

# Mesmer's Triumph Over Gassner: Matter Over Mind

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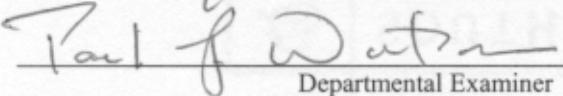
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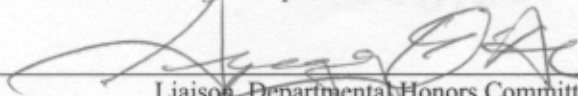
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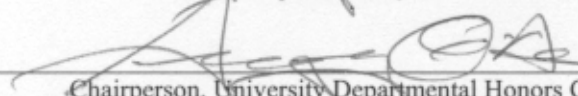
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## **Abstract**

This paper examines a revolutionary change in thinking about healing during the late 18th and early 19th centuries — from Father Joseph Gassner’s practice of exorcism to Franz Mesmer’s discovery of animal magnetism.

By critically examining the specific elements that sparked this revolution in thought, it may be better possible to understand why such shifts continue to occur. Western medicine has not obliterated ancient traditions of healing. Exorcisms persist. Even magnetism is still practiced. No theory of healing can possibly address all of the problematic elements that it will encounter, due to certain unavoidable limitations of the process by which paradigms are constructed. Thus, any given theory will ultimately be superseded by another theory. A postmodern appreciation of the intrinsically unstable nature of such frameworks should help reveal the fallacy of believing any one paradigm of healing to be superior ultimately to another.

## **Introduction**

What does it mean to be sick, or to be healed from a sickness? What exactly is a disease? These questions do not seem to be great mysteries, since most societies have accepted particular methods of identifying and treating sickness, but it is interesting that these methods are not universal for all cultures. Different societies have different conceptions of what it means to be sick. Some understand that sickness occurs when bacteria enters the body and causes infections, while others understand it to be caused by evil spirits that *consciously* intend to harm human beings. Societies even differ on their conceptions of pain, and what it means to suffer. Is pain an undesirable phenomenon that should be eliminated from human experience, or is it rather a spiritually beneficial phenomenon that should be accepted and even embraced?

Why are there such radically different conceptions of these matters? It seems that if new theories were more effective or better than others, the less effective theories would die out completely. They would be replaced, or explained away completely by the better, superior theory. But this does not happen. New theories are constantly emerging, yet old theories persist, even if they may be temporarily/partially abandoned. We are left with an overwhelming number of theories that purport to explain sickness.

From the perspective of the West, it may seem as though Western medicine is emerging as the perfect way of conceptualizing sickness and healing, and that it will eventually replace all other conceptions, but this is not necessarily the case. Of

course, it sees itself as progressing against sickness, but this is only because it judges itself by its own standards and by its own definitions of what it means to treat a sickness. Everyone feels that their framework for healing is progressing when judged by their own standards, within their own framework. Exorcists successfully exorcize demons, and Christian Scientists successfully eliminate sickness from existence. Both traditions feel as though they are making some sort of practical progress against disease, but this does not constitute grounds for comparative superiority against other traditions necessarily. Ivan Illich (1976) notes that Western medicine is not as superior to other forms of healing as it supposes itself to be:

“The study of the evolution of disease patterns provides evidence that during the last century doctors have affected epidemics no more profoundly than did priests during earlier times. Epidemics came and went, imprecated by both but touched by neither. They are not modified any more decisively by the rituals performed in medical clinics than by those customary at religious shrines (Illich, 1976, p.15).”

The very mention of “rituals performed in medical clinics” demonstrates a very crucial point that will be elaborated upon further on in this paper: that Western medicine is a socially constructed institution, and as such, it is created by the same methods as any other socially constructed institution. There are certain, very specific mechanisms in place, or rituals, that help to maintain the framework of Western medicine. This means that the very foundations of Western medicine are essentially identical to those of other social institutions, even religious institutions. Western medicine is not built upon some purely objective method, it has not risen above its

sociological trappings, and it therefore cannot justifiably be elevated in status above other institutions.

Furthermore, Illich claims that drug therapy has ultimately had little significant impact on sickness. Sickness has not been eliminated, despite the onslaught of fast-growing medical technology. The medical profession may have cured certain diseases, but they are simultaneously, constantly creating new ones, or are baptizing sicknesses produced by society with names like “learning disability,” “hyperkinesis,” or “minimal brain dysfunction” to explain to parents why their children do not learn in a specific manner (Illich, 1976, p.169). With these iatrogenic diseases that Illich notes, doctors will always be guaranteed a need for their services in a community. Even if they are able to cure particular diseases, they will always be able to identify new ones, and thus create new diseases. Furthermore, some drugs often merely produce an evolved strain of bacteria, rather than a cure of the disease (Illich, 1976, p.28).

Some of the particular diseases seem to be proving too much for Western doctors to even temporarily quell. Treatments may be available, but they are not necessarily guaranteed to be effective in saving the lives of patients. At the time of Illich’s work, “the five-year survival rate in breast-cancer cases is 50 percent, regardless of the frequency of medical check-ups and regardless of the treatment used (Illich, 1976, p.25).” A recent study was conducted to compare the difference in effectiveness between mastectomy and breast-conserving treatments for breast cancer which revealed that the survival rates for patients are still not very promising,

regardless of the method used (Van Dongen, Voogd, Fentiman, Legrand, Sylvester, Tong, Van der Schueren, 2000). After ten years, only about sixty-six percent of the patients could expect to still be alive. That shows some improvement from twenty-five years ago, when Illich noted the fifty percent survival rate, but Illich's statistic still suggests that neither the frequency of check-ups nor the method used had any specific effect on survival outcome, regardless of what the outcome might have been without *any* check-ups or treatment. Even though the statistics are a little better, they are still not very promising, after all of the years of research that have been invested in finding a cure for cancer.

The standards set for testing the effects of treatments for breast cancer are not very demanding. Multiple studies (Jeremic, 1998; Brito, 2001) determined that the combination of certain treatments were "promising" when they yielded around a thirty percent chance of survival after five years. This standard does not seem to be much higher than the typical response to placebos, since "30-40% of subjects administered a placebo will show a positive response (Brody, 1985, p.48)." The fact that the standard for efficacy in Western medicine is comparable to the performance of placebos is interesting, since Western medicine often appeals to placebo effects when explaining the effectiveness of shamans and priests throughout history (Shapiro, 1960). Perhaps it is not unreasonable to suggest that the success of these treatments for breast cancer are ultimately attributable to elements that are not exclusively found in Western medicine.

Western medicine has itself attributed 80% of illnesses to psychosomatic causes (Fuller, 1989, p.127). Drug therapy is admittedly not necessary for treating the majority of sicknesses that exist, so non-Western, non-scientific forms of healing must stand at least as good of a chance of success, if not better. The links between Western medicine and other forms of healing are strengthened yet further.

There is evidence to suggest that Western medicine is not really eradicating sickness, but is rather just devising increasingly elaborate and sophisticated ways of eliciting the same practical results as shamans and priests. If Western medicine is not superior in practical terms of fighting sickness, then how has it gained such a reputation in our society for superiority to other healing traditions?

Aside from practical issues, Western medicine is not satisfying its patients. Between forty-two and fifty percent of Americans seek out, and are willing to pay for, alternatives to Western medicine (Esienberg, 1998; Elder, 1997). People are exploring options outside the normal arena of Western medicine such as acupuncture and even energy fields, options that are “alternative” because they conflict with the wishes of Western doctors for their patients. Some people may even find something of interest in the practice of exorcism. People are increasingly asking their healers to redefine the variables involved in sickness. They want doctors to recognize their sickness as something else, something other than a purely mechanical process. “Why won’t you see that I am depressed because my energy field is tainted, not because the neurotransmitters in my brain are not functioning properly?” From the patient’s perspective, at least, the system is not working, and its conceptualization of the

crucial variables is unsatisfactory. A significant number of people in this society are dissatisfied with the theory of sickness that Western medicine has to offer, and are increasingly willing to look elsewhere for options.

Western medicine is failing to replace other healing traditions throughout public life because it is itself apparently flawed in some manner. Old theories of sickness are regaining appeal in Western society. It seems that humanity is not yet on the course to discovering some objectively superior theory of disease and sickness that will eradicate all inferior theories. Again, why is this the case?

This paper will examine the nature of revolutions in medical thought, or medical paradigms. By critically examining one particular revolution, a framework might be constructed that will apply to revolutions in healing systems in general. Of particular interest is Western medicine's transition away from exorcism as an accepted form of healing. The scarcity of exorcism in the modern world began at the very time when the foundations were being laid for a modernistic, enlightened Western medical tradition. This transition can be traced by an analysis of two figures: an exorcist by the name of Joseph Gassner, and the discoverer of animal magnetism, Franz Anton Mesmer. The struggle between these two figures was symbolic of a competition that was taking place between two ways of conceptualizing sickness and its treatment.

Once a framework for revolutions in medical thought in general has been created, it might perhaps be possible to answer a larger question: Will it ever be possible for humanity to discover a way of conceptualizing sickness and healing that

will not only be universal, but also invulnerable to the possibility of revolution? Is there any way that a paradigm for healing can emerge as a theoretically stable paradigm, and ultimately reduce or annihilate all others? If this is not possible, then perhaps a more post-modern approach would be helpful for studying different healing paradigms, which means that all healing traditions should be examined with equal regard.

## **What is a Paradigm?**

“The more carefully [historians] study, say, Aristotelian dynamics, phlogistic chemistry, or caloric thermodynamics, the more certain they feel that those once current views of nature were, as a whole, neither less scientific nor more the product of human idiosyncrasy than those current today. If these out-of-date beliefs are to be called myths, then myths can be produced by the same sorts of methods and held for the same sorts of reasons that now lead to scientific knowledge. If, on the other hand, they are to be called science, then science has included bodies of belief quite incompatible with the ones we hold today (Kuhn, 1996, p.2).”

There is a strong link between all social institutions, as indicated earlier by the rituals of medicine. Those beliefs that are called myths are created in the same manner as those that are held to be scientifically true. The process that constructs these beliefs is universal to all of humanity. It is ultimately responsible for the creation of all paradigms. But what exactly is a paradigm, and how specifically is one constructed with this universal process?

The world in which an individual lives is created through a very specific process of socialization, which is described by Berger and Luckmann (1966). This process depends upon the invention of language in order to describe phenomena that are experienced by individuals. Some of this language is passed on to the entire society during the stages of primary socialization, but more specialized vocabularies are transmitted to particular groups of people as a result of increasingly divided labor (Berger & Luckmann, 1966, p.77).

Examples of this include the vocabulary that is available to the electrician that is not necessarily available to the accountant. The electrician has an array of terms that one is not likely to encounter in any other sector of everyday life, such as an

“offset bend” or a “ground fault circuit interrupter.” The electrician needs to know these terms in order to do his or her job correctly, but the layman has no need of ever needing to know these things. The layman can simply call upon the electrician for this knowledge if such a need ever arises. Of course, this is a generic example, and can easily be applied to most any profession or even hobby, as they each produce highly specialized roles that are not necessarily important to the general public.

“Another consequence of institutional segmentation is the possibility of socially segregated subuniverses of meaning. These result from accentuation of role specialization to the point where role-specific knowledge becomes altogether esoteric as against the common stock of knowledge. Such subuniverses of meaning may or may not be submerged from the common view (Berger & Luckmann, 1966, p.85).”

Furthermore, the professionalization that creates these subuniverses leads to an immense restriction of view that the individual has while dealing within this subuniverse, and a tremendous resistance to changing the structure of this subuniverse (Kuhn, 1996, p.64). The more that an individual deals with the knowledge of the subuniverse, the more real it becomes to the individual, and the more committed he or she will be to it. The more that the electrician deals with the specialized terms and concepts of the profession, and consistently meets with practical success as a result of doing so, the less likely he or she will be to willingly abandon these terms for any reason.

A more relevant example to this project would be the creation of specialized vocabularies within scientific traditions. Modern scientific traditions certainly use vocabularies that are more specialized than those available to society at large.

Modern scientists possess a conceptualization of nature that is more specialized than that of the layman. These specialized disciplines, or subuniverses, which acquire specialized vocabularies when labor is divided throughout a society, can help to constitute specialized paradigms within a society. But what exactly is a paradigm? Thomas Kuhn used this term to refer to the body of knowledge that defines “the legitimate problems and methods of research in a field for succeeding generations (Kuhn, 1996, p.10).” The works of Newton and his resulting laws, for example, are presented in the earliest chapters of any modern physics textbook. It is essential that one understand these if one is to ever gain a working knowledge of physics. This set of accepted theories and methods constitutes a paradigm, as it will be termed for the duration of this project.

Newton’s discoveries are taught to current generations of physicists as the acceptable standard of research and theory. But his works and laws essentially become heuristics since they are not constantly re-evaluated. They are taught during foundational scientific training, as a part of that specialized scientific vocabulary of physics, and are usually not critically revisited. Newton’s laws are simply accepted, and are very frequently used with little questioning. In fact, it is not even necessary for the members of a specialized discipline, who all essentially agree upon the same paradigm, to agree upon the specific rules of a paradigm.

“They can, that is, agree in their *identification* of a paradigm without agreeing on, or even attempting to produce, a full *interpretation* or *rationalization* of it. Lack of a standard interpretation or of an agreed reduction to rules will not prevent a paradigm from guiding research... Indeed, the existence of a paradigm need not even imply that any full set of rules exists (Kuhn, 1996, p.44).”

In fact, if one were to closely examine the relationship between Newtonian and Einsteinian physics, one would discover that Newtonian physics is not in fact derivable from Einstein's theory, despite the fact that most physicists operate with both systems. This provides evidence that physicists lack a full interpretation or rationalization of the two theories and ultimately of the standards of research in their field.

“Newtonian mass is conserved; Einsteinian is convertible with energy. Only at low relative velocities may the two be conceived to be the same. Unless we change the definitions of the variables in the [Newton dynamics derived from relativistic dynamics], the statements we have derived are not Newtonian. If we do change them, we cannot properly be said to have *derived* Newton's Laws, at least not in any sense of 'derive' now generally recognized (Kuhn, 1996, p.102).”

The only way that physicists could employ both of these methods is to suspend the problem that is created when closely comparing the two. If the specific rules of the paradigm are not questioned, then this revealing critical comparison will not need to occur, since both theoretical frameworks will work fairly well in describing the world for the physicist. The coexistence of these two frameworks demonstrates an example of the ability of a paradigm to guide research without close examination of its particular components.

But how is this possible? Kuhn appeals to Wittgenstein's concept of “family resemblance” in order to explain how a paradigm can lack specific rules:

“Though a discussion of some of the attributes shared by a number of games or chairs or leaves often helps us learn how to employ the corresponding term, there is no set of characteristics that is simultaneously applicable to all members of the class and to them alone. Instead, confronted with a previously unobserved activity, we

apply the term ‘game’ because what we see bears a close ‘family resemblance’ to a number of the activities that we have previously learned to call by that name (Kuhn, 1996, p.45).”

Paradigms offer heuristics for solving problems or defining phenomena. Specific rules are not necessary to the construction of a paradigm.

Of course, one’s paradigm will strictly govern the way that the world is perceived. Gestalt psychologists, who propose that things are perceived from the “top-down,” which means that the sum of all of the elements in any experience is perceived as cohesive whole rather than a summation of individual elements, will easily understand how a paradigm influences the way that the world is experienced. Context and training are integral parts of any experience, and they certainly are incorporated into the perception of the whole of an experience. They are not elements that can be separated from an experience, but are fully integrated into the “whole” of the set of elements.

If a person were to look at Rubin’s (1915) reversible face-vase figure, there are multiple outcomes for the overall experience. The person could see either two faces looking at each other, or a vase, or even just the actual lines on the page without necessarily perceiving any figures at all. Whichever experience the person has, it is actually possible to teach the individual to have any of the other experiences. Perhaps the first impression of the picture resulted in the perception of the vase. The individual can be taught to see the two faces, and thus equipped with the ability to switch back and forth between the two different perceptions. This demonstrates that

one's experiences of the world can be changed according to the way in which the individual was trained to see the world.

“Still other experiments demonstrate that the perceived size, color, and so on, of experimentally displayed objects also varies with the subject's previous training and experience. Surveying the rich experimental literature from which these examples are drawn makes one suspect that something like a paradigm is prerequisite to perception itself. What a man sees depends both upon what he looks at and also upon what his previous visual-conceptual experience has taught him to see. In the absence of such training there can only be, in William James's phrase, 'a bloomin' buzzin' confusion' (Kuhn, 1996, p.113).”

As long as members of a scientific community all accept a paradigm, see the world as constructed by the paradigm, and conduct their research according to the rules of that paradigm, they are conducting “normal science.”

“Closely examined, whether historically or in the contemporary laboratory, that enterprise seems an attempt to force nature into the preformed and relatively inflexible box that the paradigm supplies. No part of the aim of normal science is to call forth new sorts of phenomena; indeed those that will not fit the box are often not seen at all. Nor do scientists normally aim to invent new theories, and they are often intolerant of those invented by others. Instead, normal-scientific research is directed to the articulation of those phenomena and theories that the paradigm already supplies (Kuhn, 1996, p.24).”

This practice is typical, or normal then, of scientific communities. In fact, many scientists are famous not for novelty, but for developing methods of solving problems with a greater degree of precision and reliability (Kuhn, 1996, p.26).

Usually, if a scientist fails to produce the expected solution to the puzzle, then the fault is automatically assumed to belong to the scientist rather than to the guiding theory or paradigm (Kuhn, 1996, p.80). Adherence to paradigms, and to socially-constructed specialized vocabularies, is expected. Consideration of the specific rules

that constitute such a paradigm, or that are responsible for the creation of these vocabularies, is not at all necessary. Members of a scientific community may have varying opinions concerning the specific rules that govern their research or investigations, but they are nevertheless able to maintain an allegiance to the paradigm at large.

Although a paradigm can guide research in the absence of any specific set of recognized rules (Kuhn, 1996, p.42), the elements of a paradigm must sometimes be reconsidered. Sometimes the specific rules of a paradigm become important, and must be understood rather than be faithfully accepted, or ignored altogether.

“Normal science can proceed without rules only so long as the relevant scientific community accepts without question the particular problem-solutions already achieved. Rules should therefore become important and the characteristic unconcern about them should vanish whenever paradigms or models are felt to be insecure (Kuhn, 1996, p.47).”

What causes members of the community to question the specifics of their paradigms? What causes this insecurity? The impetus to critically examine the specific rules of a paradigm is presented when there is some sort of problem with the way in which a paradigm deals with phenomena. Obviously, the recognition that the paradigm fails to explain or account for something presents a problem, and thus a source of insecurity for the adequacy of the paradigm.

“But even the unproblematic sector of everyday reality is so only until further notice, that is, until its continuity is interrupted by the appearance of a problem. When this happens, the reality of everyday life seeks to integrate the problematic sector into what is already unproblematic (Berger & Luckmann, 1966, p.24).”

As normal science propels a paradigm to an increasingly greater degree of acuity and precision, it will simultaneously be increasing its sensitivity in detecting these problems or problematic elements (Kuhn, 1996, p.65). When these problems are noticed, it is important that they must be dealt with as quickly as possible in order for the paradigm to maintain an unproblematic status. The longer that they remain unsolved, problematic elements, the more insecurity they will incite within the paradigm concerning its adequacy. When the paradigm is felt to be insecure, the stage is set for a crisis, or even a revolution in thought. There is a strong possibility that a new paradigm could emerge and replace an existing paradigm.

It is entirely possible for an individual to be retrained to see the world according to a different paradigm. This was suggested earlier by the example of gestalt switching. Kuhn presents his readers with another example of perceptual adaptation that is more relevant to this project in the way that it is occasioned by the introduction of a personal crisis, or a problem:

“An experimental subject who puts on goggles fitted with inverting lenses initially sees the entire world upside down. At the start his perceptual apparatus functions as it had been trained to function in the absence of the goggles, and the result is extreme disorientation, an acute personal crisis. But after the subject has begun to learn to deal with his new world, his entire visual field flips over, usually after an intervening period in which vision is simply confused. Thereafter, objects are again as they had been before the goggles were put on. The assimilation of a previously anomalous visual field has reacted upon and changes the field itself. Literally as well as metaphorically, the man accustomed to inverting lenses has undergone a revolutionary transformation of vision (Kuhn, 1996, p.112).”

The experimental subject was presented with a problem, and was in a personal crisis until the perceptual adaptation occurred. But it is apparently possible for such

an adaptation to occur. An individual is capable of retraining his or her visual apparatus in order to perceive the world in a new way. Revolutions in perception also can occur on theoretical levels, which also cause an individual to *see* the world in a completely different way.

With the nature of the construction of paradigms now having been considered, a critical examination of a particular, historical revolution in thought is now possible: the revolution from Gassner's exorcism to Mesmer's animal magnetism. The focus of this project is to discover reasons that new healing paradigms are created, reasons that revolutions occur within this specific subuniverse. More specifically, the goal will be to examine the nature of the problems that cause these revolutions. It should become clear that the specific nature of the problem that occasioned the crisis for exorcists has never really been resolved, and will continue to incite theoretical crises in various healing traditions.

## Gassner

The analysis of the specific revolution against exorcism in modern thought must begin with some necessary information about the practice itself, but it will also be helpful to examine the individual who perhaps was the most famous exorcist of his time, and whose involvement in a demonstration against Mesmer eventually led to the end of exorcism's widespread practice.

Father Johann Joseph Gassner was born in Western Austria in 1727 in a small village called Braz, located in Vorarlberg (Ellenberger, 1970, p.53). He was ordained as a minister in 1750, and in 1758, began his ministry in a small village in Switzerland. A few years after beginning this ministry, Gassner began to suffer from numerous small ailments such as headaches and dizziness, which typically became worse whenever he was participating in holy activities like Mass, preaching, or even simply hearing confessions from his parishioners. The fact that his symptoms worsened during sacred times led Gassner to suspect that there were spiritual forces at work to cause his afflictions, particularly demonic forces. He acted on this suspicion and underwent the Church's exorcism, and relied on prayers from the Church until this cured his ailments. After the success of this method, it seems that Gassner realized his gift for discerning when demonic forces were at work in the world, because he began to practice exorcisms within his parish, and then eventually outside of the parish as well (Ellenberger, 1970, p.53).

Along with Gassner's practice of exorcisms, he also published a booklet that educated people about the nature of the exorcism that he and others used

(Ellenberger, 1970, p.55). So what does it mean to be “sick” from Gassner’s perspective, from the paradigm of exorcism? The answer to this question is interesting because there are two possibilities. Gassner distinguished between *natural* sickness, which is caused by physical things, and *preternatural* sickness, which is caused by spirits (Ellenberger, 1970, p.55). In fact, exorcists commonly believe that most sickness is natural in origin. “S. Alphonsus Liguori advises us that by far the greater part of these obsessions are distressing hallucinations, neurasthenia, imagination, hysteria, in a word, pathological (Summers, 1973, p.202).” This distinction is important because it means that only a particular component of Gassner’s paradigm was really falsified in subsequent years, rather than the entire system. Gassner himself only exorcised people suffering from preternatural, or spiritually caused sickness, and only this type was eventually found to be problematic. Preternatural sickness is conceptualized as not having a physical cause. There may be a physical manifestation, but the *cause* is always spiritual, so the true *sickness* is conceptualized as a conscious entity with malignant intentions towards an individual. The treatment for this is certainly different from anything that one might expect to find in a modern Western hospital. No drugs or surgery could extract the evil spirit, but rather an appeal to the power of Christ must be made by the exorcist, and the patient must have complete faith in both of these agencies if the exorcism is to work (Ellenberger, 1970, p.55). The entire model of preternatural sickness, then, consists of spiritual causes and spiritual cures, in spite of the required human mediator.

The best way to understand the tradition of exorcism would be to examine a documented example of it. The following is a typical exorcism conducted by Father Gassner as recounted by an eyewitness:

“The first patients were two nuns who had been forced to leave their community on account of convulsive fits. Gassner told the first one to kneel before him, asked her briefly about her name, her illness, and whether she agreed that anything he would order should happen. She agreed. Gassner then pronounced solemnly in Latin, ‘If there be anything preternatural about this disease, I order in the name of Jesus that it manifest itself immediately.’ The patient started at once to have convulsions. According to Gassner, this was proof that the convulsions were caused by an evil spirit and not by a natural illness, and he now proceeded to demonstrate that he had power over the demon, whom he ordered in Latin to produce convulsions in various parts of the patient’s body; he called forth in turn the exterior manifestations of grief, silliness, scrupulosity, anger, and so on, and even the appearance of death. All his orders were punctually executed. It now seemed logical that, once a demon had been tamed to that point, it should be relatively easy to expel him, which Gassner did. He then proceeded in the same manner with the second nun. After the séance had ended, Abbé Bourgeois asked her whether it had been very painful; she answered that she had only a vague memory of what had happened and that she had not suffered much. Gassner then treated a third patient, a high-born lady who had previously been afflicted with melancholia. Gassner called forth the melancholia and explained to the lady what she was to do in order to overcome it in case she was troubled by it again (Ellenberger, 1970, p.54).”

Gassner identified the demonic source of the affliction, and then successfully removed it. The two nuns were in fact cured of their symptoms after undergoing exorcism. The demon was elicited from the nuns, and the manifestation of the spiritual affliction was thus removed. Gassner was so successful in performing these exorcisms that his works were used to judge the practice in general by numerous individuals. He was invited to inquiries in order to demonstrate the validity of the whole procedure, and in most cases he was successful in promoting the effective

nature of exorcism. In fact, the transition away from the paradigm of exorcism was not the result of any sort of exposure of the practice's inefficiency.

Just a year after Gassner had become so famous for his treatment of one very well known, Countess Maria Benardine von Wolfegg, he began to be summoned by various dignitaries to demonstrate his talents, one of which was held in Munich by Prince Elector Max Joseph of Bavaria on November 23, 1775 (Ellenberger, 1970, p.56). Gassner may not have been personally responsible for the development of exorcism, but his tombstone credits him as one of the most celebrated exorcists of his time (Ellenberger, 1970, p.57). But the testing of a paradigm is never simply a test of a single paradigm against nature, there is always a competing paradigm that occasions the test, which lends further support to the post modern nature of paradigmatic revolutions (Kuhn, 1996, p.145). To this particular inquiry, an invitation was also extended to Franz Mesmer in order to investigate his recent claims in the area of animal magnetism. Gassner was able to perform his exorcisms successfully, and to heal people of their possession, but Mesmer was also able to cure people of very similar maladies, without any appeal to Gassner's spiritual exorcism (Taves, 1999, p.125). Mesmer had his own system that seemed to be comparably effective. "We can imagine that, upon hearing of Mesmer's report, Gassner must have felt somewhat like Moses when the Egyptian wizards reproduced his miracles in the Pharaoh's presence (Ellenberger, 1970, p.57)." The reference to Moses is insightful because after Moses's defeat, he went on to lead the Jews out of Egypt. He was not really defeated, nor was his religious paradigm. This is was also true of Gassner. Both

rather became exiled from their respective communities, or removed from the paradigms of their secular contemporaries.

The discovery that one of the most celebrated exorcists of all time could have his healings imitated by a radically different system signaled, at least symbolically, the end of exorcism and the real birth of animal magnetism. The key point to note here is that Gassner was not found to be ineffective. The rules of his paradigm, specifically the rule that attributed preternatural diseases to spiritual origins, was found unacceptable since an alternative system was found to be effective without making any appeal to spiritual causes. “Mesmer’s stance can be seen as a triumph of the medical model, that disease is the product of natural causes, over the supernatural model, that disease is the product of devils (Kihlstrom, 2002, p.411).”

It is interesting that the two men’s ability to achieve the same results worked against Gassner and not against Mesmer. Mesmer claimed that Gassner had really been unwittingly using animal magnetism all along (Ellenberger, 1970, p.57), but it was not widely suggested that somehow Mesmer was unwittingly using Gassner’s paradigm to treat illnesses. Thus, the theory of exorcism was annihilated with the apparent disproof of demons as causes for disease, and then it was incorporated into the universe of the medical model. It seems almost as if the decision to use the results of the inquiry against Gassner were somewhat less than fair and objective.

Regardless, exorcism was certainly defeated during this inquiry, and Mesmer became everyone’s new hero.

“Meanwhile, the Imperial Court, which was decidedly not favorably disposed toward Gassner, had asked the Prince Bishop of Regensburg

to dismiss him, and he was sent to the small community of Pondorf. In Rome, Pope Pius VI (Giovanni Angelo Braschi) had ordered an investigation into Gassner's activities. In the decree that followed, it was stated that... [exorcism] was to be performed with *discretion* [italics added by author] and with strict adherence to the prescriptions of the Roman ritual (Ellenberger, 1970, p.57)."

Thus, exorcism survived the ordeal of the inquiry, but it became significantly less public, less mainstream. It was forced out of the limelight. The paradigm of exorcism was the victim of a revolution in thought. It was placed in crisis when people began to question the rules of its constitution, particularly the spiritual agencies that were supposedly at work. Exorcism was being replaced with a new paradigm due to demands from outside of the disciplinary paradigm of exorcism.

These demands were presented by the Enlightenment and the onset of modernity. Descartes' conceptualization of the world, his dualistic distinction between mind and body, was leading many intellectuals to reduce patients to purely technical apparatus, or essentially to machines (Illich, 1976, p.150). A strictly scientific, mechanistic view of the world was being created, but in order to maintain this conceptualization, two things must happen according to Berger and Luckmann's theory of socialization: a process of legitimation and also one of nihilation. "Legitimation maintains the reality of the socially constructed universe; nihilation *denies* the reality of whatever phenomena or interpretations of phenomena do not fit into that universe (Berger & Luckmann, 1966, p.114)." There are legitimating mechanisms, which will be discussed later, but the nihilation component of maintaining a conceptualization of reality explains why exorcism was forced out of everyday public life.

Exorcism was certainly a competitive view to the mechanistic view of medicine that was being created by the Enlightenment, and as such it must have been dealt with as soon as possible in order to ensure the survival of the emerging paradigm (Berger & Luckmann, 1966, p.121). The best way to deal with a competitive framework is to completely annihilate it, and this is exactly what happened to exorcism. In fact, the final step in nihilation is to “*incorporate* the deviant conceptions within one’s own universe, and thereby to liquidate them ultimately. The deviant conceptions must, therefore, be *translated* into concepts derived from one’s own universe (Berger & Luckmann, 1966, p.115).” This is precisely what happened to the paradigm of exorcism when Mesmer claimed that Gassner had really been using animal magnetism all along. Mesmer successfully translated Gassner’s spiritual framework into something physical and technical. The demons became magnetic fluid, a purely physical substance. This was very appealing to the scientific community, which was striving to maintain their paradigm of mechanistic medical science. This redefinition provided them with the most effective method of annihilating a competitive system, and thus of tremendously strengthening their universe. Of course, this process of nihilation would eventually work against Mesmer when he too became a competitor for the status of paramount reality within the discipline of healing.

At least initially, Mesmer’s system held some promise of contributing to the *legitimizing* component of the construction of what would eventually become Western medicine, rather than being itself a competing universe that would have to be

*annihilated*. It too eventually began to pose a serious problem for the scientific community.

Now that Gassner's annihilated system has been considered, we must examine the temporarily triumphant Mesmer and his system of animal magnetism. An understanding of this system will help this paper's attempt to construct a framework for understanding the reasons that paradigmatic revolutions occur, and ultimately if it will ever be possible to construct a paradigm that will need no modifications. If it is not possible to construct such a paradigm, then pluralism may begin to make more sense.

“We carve out order by leaving the disorderly parts out; and the world is conceived thus after the analogy of a forest or a block of marble from which parks or statues may be produced by eliminating irrelevant trees or chips of stone (James, 1996, p.9).”

## Mesmer

Franz Anton Mesmer was born on May 23, 1734, in Iznang, which is a small village on the German shore of Lake Constance (Ellenberger, 1970, p.58). Mesmer had spent his life growing up under the expectation that he would follow in his father's footsteps and enroll in a religious occupation, but this plan changed once young Mesmer had been exposed to the new scientific mentality in schools that the Enlightenment was creating (Forrest, 2002, p.295). Mesmer realized that he clearly preferred sciences to religion, so he rejected the prospect of his religious vocation (Forrest, 2002, p.296). This preference for science over religious ideas furthers Mesmer's candidacy as a product of the Enlightenment, and it helps to explain the mentality behind his discovery of magnetic fluid and thus the establishment of animal magnetism.

In his dissertation for medical school, Mesmer proposed a theory on astronomy that he felt was not far off in spirit from that of Newton or Kepler; he believed that there was an invisible force in the universe that influenced illnesses, much like the invisible force of gravity influenced tides (Forrest, 2002, p.296). This dissertation is interesting because of its strong astrological undertones, in spite of Mesmer's clear urging that it be treated as a strictly scientific, astronomical theory, like Newton's or Kepler's. But these astrological undertones would nevertheless come back to haunt Mesmer, as they indicated that his system was too closely tied to paradigms that were very problematic for thinkers in the Enlightenment.

Mesmer really formed his theory of animal magnetism when he was treating a patient by the name of Fräulein Oesterlin, who was afflicted with no less than fifteen seemingly severe symptoms (Ellenberger, 1970, p.58). Mesmer noticed a cyclical nature to Oesterlin's symptoms, and he made the connection between the cycle of her symptoms and the cycle of the planets, and this led to the assumption that certain forces in the universe might be affecting Oesterlin's health (Ellenberger, 1970, p.58). So Mesmer decided to experiment with these forces in the hopes that he might be able to alleviate the patient's symptoms. The most readily available tool to Mesmer that clearly emitted invisible forces, like gravity, was a magnet. He therefore used magnets to manipulate this assumed invisible force that was affecting Oesterlin's body, and to his delight, Oesterlin's symptoms improved (Forrest, 2002, p.298). This confirmed Mesmer's theory that there is some force in the universe that affects the health of human beings, and he appropriately termed it "animal magnetism," since he used magnets to affect this force. Mesmer realized that it was not regular magnetism that was responsible for the cure, as he quickly began to manipulate the magnetic fluid in others simply by gestures from his own body.

Mesmer outlined his theory with twenty-seven propositions in 1779. Here are some of the more prominent of his propositions:

- “1. A mutual influence exists between heavenly bodies, the earth, and living things.
- 2 . A universal distributed fluid, so continuous as to admit of no vacuum, anywhere, of incomparable subtlety, and by its nature capable of receiving, propagating, and communicating all motion, is the means of this influence.
7. All the properties of matter and of living organisms depend on this agent.

8. The animal body experiences the alternating effects of this agent, which enters the substance of the nerves and affects them directly.
10. This property of the human body, which makes it responsive to the influences of the heavenly bodies, and to the reciprocal action of the bodies around it, shown by its analogy with the magnet, led me to call it animal magnetism.
23. One can see from the facts that this principle, following the practical rules I shall set forth, can cure nervous ailments directly and other ailments indirectly.
27. Finally, this doctrine will make it possible for the physician to diagnose the health of each individual and to shield him from the illnesses to which he may be exposed. The art of healing will thus reach its ultimate perfection (Mesmer, 1779/1971, pp.76-78)."

It is clear that Mesmer had great hope in his system of animal magnetism. He began to use it to heal many people of many different ailments. Here is an account of Mesmer's application of this system, as found in Ellenberger's study:

"Shortly after Mesmer's arrival, several of the castle's inhabitants began to feel pains or peculiar sensations in their bodies as soon as they came near him. Even the skeptical Seyfert noticed that he was seized with an invincible sleepiness when Mesmer played music. It was not long before he became thoroughly convinced of Mesmer's extraordinary powers. He saw how Mesmer could elicit morbid symptoms in people around him, particularly in those whom he had magnetized. A lady who was singing lost her voice as soon as Mesmer touched her hand and recovered it when he made a gesture with his finger. As they were sitting together, Seyfert saw that Mesmer was able to influence people sitting in another room simply by pointing to their images reflected in a mirror, even though these people could see him neither directly nor indirectly in the mirror. At another time, when two musicians were playing the horn, Mesmer touched one of the instruments; immediately, a group of people- who could not see him- began to have symptoms that disappeared when Mesmer removed his hand. Meanwhile, the rumor had spread that an extraordinary healer had arrived at Rohow, and patients came from all the neighboring areas to see him. Mesmer magnetized many of them, while sending others to see their own doctors.

On the sixth evening, Mesmer announced that the Baron would have a crisis on the following morning- which actually happened. The crisis was unusually violent, and it was reported that the fever increased or decreased according to whether Mesmer came closer to

the patient or drew away from him. A second, less violent crisis occurred a few days later, but the Baron found the treatment too drastic and Mesmer left Rohow, though not without healing, at the last minute, a peasant who had suddenly lost his hearing six weeks before.

Seyfert also relates his talks with Mesmer, who admitted that Gassner possessed magnetism to an extraordinary degree and that his own powers were not as great, wherefore, he had to reinforce it by certain means. Seyfert had reasons to believe that Mesmer did so by wearing magnets on his body and by keeping them in his bed (Ellenberger, 1970, p.59).”

The theory of animal magnetism was scientific according to the standards set by the Enlightenment, and was therefore more acceptable than Gassner’s. It was comparable to theories about other recently discovered invisible agents invisible agents in the air that could affect health, so it was not far fetched that Mesmer had identified one more new agent.

“New discoveries in chemistry and physics drew attention to the importance of air quality and understanding the relationships between these new chemical elements found in the air and animal economy... Each new discovery in chemistry (invisible gases in the air) was investigated for its potential link to hygiene (Laurence, 2002, p.311).”

Mesmer’s discovery was very attractive to Enlightenment thinkers because it held the possibility of resolving some problematic issues that were standing in their way.

“When [animal magnetism] arrived, it was not merely a bizarre and baffling phenomenon’ it was poised between spectacular automatism and the phenomena of dreams and somnambulism, and between the interests of mechanical philosophers and the ambitions of medical reformers hungry for innovative medical treatments (Winter, 1998, p.40).”

Magnetism was capable of enabling individuals to perform psychic feats, such as identifying hidden objects while under a mesmeric trance (Winter, 1998, p.145). If magnetism could explain problematic elements such as psychic phenomena in terms

of objective causes that could be scientifically studied, then it could do an impressive thing. It would satisfy the paradigm of the enlightened thinker who wanted science to explain everything, and it would satisfy those who believed in phenomena that were otherwise complete mysteries by not ignoring or reducing those experiences to a state of unreality.

Of particular interest was magnetism's ability to explain religious phenomena. Of course, Mesmer had already himself explained that Gassner was really using magnetism all along in his exorcisms, so this opened the door to more rewriting of history. It was now possible to explain the miraculous in terms that would not pose significant problems to the scientific trends of the Enlightenment (Winter, 1998, p.38). Mesmerism could now explain the miracles of Christ (Winter, 1998, p.272).

Taves relays a particular interpretation as given by a Dr. Bristol:

“The spirit of Lazarus had not entirely left the body; he was in a trance. Christ in his superior condition saw this, and by his magnetic power restored the action of the system. The same was done at the restoration of the maid (Taves, 1999, p.187).”

The ability of people to fulfill the signs of the followers of Christ, as presented in Mark 16, could also now be explained by mesmeric interpretation (Taves, 1999, p.189).

Mesmerism was so promising because it could potentially unite the two opposing spheres of religious and Enlightenment thinking. But instead of uniting, mesmerism soon became “the occasion for contests over authority in science, medicine, and intellectual life alike... (Winter, 1998, p.4).”

When people were adopting this theory, they hopefully believed that it would help them to clarify their own paradigm.

“People seized upon animal magnetism as a means of furthering their own research interests and expanding the scope of a particular field, not (at least initially) as an exploration of the founding assumptions of their fields of study and the boundaries between different disciplines. But these questions surfaced anyways (Winter, 1998, p.56).”

People hoped that magnetism would clarify their own paradigms. Religious individuals hoped that magnetism would recognize the reality of their experiences, and scientists hoped that they could not clarify their paradigms in order to account for such experiences, even if they would still be essentially reducing them to physical causes. Mesmer forged physiology and theology into a higher synthesis (Fuller, 1989, p.45). But this union was not meant to take place, and the mentality of strengthening paradigms rather than exploring the foundational assumptions and basically redefining them could only serve as a source of division between the two camps. These two spheres cannot be fully integrated, as will be explained later in this paper.

Mesmer’s system was becoming too entangled with religious ideas for its own good. Besides the system itself being influenced by German romantics, who were feeding ideas about magnetism’s connection with true religion (Taves, 1999p.140), there were accusations being hurled at mesmerists from outside religious groups. Several prominent mesmeric figures were accused of Satanism (Winter, 1998, p.249).

“Satan fooled men into thinking they were ‘philosophers’ when he had in reality turned them into ‘necromancers’; he ‘put forth the power which it is permitted him to exercise in men’s bodies’ not simply to produce madness but to attract the attention of ‘learned men’ and to lure ‘professional gentlemen’ to witness and then to proliferate the phenomena (Winter, 1998, p.261).”

This explains why there were tests that attempted to determine the quality of the spirits involved in the process of animal magnetism (Winter, 1998, p.264). There were individuals who practiced magnetism who believed the magnetic fluid to be in some way related to spiritual forces. In fact, spiritualists were frequently involved in mesmerism either before or after their activities in spiritualism (Taves, 1999, p.168). Even if there was a natural, physical fluid, there was no reason to suppose that it in some way was not controlled by spiritual agencies. But this was problematic since it left a big, unexplainable potential variable in the whole system of magnetism.

This entanglement with religious, even mystical elements, would bring about the fall of Mesmer's animal magnetism. But it must not be assumed that these elements were found to be problematic by the reigning paradigm of science, because this status of paramount reality was not yet possessed by any paradigm (Winter, 1998, p.6). Modern science was striving for this status, however, so mesmerism was a competitor.

“In fact, mesmerism became the occasion for contests over authority in science, medicine, and intellectual life alike, and these contests revealed the location and character of such authority to have been more insecure than historians appreciate (Winter, 1998, p.4).”

## **The Franklin Commission**

Mesmerism may not have come under such strong scrutiny if it had not been in direct competition with other social interests. The scientific community was trying to establish modern medicine as paramount reality, as a superior healing paradigm. In order to do this, very specific traditions and rituals were instituted in order to establish the institution's authority and legitimacy:

“The insiders... have to be *kept* in [the subuniverse]. This requires the development of both practical and theoretical procedures by which the temptation to escape from the subuniverse can be checked... It is not enough to set up an esoteric subuniverse of medicine. The lay public must be convinced that this is right and beneficial, and the medical fraternity must be held to the standards of the subuniverse. Thus the general population is intimidated by images of the physical doom that follows ‘going against doctor’s advice’; it is persuaded *not* to do so by the pragmatic benefits of compliance, and by its own horror of illness and death. To underline its authority the medical profession shrouds itself in the age-old symbols of power and mystery, from outlandish costume to incomprehensible language, all of which, of course, are legitimated to the public and to itself in pragmatic terms (Berger & Luckmann, 1966, p.88).”

The outlandish costumes and incomprehensible language is strikingly similar to many types of orthodox religious services, where priests wear ceremonial robes and speak in strange, or dead languages. Again, there are very strong ties between the institutions of healing and religion. All human institutions are created in the same manner, and all attempt to achieve legitimacy with the same techniques.

Other ways in which the medical profession attempted to underline its authority were with strict medical reform movements in the early nineteenth century such as the introduction of the physical examination, but doctors felt that patients were too resistant to such new directions in medicine (Winter, 1998, p.159). Patients

were not used to being patients in the modern sense of the word. They were not used to the idea of being physical objects of examination. But if professionalized medicine was to succeed, “doctors would have to teach the public new ways of being ill (Winter, 1998, p.162).” In order to do this, they began not only the practices of enshrouding themselves in costumes and developing a highly elaborate scientific medical terminology, but they also began to distribute literature in order to actually try to inform the public about their desired level of legitimacy.

“They wished to introduce other changes, too, and advertised them in a number of books sold for household use on how to manage a sickroom. Such manuals of domestic medicine, written by doctors, worked to minimize the patient’s freedom (Winter, 1998, p.159).”

All of these efforts were geared at minimizing the patient’s freedom, while maximizing the doctor’s, which in turn increased the doctor’s authority and legitimacy. This was exactly why mesmerism was becoming such a problem.

Perhaps the largest problem with animal magnetism was its ability to empower the patients in ways that threatened the medical establishment. While under a mesmeric trance, a patient would typically acquire the ability to essentially become his or her own doctor by either diagnosing him or herself or even other people (Winter, 1998, p.78). This posed a threat to the rigorous system of legitimation that the medical institution was trying to establish. If an ignorant layman could successfully diagnose a disease which a highly educated specialist might not be capable of properly diagnosing, although certainly amazing, this would clearly pose a threat to the system that produced such highly educated specialists (Winter, 1998, p.159). The threat to the establishment was occasionally more direct:

“The medical reports paint quite a picture: a poor Irish girl stands, clad in a nightgown, the center of attention in a space identified with elite, progressive science and medicine. She speaks in a familiar and even disrespectful manner to doctors, natural philosophers, members of Parliament, and aristocrats. She even tosses insults at them. If [a mesmerized subject] had been considered an ordinary human being, in an ordinary state of mind, this spectacle would have been an extraordinary subversion of public order (Winter, 1998, p.105).”

Even though the individual was considered to be in an altered state of mind, the situation still would have been subversive of public order, perhaps not as extraordinary as it would have been if the individual were not in an altered state of mind, but direct threats were posed to the establishment nonetheless. Mesmerists themselves posed another threat to the establishment, for they might begin to compete with the surgeons for center stage (Winter, 1998, p.170).

Mesmer had originally brought hope of reducing problematic religious phenomena to a system of physical, scientific causes, and this excited the scientific community, as it would allow for the incorporation of a large body of problematic phenomena. But animal magnetism became too entangled itself with these problematic elements to have been able to successfully reduce them. So animal magnetism began to pose a problem to the scientific community, or at least the faction of the scientific community that was following in the footsteps of Descartes by trying to fully separate subjective mental events from objectively observable bodily phenomena.

There were other problems that animal magnetism was introducing. There were suspicions that unscrupulous magnetizers might take sexual advantage of subjects, since many subjects were women and most magnetizers were men (Winter,

1998, p.101). This was a seemingly legitimate fear since a standard element of magnetism was the act of making close physical passes over the body of the subject, and since the process elicited a state of mind that would leave the subject apparently quite vulnerable. This suspicion cast a disreputable light on Mesmer's system, regardless of how substantial such claims might have been. This particular claim is interesting, since Western medicine has now produced gynecologists, who spend their days doing more than making questionable passes over women's bodies, and are free to work and probe without such suspicions. Gynecologists are free from unscrupulous suspicions because their paradigm has reduced the patient to mechanical body, and themselves to mechanics. This leaves little room for serious suspicion.

Some believed that the best way to eliminate this problematic paradigm would be to prove that the patients were not, in fact, in altered states of mind, that they were faking the effects of magnetism. Many doctors tried to regain control, or mastery of the situation from the mesmerists by forcing individuals to reveal themselves to be faking:

“Some doctors exchanged their oath ‘to do no harm’ for the mesmerist’s goal of mastering the subject. At one Norwich demonstration, a furious doctor suddenly took out a lancet and ‘ran it deeply into the patient’s finger *under the nail into the quick.*’ While the boy gave ‘no expression of pain’ at the time, he ‘suffered a good deal after he was awakened.’ This was clearly an attempt to ‘master’ the mesmeric subject by forcing him to betray himself (since the doctor assumed the trance was voluntarily feigned) (Winter, 1998, p.128).”

The doctor's desperation to discredit the mesmerized subject was in vain. Several similar attempts were made to force patients into betraying themselves, but again, most had the same unsuccessful results. Some medical procedures performed with the aid of mesmerism would require a lot of confidence in the patient's acting abilities if they were to possibly hide the pain they experienced. One instance involved a doctor cutting the major nerve to the spine, the sciatic nerve, of a patient (Winter, 1998, p.166). Most would find it difficult to believe that the patient could pretend to not feel such an intense pain from this experience, but doctors at the time desperately hoped that this was the case, since such a discovery would have annihilated this problematic system of healing from their world, and would have facilitated the development of their desired Cartesian medicine.

The failure to discredit the trances left little room to doubt the validity of the effects that animal magnetism produced (Perry & McConkey, 2002, p.387). The only way to annihilate Mesmer's system would thus have been to disprove the existence of the magnetic fluid itself. This is why a commission was formed in order to see if Mesmer's fluid was real, to see if it really did exist. If it did, then focus could be secured on this physical component of Mesmer's system, and the promise of animal magnetism to unite the two opposing spheres of phenomena might be realized. This is why "the litigious point [of the commission] was not whether Mesmer cured his patients but rather his contention to have discovered a new physical fluid (Ellenberger, 1970, p.65)." The existence of the magnetic fluid was crucial to the ability of the mesmeric paradigm to continue to develop, which explains why people

even after the Franklin Commission attempted to prove its existence (Winter, 1998, p.54).

The Franklin Commission was “no more taken with the curative powers of animal magnetism than Mesmer was with the role of exorcism in the cures of his predecessor, Father Gassner... (Lynn & Lilienfeld, 2002, p.370).” This is their summary of the report that they delivered to the King:

“The Commissioners, having recognized that this Animal-magnetism fluid cannot be perceived by any of our senses, that it had no action whatsoever, neither on themselves, nor on patients submitted to it; having certified that pressure & touching occasion changes rarely favorable to animal economy & perturbations always distressing in the imagination; having finally demonstrated by decisive experiments that the imagination without magnetism produces convulsions, & that magnetism without imagination produces nothing; they have unanimously concluded, on the question of the existence & utility of magnetism, that nothing proves the existence of Animal-magnetism fluid; that this fluid with no existence is therefore without utility; that the violent effects observed at the group treatment belong to touching, to the imagination set in action & to this involuntary imitation that brings us in spite of ourselves to repeat that which strikes our sense, & at the same time, they feel obliged to add, as an important observation, that the touchings, the repeated actions of the imagination in producing crises can be dangerous; that the witnessing of these crises is equally dangerous because of this imitation which Nature seems to have made a law; & that, consequently, all group treatment in which the means of magnetism will be used, can in the long run have only disastrous effects (Franklin, Majault, Le Roy, Sallin, Bailly, D’Arcet, Debory, Guillotin, Lavoisier, 1784/2002, p.362).”

This ruling was unsatisfactory to many practicing mesmerists, especially Mesmer himself, who claimed that since the Franklin Commission had not chosen him, the system’s founder, to be their model (but rather D’Elson), that they were not giving his system a fair chance (McConkey & Perry, 2002, p.324). The commission claimed that the magnetic fluid was not detectable by the senses, and that it therefore

must not be real, but this was objectionable to many mesmerists because members of the commission did in fact have physical experiences with the magnetic fluid (Franklin, et al., 1784/2002, p.340). They did have some sensory experience during the experiments, even if the cause was later attributed to something else.

There is also the critique of the commission's insistence on ignoring the effects that this system was capable of having. D'Elson, who was the model for the commission's examination, himself treated more than five hundred patients with more than a modicum of success (Lynn & Lilienfeld, 2002, p.378). But from the legitimate medical community's perspective, "even an ignorant quack could claim some degree of success," so these cures were not necessarily very telling (Taves, 1999, p.228). Ultimately, according to the Franklin Commission, if the physical substance of magnetism did not exist, then it would be impossible for the system of animal magnetism to have any curative value (McConkey & Perry, 2002, p.328). This is a curious sentiment, as it justifies a conscious ignorance of any *indirect* curative value of Mesmer's system (which obviously was present since the success of his cures was not in doubt) solely based on the demonstration that a *direct* curative value did not exist.

The Franklin Commission was not able to prove the existence of Mesmer's magnetic fluid, but it was also unable to explain Mesmer's cures. The committee members lacked a sufficient scientific vocabulary for describing the ability of mesmerists to successfully cure people (Kihlstrom, 2002, p.415). They ascribed these cures to imagination, but this did not really solve anything, as the term was ultimately

the substitution of one “poorly understood concept to explain another (Lynn & Lilienfeld, 2002, p.381).” Their goal though was not to describe these phenomena, but to eliminate a competitive paradigm before it became too popular. Remember, that the Cartesian scientific framework of physical reductionism in medicine had not yet fully gained paramount status, and was therefore susceptible to being toppled by a viable competitor (Winter, 1998, p.4). Why else would the committee have been so disinterested in utilizing at least the indirect curative value of Mesmer’s system? Why not use this imagination if it is so powerful (Lynn & Lilienfeld, 2002, p.380)? In fact, in refusing mesmerism, “doctors would be passing up one of the few techniques that could exert a positive influence on the patient and was guaranteed not to kill (Winter, 1998, p.163).” The goal was not to investigate any merits that animal magnetism might possess, but to destroy the paradigm of mesmerism.

The responsibility to find an alternate cause was placed on magnetizers rather than the committee (Franklin, et al., 1784/2002, p.353), so the rest of the medical community could turn their backs in good conscience and focus instead on developing their own paradigm and increasing efforts at legitimating themselves further, as well as increasing the demarcations of boundaries between themselves and problematic competitors with their increased legislation (Fuller, 1989, p.66). This demarcation was made even easier with the invention of the term “quack.”

“Meanwhile the fully accredited inhabitants of the medical world are kept from ‘quackery’ (that is, from stepping outside the medical subuniverse in thought or action) not only by the powerful external controls available to the profession, but by a whole body of professional knowledge that offers them ‘scientific proof’ of the folly

and even wickedness of such deviance (Berger & Luckmann, 1966, p.88).”

Mesmerists could be legally prohibited from treating people if they were officially relegated to the status of “quacks.” The fact that scientific proofs would be used against phenomena that belong to paradigms that are not strictly scientific seems terribly unfair, but this sort of pressure is what eventually forced chiropractic treatment to abandon its mesmeric, energy-oriented origins, and become a therapy that would compliment regular healthcare, rather than present itself as a competitive alternative (Fuller, 1989, pp.68-70). According to Fuller, chiropractic treatment was discovered during a mesmeric healing. Magnetic fields were being manipulated, but during the treatment, the patient’s spine popped. The patient felt better. Chiropractic treatment was discovered as an addition to mesmerism, and it maintained its mesmeric elements until it was forced to abandon them. If they had not eliminated the nonphysical elements that were problematic to the scientific medical community, then chiropractors would be forever termed quacks, and patients would be reluctant to ever seek their help, as it would mean a defiance of the paradigm of their regular doctors. Doctors were forcing competitors to either conform, or give up any hope of legally practicing within the society.

This is an interesting point to note, since such a prohibition would not only eliminate a theoretical competitor from the rest of the scientific community, but would also simultaneously eliminate an economic competitor. The annihilation of mesmerism would resolve theoretical problems, but this theoretical struggle may have ultimately been a struggle for economic resources. If mesmerism had not evolved

into more acceptable forms of treatment such as hypnosis or chiropractic treatment, and thus become complimentary to modern medicine rather than alternative, then it might have taken patients away from their regular doctors. By becoming complimentary forms of treatment, patients could simply go to both types of healers, without receiving conflicting treatments, or having to choose between two options. An evolution into a complimentary form of health care would not be quite as problematic to modern medicine, as patients would still feel compelled to go to their regular doctors, regardless of indulgence in complimentary medicines. The conflict between mesmerism and the Franklin Commission was therefore a manifestation of a more practical conflict.

“Rival definitions of reality are thus decided upon in the sphere of rival social interests whose rivalry is in turn ‘translated’ into theoretical terms. Whether the rival experts and their respective supporters are ‘sincere’ in their subjective relationship to the theories in question is of only secondary interest for a sociological understanding of these processes (Berger & Luckmann, 1966, p.120).”

Modern medicine was trying to obtain a paramount status, and in order to do this, it needed to annihilate all competitors, as well as legitimate only itself with strict traditions, or rituals. The continued existence of mesmerism would ultimately jeopardize both of these objectives. The primary objective of the Franklin Commission, then, was to eliminate a problematic competitor by forcing its subscribers to conform to the Cartesian medical paradigm, not to discover the truth behind the practical success of animal magnetism. There clearly seemed to be some curative value of animal magnetism, even if it was indirectly caused by “imagination.” But there was simply a predisposition against granting any legitimacy

to Mesmer's system, since all efforts were being devoted towards exclusively legitimating modern medicine.

One can further support this theory by simply examining the course that the establishment followed subsequently to the annihilation of mesmerism. The development of anesthetics is quite telling of the desires of the medical community, and its disinterest in truly investigating mesmerism. They were looking for ways to replicate the ability of mesmerists to remove pain during medical operations without having to resolve any problematic issues raised by elements such as "imagination." Mesmeric anesthetists were already yielding results that bypassed some of the problematic cognitive connotations of mesmerism: "its single phenomenon, the production of insensibility, minimized the association with Martineau's patient-led mesmeric world, and stressed instead the unified power of the medical practitioners who employed it (Winter, 1998, p.172)." Mesmerism was capable of producing anesthetic effects on patients, but the associations with the patient-led medicine were still present, even if minimized. This is why, even in its subdued form of hindering the patient's consciousness, mesmerism was still unacceptable to use as an anesthetic.

Physical drugs were pursued as options for anesthetics because they could produce the same pain-relieving effects as mesmerism without any connotations whatsoever to the problematic elements of mesmerism. This was one step closer to the ideal goal of the medical community, the power to totally objectify the patient during medical procedures: "One moment the patient was a conscious subject; the next, he or she was a body on the operating table (Winter, 1998, p.184)." Not only

did this remove the element of the questionable magnetic fluid, but it also would remove a degree of the patient's subjectivity that was potentially threatening. If the patient was merely a physical body on a table, then there would be little chance of the patient patronizing the legitimacy of the doctor with the unwanted help of self-diagnosis while under mesmeric trance, or of blatantly insulting the medical community of *educated* men. There very easily would have been an ulterior incentive for the medical community's preference of chloroform over mesmerism.

Perhaps this is not fair to the medical community. Is it not reasonable to suppose that they progressed from the often times unreliable practices of mesmerized anesthetics to the more controllable and reliable chemical version? The evidence simply does not support this. Ether produced 90% surgical anesthesia, whereas hypnosis only produced about 80% (Spiegel, 2002, p.400). This difference is large enough to warrant further investigation into the field of pharmacological anesthetics, but it seems that hypnosis and magnetism still proved to be significantly effective. Unfortunately, these practices were largely abandoned by the medical community, and it took another century to rediscover that the brain was capable of regulating the pain experienced in the body without pharmacological aids (Spiegel, 2002, p.400). This realization likely would not have even occurred if James Braid had not saved magnetism from total annihilation by removing from it the problematic elements of magnetic fluid and the sexual subversions inherent in the passes made over the patient, and then given it the new name of "hypnosis (Winter, 1998, p.185)." But even now, this avenue is not being explored with nearly the same zeal that

pharmaceuticals are being developed. Hypnosis is an interesting adjunct, but it is not required for a physician's training. One might even say that it is barely encouraged.

The past actions of the medical establishment all lead towards, of course, the annihilation of mesmerism, but ultimately the goal has been more ambitious: the eventual elimination of subjectivity from the practice of medicine. What does this mean exactly? Surely doctor's do not wish to deny the humanity of their patients? Perhaps this is not the case. They just would prefer not to deal with it. Doctor's must recognize that there is an enormous amount of subjectivity involved in dealing with patients, but it does not seem unreasonable to suppose that they all secretly (or not so secretly) yearn for the day when scientists have perfected medical cures. When a doctor tells a patient that she has cancer, the doctor may do all that she can to help her patient with drugs, or the latest treatment. But the disease of cancer will not be cured so easily, and there are significant personal trials that the patient will face throughout the treatment. The doctor will know that her patient may stand a better chance of survival if she is religious, has a large base of friends, or if she has good nutrition and exercise habits (Rapaport, 2000), so certainly a significant subjective element will be encountered throughout this treatment. But the doctor will be frustrated on some level by her inadequacy to reliably eliminate the cancer. She wishes for the day when the cure is available that she can inject into her patient, and not give a second thought to any of those subjective elements, much like vaccinations can be administered for babies and small children, regardless of how much they may kick and scream. Doctors know that the medicine will work regardless of the baby's thoughts about it.

If the patient can be cured of cancer with a shot, or any disease ideally, without any reliance upon the religiosity or sociability of the patient (although good for her if she has these things), then the doctor can be a perfect healer. Medicine will have arrived at its destination. The doctor can slap a needle into her patient's arm, and not have to deal with matters of faith or friendship or patient's attitudes about anything. The subjectivity of the patient is not totally eliminated from the doctor's mindset in this situation, but it is removed from the list of factors with which the doctor must be concerned. The medicine would work on the body in a purely mechanistic fashion, without any interference from the subjectivity of patient.

### **Subjectivity: The Perpetual Problem**

Mesmer's attempt to replace Gassner's system with a theory that identified physical causes of sickness rather than spiritual, as well as the Franklin Commission's attempt to eliminate Mesmer's theory so that they would be free to pursue less subjectively entangled theories signifies a very curious trend. The concern was never solely over the efficacy of the methods of treatment, but the specific elements of the healing system. The definitions of the variables involved. There does not seem to be any significant evidence that either Gassner or Mesmer were not effective in healing people.

The scientific community has tended towards defining a perfectly objectified system of definitions of causes and treatments, which would annihilate all subjective classifications. Every time it is faced with a problematic element the community responds by questioning the specific rules of the paradigm, and the doors are open for a revolution in thought. The two revolutions that have been examined were clearly each an attempt to objectively codify all of the elements of a paradigm after the presentation of a crisis, or to remove problematic subjective elements. This would suggest that eventually, a paradigm will be created that will resolve all of the problematic elements in healing, since each crisis would logically result in the creation of a progressively better paradigm, towards the ultimate goal of perfection. But is this really possible?

The beginning of this paper indicated that this is not possible. Patients are increasingly deviating from this physically reductive system of medicine. Why

would this deviation occur if the system was constantly being perfected? Can people not just be patient and wait for the system to eventually solve all of its problem, all of the issues with which people are unsatisfied? Maybe this system does not necessarily have all of the specific answers, but perhaps it is constructed so that it might be capable of eventually discovering all of the specific answers? There is a crucial element to all healing systems that will prevent the construction of a system that will be capable of ever solving all of the specific problems within the paradigm. This element is the subjectivity of experience, or that which cannot be strictly expressed in objective terms but pertains rather to the personal, private experience of an individual.

The presence of subjectivity, of phenomena that cannot be expressed in objective terms, represents a significant problem for the potential of ever creating a perfect paradigm. Consider the subjectivity of pain. Pain is one of the most important elements in a healing system. Most healing systems focus on curing sickness and also relieving pain. The contemporary Western medical model does this at least. But pain is an experience, and an inherently subjective one at that. The experience of pain is something that cannot generally be totally explained, and therefore possesses the characteristic of ineffability (Scarry, 1987). The experience of pain therefore cannot always be objectified with the tool of language, and it thus cannot be completely registered in the social stock of knowledge that depends upon language for transmission. This is why “the instruments in pain language are metaphorical inventions, an effort to conceptualize a subjective experience that has no external objective features (Glucklich, 2001, p.42).” The inability to incorporate the

experience of pain into the process of socialization will be one factor that will always prohibit the creation of a healing paradigm that will be capable of resolving all problems.

If an individual has an ineffable experience, the pressure of everyday life will quickly begin to reassert to dominance of this physical, linguistically objectified world upon her mind.

“Compared to the reality of everyday life, other realities appear as finite provinces of meaning, enclaves within the paramount reality marked by circumscribed meanings and modes of experience. The paramount reality envelopes them on all sides, as it were, and consciousness always returns to the paramount reality as from an excursion... Aesthetic and religious experience is rich in producing transitions of this kind, inasmuch as art and religion are endemic producers of finite provinces of meaning (Berger & Luckmann, 1966, p.25).”

But why would it not be possible for the individual to rather promote the ineffable experience to the status of paramount reality? The mechanism that sustains paramount realities directly opposes the nature of ineffability inherent in the experience of pain, and makes such a promotion impossible:

“It is important to stress, however, that the reality of everyday life retains its paramount status even as such ‘leaps’ take place. If nothing else, language makes sure of this. The common language available to me for the objectification of my experiences is grounded in everyday life and keeps pointing back to it even as I employ it to interpret experiences in finite provinces of meaning. Typically, therefore, I ‘distort’ the reality of the latter as soon as I begin to use the common language in interpreting them, that is, I ‘translate’ the non-everyday experiences back into the paramount reality of everyday life (Berger & Luckmann, 1966, p.26).”

“Language objectivates the shared experiences and makes them available to all within the linguistic community, thus becoming both the basis and the instrument of the collective stock of knowledge.

Furthermore, language provides the means for objectifying new experiences, allowing their incorporation into the already existing stock of knowledge, and it is the most important means by which the objectivated and objectified sedimentations are transmitted in the tradition of the collectivity in question (Berger & Luckmann, 1966, p.68).”

The experience of magnetic fluid was apparently, according to Mesmer himself, not something that could easily be put into words, and it seems that the Franklin Commission was indeed unable to do so, since they lacked an adequate scientific vocabulary for the phenomena which they observed:

“In order to be understood I have to use images, comparisons, approximations... Animal magnetism should be considered as an *artificial* sixth sense. Senses cannot be defined or described: they are felt. One would try in vain to explain color theory to a man blind from birth. It would be necessary to make him see; that is to say, experience (Mesmer, 1781/1971, pp.102-103).”

If the experience of pain, or of magnetic fluid, defies linguistic interpretation, then it can never be integrated into the common language of a society, and the experience itself can thus never become at all even associated with the paramount reality. It will always be an excursion from the real world. The impossibility of it becoming objectified and incorporated into social reality leaves the mystical experience as a problematic experience from the perspective of paramount reality. It is an element of reality that cannot be purely explained with mechanics.

Magnetic fluid then could not have satisfied the Franklin Commission, or the medical establishment. They sought something physical, something natural that could be studied and defined with increasing precision as a result of an increasingly precise paradigm. If magnetic fluid defied description and definition, then such

precision could never be possible, so the collection of mesmeric phenomena posed a significant problem. This ineffable quality is present in many other types of experiences though, and this will be the reason that all paradigms will continuously encounter problems, no matter how well-defined they may become.

But this raised an important question: Is it not sufficient for a patient to describe to the healer that an experience is undesirable? The patient may not be able to describe the experience itself, but she can surely describe enough about the experience to convey the idea that it is something that is unwanted. Or, the patient can perhaps describe how she feels about pain, about its purpose. Such a description of the purpose of pain can, in fact, be objectified with language. But this description is itself still entangled with subjectivity. Ariel Glucklick describes several different models that cultures use for conceptualizing the purpose or function of pain (see Glucklich, 2001, pp. 16-30), and there is no objective reason that one should adopt one of these models over another. These models shape the way in which pain is experienced by the individual. For example:

“A soldier and a car passenger who suffer the very same injury, one in battle and the other in an accident, will experience their injury very differently. The soldier may be relieved to be removed from harm’s way, the passenger devastated at his loss. The first will feel far less pain and interpret his pain differently (for instance, as a lifesaver) (Glucklich, 2001 p.59).”

The patient’s experience of pain is ineffable, but even the patient’s feelings about the experience (which can be described), cannot be assumed. There is no way of knowing how the patient feels about the pain. Perhaps she wishes to endure the pain, and learn some spiritual lesson from it. Perhaps she

wants as many drugs as possible to eliminate the pain. But the healer will not know unless he or she asks. The healer must become engaged with the subjectivity of the patient at some point. The patient can never become a pure machine, a body on the operating table.

Also, forms of sickness that do not involve pain also possess a degree of subjectivity. For the very classification of some *sicknesses* involves a sort of arbitrary process. Is a blind man sick/disabled, or is he perfectly healthy? Is blindness something that should be fixed? Perhaps. But it is conceivable that this sentiment is something that is socially constructed. There is not necessarily anything wrong with blindness, simply because it is a lack of vision. It seems somewhat arbitrary to classify blindness as a malady simply because it is different from the ability of vision. Perhaps that blind man is comfortable with his blindness, and recognizes it as some sort of character-building gift. There is an experience to his blindness, something that he gains from it, that is completely disregarded when someone makes the classification that it is a sickness and it is something that should be treated.

The subjectivity of these experiences is always present. The trend that Western science has made, particularly in the two specific revolutions discussed in this paper, has been to eliminate any sort of subjectivity from the language of healing, from its paradigm. But this is not working. The subjectivity is being reduced to physical causes, if it is even addressed at all. Most of the time, the focus is purely on the physical cause or causes of the sickness rather than on the experience itself. But

people will not be satisfied with this focus. “The mind will not be ignored- there is truth in the realm of ideas as well as in the body (Spiegel, 2002, p.402).”

Western medicine has depersonalized the process of diagnosing and treating illness to the degree that malpractice has been transformed from an ethical issue into a sheer mechanical problem (Illich, 1976, p.30). The doctor is becoming a mechanic, and the patient a lifeless machine. But this sort of diagnosis will result in a loss of autonomy for the patient, since the medical profession will not help the patient accept any sort of personal responsibility for the experience of sickness or pain (Illich, 1976, p.137). Particularly as far as the experience of pain is concerned, which according to Glucklich is intrinsically entangled with, and thus defined by, mental and cultural experiences (Glucklich, 2001, p.11), the patient is denied necessary contextual elements within which to define his or her pain (Illich, 1976, p.138). Western medicine is ignoring the experience of pain, but it has not been effectively annihilated from the landscape of human experience. People still experience pain, and they still cannot describe it. They, in fact, are even denied the very recognition that they are having a subjective experience by the medical profession, in its attempts to further its own legitimacy with highly specialized technical jargon. “[The patient’s] sickness is taken away from him and turned into the raw material for an institutional enterprise... Language is taken over by doctors: the sick person is deprived of meaningful words for his anguish, which is thus further increased by linguistic mystification (Illich, 1976, p.170).” Of course people are increasingly dissatisfied with the Western paradigm of healing. Patients naturally feel disenfranchised from a framework that is

blind to the reality of their situation (Fuller, 1989, p.79). There will continue to be alternative forms of healthcare that are demanded and created as long as individuals are dissatisfied with the Cartesian reductionism of Western medicine, and according to the intrinsically ineffable nature of pain as well as other experiences of sickness, there will always be people dissatisfied with this paradigm.

## **Pluralistic Conclusion**

The process of socialization is successful in creating a reality for humanity, but the process itself is usually not recognized by people. Instead, they believe themselves to be purely objective observers, and that reality is something that would exist exactly as it is even if there were no humans to create it. This leads to the *reification* of reality:

“Reification is the apprehension of human phenomena as if they were things, that is, in non-human or possibly suprahuman terms...*as if* they were something else than human products- such as facts of nature, results of cosmic laws, or manifestations of divine will. Reification implies that man is capable of forgetting his own authorship of the human world, and further, that the dialectic between man, the producer, and his products is lost to consciousness. The reified world is, by definition, a dehumanized world (Berger & Luckmann, 1966, p.89).”

Humanity’s involvement in the process of socialization necessitates the presence of some degree of subjectivity. Any hope that subjectivity might be effectively annihilated from any paradigm, must be an illusion. Even one’s use of reason necessitates something that is not objectively definable by language:

“We want to have a truth; we want to believe that our experiments and studies and discussion must put us in a continually better and better position towards it; and on this line we agree to fight out our thinking lives. But if a pyrrhonic sceptic asks us *how we know* all this, can our logic find a reply? No! certainly it cannot. It is just one volition against another,- we willing to go in for life upon a trust or assumption which he, for his part, does not care to make (James, 1956, p.9).”

Kuhn claims that no paradigm will ever be able to solve all of its problems, and also that no two paradigms will ever leave all the same problems unsolved, so paradigm debates must necessarily involve the question: “Which problems is it more

significant to have solved (Kuhn, 1996, p.110)?” There is no purely objective way to decide which problems are more pressing, or which problems are worth changing paradigms over.

The conviction of objectivity, as well as the conviction that nature will follow the same laws tomorrow that it follows today, are themselves essentially subjective opinions that also must be acknowledged in the process of socialization (James, 1956, p.16). “The solving word, for the learned and the unlearned man alike, lies in the last resort in the dumb willingness and unwillingness of their interior characters, and nowhere else (James, 1956, p.215).” No matter how much objectivity is employed in a decision or in a process, the fundamental deciding factor is purely subjective, and there will always be subjectivity in all human institutions as a result of this.

The presence of subjectivity in human affairs cannot be annihilated. In fact, if this were possible, some might say that individuality itself would also be annihilated. For, according to Kierkegaard, subjectivity is the highest truth for personal existence, and is therefore required in order to really exist:

“The point is not to deny objective truth but (1) to insist, with regard to the *what*, that human knowledge can never do more than approximate it and (2) to insist, with regard to the *how*, that the task of appropriation must not be supplanted by the quest for objective knowledge. Hence the following account of truth: ‘*An objective uncertainty, held fast through appropriation with the most passionate inwardness, is the truth, the highest truth there is for an existing person.*’ But this means that all substantive knowledge is a kind of faith rather than sight or sheer presence... (Westphal, 1998, p.114).”

There will always be a subjective element present while any belief is formed (Kuhn, 1996, p.4). Nevertheless, the nature of paradigms will also continue to

necessitate an attempt to solve such problems by either incorporating, or in the case of subjectivity, trying to annihilate them. There have always been these problematic phenomena, which are continuously swept out by the pursuit for purely objective truth.

“Physiology will have nothing to do with them. Orthodox psychology turns its back upon them. Medicine sweeps them out; or, at most, when in an anecdotal vein, records a few of them as ‘effects of the imagination,’ - a phrase of mere dismissal, whose meaning, in this connection, it is impossible to make precise. All the while, however, the phenomena are there, lying broadcast over the surface of history. No matter where you open its pages, you find things recorded under the name of divinations, inspirations, demoniacal possessions, apparitions, trances, ecstasies, miraculous healings and productions of disease, and occult powers possessed by peculiar individuals over persons and things in their neighborhood. We suppose the ‘mediumship’ originated in Rochester, N.Y., and animal magnetism with Mesmer; but once look behind the pages of official history, in personal memoirs, legal documents, and popular narratives and books of anecdote, and you will find that there never was a time when these things were not reported just as abundantly as now (James, 1956, p.300).”

Mesmerism was a reincarnation of some former system that apparently also died out. Even though mesmerism was swept clean of as much of its subjectivity as possible with the advent of Braid’s hypnotism (James, 1956, p.302), it is destined to reemerge in a new form at some later point in time with its subjectivity restored. It will be rediscovered as a system that holds some promise of restoring some of the recognition of subjectivity that the process of socialization has crushed out of humanity. Perhaps this reemergence has already begun with the alternative treatment of magnetic therapies. This system proposes that the earth, weather, and electrical devices in our environment are responsible for producing magnetic fields, and that the

human body has its own fields as well. Some magnetic therapists have suggested that the magnetic fields of our environment are weakened at times, and that this causes a magnetic field deficiency syndrome in humans, which may result in stiffness in shoulders, back neck; chest pains, headaches' dizziness' insomnia' and even constipation (Klotter, 2003, p.26). This certainly sounds familiar to Mesmer's system, but it is based on the *scientifically* verified force of magnetism, not animal magnetism. It nevertheless is problematic to the medical community as an alternative form of healthcare, which will ultimately lead to its suppression and eventual resurgence. According to this, people may increasingly readopt exorcism. Much of the success for any paradigm depends upon its willingness to suppress subversive elements, and as long as this commitment retains any trace of the arbitrary (which it necessarily does according to James), this suppression cannot last for very long (Kuhn, 1996, p.5). The commitment to suppress subjectivity itself reeks of subjectivity. This paradox cannot be so easily solved.

The fact that there will always be some subjective phenomena that cannot be fully incorporated into the social body of knowledge indicates that the social body of knowledge will never be complete. There is always more to reality that is not being incorporated into objective terminology and is not being defined since the contents of social knowledge are determined by what can be objectified into language. Also, no individual is capable of completely incorporating all of those things that do become a part of the social body of knowledge, even if that body of knowledge is fairly simple (Berger & Luckmann, 1966, p.134). It is impossible that the social body of

knowledge can ever be a perfect repository of all human experience and phenomena, especially personal ineffable experiences, so the construction of a paradigm that will not encounter problems, and then crises, is thus also impossible.

“This implies that the symmetry between objective and subjective reality is never a static, once-for-all state of affairs... In other words, the relationship between the individual and the objective social world is like an ongoing balancing act (Berger & Luckmann, 1966, p.134).”

There will therefore inevitably be an irresolvable, dialectical tension between competing paradigms as history continues to unfold. No single paradigm can ever reign supreme, at least not for long. All paradigms will continue to carve out order for themselves by leaving out the problems of subjectivity that are encountered. All paradigms must therefore be incomplete realities.

“Any partial view whatever of the world tears the part out of its relations, leaves out some truth concerning it, is untrue of it, falsifies it. The full truth about anything involves more than that thing. In the end nothing less than the whole of everything can be the truth of anything at all (James, 1996, p.90).”

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