



EMDR and Mesmerism: A Comparative Historical Analysis

RICHARD J. McNALLY, PH.D.

Harvard University, Cambridge, Massachusetts, USA

Abstract—Eye movement desensitization and reprocessing (EMDR) is among the fastest growing interventions in the annals of psychotherapy. Although many psychologists have commented on its presumably unusual origins and dissemination, history reveals its many parallels with Mesmerism, a previous therapy that spread rapidly throughout 18th century Europe and America. The purpose of this article is to document the many striking similarities between the history of Mesmerism and the history of EMDR.
© 1999 Elsevier Science Ltd. All rights reserved.

Few recent psychotherapies have received as much praise or as much criticism as has Eye Movement Desensitization and Reprocessing (EMDR). Originally presented as a variant of Wolpe's (1958) systematic desensitization (Shapiro, 1989a), EMDR is now described as a complex, multifaceted intervention heralded as a major breakthrough in the field of mental health (Shapiro & Forrest, 1997). Many people praise its power for overcoming traumatic memories, whereas others view it as little more than a deftly packaged placebo, a variant of traditional exposure therapy, or both (e.g., Lilienfeld, 1996). Few would disagree, though, that the EMDR movement has grown faster than either the psychoanalytic or the behavior therapy movements.

I am very grateful to those who have reviewed previous drafts of this article including Harvard University attorney Frank J. Connors, J. D., attorney Kathleen Moore, J. D., Margaret Dale, J. D., Associate Dean for Faculty Affairs, Harvard Medical School, and psychologists Gerald C. Davison, Ph.D., Richard Gist, Ph.D., Jerome Kagan, Ph.D., Scott O. Lilienfeld, Ph.D., Elizabeth F. Loftus, Ph.D., Steven Reiss, Ph.D., and Gerald M. Rosen, Ph.D. I also thank four EMDR experts who provided excellent critiques, but who requested anonymity.

Preparation of this manuscript was supported, in part, by NIMH grant MH51927, awarded to the author.

Requests for reprints should be sent to Richard J. McNally, Department of Psychology, Harvard University, 33 Kirkland Street, Cambridge, MA 02138; E-mail: rjm@wjh.harvard.edu

EMDR has been controversial. Controversy concerns its efficacy, and assessments of treatment outcome studies have appeared, both pro and con. At least one reviewer has been very impressed with these results (e.g., Shapiro, 1996a), whereas others have been less impressed (e.g., Acierno, Hersen, Van Hasselt, Tremont, & Mueser, 1994; DeBell & Jones, 1997; Foa & Meadows, 1997; Foa & Rothbaum, 1998; Keane, 1998; Lilienfeld, 1996; Lohr, Kleinknecht, Tolin, & Barrett, 1995; Lohr, Tolin, & Lilienfeld, 1998; Rosen, Lohr, McNally, & Herbert, 1998; Rosen et al., 1998).

Controversy also concerns its promotion and dissemination (e.g., Acierno et al., 1994; DeBell & Jones, 1997; Herbert & Mueser, 1995). Implicit in these critiques is the belief that EMDR may be unique in these respects.

But as history shows, the evolution of EMDR is remarkably similar to that of Mesmerism, another fascinating movement in the annals of psychotherapy (McNally, 1996). Developed in the 18th century by one of the great foreparents of clinical psychology, Franz Anton Mesmer, Mesmerism was heralded as a breakthrough therapy for curing a wide range of ailments (Darnton, 1968). Mesmer held that a subtle, undetectable fluid pervaded nature and was rendered manifest in diverse phenomena (e.g., magnetism, electricity; Gould, 1991). In living organisms, the fluid was dubbed "animal magnetism." Disorders were presumably caused when the fluid within a person became blocked. Mesmerism therapists, who were believed to have high levels of personal animal magnetism, would identify, massage, and tap those regions of the patient's body that appeared to be the loci of blocked energy (Gould, 1991). Following such procedures, the patient would experience a dramatic catharsis as "energy balance" was restored, thereby alleviating symptoms. Eerily foreshadowing EMDR, Mesmerizers would also have the patient track the therapist's finger as the therapist moved it back and forth in front of the patient's eyes (Darnton, 1968, p. 53).

The purpose of this article is to provide a comparative historical analysis of Mesmerism and EMDR. Historical inquiry may reveal broad similarities among psychotherapy movements, thereby illuminating the social forces that shape them. Before embarking on this analysis, I must dispel several potential misconceptions. First, Mesmerism, or animal magnetism therapy, was not merely "hypnosis." Although Mesmer is rightly credited with influencing the development of hypnotic techniques, his therapy was complex and multifaceted. Second, EMDR is not a form of hypnosis (Shapiro, 1995, p. 315). Third, by drawing historical parallels, I do not mean to imply that EMDR is repackaged Mesmerism. The similarities in their respective developments emerge at the sociological, not psychological, level of analysis. Fourth, I do not mean to imply that EMDR supporters have deliberately copied the methods of Mesmerism. Instead, similarities likely reflect common social forces that shape the phenotype of any breakthrough psychotherapy movement.

COMPARISONS BETWEEN MESMERISM AND EMDR

To facilitate a comparative analysis, I enumerate each point.

1. *Both Mesmer and Shapiro had their therapeutic epiphanies while walking outdoors.* Mesmer hit upon the secret of animal magnetism during a 3-month retreat in the wilderness (Darnton, 1968, p. 115). After his return to the city, he established his first “magnetic clinic.”

Shapiro made her discovery about eye movements in similar circumstances. While strolling through a park one day, Shapiro (1989a) noticed that her spontaneously shifting eyes seemed to abolish her distressing thoughts. Further tests convinced Shapiro of the hitherto untapped therapeutic powers of “saccadic” eye movements (Shapiro, 1989b, p. 201; Welch, 1996). Rosen (1995, 1997), however, has persuasively argued that Shapiro’s eye movements were unlikely to have been “saccadic” in that these are not detectable by the person experiencing them. In any event, contrary to Shapiro’s (1989b) original hypothesis, eye movements are no longer deemed essential to *eye movement* desensitization and reprocessing. She now claims that handtaps, auditory signals, or other bilateral, rhythmical stimulation produce similarly therapeutic effects (Shapiro, 1994). However, evidence for the efficacy of these other forms of stimulation is confined to clinical anecdote.

2. *Both Mesmer and Shapiro had nontraditional backgrounds and entered the mainstream of the field from its periphery.* Mesmer received his medical degree in 1766 from the University of Vienna, submitting a thesis on the clinical implications of astrology (Darnton, 1968, p. 47). Realizing how peripheral Austria was in the professional geography of scientific medicine, he moved his animal magnetism clinic to Paris, where his breakthrough treatment would get the attention he thought it deserved.

Shapiro received her doctoral degree in 1988 from the Professional School for Psychological Studies in California (Rosen & Lohr, 1997), submitting a thesis on the efficacy of eye movements for reducing symptoms of posttraumatic stress (Shapiro, 1989b). Prior to enrolling in this program, she had been working on a doctorate in English literature at New York University, specializing in the poetry of Thomas Hardy. But a bout with cancer interrupted her studies. After her recovery, she abandoned literature to concentrate on the treatment of stress (Shapiro, 1995, pp. v–vi).

3. *Both Mesmer and Shapiro established successful commercial training institutes and inspired the establishment of professional organizations that promote their therapies.* Mesmer reestablished his animal magnetism clinic in Paris, and he and his associates formed the Society for Universal Harmony to promote the new treatment. Affiliates were established throughout France and America (Darnton, 1969, pp. 52, 89).

Shapiro established the EMDR Institute, Inc. in California as the basis for training mental health professionals in EMDR. She and her associates have

trained more than 22,000 clinicians throughout the world in workshops that now cost \$385 (Advertisement for Level I EMDR training, EMDR Institute, Inc., 1997). EMDR advocates have sponsored international conferences devoted to the treatment, have established an Internet discussion group limited to those who have received authorized training, and have formed the EMDR International Association. One mission of this association is to develop "ethical standards for practice and training" (Shapiro & Forrest, 1997, p. 245).

4. *Training sessions for both animal magnetism therapy and for EMDR can be emotionally dramatic.* By most accounts, Mesmerist sessions were dramatic spectacles (Darnton, 1968, pp. 6–8; Gould, 1991). As the treatment began to exert its effects, patients would collapse to the floor, writhing, trembling, and occasionally screaming.

In his vivid description of a Level II EMDR training workshop, Rosen (1996) observed a large roomful of mental health professionals with their fingers waving, hands tapping, and with "several participants crying and rolling their eyes as they abreacted to various traumatic memories" (p. 77).

5. *Both Mesmer and Shapiro have been criticized for insisting that their trainees not teach others their techniques.* Individuals could learn animal magnetism therapy only through commercial training workshops conducted either by Mesmer or his authorized associates. Trainees were debarred from teaching the method to others. Each trainee "received an elaborate diploma from Mesmer, which bound him to secrecy and certified his place in the hierarchy of disciples" (Darnton, 1968, p. 75). As Darnton (1968, p. 78) noted, critics published articles "accusing Mesmer of exploiting his discovery for financial gain and of failing in his duty to publicize his secrets for the benefit of humanity."

Like animal magnetism therapy, EMDR had been taught only in authorized commercial workshops conducted by Shapiro and her associates. Until the publication of her first book in 1995, Shapiro, like Mesmer, required all trainees to sign a document stating that they would not teach other mental health professionals EMDR. Like Mesmer, Shapiro awards a certificate upon completion of training for which she charges an additional \$10 (Rosen, 1996).

Like Mesmer, Shapiro has received criticism for her training policies (e.g., Acierno et al., 1994; DeBell & Jones, 1997; Rosen, 1992). She has defended them on the grounds of quality control and concern for patient safety (Shapiro, 1991). Indeed, such concerns have figured prominently on brochures advertising upcoming commercial training workshops. Until very recently, these brochures have contained the following quotation: "Clients are at risk if untrained clinicians attempt to use EMDR" (Advertisements for Level I EMDR training, EMDR Institute, Inc. 1993, 1996). This statement was attributed to *the Behavior Therapist*, 1991, a publication of the Association for Advancement of Behavior Therapy (AABT). The innocent reader of these advertisements is likely to conclude that Shapiro's training policies have now received independent endorsement from the newsletter itself, or its editor, or perhaps

even from AABT (Zeiss, 1998). But the person who wrote these words for *the Behavior Therapist* was none other than Shapiro herself, who did not, however, disclose her identity as the author. She had written this statement in a letter to the editor of *the Behavior Therapist* describing the rationale for her training policies (Shapiro, 1991).

Expressing concern about the “potentially misleading” advertisement (Zeiss, 1998, p. 28), the president of AABT insisted that Shapiro publish an explanation. Responding to President Zeiss’s request, Shapiro (1998) conceded that the quote “was erroneously cited in an unclear fashion” (p. 28) and agreed that it “could have been mistakenly attributed by the reader to the newsletter itself” (p. 28). Indeed, given that the quote was attributed to the newsletter itself, not to its author, it is not surprising that a reader might “mistakenly” attribute it to the newsletter. Shapiro has removed the quote from subsequent advertisements.

6. *Both Mesmer and Shapiro appear to be charismatic leaders.* According to Weber (1946), charismatic leaders in religious, political, and other social movements wield authority and inspire loyalty through their remarkable persuasive powers. Such leaders often emerge during times of crisis, and become capable of mobilizing many people to share in their mission. Few leaders in the history of psychotherapy have gained as many followers, or have done so as quickly, as have Mesmer and Shapiro. Anecdotal accounts of their training workshops attest to their considerable charisma (Gould, 1991; Rosen, 1996).

7. *Both animal magnetism therapists and EMDR therapists have provided pro bono treatment.* In response to critics who accused him of engaging in “profitmongering” (Gould, 1991, p. 187), Mesmer arranged for impoverished individuals to receive the benefits of animal magnetism pro bono. In one approach, therapists would “magnetize” a tree and then tie indigent patients to it, free of charge (Darnton, 1968, p. 58). The “magnetic fluid” would presumably migrate from the tree to the patients, thereby curing their ailments.

EMDR advocates have established nonprofit EMDR Humanitarian Assistance Programs (EMDR-HAP, Inc.) for providing pro bono treatment to trauma victims throughout the world (Shapiro & Forrest, 1997, pp. 243–244). Trained EMDR therapists have provided free services in the wake of the Oklahoma City terrorist bombing, in the Balkans, in Rwanda, Columbia, Northern Ireland, and on an Indian reservation.

8. *Both animal magnetism therapy and EMDR have received the praise of prominent individuals.* Mesmer earned the praise and support of many luminaries, such as Wolfgang A. Mozart (Darnton, 1968, p. 41), Queen Marie-Antoinette (Darnton, 1968, p. 40), and the Marquis de Lafayette. Indeed, in his spare time between participating in the American and French Revolutions, Lafayette managed to conduct training in Mesmerism throughout the United States, despite the vigorous opposition of critics such as Thomas Jefferson (Darnton, 1968, p. 89). Trained personally by Mesmer, Lafayette offered to

teach George Washington how to do animal magnetism therapy (Darnton, 1968, pp. 88–89). Washington declined the offer.

Like Mesmer, Shapiro has earned the praise of famous people ranging from newscasters Barbara Walters and Hugh Downs to eminent clinicians, such as Drs. Arnold A. Lazarus, Bessel van der Kolk, and Laura S. Brown (Shapiro & Forrest, 1997).

Some confusion has arisen over what seemed to have been an important endorsement of EMDR appearing in Shapiro and Forrest's (1997) book. Under the heading, "endorsed by academicians. . .," appeared a quote attributed to the "American Association for the Advancement of Science" which read: "EMDR 'comes of age.' . . . Recent independent studies have found it up to 90 percent successful." This statement startled officials for the American Association for the Advancement of Science (AAAS) because the AAAS has a policy of not providing endorsements. Their investigation revealed the source of the mysterious quote (M. S. Strauss, personal communications, April 30, 1997, May 13, 1997). Shapiro had been interviewed by a reporter on *Science Update*, a radio show sponsored by the AAAS. The reporter had summarized what he had learned about EMDR, and his words subsequently appeared in Shapiro's book, attributed to the AAAS under the heading "endorsed by academicians." The quote had also appeared on the Web site of the EMDR Institute, but was immediately removed at the request of AAAS (M. S. Strauss, personal communication, April 30, 1997). According to Shapiro (personal communication, June 9, 1998), her publisher maintained that listing the radio reporter's comments as AAAS's endorsement of EMDR was in accordance with standard publishing practice. AAAS saw it differently. They complained that attributing a radio reporter's remarks to the organization itself falsely implied that EMDR had actually secured the official endorsement of AAAS. In the midst of discussions between her publisher and the AAAS, Shapiro requested that her publisher remove the quote from the book, according to Shapiro (personal communication, June 9, 1998). It has since disappeared from further printings of the book, including the paperback version.

9. Claims of global historic significance have been made on behalf of both Mesmerism and EMDR. Typical of its advocates, the Comte de Montlosier exclaimed that Mesmerism would "change the face of the world" (quoted in Darnton, 1968, p. 59), and that nothing had provided him with "such vivid insight as mesmerism" (quoted in Darnton, 1968, p. 59).

Like Mesmerism, EMDR has enjoyed encomia. Breathlessly hyperbolic, its supporters bubble forth with superlatives. "Amazing," "extraordinary," "profound," and "miracle" are among the descriptors that grace the dustjacket of Shapiro's new book, which also celebrates EMDR as "radically altering psychiatrists' ideas about how the mind works and how the psyche heals" (Shapiro & Forrest, 1997).

Shapiro, too, has been upbeat about EMDR. While contemplating the significance of her breakthrough discovery, she compared progress in psychology with progress in manned flight. Shapiro proclaimed, "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" (Shapiro, 1995, p. xii). Her visionary perspective is apparent in the title of the closing chapter of her new book: "Visions of the Future: The Global Reach of EMDR" (Shapiro & Forrest, 1997, p. 222).

10. *Both animal magnetism therapists and EMDR therapists have used technical gadgets.* Technical aids were integral to animal magnetism therapy (Gould, 1991). Mesmer would fill large vats with "magnetized" water, sometimes adding iron fillings. Twenty or so iron rods protruded from these vats, and patients were instructed to grab a rod and touch it to body parts apparently afflicted with blocked fluid. Other inanimate objects were sometimes "magnetized," and tones were played on a glass harmonica to enhance therapeutic outcome.

Available for purchase at EMDR training workshops are devices designed to facilitate eye tracking during therapy (Rosen, 1996). For \$39.95 trainees can obtain a "Lite-Stic" which is a wand with a light at its tip. The "eyeScan 2000" is a more complex device, but still a bargain at \$299. A "Sound Option" upgrade can be purchased for \$69, and the eyeScan 2000 carrying case costs \$46.

11. *Both animal magnetism therapy and EMDR have been applied to an astonishingly wide range of conditions.* Animal magnetism therapy was deemed effective for a number of conditions. Its advocates reported its efficacy in the treatment of gout, blindness, deafness, scurvy, and paralysis (Darnton, 1968, p. 6). Two therapists even claimed to have mesmerized a dead dog back to life (Darnton, 1968, p. 58).

EMDR has also been used for an amazing range of complaints. In her book entitled "*Crazy Therapies*," University of California academic clinician Margaret Singer writes:

According to Shapiro's [1995] book and related literature, EMDR could be used for pain control, grief, delusions, ritual abuse, phobias, generalized anxiety, paranoid schizophrenia, learning disabilities, eating disorders, substance abuse, pathological jealousy, rage, guilt, multiple personality disorder, cancer, AIDS, somatic disorders, couples therapy, and for children as young as two. (Singer & Lalich, 1996, p. 187)

Since the publication of "*Crazy Therapies*," one psychologist described his use of EMDR for the treatment of trauma symptoms arising from recovered memories of abduction by space aliens (S. J. Shotz, public communication on the Internet, January 20, 1997).

Shapiro has emphasized, however, that EMDR is not meant to be the sole intervention for many of the aforementioned conditions (e.g., AIDS, cancer). Despite this stipulation, there is scant scientific evidence that the addition of

EMDR enhances the efficacy of conventional treatments for cancer, AIDS, and so forth.

12. *Both Mesmerism and EMDR may have been the objects of satire.* A successful musical comedy appeared on the Parisian stage in 1784 that was widely believed to be a satire on Mesmerism (Darnton, 1968, p. 65). Animal magnetism therapists were outraged, insisting that the play was slanderous.

To the best of my knowledge, EMDR has not been featured in a musical comedy. But a journalist for a Morristown, New Jersey newspaper has recently claimed that a satire on EMDR has appeared on the World Wide Web (Osby, 1997). According to this reporter, the Web site of one "Dr. Shekel" showcases a new "revolutionary breakthrough" treatment called "Sudotherapy" or SOT. Apparently because the animated Web site depicts shifting eyes, this journalist believes SOT might be a parody of EMDR. EMDR therapists have been outraged, insisting that the Web site is libelous. Satire, however, is protected speech under the First Amendment of the Bill of Rights (Wagman, 1991, p. 157).

13. *Both Mesmer and Shapiro have sought the attention of scientists.* Mesmer defied mainstream medical researchers to compare their treatments to his, and challenged them to verify his cures (Darnton, 1968, p. 48). Shapiro (1995) has repeatedly called for researchers to test the efficacy of EMDR (p. 340).

14. *Both Mesmer and Shapiro have claimed that "Establishment" clinicians have been biased against their therapies.* Mesmer claimed that scientists associated with the prestigious Academy of Sciences and Royal Society of Medicine exhibited academic despotism, scientific intolerance, and narrow mindedness by snubbing him (Darnton, 1968, p. 48).

Echoing sentiments expressed by Mesmer, Shapiro has complained that:

First the early psychodynamic therapists were reviled and maligned; once ensconced they in turn did the same to the behaviorists, who turned and did it to the cognitivists, and now similar treatment is repeated with EMDR. (public communication on the Internet, May 2, 1997)

15. *Critics of both Mesmerism and EMDR claimed that treatment worked through the power of suggestion.* The furor raised by the phenomenal spread of Mesmerism prompted the establishment of a Royal Commission in 1784 to investigate its mechanism of action (Gould, 1991). The Commission was chaired by Benjamin Franklin, the world's foremost authority on electricity, who happened to be in Paris on diplomatic mission. It included other distinguished scientists, such as the great chemist, Antoine Lavoisier, and the renowned physician, Joseph Guillotin, who perfected the killing machine that bears his name and that later claimed the head of his colleague, Lavoisier.

Franklin and Lavoisier were those chiefly responsible for designing and conducting a series of elegant experiments on the mechanisms of Mesmerism. At the outset, these two geniuses encountered a serious empirical obstacle:

the Mesmerists claimed that their subtle fluid had no tangible or quantifiable physical properties. How, then, to determine whether it really exists? Franklin and Lavoisier reasoned that one could test its effects even if one could not measure it directly. Because full-blown cures would take too long to assess, they opted to test whether therapeutic cathartic reactions occurred only when patients received a dose of animal magnetism or when they merely believed they had done so. For example, in one blind, placebo-controlled experiment, Lavoisier compared the effects of “magnetized” water versus those of “non-magnetized” water. According to Mesmer, only the former should produce the reactions deemed essential for recovery. But consistent with the alternative hypothesis, the predicted effects occurred only if the patient believed she had consumed magnetized water; they did not occur if she believed she had consumed ordinary water, even if it had been magnetized by a Mesmerizer. After conducting a long, systematic series of such experiments, Franklin et al. concluded that the effects of Mesmerism therapy were attributable to the power of suggestion, not to the power of animal magnetism. As Gould (1991) has stated, their published report

. . . is a key document in the history of human reason.

It should be rescued from its current obscurity, translated into all languages, and reprinted by organizations dedicated to the unmasking of quackery and the defense of rational thought (p. 189).

As apparent from Gould’s masterful essay, the brilliant methodological innovations pioneered by Franklin, Lavoisier, and their colleagues set high standards for those who endeavor to test the mechanisms of psychotherapy.

Unfortunately, testing the mechanisms of EMDR is likely to be more challenging than testing the mechanisms of Mesmerism. Although Shapiro (1989b) originally emphasized the novel inclusion of induced eye movements as the likely “crucial component” (p. 220) of her breakthrough therapy, she now holds that eye movements are not integral to eye movement desensitization and reprocessing (Author and Publisher Disclaimer, Shapiro & Forrest, 1997). Because a seemingly open-ended list of procedures can replace eye movements, including “forced fixation” [of the eyes, presumably] and “rhythmic tapping” (Shapiro, 1995, p. 25), it will be a challenge to test whether there are any ingredients specific to EMDR that account for its effects. In a brilliant critique of the protean character of EMDR, cowritten by an academic psychologist and her university’s attorney, DeBell and Jones (1997) asked,

What, exactly, is required for this technique and how do we evaluate research outcomes? With so many sanctioned variations, one begins to wonder whether EMDR is standardizable. Shapiro (1995) has stated that it is; future researchers will be challenged to find alternatives for comparative research that Shapiro and her followers will not criticize as a type of bonafide EMDR. (p. 161)

Indeed, its transformation into a method said to incorporate elements from psychodynamic, behavioral, and cognitive approaches render it increasingly difficult to distinguish from conventional eclectic psychotherapy.

16. *Both Shapiro and Mesmer have reacted to unfavorable research findings in similar ways.* When the Franklin Commission demonstrated that the effects of Mesmerism were attributable to the power of suggestion, not to the power of animal magnetism, Mesmer argued that his protocols were not followed (Darnton, 1968, p. 62).

Likewise, when EMDR has not fared well in controlled trials, Shapiro (1996b) has argued that the study therapists were either insufficiently trained or failed to follow her protocols.

17. *Both Mesmer and Shapiro have written letters to those they believe have misapplied their techniques.* Mesmer wrote a letter to Franklin, detailing how Franklin and his colleagues had failed to implement the correct version of animal magnetism therapy (Darnton, 1968, p. 62). Ignoring his objections, Franklin et al. did not retract their conclusions.

Like Mesmer, Shapiro has sent letters to researchers whom she believes have failed to implement EMDR properly. For example, after F. Dudley McGlynn and his colleagues reported minimal positive effects of eye movement desensitization on spider fear (Bates, McGlynn, Montgomery, & Mattke, 1996), McGlynn received a return-receipt letter from Shapiro (December 12, 1996) in which she wrote: "It is clear that you and Mr. Bates attempted a rigorous evaluation of the application of EMDR to phobias. However, I regret to inform you that the research is fatally flawed because the EMDR procedures and protocols were not used." She also stated, "In sum, I request that, in accordance with Standard 6.21 B of the APA Ethics Code, that you publish an erratum which states that the methods used in your article are not representative of EMDR, or the way it is clinically practiced." Ignoring her request, McGlynn et al. did not publish an erratum (F. D. McGlynn, personal communication, September 2, 1997). In accordance with standard scholarly practice, an EMDR advocate published a critique of the Bates et al. (1996) study (Lipke, 1997), which McGlynn (1997) swiftly and effectively rebutted.

CONCLUSIONS

Mesmerism and EMDR have been two of the fastest growing methods in the history of psychotherapy, and they have been two of the most controversial. Historical analysis suggest that such reputedly breakthrough treatments are most likely to emerge from the periphery of the field, to be associated with brilliant promotional efforts, to be accompanied by dramatic claims of successful treatment of hitherto recalcitrant syndromes, and to be criticized by scientists as little more than elaborate psychosocial placebos.

Despite the many similarities between the history of Mesmerism and the history of EMDR, there is at least one important difference. A prestigious committee of scientists concluded that the effects of Mesmer's therapy were attributable to the power of suggestion, not the power of "animal magnetism," thereby discrediting the Mesmerism movement. In contrast, the American Psychological Association's (APA) committee on empirically validated treatments recently startled many psychologists by proclaiming EMDR as "probably efficacious for civilian PTSD" (D. L. Chambless, public communication on the Internet, June 15, 1997). EMDR has earned the approbation of this committee because it was statistically superior to no treatment at all in two controlled trials. Had Franklin and Lavoisier applied these criteria, they might have arrived at similar conclusions about the "probable efficacy" of animal magnetism therapy.

REFERENCES

- Acierno, R., Hersen, M., Van Hasselt, V. B., Tremont, G., & Mueser, K. T. (1994). Review of the validation and dissemination of eye-movement desensitization and reprocessing: A scientific and ethical dilemma. *Clinical Psychology Review, 14*, 287-299.
- Bates, L. W., McGlynn, F. D., Montgomery, R. W., & Mattke, T. (1996). Effects of eye-movement desensitization versus no treatment on repeated measures of fear of spiders. *Journal of Anxiety Disorders, 10*, 555-569.
- Darnton, R. (1968). *Mesmerism and the end of the Enlightenment in France*. Cambridge, MA: Harvard University Press.
- DeBell, C., & Jones, R. D. (1997). As good as it seems? A review of EMDR experimental research. *Professional Psychology: Research and Practice, 28*, 153-163.
- Foa, E. B., & Meadows, E. A. (1997). Psychosocial treatments for posttraumatic stress disorder: A critical review. *Annual Review of Psychology, 48*, 449-480.
- Foa, E. B., & Rothbaum, B. O. (1998). *Treating the trauma of rape: A cognitive-behavioral treatment manual for PTSD*. New York: Guilford Press.
- Gould, S. J. (1991). The chain of reason versus the chain of thumbs. In *Bully for brontosaurus: Reflections in natural history* (pp. 182-197). New York: Norton.
- Herbert, J. D., & Mueser, K. T. (1995). What is EMDR? *Harvard Mental Health Newsletter, 11*, 8.
- Keane, T. M. (1998). Psychological and behavioral treatments of post-traumatic stress disorder. In P. E. Nathan & J. M. Gorman (Eds.), *A guide to treatments that work* (pp. 398-407). Oxford, UK: Oxford University Press.
- Lilienfeld, S. O. (1996). EMDR treatment: Less than meets the eye? *Skeptical Inquirer, 20*, 25-31.
- Lipke, H. (1997). Commentary on the Bates et al. Report on eye-movement desensitization and reprocessing (EMDR). *Journal of Anxiety Disorders, 11*, 599-602.
- Lohr, J. M., Kleinknecht, R. A., Tolin, D. F., & Barrett, R. H. (1995). The empirical status of the clinical application of eye movement desensitization and reprocessing. *Journal of Behavior Therapy and Experimental Psychiatry, 26*, 285-302.
- Lohr, J. M., Tolin, D. F., & Lilienfeld, S. O. (1998). Efficacy of eye movement desensitization and reprocessing: Implications for behavior therapy. *Behavior Therapy, 29*, 123-156.
- McGlynn, F. D. (1997). Response to Lipke's comment. *Journal of Anxiety Disorders, 11*, 599-602.
- McNally, R. J. (1996). Review of F. Shapiro's "Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures." *Anxiety, 2*, 153-155.
- Osby, L. (1997). Treating mental trauma with unusual therapy. *Daily Record, August 21*, pp. A1, A14.

- Rosen, G. M. (1992). A note to EMDR critics: What you didn't see is only part of what you don't get. *the Behavior Therapist*, **15**, 216.
- Rosen, G. M. (1995). On the origin of eye movement desensitization. *Journal of Behavior Therapy and Experimental Psychiatry*, **26**, 121–122.
- Rosen, G. M. (1996). Level II training for EMDR: One commentator's view. *the Behavior Therapist*, **19**, 76–77.
- Rosen, G. M. (1997). Dr. Welch's comments on Shapiro's walk in the woods and the origin of eye movement desensitization and reprocessing. *Journal of Behavior Therapy and Experimental Psychiatry*, **28**, 247–249.
- Rosen, G. M., & Lohr, J. (1997). Can eye movements cure mental ailments? *Newsletter of the National Council Against Health Fraud*, **20**, 1.
- Rosen, G. M., Lohr, J. M., McNally, R. J., & Herbert, J. D. (1998). Power therapies, miraculous claims, and the cures that fail. *Behavioural and Cognitive Psychotherapy*, **26**, 97–99.
- Rosen, G. M., McNally, R. J., Lohr, J. M., Devilly, G. J., Herbert, J. D., & Lilienfeld, S. O. (1998). A realistic appraisal of EMDR. *California Psychologist*, **31**, 25, 27.
- Shapiro, F. (1989a). Eye movement desensitization: A new treatment for post-traumatic stress disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, **20**, 211–217.
- Shapiro, F. (1989b). Efficacy of the eye movement desensitization procedure in the treatment of traumatic memories. *Journal of Traumatic Stress*, **2**, 199–223.
- Shapiro, F. (1991). Eye movement desensitization and reprocessing: A cautionary note. *the Behavior Therapist*, **14**, 188.
- Shapiro, F. (1994). Alternative stimuli in the use of EMD(R). *Journal of Behavior Therapy and Experimental Psychiatry*, **25**, 89.
- Shapiro, F. (1995). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures*. New York: Guilford Press.
- Shapiro, F. (1996a). Eye movement desensitization and reprocessing (EMDR): Evaluation of controlled PTSD research. *Journal of Behavior Therapy and Experimental Psychiatry*, **27**, 209–218.
- Shapiro, F. (1996b). Errors of context and review of eye movement desensitization and reprocessing research. *Journal of Behavior Therapy and Experimental Psychiatry*, **27**, 313–317.
- Shapiro, F., & Forrest, M. S. (1997). *EMDR: The breakthrough therapy for overcoming anxiety, stress, and trauma*. New York: BasicBooks.
- Shapiro, F. (1998). EMDR 1997 update. *the Behavior Therapist*, **21**, 28.
- Singer, M. T., & Lalich, J. (1996). *"Crazy" therapies: What are they? Do they work?* San Francisco, CA: Jossey-Bass.
- Wagman, R. J. (1991). *The First Amendment book*. New York: Pharos Books.
- Weber, M. (1946). The sociology of charismatic authority. In H. H. Gerth & C. W. Mills (Eds. and Trans.), *From Max Weber: Essays in sociology* (pp. 245–252). New York: Oxford University Press. (Original work published 1922)
- Welch, R. B. (1996). On the origin of eye movement desensitization and reprocessing: A response to Rosen. *Journal of Behavior Therapy and Experimental Psychiatry*, **27**, 175–179.
- Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford, CA: Stanford University Press.
- Zeiss, A. (1998). EMDR 1997 update. *the Behavior Therapist*, **21**, 28.