

### III. UNIVERSE OF WORK

As you can see from the following graphs, we have studied diverse parameters in our patients, above all to be able to establish a relation between age, nationality, cultural and socio-economic levels, as well as religion and ideology, and the pathology of each person.. It was especially interesting that we could expect to observe entirely different reactions to the same stimuli from, for example, an adult Mexican of low socio-cultural status and from a young Canadian or North American student.

It is notable that among the sessioning patients the vast majority fall into the category of character neurosis and that the next largest group is drug addiction. We have called the third category "problems of a sexual nature" and have included here patients who obviously could have been included in the first category of character neurosis, but due to the fact that they present a symptomatology with special characteristics of a sexual nature (primarily homosexuality, but also of other types) we found it more useful to create a distinct category.

Regarding the duration of each patient's treatment you will note the first two categories of "Regular" and "Irregular". We refer here to the patients who either follow or fail to follow the schedule of monthly and annual periodicity mentioned and described in Part II of this work. As we can see in the corresponding table the "Irregular" patients constitute less than 16% of the total. Both "Regular and "Irregular" patients

are of course still under treatment. In addition we define another category, "In treatment," for those patients who have been with us for less than a year and therefore are not yet included in the computation of results.

The category "Suspension of sessions" involves two different criteria, the first and most important of which is that we judge it to be preferable to exaggerate prudence with respect to the pregnant woman, despite our conclusion (in agreement with numerous authors) that psychodysleptics produce no genetic damage. When one of our patients decides to have a child we suspend her sessions for the duration of her pregnancy and lactation. It may occur in certain cases that this patient needs psychological assistance during these months. In this situation we have her participate in sessions without the administration of any psychodysleptics.

The second criterion for the suspension of sessions is in accordance with the judgment of the therapist, who decides in certain cases that it is necessary for the patient in order to allow him to face his problem alone, especially when we are under the impression that he is falling or has fallen into a type of "therapeutic routine" in which case the suspension of the session constitutes an effective "counter-shock."

In the table: "Psychodysleptics employed," you will note that natural psychodysleptics constitute nearly 50% of those used. We have not encountered a similar percentage in any other report in specialized medical literature.