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The Power of Rhetoric: Two Healing Movements

If they are to secure belief for their claims and findings, the makers and would-be makers of knowledge must present them to the world in a way that attracts assent. Only when these claims and findings are ratified by a community of inquirers do they take on the status of knowledge. As Robert Boyle, among other practitioners of the new science of the seventeenth century, understood, “An experience, even an experimental performance, that was witnessed by one man alone was not a matter of fact. If that witness could be extended to many, and in principle to all men, then the result could be constituted as a matter of fact.”¹ In order to win over this general audience necessary to the certification of knowledge, the reporter of an experience or experiment must use language persuasively—must employ rhetoric.

At times, though, rhetoric itself may alter the nature of the experience in question. For example, the claims made for and the publicity surrounding a treatment can color the experience of those having the treatment. So it is, I suggest, both with a currently popular mode of psychotherapy and with the eighteenth-century therapy that has been cited as its predecessor. In both cases it can be said that bold claims mixed with reports of therapeutic success—a compound well calculated to impress—not only

attract audiences but feed the expectation and the experience of therapeutic effect. In both cases the most potent advertisements for the therapy may be the testimonials of those who come forward as witnesses to its power. In both cases the originators of the therapy not only make their case to the world but envision and portray the therapy as a boon “in principle to all men.” In both cases, as the therapy acquires converts and defenders, witnesses multiply and it grows into a movement and taps the power of a movement. In both cases, regardless of its disputed scientific status, the therapy does seem to work in some instances, but, arguably, only insofar as the rhetoric driving the movement is itself effective. I look into the kinship between the two modes of healing not to settle the question of their status but to bring out the contribution of rhetoric to both—especially the more recent—and to throw light on possibly social sources of therapeutic efficacy.

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Not long after post-traumatic stress disorder was recognized in the third edition of the *Diagnostic and Statistical Manual* published in the wake of the Vietnam War, the case began to be made that any civilian is potentially subject to traumas psychologically comparable to the horrors of combat. With the ensuing expansion of eligibility for PTSD went new therapies, of which one has enjoyed exceptional and perhaps unprecedented popularity: Eye Movement Desensitization and Reprocessing, or EMDR. As unlikely as it may sound, EMDR professes—or originally professed—to treat PTSD by rapid shifting of

the eyes under the guidance of a trained therapist. EMDR has been acclaimed by the media (from TV to *Stars and Stripes*), endorsed by figures affiliated with the American Red Cross, the FBI, UNICEF, and the Menninger Clinic among other bodies, and recommended in clinical guidelines published by the American Psychiatric Association and the Veterans Administration. A book on EMDR may in fact preface the text with pages of testimonials, reminding the reader that EMDR is not just a method but a movement and inviting him or her to experience the moral electricity that animates it, to feel what others feel. With practitioners around the world, EMDR claims somewhere over two million cures, although the mechanism by which it works, if work it does, remains unknown. The large claims made on behalf of such an obscure technique as eye-shifting have prompted comparisons between EMDR and Mesmerism, which was brilliantly promoted in the twilight years of pre-revolutionary France as a way to cure any and all ills by channeling the mysterious force known as animal magnetism.

In an article published in 1999 Richard McNally detailed seventeen parallels between EMDR and Mesmerism, most concerning the way the two movements were launched, promoted, and defended against critics. Thus, for example, “Both Mesmer and [Francine] Shapiro [the founder of EMDR] had nontraditional backgrounds and entered the mainstream of the field from its periphery”; “Both animal magnetism therapy and EMDR have been applied to an astonishingly wide range of conditions”; “Both Mesmer and Shapiro have claimed that ‘Establishment’ clinicians have been biased against their therapies.”² Accordingly, EMDR, like Mesmerism, is assigned to the dubious category of therapies that spring up on the fringes of the field and make

assertions about their own revolutionary potential, in this case the potential to eliminate human suffering, that measure their distance from the scientific center. Notably, McNally does not deny that these treatments may work, only that they work by some means other than the power of suggestion. My claim, compatible with McNally, is that the rhetoric driving EMDR and Mesmerism, along the dynamism of the movements themselves, enhances their suggestive power. Both therapies speak to their time and place and otherwise use rhetoric to their advantage. Proponents of both cite empirical observations and attested experience, which puts those who dismiss the therapies as fanciful in the awkward rhetorical position of having facts against them. And much as Mesmerism itself was magnetic in the sense that it attracted both fascination and followers, so the EMDR movement acts like an illustration of the “natural movement toward health”³ that EMDR professes to enable. Both systems realize an abstract, even recondite doctrine in vivid social ways, thereby enhancing their persuasiveness.

Promoted by its adherents as the remedy not just for PTSD but a long list of ailments, and embraced by an international following, EMDR has leanings to the universal. Mesmerism was in touch with the very fluid of the universe: animal magnetism. Though the channeling of an essence as subtle as animal magnetism is not something that really lends itself to explication, the theory of Mesmerism held that disorders arose when the fluid somehow became obstructed or unbalanced in the body.⁴ Mesmer, a physician by training (his dissertation concerned planetary influences on disease), professed to cure ills by directing the magnetic fluid with his eyes or massaging various poles on the subject’s person, in either case discharging the blocked

power and in the process throwing people into expressive convulsions that did not fail to attract commentary and ridicule. It was to free the flow of magnetic fluid that mesmerized subjects were arrayed in “chains”; hence satiric depictions of a mesmerist session as an assemblage of bodies, each somehow touching another. Evidently the notion that they were blocked and that the blockage could be overcome by a current of fluid made sense to Mesmer’s subjects. In an era when people were bled and purged, it was an article of common belief, after all, that an excess pent up in the body can make us unwell. Mesmerism, then, had the attraction of a novel doctrine, and one very much in tune with the 1780s, overlaid on the intuitive model of an imbalance corrected or an excess discharged. It could claim at least two advantages over bleeding and purging: first, that it addressed itself to a force more profound and fundamental than gross fluids, and more modern than the traditional, and always rather academic, humors; second, that it could direct this force without subjecting the patient to bloodletting and violent discharges. And no sooner were Mesmeric cures performed than they were written up in pamphlet form, to join the other writings that surrounded the movement like a buzz. It is said that the published accounts of such cures circulating in France “must have sapped the faith of many Frenchmen in the purgative potions and bleeding used by conventional doctors.”⁵

In the decade before the French Revolution talk of Mesmerism seemed to fill the air much as animal magnetism itself—the object of general fascination—was said to fill or underlie all things. “Everyone is occupied with mesmerism,” said one French observer.⁶ The ability of Mesmerism to be everywhere and to stir everyone must have

seemed like an illustration of the fundamental power itself. If one could not observe the magnetic fluid directly, nevertheless one could feel the attraction of the movement that was in touch with it, a movement whose magnetism acted like a confirmation of its own theory. Moreover, the prospect of liberating a blocked elemental fluid appealed to the Enlightenment understanding of Nature itself as an order prior and superior to all artifices and obstructions. A classic study of Rousseau is subtitled “Transparency and Obstruction” in token of the subject’s belief that in a natural state one heart reveals itself to another, and yet we find ourselves in a world where sight is blocked and hearts closed.⁷ It is because he believes that things have gotten twisted out of their original shape in this way that Rousseau’s rhetoric is full of stunning paradoxes. To see society through Rousseau’s eyes—and he himself both invented and perfected the role of the unconventional genius who challenges the truths of the center, in this case Paris—is to see it as something like perverted potential or blocked energy, as many no doubt do even now.

A generation ago an eminent literary critic commented on “the half-baked Rousseauism in which most of us have been brought up,”⁸ and the enduring magnetism of Rousseau’s rhetoric may give us some felt sense of that of the mesmerist movement and the pamphlets that were its chosen medium of expression (some two hundred appearing in the 1780s).⁹ If mesmerist writing was marked by a “tone of injured innocence and opposition to the . . . establishment,”¹⁰ so was Rousseau’s, after all, except that his quarrel extended beyond the citadels of science. Indeed, Mesmer discovered Mesmerism after wandering in a forest for three months “like a Rousseauite

savage,”¹¹ communing with Nature the better to clear his mind of bad ideas. Not only did mesmerist cosmology serve as a seemingly apolitical vehicle for Rousseauist ideas in the intense atmosphere of the pre-revolutionary decade, but the dramatic rituals of Mesmerism (made all the more so by the maestro’s silk robes and iron wands) seemed to demonstrate that only by cutting through the customs of polite society could health be restored. Little wonder that an experience so charged with ambiguous suggestion and so potentially subversive incurred the suspicion of authorities, including the King of France himself, who in 1784 appointed a commission of eminent scientists to look into the phenomenon, with the skeptical Benjamin Franklin among its members.

Having induced the effects of Mesmerism in subjects who were not magnetized but believed that they were, the commission of inquiry concluded that animal magnetism had no physical existence and its effects were nothing more than products of the imagination.

We succeeded in manipulating the imagination. Without being touched or signaled, the subjects who thought themselves magnetized felt pain, felt heat, a very great heat. In some cases, we provoked convulsions and what is known as crises. The subjects’ imagination could be brought to the point of the loss of speech. It allowed us to produce all the so-called effects of magnetism, even the calming down of convulsions.¹²

And just as the experimenters were able to call up the effects of Mesmerism without magnetizing anything, so, conversely, they found that subjects exposed to the alleged magnetism without knowing it remained unaffected. The therapeutic power of Mesmerism was thus exposed as an artifact of what is now known as the placebo effect—but it bears remembering that a placebo effect is not necessarily a nonexistent effect. It may in fact be strangely potent. And as one informed commentator has noted, simply being part of a group, as by taking part with others in a clinical study, has placebo potential.

Increasingly it is hard to deny that giving placebo has a very important therapeutic effect or that being studied, *participating in a group*, is highly beneficial. The implications of this effect for joining groups are obvious. Human are social animals, even in our grief. “Misery loves company,” the phrase goes. Talking gives permission to act, sometimes,¹³

as the rhetoric and ritual of Mesmerism licensed behavior that would be unimaginable otherwise. It follows that the magnetism of the mesmerist movement—its powerful appeal to our social nature—contributed to its therapeutic effect.

In his blindness to the merits of EMDR McNally has been likened to Benjamin Franklin, a paradoxically complimentary reproach that suggests a connection between the two therapies.¹⁴ According to Mesmer, sickness is caused by an obstructed flow of magnetism. According to the founder of EMDR, psychological ills are caused by

blockages in the nervous system. “The system becomes ‘stuck.’” Traumas “remain locked in the person’s nervous system”; or less positively, “the inner state experienced during the traumatic event is apparently locked in the victim’s nervous system” (pp. xiv, 66, 182). Healing takes place when the system is unlocked and the obstruction cleared away, a process that completes itself in short order, all but automatically (provided the proper steps are followed), once EMDR is initiated. Where Mesmer’s vats and iron rods acted as a visual rhetoric demonstrating the physical nature of magnetic fluid, EMDR employs stimuli like hand-taps and darting lights consistent with the allegedly neurological basis of the fateful blockages; where Mesmer spoke of “poles, streams, discharges, conductors, isolators, and accumulators,” EMDR theory posits the storage of negative memories “in a neuro network with a high bioelectric valence associated with the high level of dysfunctional affect.”¹⁵ Like Mesmerism, which portrayed itself not as a romantic alternative to science but as science itself, EMDR grounds itself in the “laws of cause and effect” (p. 242)—and has spawned much neurobiological jargon—but remains a mystery. Not in question is EMDR’s character as a movement; over the 1990s it not only established itself in the United States but was taught in training sessions from Australia to South Africa, from Japan to Brazil. If participating in a group can be of therapeutic value in and of itself, all the more is this true of participation in a crusade, and one dedicated to explicitly therapeutic ends at that.

If Mesmerism fascinated a France that was also fascinated with electricity, and Franklin immortalized himself as the man who captured lightning, EMDR is lightning in a bottle: a therapeutic method equally swift and powerful, or so it is said. Like

Mesmerism, EMDR claims to cut right to the heart of things. It is direct and dramatic, indeed spectacular in its own way, as befits the release of bottled-up energy. Its stories tell of victims seemingly locked in suffering until an exposure to EMDR summarily cures them and returns them to life, quite as if a jammed mechanism had been freed up or a reflex triggered or, indeed, an obstruction removed. And by analogy with the notarized pamphlets documenting Mesmeric cures, EMDR literature certifies these stories by citing endorsements and praises. In both cases individual cures are swept up in a larger narrative of healing and transformation. As Mesmer, upon his return to civilization from the forest, vowed to “pass on to humanity . . . the inestimable benefaction that I had in hand,”¹⁶ so has the founder of EMDR offered humanity a powerful boon “that might lead to the eventual healing of us all” (p. 242)—although both donors tried to keep control of their bequest, in the one case by not divulging the mystery or divulging it only to subscribers or declaring it sacrosanct and unalterable once it had been divulged; in the other case by licensing initiates. As with Mesmerism, too, EMDR has inspired rhetorical avowals of its world-changing potential. “Claims of global historic significance have been made on behalf of both Mesmerism and EMDR.”¹⁷

Like Mesmerism restoring the harmonious flow of animal magnetism, “EMDR can remove the block that is preventing the natural movement toward health. It can release you into the present you always wanted for yourself, a present where you can feel free and in control” (pp. 11-12), and it is prepared to offer one anecdote of recovery after another to substantiate this promise (as, indeed, Mesmer carried around written testimonials to his power). Like the citation of endorsements, the multiplication of

stories conveys the impression that EMDR is not an abstract doctrine but a living movement—one the reader is invited to join. “Humans are social animals.” Repetition, perhaps the principal figure of rhetoric, serves both to emphasize just how much the EMDR movement is capable of and to make the mysterious neurological process of unblocking seem familiar, even intuitive.

Committed to the theory that PTSD and similar conditions actually result from some kind of blockage, EMDR rhetoric employs the metaphor of obstruction with an insistent literalism. Repetition establishes what might otherwise seem strained, as in this characteristic passage addressed to the reader in the original EMDR manifesto:

When you cut your hand, your body works to close and heal the wound. If something blocks the healing . . . the wound will fester and cause pain. If the block is removed, healing will resume. A similar sequence of events seems to occur with mental processes. That is, the natural tendency of the brain’s information-processing system is to move toward a state of mental health. However, if the system is blocked or becomes imbalanced by the impact of a trauma, maladaptive responses are observed. . . . If the block is removed, processing resumes and takes the information toward a state of adaptive resolution and functional integration.¹⁸

It turns out that any number of questionable presumptions are packed into this seemingly straightforward, but actually completely speculative, model of information

processing, some version of which remains to this day the official foundation of EMDR. It is implied, and EMDR contends, that the mind heals like the body and should heal at least as quickly, that the mind's healing response can be stimulated by physical means, that any therapy that does not address itself to the theorized underlying cause of the maladaptive responses will fall short, that conversely EMDR succeeds because the pathway to self-forgiveness, self-affirmation, and similarly desirable states is wired into us and EMDR activates it, and that the memory of the original trauma, being locked into the nervous system, does not alter over time. ("This information is stored in the same form in which it was initially experienced, because the information-processing system has, for some reason, been blocked.")¹⁹ Though questionable from top to bottom, the model of a blockage overcome has a seeming transparency well suited to its function of making EMDR believable. One does not join a movement without believing in it. Indeed, it was in 1991, when EMD was renamed EMDR in accordance with the founder's belief that it was really an information-processing therapy, that it began to take on the identity of a movement, spawning institutions and spreading to other continents.²⁰ Only when eye-movement therapy found the right rhetoric did it take wing. And just as crusades feed on themselves, so Eye Movement Desensitization and Reprocessing continued to thrive even after disclaiming the necessity of eye movements.

As noted, it is with the aid of physical stimuli that EMDR accomplishes the freeing of blocked energy. Like the theory of blockage itself, which solicits belief because it is so straightforward, the use of physical stimuli appeals to our love of directness. EMDR speaks in a sort of populist idiom that favors the literal and the

immediate over the ambiguous or the indirect, and its physical exercises are the props of its rhetoric. The signature EMDR technique of shifting the eyes as if wiggling or loosening something stuck seems like a literal application of the theory that to overcome the memory of trauma we need only free up a mechanism. (Similarly, the technique of tapping, or “tactile stimulation,” resembles what we might do to produce a knee-jerk.) Mesmer, though he liked to attach patients to each other to form circuits, avoided “knots, which created obstacles” to the flow of magnetism.²¹ EMDR appears to take its own theory of obstruction no less physically.

Whatever else may have been going on in mesmerist sessions in pre-revolutionary France, they were occasions of license, which is one reason the authorities viewed them with suspicion. Roping themselves together, going into fits, breaking out in laughter, Mesmer’s willing subjects seized the possibilities of license and behaved in ways they ordinarily would not.²² While EMDR training sessions have reportedly witnessed some strange behavior, EMDR per se seems to offer a message of absolution embedded in a series of actions that function like a rite. If Mesmer acted as the ministrant of a universal power, the EMDR therapist performs a minutely specified set of procedures—a sort of priestly ritual concluding with a “body scan” for any remaining physical traces of trauma—the effect of which, in theory, is to clear away all “negative cognitions.” The therapist thus does Mesmerism one better, placing him- or herself *en rapport* with the client morally and authorizing not bizarre behavior on a special occasion but the client’s very self. “My subjects’ insights had followed their own logical (and emotionally healthy) train of thought, moving, for example, from ‘I was to blame’ .

. . through ‘I did the best I could,’ and finally to ‘it wasn’t my fault. I am fine as I am’” (p. 26). (It is in keeping with the elementariness, or the literalism, of EMDR discourse that this “train of thought” is envisioned as an actual train. “Ideally the person doing EMDR will feel as though she is on a train and the upsetting targeted events are merely the passing scenery” [p. 52].) That EMDR-seekers are fine as they are is the axiom and the conclusion, the presumption and the end-point, of EMDR. The client comes to the predetermined insight, “I deserve love. I am a good person. I am fine as I am. I am worthy; I am honorable. I am lovable. I am deserving (fine/okay). I deserve good things,” etc.²³ In a variation on the principle that “talking gives permission to act,” EMDR offers permission to be ourselves. It is any case a way of speaking as much as a method, its efficacy bound up in the oft-repeated claim that we need only follow the healthy tendency of our nervous system, our physical nature, to realize we are worthy of love. Only when and where this line of argument resonates will EMDR possibly work.

In its stronger form EMDR maintains that precisely because the patient’s nervous system is locked, merely verbal therapies are useless. In this sense it portrays itself, in the spirit of Mesmerism, as a uniquely potent method of healing, not just one method among others. In its weaker form EMDR holds that protracted therapies are usually unnecessary—though even on this showing it remains remarkable. One goes with astonishing speed from being locked in a state of trauma to being “entirely free of emotional turmoil” (p. 135), as by turning a key. Quite simply, “a person’s internal information-processing system is stimulated so that the core of health that is within can blossom forth” (pp. 135-36; cf. e.g. pp. 25, 29). Just as references to information-

processing sound good in an age swept up in an information revolution (the same revolution that has powered the expansion of EMDR itself, now with multiple Web sites and a voluminous literature), so EMDR's theory that psychological suffering results from emotional imprisonment, and healing means walking out of the cell, has considerable rhetorical appeal in this time and place. Rhetoric—speech as an instrument of action—is indeed the mobilizing force of the EMDR movement, as we are reminded when the founder of EMDR repeats evocative phrases, declares that her own book “allows us to . . . celebrate the triumph of the individual” (p. 29), exalts the mission of EMDR, or simply addresses the reader:

Now there is reason to hope. EMDR is not a panacea, but it may be able to unlock your innate, physiological healing system and allow you to change at a rate and in a way you never thought possible. (p. 12)

Mesmerism caught on in a France intoxicated with the wonder of balloon flight and left to speculate where the line between the possible and the impossible might actually lie. Was it possible to magnetize a tree? To revive a dead dog? EMDR literature fosters a sense of expanded possibility by portraying EMDR as a way of bringing emotionally frozen people back to life.

Is this believable? Can people be cured as automatically and definitively as they are in the cases recounted in story form in *EMDR*—stories that are really reconstructions centering on the reports of persons whose names have been changed?

EMDR stories are too uniform in their unfolding and too Cinderella-like in their outcome to command full belief. On the other hand, there are too many testimonials to EMDR, from too many sources, to doubt that it constitutes a movement and as such has an inspirational effect—all the greater because of its advertised character as a rescue mission. If, as the investigators of Mesmerism concluded in 1784, “Man has the capacity to act on his peers, to shake their nervous system to the point of convulsions, without the help of any fluid,”²⁴ so can EMDR console and inspire without administering the neurological shake prescribed by its own theories.

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Where a movement seems to build on itself, rhetoric—the driving force of a movement—builds on themes and tropes already familiar, and so it is with EMDR. Around the time the founder of EMDR wrote of a victim of trauma, “EMDR had jump-started Linda’s own healing process” (p. 4), there appeared a book provocatively entitled *The Placebo Response: How You Can Release the Body’s Inner Pharmacy for Better Health*.²⁵ The idea that we possess an innate healing power that can somehow be activated was in motion; the idea itself had power. EMDR adds that the power awaiting release (in this case belonging to both body and mind) may somehow get tied up or blocked. When a trauma remains unprocessed, “the system becomes ‘stuck’” (p. 18). “The problem many trauma victims face is that the upsetting experience from their past . . . is ‘stuck’ in their nervous system” (p. 23). As the scare quotes around *stuck* may

suggest, the term belongs to our cultural vernacular. Robert Pirsig's *Zen and the Art of Motorcycle Maintenance* contains discourses on getting stuck and unstuck. Billy Pilgrim in Kurt Vonnegut's *Slaughterhouse Five*, another cult classic, comes "unstuck in time." EMDR's founder seems to believe that psychology was itself stuck until EMDR. "We went from Kitty Hawk to a man on the moon in little more than 50 years, yet we have not had a major paradigm shift in psychology since Freud, nearly a century ago."²⁶ However, since it entered our common lexicon around the time of Pirsig and Vonnegut, the notion of a paradigm-shift has become a received idea in its own right.

In point of fact, the paradigm-shift proclaimed by EMDR is an exaggeration. Just as rhetoric in general plays on commonplaces (resonating precisely because it does so), so the rhetoric of EMDR trades heavily on the formulas of pop psychology. Ever since the 1960s, after all, pop psychology has marketed step-by-step exercises for breaking the hold of the past and reprogramming the self, always with the presumption that self-blame is poisonous and that we are fine as we are, just as in EMDR.²⁷ If we want to know what "I am fine as I am" really means, for example, we might consult *Compassion and Self-Hate* (1975; reprinted 1998), which features the following proclamation:

The fact of my being is enough. I require no terms, conditions or permits from myself or anyone else. I live, and in living I am fully entitled to go on living. My life, my existence, my being is not predicated on standards, values, achievements, or accomplishments. . . . I must fight to give myself the right to

feel good about myself and to feel good mood-wise, regardless of any accomplishment or non-accomplishment whatsoever.²⁸

EMDR's novelty is to underpin the rhetorically asserted "right to feel good about myself" with the science, if that is what it is, of blocked energy, thus grounding the right in our physical being and proving that everything celebrated by pop psychology is actually already ours. According to EMDR, that is, the nervous system itself favors such "positive cognitions" as "I am fine as I am. I am worthy; I am honorable"; our very bodies are constructed in accordance with the dictates of EMDR. Therefore, it is implied, EMDR clients who arrive at the insight that they are fine, worthy, and honorable respond not to suggestion but to the prompting of their physical selves. Far from breaking with everything that came before, EMDR taps deeply into received ideas, prominently including the right to be oneself even in a world hostile to the self. Unless these doctrines were already in place, EMDR would not be able to cite them as first principles; they would sound less like self-evident truths than like utopian propositions. If EMDR speaks a sort of pop idiom, affirming the "innate wisdom and health" of every one of us (p. 25), we can now identify the idiom as a variant of that of pop psychology. One movement builds on another.

As we read of one organization after another, including the FBI, that now recognizes EMDR, we get the sense of a "mesmeric chain" around one of the maestro's vats of magnetized water. A circular chain may also serve as an image of the theory and practice of EMDR: evocative rhetoric drives a movement that contributes to the very

efficacy of EMDR (in that group membership empowers, inspires, “is highly beneficial”), which in turn yields stories that feed back into the movement’s rhetoric. But in order for rhetoric to be evocative, it must be attuned to its time and place. EMDR would not have caught on in, say, the 1950s because at that time doctrines like “I am fine as I am,” along with a host of correlates, had not yet been established. Nor, for that matter, had the diagnosis of PTSD been formulated; too much of a stigma still attached to the idea of a disorder to allow for a disorder caused by things completely beyond one’s control.²⁹ (Thus too, while EMDR has been introduced into Japan, one wonders how it fares in a culture to which its tenets are ill adapted.) Similarly, if the rhetoric of EMDR were to fall from favor, in all probability the efficacy of EMDR would wane. Only a few years after Paris was swept by mesmerist fervor, Mesmerism fell more or less flat in England; it was too tainted by association with the wildness of the French Revolution for English liking. Time and place were not right.³⁰

Before the Revolution, by contrast, Mesmerism found a very favorable climate in France. Powerful suppositions had to be in place in order for it to make sense to so many people, and to move them, and so they were. The suppositions were those of “sentimental empiricism,” the philosophy centered on the principle “that feelings were responses to a world outside the mind and were therefore the bedrock of natural knowledge.” It was this world-view that underwrote Mesmer’s claim that the strong feelings convulsing his patients were responses to an actual fluid, the fluid that constituted the very medium of sensibility. Far from being a homespun doctrine, moreover, sentimental empiricism was the dominant philosophy of natural science at

the time. By no means was Mesmer alone in theorizing the existence of a universal medium or envisioning Nature as a single linked entity; his ideas possessed considerable resonance and plausibility, even for many members of the French establishment.

“Mesmer’s theory is not so much a departure from credible philosophy as an exaggeration of it.”³¹

While EMDR, for its part, echoes the familiar language of pop psychology, it also presents itself as science, accruing considerable rhetorical power as a result. Indeed, it too has roots in a credible source: the authoritative directory of mental disorders, the *Diagnostic and Statistical Manual*. Before the founder of EMDR made the claim that “three-quarters of the general public will experience an event that could cause a traumatic response sometime in their lifetime” (p. 176), the criteria of traumatic exposure had already been broadened in *DSM-IV* (1994) to the point that merely hearing or learning about someone else’s trauma constituted a possible traumatic event in its own right.³² PTSD originally appeared in *DSM-III* (1980), the edition that for the first time employed diagnostic criteria framed on a medical model.³³ But how did PTSD get into *DSM-III*? It was lobbied into it by psychiatrists who had opposed the Vietnam War and now stood in sympathy with the veterans who, they said, had been traumatized by the experience of war. These psychiatrists

argued that many veterans continued to suffer severe stress symptoms long after having returned home. . . . Because there was no place in the existing diagnostic system for either a chronic stress syndrome or a delayed one, these

psychiatrists lobbied for inclusion of “post-Vietnam syndrome” in the forthcoming third edition of the *Diagnostic and Statistical Manual of Mental Disorders*. . . . Members of the *DSM-III* task force were reluctant to endorse a diagnosis tied specifically to a historical event. Yet they eventually relented when veterans’ advocates persuaded them that the same stress syndrome occurred in survivors of other traumatic events, such as rape, natural disaster, or confinement in a concentration camp. Converging clinical evidence, pointing to a common syndromic consequence of trauma, clinched the inclusion of PTSD in *DSM-III*.³⁴

Once installed in *DSM-III*, PTSD came to life, and not only in the pages of the professional literature. The disorder acquired a lay as well as a professional constituency, perhaps because it established for the first time that the consequences of traumatic exposure befell people through no fault or failing of their own. “This is an uncommon situation in psychiatry. [With one or two exceptions] there is probably no other psychiatric diagnosis that has so closely met lay people’s and professionals’ expectations.”³⁵ By the time EMDR emerged as a treatment of PTSD, the innocence of the victim was an established principle and the disorder itself the subject of a burgeoning literature as well as an expanding definition. The moment was right.

The crafter of the original definition of PTSD in *DSM-III* confirms that “an active group of advocates were lobbying for the inclusion of a diagnosis” that would take account of the trauma of Vietnam veterans. Once instated in *DSM-III*, she writes, “the

concept of PTSD took off like a rocket”³⁶—the twentieth-century equivalent of the wonder of balloon flight. The implied analogy of advocacy to rocket fuel may give us some notion of the power of rhetoric available to the founder and followers of EMDR. They did not fail to use it. In its overtly rhetorical appeals on behalf of and at times to the traumatized, EMDR recalls the advocacy that constituted PTSD as a medical entity in the first place and later enlarged its boundaries. Indeed, the power of rhetoric that made a cause célèbre of a psychiatric diagnosis is the power applied by EMDR for therapeutic ends.

¹ S. Shapin, “Pump and circumstance: Robert Boyle’s Literary Technology,” *Social Studies of Science* 14 (1984): 484.

² Richard McNally, “EMDR and Mesmerism: A Comparative Historical Analysis,” *Journal of Anxiety Disorders* 13 (1999): 225-36. See also James Herbert, Scott Lilienfeld, Jeffrey Lohr, Robert Montgomery, William O’Donohue, Gerald Rosen, and David Tolin, “Science and Pseudoscience in the Development of Eye Movement Desensitization and Reprocessing: Implications for Clinical Psychology,” *Clinical Psychology Review* 20 (2000): 945-71; and Gerald Rosen, Jeffrey Lohr, Richard McNally, James Herbert, “Power Therapies, Miraculous Claims, and Cures that Fail,” *Behavioural and Cognitive Psychotherapy* 26 (1998): 99-101.

³ Francine Shapiro and Margot Silk Forrest, *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma* (New York: Basic, 2004; orig. pub. 1997), p.

11. Subsequent page references are given in my text.

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¹⁷ McNally, “EMDR and Mesmerism”: 230.

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