continuously by electronic means the mixture of light frequencies in projection arc lamps, and thereby, through a warning buzzer signal, to enable the motion-picture projectionist to avoid the muddy, brown, or other off-color effects often noted on the motion-picture screen.

Many hundreds of these machines were ordered--then television swept upon the movie field like a hurricane. Business vanished. Orders for the "Arcon Monitor" were cancelled wholesale.

In a very upset state, I went to a psychoanalyst, seeking relief from nervous tensions. Not getting satisfactory results, I next attended a series of lectures being given by a very controversial figure, who several times emphasized that perhaps the major problem of psychotherapy was the difficulty of maintaining the communication of accurate or valid data from the patient to the therapist.

According to the lecturer, the cortically-based analytical awareness level of a human being drops rapidly in

situations of pain and stress, soon going below threshold if the painful event is severe enough to produce "unconsciousness". This word, "unconsciousness", seems to be seriously misleading. A person may faint, may be dazed, or may appear to be unconscious, yet his condition actually involves a relatively minor degree of shut-down on the upper cortical levels. The subject's autonomic nervous system still functions mightily. It continues to direct the operation of the heart and lungs, and of other organs; it continues, in fact, most of the complex functionings involved in the maintenance of a living human organism. One's autonomic or "non-conscious" central nervous system seems to have its own special, if limited, perceptive powers that it uses during and regardless of states of cortical unconsciousness. The perceptions of the central nervous system occurring during periods of unconsciousness of any degree may or may not have the quality of the perceptions of the conscious mind. Nonetheless, perceptions or impingements of the external universe upon the central nervous system during intervals of pain, sleep, or other states of partial or "complete" unconsciousness seem to be able to generate certain electrocolloidal imbalances in nerve-structure areas, the effect of which is AS IF there had occurred an actual "recording" of the painful event. Such psychophysical impingements, if sharp or deep, may seriously affect the individual and later are apt to cause him serious troubles. The worst thing about these troubles is that they seem to be baseless. One just

can't put one's finger on them.

What was needed, then, in psychotherapy, was an instrument that would to some degree "read the mind of the autonomic or central nervous system", disclosing especially painful past events that had impinged upon the central nervous system, or upon the structure of the individual, but which had not been perceived at the time with full consciousness and alertness. OR, events that had been consciously perceived and experienced, but which were so painful that the person had later buried them deeply and then cajoled himself into the illusory notion that he had "forgotten" them.

Examination of psychiatric literature disclosed that there was indeed no "psychic-X-ray" type of instrument in existence. Laboratory equipment supposedly of this nature is of three types: cardiac, respiratory, and psychogalvanic. Cardiac devices undertake to present significant data through recording alterations in heartbeat or blood pressure. Good cardiac instruments accurately indicate data about the organic condition of the heart itself--but the better this instrument is applied the less it indicates about the patient's emotions. Respiratory apparatus seeks to present emotional-response data by registering alterations in the subject's mode of breathing. Psychogalvanometers register variations in electrical ohmic resistance between a pair of clamped skin-contacting electrodes. All of these types of apparatus are costly and cumbersome, and some are painful to

the patient, thereby masking responses by the pain they themselves generate. None seemed to be of use in the field of practical psychotherapy.

Of the three proposed modalities, however, it appeared to me that the psychogalvanometer showed most promise. This instrument functions because of the fact that the average individual has about 300 tiny glands to the square inch in the palms of his hands, insides of thumbs and fingers, and on the soles of the feet--glands that jet saline fluid in an extremely rapid response to the onset of emotional activities in the subject's central nervous system.

The ancient purpose of this fluid-jetting mechanism, according to Woodworth's "Experimental Psychology", is thought to have been to increase the effective adhesion of the hands of primitive man as he grasped at tree branches, and to reduce slippage of his feet on rocks as he ran; in short, to facilitate flight from danger.

Not only primitive man, but primitive animal creatures of every type have and still utilize FLIGHT as the major survival device when confronted by danger. There is evidence which indicates that physio-chemical reaction to danger is an extremely ancient one, antedating the evolution of any form of nervous structure in animals. The highly-developed galvanic skin reaction in man, both primitive and modern, is extremely swift, and is now thought to act not only in co-operation with but, to some extent, IN ADVANCE OF impulses originating within the nervous structure.

The second major survival device of both man and animal when confronted by a threat or danger is to STAND AND FIGHT. This is a higher, and in the time-sense a more recently elaborated, mechanism for surviving. To stand and fight implies an intelligent directive nervous organization to take command of the situation, and some sort of muscularly energized structure with which to do the fighting. This alternative survival device is known as the neuromuscular reflex. It manifests itself, that is, through complex activities of nerves that transmit "commands" to muscle structures. It clenches the fist, it bristles our hair--the latter for the purpose of making us look big, menacing, and dangerous to the enemy.

A vast amount of research on the galvanic skin reaction has been done, seemingly reaching a peak around the opening of the Twentieth Century. The over-all results were disappointing, with reference to the use of a galvanometer to disclose the specific nature of psychic disturbances in patients.

The neuromuscular reflex was also extensively studied, SEPARATELY AND APART from the galvanic reflex--again with, generally speaking, disappointing results. By "disappointing results", I mean that the registrations obtained on the apparatus used were confusing and failed to lead--at that time--to the invention and development of a practical, USEFUL instrument for the office of a practising therapist.

There is hardly any question that the main reason for

the non-arrival of a valuable field instrument at that time --between 1890 and 1910--was simply that one of the essentially required components, the electronic vacuum tube, had not yet been invented. Some heated cathode effects had been discovered, but the momentous invention of the vacuum tube GRID ELEMENT by Dr. Lee DeForest had not yet taken place.

An American tycoon has stated publicly that the rotating wheel is modern man's single major invention. One may hesitate to dispute him. Our entire industrial civilization rests solidly upon rotating equipment of millions of types. However, next in significance, it may be submitted, is the electronic vacuum tube. Upon this fragile and somewhat incredible structure wholly rests our MODERN COMMUNICATION SYSTEMS in all the fields of industry and entertainment. The electronic vacuum tube--that is, in its extremely complex developments--can THINK, REMEMBER, COMPUTE, DIRECT, AND SUPERVISE THE CREATION OF OBJECTS; all in addition to resolving mathematical problems in minutes that would take years and years if done by the best and most highly-trained human brains.

And, in the Electropsychometer, the electronic tube is now made available as a useful, practical tool for the ascertaining of the nature and origin of human psychical disturbances.

The stiffly scientific reader need not be outraged when it is stated that the electronic vacuum tube comes near to being a dependable device for the differential perception of

psychic energies. Electronic tubes swiftly control, transform, and handle the completely UNKNOWN FORCE called "electricity". The recent discoveries of nuclear science disclose more and more that electricity approaches something of a "non-physical" or psychical nature.

The busy medical and scientific researchers of the period of 1890 to 1910 in the fields of the galvanic reflex and the neuromuscular reflex accumulated a vast amount of valuable information through the use of the galvanometer, the dynamometer, the ergograph, and the myograph--but they lacked this one essential part of a useful and reliable field instrument--an electronic vacuum tube system.

Also, as previously noted, these earlier researchers rather rigidly studied the galvanic reflex and the neuromuscular reflex SEPARATELY. In fact, they probably had to do this, for there was no practical apparatus or structure available to them whereby neuromuscular and galvanic skin responses could be registered SIMULTANEOUSLY on a SINGLE INDICATING INSTRUMENT. In the Electropsychometer, all of the vitally required components were somewhat accidentally--as if managed by an unseen hand--placed into a working correlationship. The registrations that are observed when the instrument is used by a competent therapist have a value of the first order.

The instrument, in the hands of the skilled user, sometimes appears to function on a somewhat psychical level; it seems to facilitate the transfer from patient to

therapist of incredibly accurate image-of-the-past event data. And at the hands of most ANY user, skilled or not, it indicates the relative intensities of complex painful chain-reactions originating at the seat of life itself within the central nervous system. By painful chain-reactions, I refer to our elaborate neuro-electrical responses to painful impingements upon us by the external universe. "External universe" includes everything outside our skins. Blows, burns, falls, harsh words, the event of being born are examples of the external universe impinging upon us.

In order to present a bird's-eye view of the progress of scientific thought, I shall digress for a moment. When Copernicus mapped the solar system, he had to keep this data hidden in his desk for 45 years. In those days, "everybody knew" that the earth was flat, that the sky was a massive rigid dome with stars stuck into it, and that the sun was cranked up and down on some sort of massive gearing. Had Copernicus too hastily presented his data, he would have been--as he was in some quarters--denounced as "insane", and might have been burned at the stake, as Galileo nearly was.

Also, in the time of Copernicus, a stone was, as "everybody knew", a cold, dead, motionless, and everlasting thing. What could be more motionless and inert than a chunk of granite?

But now we have developed new viewpoints. We investigate the nature of, or, at least, the effective relationships of molecules, atoms, and electrons. As the field of nuclear

science has rapidly expanded, it has become apparent that even electrons, which were for a time considered to be ultimately small particles of "matter", are probably really something else entirely. The indications are that the universe and everything in it, including, for example, both "cold" granite and living human beings, may be a vast display of powerful electrical and other energy manifestations in enormously rapid motion. Where lines of electrical or other energies intersect appear kinks, knots, or ridges, forming networks. Some of these networks of intersecting forces as visible to, or perceivable by, human beings are called "matter". In short, matter may be the effect of the intersecting actions of two or more free energies. Other energy manifestations, not visible to the eye or to any of the other physical perceptive powers, are perhaps erroneously called non-existent or "imaginary" by the stupid.

Others, with at least a better intuition into the essence of reality, apply the term "spiritual" to these invisible energies. The nuclear scientist may place some of them under such symbols as X-factor or X-prime-cause-factor. The scientist thus calmly avoids sticking his neck out in any direction and at the same time gets for himself some possibly useful mathematical symbols which he may employ in furthering investigations.

Some of these further investigations become fascinating. For example, the major "material" of the universe appears under the electroscope to be hydrogen, the lightest

element, from which all other known elements are presumably built. The vast galaxies of the cosmos, aswirl with motion, are mainly hydrogen. Under certain spirallings, titanic tensions are created that condense hydrogen into heavier elements. The human structure is composed mainly of hydrogen, nitrogen, oxygen, and carbon, and is perhaps a special inspiralled condensation or knot of the same filmy stuff of which the mighty universe with all its suns, planets, and vast plenums is constituted. Furthermore, human beings possibly may be repeating certain actions of cosmic forces. According to Wilhelm Reich--the world's most shocking psychiatrist--man, in his sexual acts and orgasms, may be imitating in a tiny fashion the whirling spirallings and superimpositions of the universe-creating energy forces. Perhaps the sexual act is well come by.

The above abbreviated theoretical remarks avoid just one vital point--BASIC CAUSE. Billions of religious and philosophical words have been strung together in dreary sentences, in vain, arbitrary, arrogant, and psychotic attempts to resolve this question. In this area, some scientists merely venture the postulate that life itself IS the X-prime-cause-factor acting through a vast array of swiftly-moving forces or energies in powerful electronic and other-energy fields.

It might also be postulated that there may be an optimum distribution of the intersecting energy-force lines in a healthy and happy person. But when painful or injurious

external impingements occur, there may be a knotting up of energy-force lines in the distressed area, and a bunching or ridging of force lines in adjacent areas--hence the generation of relatively denser or more "tense" electropsychophysical local fields.

One finds odd connections between the theories of nuclear science and religious and other old literature that suggests an intuitive awareness of the actual situation. Consider the sayings: "My heart is <u>heavy</u>", "My feet are like <u>lead</u>", "I am <u>burdened</u> with sorrow". And the like.

Conversely, there are statements that could symbolize a lightening of the supposedly bunched electropsychophysical fields: "My heart is so light and gay!", "I feel as if I were walking on air", "A great load has been lifted from me", "I feel light as a sea breeze!" And so on.

According to the above theories, painful impingements upon us cause various alterations in our electropsychophysical fields. This generates a variety of chain-reactions. One of these reactions produces the end effect of causing acid-based fluids to be jetted from special glands in the palms of the hands and on the soles of the feet. The jetting of this fluid against the electrodes of the Electropsychometer is just one of three major reasons why the instrument works.

The second instrument-operating factor, usually overlooked, is that the <u>chemical content</u> of the jetted fluid varies somewhat in accordance with one's over-all psycho-

physical condition. The perspiration of deathly ill patients often turned the copper electrodes--formerly used--with a corrosive greenish film. On the other hand, the sweat of a gay and healthy adolescent--tested after sharp physical exercise--produces no such effects. Perspiration discharged as a consequence of pleasant physical activities, including pleasant sex acts, apparently does not cause the registration of low Tone Scale readings on the Electropsychometer.

In studies of animals, it has been noted that various internal fluids undergo alterations in situations of danger --and also that there is a tendency to discharge these fluids in sundry ways. Consider the skunk!

As has been previously stated in these pages, the third major factor utilized in electropsychometry is the neuromuscular reflex. It has been shown many times that tensional nervous reactions generate electrical voltages in the subject's neuromuscular structure. (See the oscillographic illustration in the Addenda.) A shortening or tightening of muscles also occurs, especially in arms, wrists, hands, and fingers--preparatory to fight or flight.

The Electropsychometer, then, through the use of special electrodes and circuits, operates through three combined end effects of mental or physical pain. These effects are: the jetting of fluid; chemical alterations of the fluid; and, thirdly, the tightening of hand and finger grip under the action of the neuromuscular reflex.

These important reflexes have not been previously used

in combination. One wonders why bio-electronics has lagged so far behind in the general field of electronics. Possibly the reason is that the electronic expert is rarely, if ever, a successful psychotherapist, while the physician, with years of training invested in his profession to stand upon, may not be interested in electronics, especially after his college experiences with psychogalvanometry. In short, the average electronics engineer knows little about people, while the doctor cares little about electronics. At any rate, all previous equipment appears to me to be extremely antiquated.

--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 <u>feel</u> 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 <u>relive</u> 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

Model E-AR-400 Electropsychometer

OPERATING INSTRUCTIONS

1: Handle all knobs GENTLY! DO NOT TWIST ANY KNOB HARD against stopping point, or instrument may be seriously damaged.

2: AC on-off switch is on RED KNOB, on lower right hand corner of panel. When starting, first turn on only enough to light up meter panels. Set red knob at about "1." until all following instructions have been observed.

3: FUNCTION SELECTOR SWITCH. This, the master switch, is on large lower CENTRAL knob. Carefully observe lettering on panel above this knob. This control has THREE positions only. White bar on skirt of knob may be placed straight up, or one step to right or one step to left.

The step to right, lettered SURGE METER , on the panel switches in both the surge meter and the tone meter.

To use the audio-signalling section of the instrument, turn function selector knob so that white bar on skirt of knob points STRAIGHT UP toward the lettering "AUDIO."

To use "inverted audio, " turn knob another step clockwise so that white bar on skirt of knob is at "INVERTED AUDIO" position. When master switch is in this position and the instrument is properly adjusted, there will occur a CONTINUOUS audio signal, except when search probe contacts a relatively unfavorable area, whereupon the signal drops out or ceases. This mode of using the instrument is not much used, so far, but it is available.

4: TONE SCALE SELECTOR SWITCH: This is large lower left-hand control, and is so marked. The letters "D" "C" "B" etc at the selector switch corresponds to the same letters "D" "C" "B" etc, on the scales of the TONE meter up on the sloping part of front panel.

When first using instrument at a new location, it is necessary to calibrate this meter. To calibrate;

Rotate TONE SELECTOR control so that white bar on knob skirt is at "C" position. Press pushbutton which is just above the tone selector control. While holding the button down, rotate the small black knob next to the push-button, which is marked TONE NEEDLE RESET, turning until the needle of the tone meter reads at about 2.3 on the "C" scale of the meter. This calibration must be made with NO ONE HOLDING THE HAND ELECTRODE.

5: AFTER calibrating as instructed in preceding paragraph, the therapist may have patient take up the hand electrode. Most patients will be found to read on the "C" scale, that is with TONE SELECTOR SWITCH at the "C" position. If a patient does not; that is, if needle remains at end of scale, at the right or left, rotate the tone scale selector knob to the "B" or "D" position, as required. For interpretation of tone meter readings please refer to the tone scale chart herewith, and to the manual ELECTROPSYCHOMETR

-- TO USE SURGE METER --

6: After having proceeded as above, turn up lower right-hand RED knob marked OUTPUT SENSITIVITY to about "3" Push down for several seconds on pushbutton up on sloping panel between meters, marked SURGE DISCHARGER. Then bring needle of surge meter into the black arc area of the meter scale by slowly rotating the chromed-end knob marked SURGE NEEDLE SET. This surge-needle resetting or rezeroing control is just below the "M" emblem up on sloping panel. Turn slowly.

7: Use the SURGE DISCHARGER pushbutton frequently while getting patient settled on instrument. Once a consultation is well started it may not be necessary to make much use of the surge discharger button, but it must be pressed several times, usually when first starting. This brings the surge needle back into black arc promptly after mechanical surges caused by handling the hand electrode consciously, or when changing from one hand to the other, or when moving about on the couch, and the like.

8: IMPORTANT: Have patient squeeze hard and relax on electrode eight or ten times. This reduces conscious interest in the electrode. See added instructions herein Page 4

9: DO NOT ALLOW PATIENT TO CLASP BOTH HANDS OVER ELECTRODE. Do not let patient tap on electrode with thumb or fingers.

10: Normal working levels of surge meter controls: OUTPUT SENSITIVITY (Red Knob) between 2 and 4. INPUT SENSITIVITY (small black knob directly over red knob) set at about "5" THIS CONTROL IS VERY SELDOM USED; generally left midway at about "5." May be advanced only if a patient will not respond with lower RED KNOB turned full on at 11. This is extremely rare; may indicate a condition of extreme armoring or barrier-development; or might indicate a physical condition of multiple sclerosis.

-- TO USE AUDIO REGISTRATION CIRCUIT --

11: Insert input terminal of red probe cord into chassis on rear of instrument.

12: Turn function selector switch (Large lower central knob) so that white bar on skirt of knob points STRAIGHT UP toward the word "AUDIO" . . . on panel directly above this control.

13: Note that there are two chromed-end knobs immediately above the central function-selector knob. One of these is marked "OSCILLATOR CUT-OFF" and the other is marked "AUDIO VOLUME."

Rotate the knob marked OSCILLATOR CUT-OFF counterclockwise until an audio signal is heard. Then turn this knob back CLOCKWISE, until the audio signal barely ceases. This is the correct and ONLY operating point for this control---on the CLOCKWISE "fringe" of the signal---that is, slightly clockwise, just off the point of signal.

Adjust the adjacent chromed-end knob marked "VOLUME CONTROL" to desired degree of loudness of signal. Degree of loudness used has no relation to sensitivity of operation.

14: Have patient take up hand electrode. Apply search probe ---to bare skin only. Adjust to best response effect by rotating large lower right hand knob marked AUDIO SENSITIVITY.

If no signal can be found, with AUDIO SENSITIVITY control turned fully on to "11" then transfer the small snap switch just above the AUDIO SENSITIVITY KNOB from "LOW" to "HIGH." This sometimes causes a signal to start, whether probe is in contact with patient or not. This is beyond working range, and so the AUDIO SENSITIVITY control must now be turned back counter-clockwise.

15: THE BASIC RULE IS: If search probe signals too freely, turn AUDIO SENSITIVITY control back toward a lower setting, and or move snap switch above AUDIO SENSITIVITY control back from "HIGH" to "LOW." On the other hand, if no signal can be found, move AUDIO SENSITIVITY control clockwise, move snap switch to "HIGH." Adjust so that only major areas are picked up and minor areas are dropped out.

16: Improvement in an area cannot usually be indicated by a drop out of signal immediately after an osteopathic or chiropractic type of adjustment---that is not for at least twenty minutes or preferably at the NEXT appointment, since associated muscular inflammation does not immediately subside even though the treatment applied is to be successful.

IMPORTANT! If chromed-end knob marked "OSCILLATOR CUT-OFF" is turned to left, counter-clockwise, beyond signalling point, instrument will not operate at all. If this knob is turned too far clockwise, that is too far "away from the signal," instrument will generate a bad, spluttery signal and will not operate properly.

KEEP LOWER RIGHT HAND RED KNOB TURNED DOWN AT ABOUT "1" WHEN ADJUSTING ANY OTHER CONTROLS OR AT ALL TIMES WHEN NOT ACTUALLY WORKING ON PATIENT. THIS PROTECTS THE SENSITIVE SURGE METER.

Condensed Report of Results of
ELECTROPSYCHOMETRIC ANALYSIS by VOLNEY G. MATHISON
of Five Cases at Doctors' Class
Hotel Biltmore, Atlanta, Georgia, December 29 to 31, 1954

1. An attractive girl released from the stranglehold of a father, who after losing his wife, had, in a psychic sense at least, proceeded to make a virtual wife of his daughter, with the consequence that it was impossible for her to live a happy, normal life. The case resolved with apparently complete insight or awareness, at least for her if not for her father. (Time: father 2 hours; daughter 20 minutes.)

2. A pleasant and likable doctor brought out of a mild degree of psychosis generated over a long period as a consequence of his very short physical stature. Had been living in a state of severe psychic stress in his endeavors to maintain a "big" but wholly false front. This struggle included membership in costly country clubs where he had lost thousands of dollars on golf wagers in vain efforts to pose as a "big shot". He even eventually lost his home as a result of this type of wagering. This man was living under a powerful compulsion to make a big impression on everyone he met; yet all this was unnecessary and self-defeating as he was in reality, when his normal relaxed self, an extremely likable chap. Electropsychometric analysis shows a long series of psychic traumas, all somewhat minor but cumulative. Apparently the case gained rapidly a high degree of insight in analysis; declared he was junking his country club membership and asked me to order for him Korzybski's "Science and Sanity", which he has agreed to read through three times, at his leisure, and then make his impressive front by being able to discourse on the subject matter of that book. (2 hours.)

3. A very dramatic case. A wealthy and successful doctor, one of the largest practitioners of his type in America, married to a lovely woman; has three children, a beautiful home, but in the midst of a tragically inexplicable crisis; his major problem: a tormenting fear that his wife did not sufficiently love him; he seemed to demand that she devote every waking minute to him; became furious, and disturbed at every seeming failure on her part to do this.

The basic cause, rapidly disclosed in Electropsychometric analysis: The doctor's mother is an extremely positive, domineering, and strong-willed creature who had desperately opposed and fought her son's marriage; she wanted the boy wholly for herself. Defeated by an equally strong-willed son, she lives in a state of unrelenting hatred for the girl, and finally, it would seem, at least, that through psychic factors she established a personality-transference-like situation whereby she caused her son to act toward his wife AS SHE, THE MOTHER, WOULD LIKE TO ACT, thereby causing him to inflict intolerable mental cruelties upon a wholly lovable and lovely girl. It seemed that adequate insight was gained through the analysis; at any rate, a drastic alteration took place in the patient's demeanor and his wife later reported: "It's magical--he acts like an entirely different person. He's just as he used to be when we were first married. It's like a second honeymoon!" (Time: husband 2 hours; wife 3 hours.)

4. This case, from the standpoint of results of analysis, was a failure. The patient was formerly a top-flight research engineer, champion motor car racer, and a very high-drive and wealthy entrepreneur, now suffering from partial paralysis of the legs and violent indigestion; all the symptoms being judged, on the basis of the most extensive previous medical examinations, as being 100 per cent psychogenic. My personal evaluation of the case is that the patient's "subconscious mind" (whatever that may be) is desperately preventing him from further activity. No major improvement immediately observed as a result of analysis. This engineer, an intimate friend of the Wright Brothers, inventor of the airplane, did, however, transmit to me certain technical-research data that I consider invaluable in relation to my own work. Hence the time was well spent, even though the session did not seem to aid the patient as far as conscious awareness is concerned. My main "communication channel" seemed to be limited to contact with subconscious areas.

Condensed Report of Results of ELECTROPSYCHOMETRIC ANALYSIS by VOLNEY G. MATHISON of Five Cases at Doctors' Class Hotel Biltmore, Atlanta, Georgia, December 29 to 31, 1954

5. The "Big" case at Atlanta. Electropsychometrically monitored analysis and resolution of a syndrome based on a major psychic trauma. Accomplished in two hours by Volney G. Mathison on a dual projection type of Electropsychometric installation before 150 attending doctors.

A young man suffering from a multiplicity of distressing symptoms. The worst and major one, however, was a recurrent sensation of being unable to breathe, a severe I-am-being-smothered-by-someone phobia.

This case, on being put on the Electropsychometer for analysis before the class, promptly and easily went into a considerable degree of hypnotic trance, with excellent and vivid recalls of past traumatic events. In less than ten minutes, the basic nature of the major trauma (the smother phobia) had been pinpointed on the SURGE meter. Or, rather, a series of four basically similar and related psychic traumas were revealed by the meter surges. The first one was at twelve years of age, involving surgery and the use of ether (an appendectomy). The second one was at nine years of age, also involving minor surgery and ether (adenoids scraped). The third one was at five years of age, again involving surgery and ether. (Tonsillectomy).

The patient was asked if there were any earlier similar events in his case. He replied that he was unable to recall any, but both the SURGE and TONE meters registered further drops on the projection screen. In fact, during the whole preliminary period of the analysis, the TONE meter kept going to lower readings, indicating that the Freudian principle of getting a recall up into conscious awareness of the EARLIEST related psychic trauma had not yet been accomplished.

The patient was therefore "counted down" (See "TECHNIQUES" in the manual "ELECTROPSYCHOMETRY") through the age of five, four, three, two, one year. The trance state seemed to deepen and at "birth", the ELECTROPSYCHOMETRIC TONE METER DROPPED TO A READING OF ABOUT 0.3! For some time, the patient could make no recalls--not even "fantasies involving the birth trauma. The procedure here, in brief, was to ask the patient to "make up images showing any kind of painful and dangerous situation in relation to your own birth. Let the situation be as fantastic and as unreal as you please. Just make up something, involving ETHER."

The patient at length "fantasied" the following sequence: Mother walking in a meadow; a black-and-white Holstein cow had just given birth to a calf and was "chewing on something like a string between her and the calf." Cow espies the woman, attacks; the mother screams wildly, leaps over a fence. Premature birth of infant begins somewhat later, perceptions of ether, of breathing, of being PUSHED BACK IN, of being violently seized by the head, of breathing again. Doctor's voice, persistent smell of ether, and other unidentifiable substances.

The climax of the electropsychometric demonstration occurred unexpectedly when the mother, as I was wholly unaware, was seated in the audience, came to the microphone and disclosed that the "fantasy" of the attack by the cow was substantially correct, that the recalls in analysis were, in fact, in some respects ALMOST PRECISELY AS BROUGHT UP DURING THE DEMONSTRATION. THAT SHE WAS ATTACKED BY A BLACK-AND-WHITE HOLSTEIN COW THAT HAD JUST GIVEN BIRTH TO A CALF, THAT SHE ESCAPED BY JUMPING OVER A FENCE, THAT THE BABY WAS SOMEWHAT PREMATURELY BORN SEVERAL HOURS LATER, THAT IT BEGAN EMERGING WITH THE LEFT SIDE OF THE HEAD PROTRUDING FIRST AND WAS FORCED BACK BY THE ATTENDING PHYSICIAN, REPOSITIONED, AND THEN WITHDRAWN WITH FORCEPS. Ether was administered to the mother.

The patient apparently obtained adequate conscious awareness and insight through the use of the fourth technique described in the manual (Refer to "FIVE Successful Basic Techniques of Psychotherapy, as Known in 1955" for details.) The symbolical, or key, words employed were: COW, SCREAMS, OUT, ETHER, PUSHED BACK, SMOTHER, BREATHE AGAIN, TONSILS, ADENOIDS, APPENDIX.

The mother states that the details of this prenatal event had never been related by her to her son; that in fact she had completely forgotten some of the more painful parts of the experience. Whether she had previously related something of the incident to the patient is of course open to debate, or at any rate can hardly be definitely established one way or the other.

Nonetheless, the major purpose of the demonstration was achieved: to show that MAJOR PSYCHIC TRAUMAS CAN BE PINPOINTED QUICKLY by Electropsychometric techniques--sometimes in a few minutes--and that the modernized Freudian-based techniques recommended and taught with Electropsychometry may be effective.

ELECTROPSYCHOMETRIC CASE ASSESSMENT *

Technique for reducing conscious awareness of hand electrode

The therapist who is using an electropsychometer for the first time will observe that meter registrations can be affected by purposely squeezing on the hand electrode.

From the standpoint of case assessment or monitoring of therapy, this is a transient effect. The registration of the patient's mode of gripping the electrode, as SUSTAINED OVER A PERIOD OF TIME, that is, for a period longer than two or three minutes, is the significant mode, and the only one to be considered.

Superior results are obtained when the patient's conscious awareness that he is holding the electrode has been reduced as much as possible. The best technique for doing this, so far evolved, is presented, by way of example, in the form of an actual address to a patient:

"Please hold this electrode in whichever hand you prefer. Squeeze as hard as you can on it. Relax. Squeeze again. Relax. (Repeat at least six times.)

* * * * * * * * *

The following additional technique has been found very useful, especially if the patient is restless and has a tendency to keep moving the electrode about or to finger it nervously.

"Examine the electrode. Look it over. Take hold of it again. Squeeze it. Become aware of the feel of the metal surfaces. Imagine that this metal is becoming warm. Hot. Very hot. Now, imagine it is cooling back to normal.

"Imagine it is becoming cold. Icy cold. Return to normal. Imagine it is becoming small. Return it to normal. Imagine it is becoming large. Return it to normal. That is is becoming heavy. Very heavy. Return to normal." (Creating an illusion of being able to vary weight is to be emphasized; it is the key item.)

"Now, let us see if you and I can come to a very specific agreement. This agreement is that you can imagine that this electrode does not really exist. That it is just an illusion of weight and mass. Nuclear science finds that all matter is to some degree an illusion of weight and mass. So, in a moment, we are going to have you imagine that the electrode is again getting extremely heavy. Then you are to MAKE YOUR OWN DECISION that you can cause it to feel lighter and lighter and less real, until you reach the illusion that it has no weight or mass. By your own decision, you can become unaware that you have the electrode in your hand, though you will always know subconsciously that it is there.

(Having obtained the above agreement, or something similar) "All right. Just make yourself comfortable. Place your hand in a restful position." (Do not let patient hold electrode up in some awkward elevated fashion.) "You are not at any time to hold the electrode with both hands. Place your free hand by your side, well away from the electrode." (If patient persists in tending to seize the electrode with both hands, place a light towel over hand with electrode.)

"Now we're ready. Imagine again that the electrode is growing heavy. Heavier. Heavier. Very heavy. Still heavier. Now slowly let it become less heavy. It's not heavy any more. Make it lighter and lighter. Let your subconscious mind now take over holding the electrode. Bring into action your own decision not to be aware of the electrode until we end this session. You will not tap on it with your thumb or fingers. You will not move it around. You are no longer interested in it. You don't care what happens to it."

* * * * * * * *

The efficacy of the above technique varies. Some patients will become completely unaware of the electrode. All seem, to some degree, to become less conscious of it than before. If the above procedure does not work the first time it is tried, repeat it.

Technique for reducing interrogation anxiety.

As soon as conscious concern about the electrode has been reduced, the next essential procedure is to check for "interrogation anxiety." In many cases, there is an excess of anxiety about being asked questions. This is manifested by the surge-meter needle registering sharply in response to every question asked. The surges are as violent on mild, impersonal queries as on personal questions. The standard test question to be used is:

HOW DO YOU FEEL ABOUT BEING ASKED QUESTIONS?

Sharp needle response discloses that there is over-anxiety in this area. This must be reduced. To do this, simply induce the patient to talk freely about the most easily recalled past situations wherein he was painfully quizzed by some person. Try to pick up only major situations. The sharpest ones are apt to involve MOTHER, TEACHERS, POLICE, etc. The most typical are mother's "Where have you been? Whom were you with? What did you do? Did you hide it? Who broke it? did you steal it? What have you and that girl been doing? etc.

Have the patient talk some of these things out before making a general assessment of the case. Sometimes the reduction of interrogation anxiety will of itself present the therapist with clues concerning certain psychic traumas in the case.

--- Volney G Mathison

MATHISON ELECTROPSYCHOMETERS *

U.S.Patent 2684670 July 27 1954

TONE METER RECALIBRATING INSTRUCTIONS

MODEL E-400-A & MODEL E-AR-400

IMPORTANT NOTICE TO ALL USERS

Before using instrument for the first time, and occasionally thereafter, make the following "OFFICE CALIBRATION TEST." This aligns all scales:

Set TONE SCALE SELECTOR switch, the large control knob at lower left on the front panel) at the "D" position,fully turned to the right.

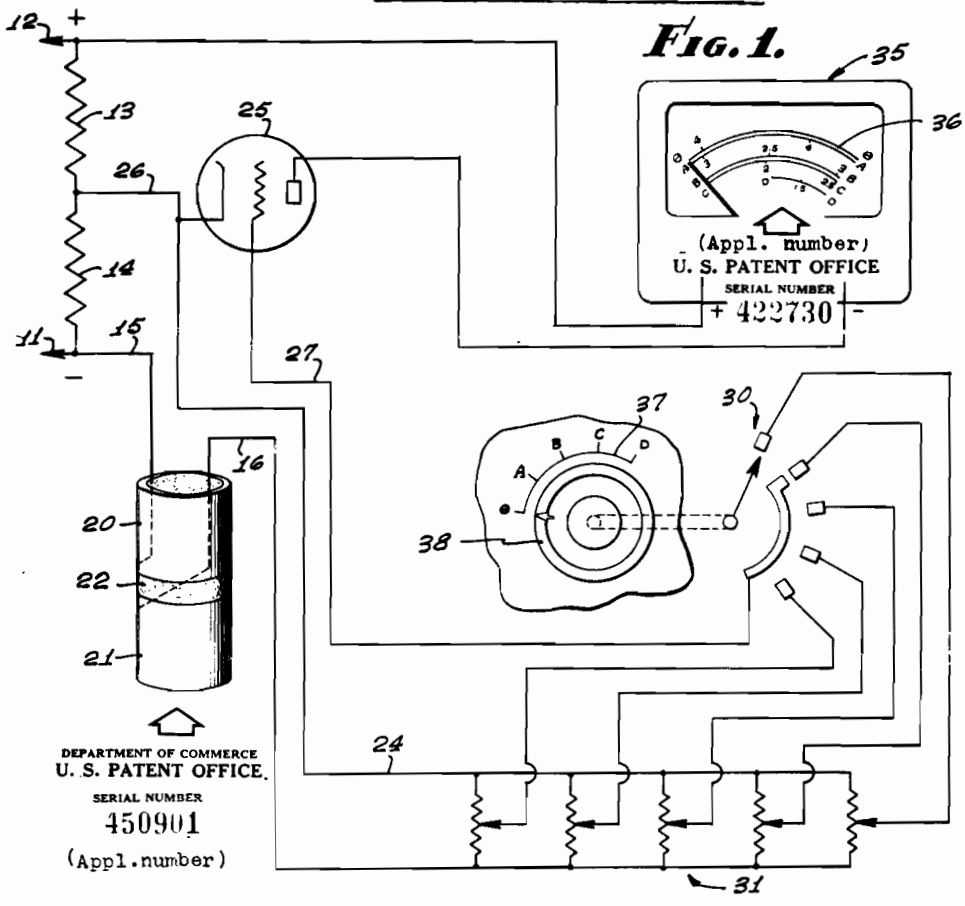
2: Push in on pushbutton just above the TONE SELECTOR switch. Slowly turn rotatable knob back on REAR of chassis of instrument, until needle of the TONE meter reads a full "2" on the "D" scale. MAKE THIS ADJUSTMENT WITHOUT patient holding hand electrodes.This adjustment aligns all scales.

TONE METER CIRCUIT DATA

Fig.1 shows the circuit connections of the tone meter section only of the instrument. Values are as follows, with reference to the numerals on diagrams;

Numeral 13, 27k 14, 560 ohms. 36 is a bank of five 500k potentiometers. 30 is a 5-contact switch. 25, a 6SF5 tube. Normal voltage between terminals 11 & 12, approx. 100 volts. Conductors 15 & 16 in patient electrode cord go through plug-socket prongs #s 7 & 8 for one conductor, and prongs 1 & 2 for the other conductor with reference to plug socket on rear of chassis. Rotary "office calibrating check" control on rear of chassis is a 10k pot.

FIG. 1.



"OFFICE CALIBRATION TEST" CONTROL

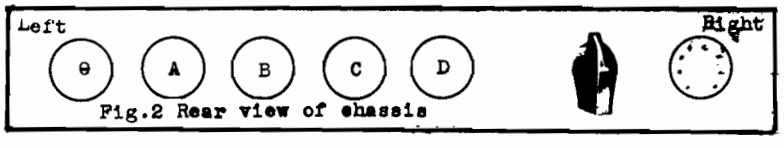


Fig.2 Rear view of chassis

COMPLETE RECALIBRATING PROCEDURE

Refer to Fig. 2 The round circles are the ends of the shafts of the potentiometers that control the readings on the five scales of the TONE meter. Each circle in Fig. 2 bears the symbol of the corresponding scale of the TONE meter that it controls.

Calibration is effected with a simple kit consisting of a dummy plug with two short white cords terminating in small "alligator-nosed" clips; and a set of four resistors, which are to be inserted one after the other into these dummy plug clips in the order that follows:

1: Set the rotary knob on rear of chassis,referred to above as the "office calibration check control" to about midway in its arc of rotation. This is, usually, with the point of the knob turned straight upward. Set it so that it can be turned about the same distance in either direction. THEN DO NOT MOVE IT WHILE RECALIBRATING AS INSTRUCTED BELOW.

2: Remove patient electrode cord plug and insert dummy plug with the short wires and clips. Turn on instrument and warm it up four minutes.

3: Put a 22k resistor in the clips (COLORS ON BODY OF RESISTOR ARE RED, RED, ORANGE, SILVER .) Put wire on one end of the resistor in one clip, put wire at opposite end of resistor in other clip. With a screwdriver or pliers, break duco seal on "D" pot shaft (See Fig.2) and gently

seal on "D" pot shaft (See Fig. 2) and gently turn until needle of TONE meter reads at a full "2" on scale "D."

4: SHIFT SELECTOR SWITCH TO "C" POSITION. Insert 56k resistor (GREEN, BLUE, ORANGE, SILVER) in dummy-plug clips. Adjust shaft of the C" pot until TONE meter needle reads 2.5 on the C" scale.

5: SHIFT SELECTOR SWITCH TO "B" SCALE. Using the same 56k resistor as above for "C" scale,adjust the "B" shaft pot until the needle reads at 2.5 on the "B" scale.

6: SHIFT SELECTOR SWITCH TO "A" SCALE. Insert 100k resistor (BROWN,BLACK,YELLOW, BROWN, SILVER) in dummy-plug clips. Adjust shaft of "A" pot until TONE needle reads at about 3 or a bit less on the "A" scale.

7: SHIFT SELECTOR SWITCH TO "Θ" SCALE. Insert 330-k resistor (BROWN, ORANGE, BROWN, ORANGE, YELLOW, BROWN, SILVER) in plug clips. Adjust shaft of "Θ" pot until needle is at about 4.5 to 4.7 on "Θ" scale. This scale is rarely, if ever used. It may have a future use.

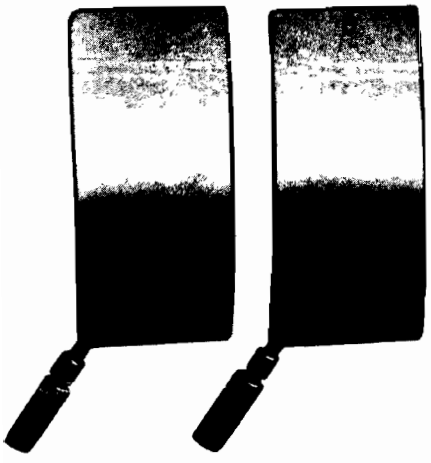
IMPORTANT! Be careful, when recalibrating, that TONE selector switch is always set at the correct position to match the value of the resistor in the plug clips, and that you are reading on the CORRECT SCALE of the meter. A frequent mistake is to forget to transfer TONE switch as each resistor is changed, in dummy plug clips.

When finished, resement pot shafts with two or three drops of ordinary clear duco cement (may be obtained at any hardware store.)

(Circuit as shown in Fig. 1 is NOT complete; it is published for recalibrating purposes only)

MATHISON ELECTROPSYCHOMETERS

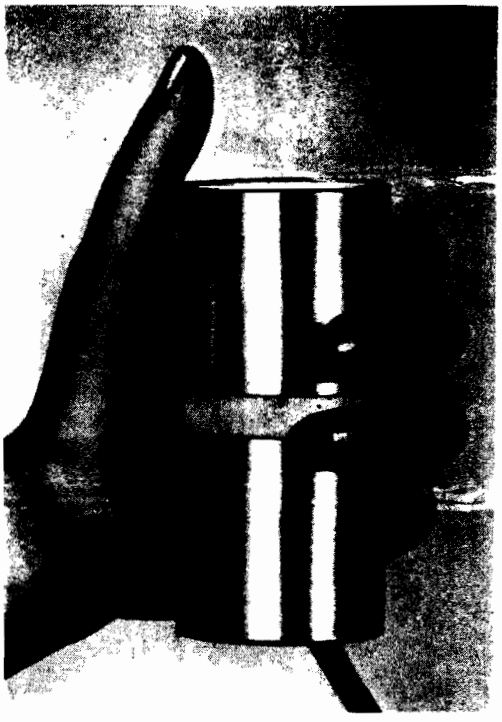
Electrodes used with the
Mathison Electropsychometer



MATHISON DUAL CONCENTRIC HAND ELECTRODE.

Lathe-turned duraluminum electrode, complete with cord and plug. Registers simultaneously both galvanic skin reaction and neuromuscular reflexes.

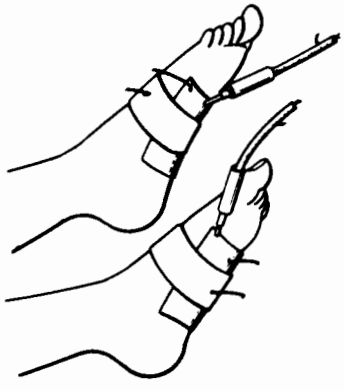
(U.S.Patent appl. number 450901)



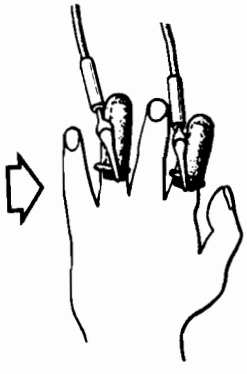
MATHISON INSTEP ELECTRODES

Illustration shows stainless steel convex contacting plates. Furnished complete with cord, insert plug, and Scholl elastic arch straps.

Photo below shows mode of use.



Stainless steel finger - spring electrodes. Can be supplied on order.



Search probe electrode. For detecting subluxations and the like. Usable only with Model AR-5 and E-AR-400 type instruments. Supplied complete with cord and insert plug.

Mathison-licensed

ELECTROPSYCHOMETERS

PATENT NOTICE: This instrument is manufactured by International Equipment Trust under one or more of 73 patent claims, pending or granted, assigned by Volney G. Mathison to M. N. Warkentin and or Arcon Investment Co., licensors.

PRICE LIST

NOTE: The Model E-400-A is the preferred instrument for the PSYCHOLOGIST, THE ANALYST, THE PSYCHOTHERAPIST. It is used for every type of psychical examination or for EMOTIONAL REFLEX RESPONSE testing.

The Model E-AR-400 contains all the components of the E-400-A PLUS a complete seven-tube probe circuit and search probe for locating areas of hyperemia and conditions of subluxation, impingement, and the like. HENCE IT CAN BE USED AT ONCE, WITHOUT SPECIAL TRAINING, BY THE PROFESSIONAL CHIROPRACTER, OR NEUROLOGIST.

MODEL E-400-A--The standard automatic instrument for electropsychometric assessment, and for ANY psychotherapeutic procedures Price, complete with Operating Instructions and 2-volume Manual "Electropsychometry" $248.50
Width 14"; depth front to back 8"; height overall 10"; weight 18 lbs., shipping weight 30 lbs., foreign 60 lbs.

MODEL E-AR-400--Two complete instruments in one. Contains the automatic-electropsychometer components of the Model E-400-A plus the circuit and components of the Model AR-5. For exploratory probe tests for areas of hyperemia and conditions of subluxations or the like. Price, with Manual "Electropsychometry". $385.00
Width 14"; depth 12"; height 11"; wt. 28 lbs.; shipping wt. 45 lbs., foreign 85 lbs.

DELUXE MODEL of E-AR-400--Same as standard model but with larger, chrome-trimmed cabinet, and compartment for hand electrode and probe. Price, complete with Manual "Electropsychometry" . . $425.00
Dimensions 18" long, 14" deep, 10" high; weight 37 lbs.; shipping weight 55 lbs.

MODEL HM-4--The current model of the world-famous original hand-set Mathison Electropsychometer. (For dimensions refer to illustrated descriptive pages.) $125.00

Mathison Minimeter--Not an Electropsychometer, but a high-quality usable device. Less Manual . . . . . $ 35.00

BOOKS and ACCESSORIES

Manual "Electropsychometry". Two volumes. Both, postpaid . . $ 3.75

CREATIVE IMAGE THERAPY, postpaid . . . . . $ 2.00

Dual-concentric Hand Electrode . . . . . $ 6.00

Instep Electrode Kit, complete with elastic straps . . . . . $ 5.00

Finger-spring Electrode Kit (stainless steel) . . . . . $ 5.00

It has been observed that the general nervous tone of a patient receiving any type of mental therapy is usually in a state of rapid fluctuation from moment to moment. The relative values of these continuously varying emotional stresses registering in the nervous structure of the patient is followed rapidly by the indicating needle of the Mathison electropsychometer.

The electrical pick-up from the patient is made through flexible cords and electrodes which are held by the patient in a relaxed manner, as he lies on the couch. This arrangement is similar to that used with psychogalvanometers. The responses of the Mathison instrument, however, are remarkably faster, sharper, and more informative than any previously obtainable with any instrument sold at anything like a comparative price.

When data that restimulates even a slight degree of nervous tension is spoken aloud or only **mentally contacted** by the patient without spoken words, a rapid surge of the indicating instrument occurs. Recalls causing relatively high tension register with correspondingly strong surges of the indicator.

The absolute nervous tone readings indicated by the electropsychometer are of variable degrees of validity; but the **relative** values of the tone level, as shown during successive time intervals are of great significance

The instrument discloses tensions associated with past incidents in the case. Very often it registers high tensions associated with words or statements that the patient will smilingly insist are of no importance whatever.

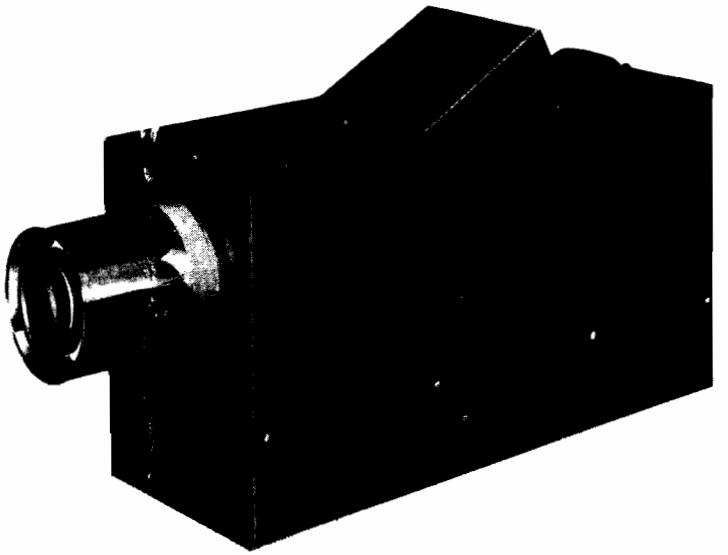
It has been found repeatedly that an entrance into important aspects of a case may be obtained with the electropsychometer that would otherwise have been avoided or misrepresented by the patient.

In the standard Model B instrument shown on Page 1 tensional surges are observed directly on a 4½ inch indicating meter scale.

The special projection-type instrument illustrated at upper right has a transparent meter-scale; and the scale and pointer are mounted in a light-beam in series with a system of lenses, so that an enlarged image of the indicating scale may be projected onto a screen. Meter images up to 7 feet or more in length may be projected. This results in tremendous effective sensitivity with high stability and complete freedom from technical adjustments.

Model A Projection-type
Electropsychometer

For clinics, schools, lecture use, and for private use by the psychoanalyst or mental therapist who can afford the higher cost of this model. An outstanding application is for the rapid examination and screening of industrial employees.



Features of all
Mathison Electropsychometers:

1. HIGH SENSITIVTY
2. VERY RELIABLE
3. ACCURACY OF FUNCTION:
The instrument usually registers REVERSED RESPONSES to "games" or deliberately invented or false data.
4. LOW COST. Results are superior to any obtainable with instruments sold at higher prices.
5. EASY TO USE: No difficult or delicate adjustments. Detailed operating instructions furnished with every instrument.

Reprinted from the "American Naturopath" Feb. 1955

ELECTROPSYCHOMETRY

A new, more effective and faster Psychotherapy

By MARK L. GALLERT,

FREUD'S most valuable contribution to psychotherapy was not his emphasis on sex, but rather the fundamental principle: that memories of past painful experiences are repressed and driven down into the subconscious, and then induce problems, symptoms and adverse physical and mental conditions in later life. This principle is basic to a workable psychotherapy. The resulting deviations from optimum condition—both physical and mental—can be designated by the single word—aberration. The problem of the psychotherapist is simply — How can aberrations be most easily and quickly cleared away? Psychoanalytic, psychiatric and psychological procedures are lengthy and slow, in their attempts to recall and discharge past painful memories that lie behind the patient's aberrations.

New concept and research have led to the developments of techniques that are far faster, more precise and effective. This new field is termed electropsychometry. A few of its basic principles are:

1. That memories of past painful experiences are stored in the person by means of electronic energy patterns, which represent distortions of normal energy patterns. The greater the number and severity of these distortions, the more aberrated is the person.

2. By the use of certain new techniques of mental visualization, the electronic energy bound up in those distorted energy patterns can be discharged and the discharge noted on the meter of a simple and inexpensive instrument termed the electrospychometer.

3. As those electronic energies are discharged, the physical and mental aberrations which resulted from the repressed memories of past painful experiences disappear with a rapidity hitherto unknown in psychotherapy.

4. New concepts have clarified the relationships between past painful experiences and present aberrative symptoms, so that the Electropsychometrist, by observing the patient and referring to these concepts, can deduce the type of painful situation that produced the patient's present aberrations and can therefore select the most appropriate type of visualization technique to suggest to the patient, for effective and thorough discharge or catharsis.

Applied knowledge and deduction by the Electropsychometrist thus replaces the previous slow process of inducing the patient to recall his forgotten past.

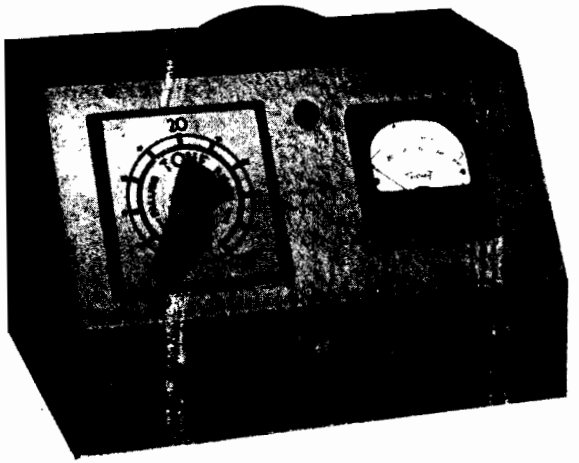
5. The mental visualization techniques, when properly selected and applied, reach the subconscious level and cause discharge of aberrative energies even though conscious recall is not obtained by the patient. Furthermore, some of these techniques discharge past accumulated pain concerning whole groups or categories of incidents, eliminating the previous necessity of going over them one by one. In other words, psychotherapy can now function on a "wholesale" rather than just a "retail" basis—another reason why the results have been speeded up, to the point where 10 to 30 hours now can accomplish what formerly required 50 to 200 hours or more.

6. Application of the remedial techniques is greatly aided by the use, during therapy, of the electropsychometer. This helpful instrument discloses constantly and instantly, whether a discharge of aberrative energies is taking place, and also discloses the speed of discharge. Thus the Electropsychometrist knows at all times exactly what is being accomplished, in contrast to past procedure where the psychotherapist had to wait for weeks or months before learning what effect the therapy would produce. With the Electropsychometer's guidance, techniques can be rapidly taken up and laid aside, until the one is found which produces maximum discharge for the patient at that particular time. Thus the Electropsychometer takes the guess-work out of psychotherapy and makes it possible to utilize the patient's and therapist's time to maximum advantage.

This technology for the elimination of the psychosomatic component of illness, is a "natural" for drugless Doctors, for Electropsychometry has proven that mental, emotional and temperamental disorders have an important factor in common with findings of the drugless schools for physical disorders. By adjustments and manual manipulations you are able to normalize the *physical energy flow* in the body as represented by nerve currents. With Electropsychometric research, it has been discovered that subconscious memories of past traumatic incidents are perpetuated in the person by recordings on the energy patterns of the cells, and it is these recordings, or distortion of energy patterns, which maintain and perpetuate psychosomatic difficulties. Further, that by dissipating the energy involved in those recordings, the traces left by painful past events no longer can distort the personality.

☆ ☆

Model C Electropsychometer



This model has a 3-inch scale and is recommended for students only. A usable and practical instrument, suitable for occasional work, and for the study of mental therapies, especially those of the Korzybski semantic types.

WARRANTY: Meter-analyzer movement is not warranted against burn-out caused by tampering with seals, or by misuse of instrument. Every instrument is otherwise guaranteed for one year against failures due to defective materials or workmanship.

All instruments are shipped complete with cords and electrodes. All operate on 110 AC current. Where no current source available, a battery-operated powerizer may be used. Prices on application.

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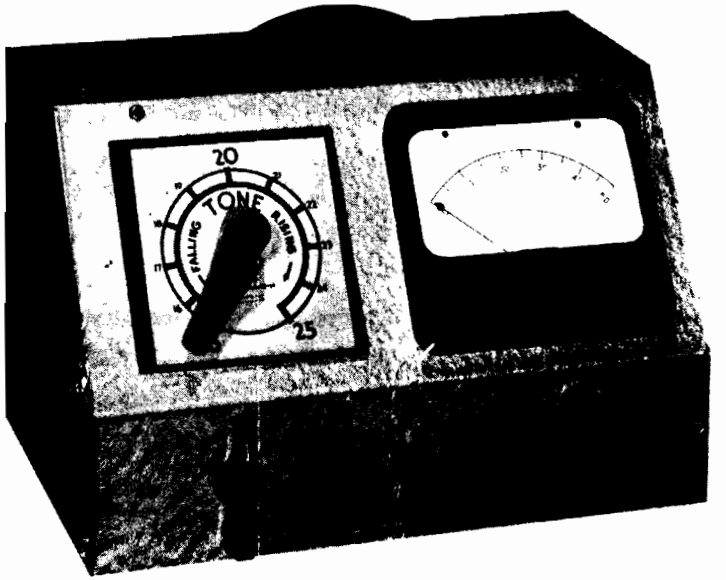

Model B Portable
Professional Model

The Mathison Electropsychometer visually indicates the relatively va ing degrees of nervous tension being experienced by a patient who is undergoi any kind of mental examination or mental therapeutic treatment.

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A group of students receiving electropsychometric instruction. Many more registered electropsychometrists are needed.

through interfering with your rest. Research indicates there may be little of value in all-night "sleep therapy" systems.

WHERE IS MY NEAREST ELECTROPSYCHOMETRIST ?

A large and steadily increasing group of electropsychometrists are registered on our index. We supply the name of the nearest APPROVED operator on request. You may obtain this by writing to either the Institute of Self-Hypnosis or to Mathison Electropsychometers, or by telephoning Los Angeles REpublic 2-5024 at any hour of the day or night.

A registered electropsychometrist, as has been already stated, is a person who has the necessary electronic equipment and who is able to administer the 68 questions of the Mathison Electropsychometric Chart. This is a straight-