False Memories in Therapy and Hypnosis Before 1980

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To determine the extent to which false memories occurred in therapy or hypnosis before the “Memory Wars” controversy, we examined the early history of the phenomenon before 1980. We found evidence of perception distortion from the early hypnotists and mesmerizers, but only circumstantial evidence of memory distortion. The earliest firm evidence of false memories we found was during Bernheim’s hypnosis in 1884. After this date, we found additional evidence of varying strength, from memories of infancy that may be false, to episodic memories of past lives and alien abductions that are certainly false. Other strong evidence included 19th century evidence of hypnotists deliberately distorting memory, and their acknowledgment of doing so. We discuss how this evidence is consistent with recent false memory research. We suggest that without knowledge of the history of false memory formation, clinicians could be vulnerable to repeating the mistakes of the past.

Keywords: autobiographical memory, false memory, hypnosis, mesmerism, therapy

“Those who cannot remember the past are condemned to repeat it.”
George Santayana (1905, p. 284)

In the light of the heated debate about repressed memory in the 1990s (sometimes called the ‘memory wars’; see Crews, 1995), recent false memory and reconsolidation research (e.g., Patihis et al., 2013; Nader, Schafe, & Le Doux, 2000), and the realization that some therapies in the 1980s and 1990s produced false memories, we address the question of whether there is evidence for false memories in therapy or hypnosis before the 1980s. Although others have previously described evidence of false memory production in therapy during the 1980s and 1990s (e.g., Goldstein & Farmer, 1993; Loftus & Ketcham, 1994; Ofshe & Watters, 1994; Pendergrast, 1996; Maran, 2010; Yapko, 1994), relatively little has been written about false memories before this era. Rosen, Sageman, and Loftus (2004) outlined one early case of possible false memory from the hypnotist Bernheim in the 1880s, but did not document other evidence. Although others have investigated the history of repressed memory (e.g., Esterson, 2001; Crews, 1995; Pope, Poliaioff, Parker, Boynes, & Hudson, 2007) and early hypnotism (e.g., Ellenberger, 1970; Kihlstrom, 2002; Laurence & Perry, 1988; Moll, 1889; Pintar & Lynn, 2008), to our knowledge, few previous researchers have carefully examined and compiled in a single source the early history of a related but different topic: false memory in therapy and hypnosis.

In this article, we provide examples of memory distortion in psychotherapies, hypnosis, and their precedents, based on a search of the pre-1980 literature. We report findings that range from the debatable (e.g., infantile memories that may be false) to memories that are almost certainly false (e.g., memories of past lives).

Modern research on memory suggestibility had precedents in works such as Ribot (1887), Bernheim (1884), Binet (1900), and others. Bartlett (1932) was one of the first to suggest...
and document that memory is reconstructive and influenced by cultural expectations and schemas that distort memory. Laboratory evidence of false memories accumulated further in the 1970s, but mostly for details in a slideshow or a video (e.g., Loftus & Palmer, 1974; Loftus, Miller, & Burns, 1978). It was not until subsequent research, such as Laurence and Perry’s (1983) study of false memories in hypnosis, and later Loftus and Pickrell’s (1995) demonstration that it was possible to implant memories of entire events, did some certainty regarding the ability to implant complex memories emerge. With the identification of memory distortion techniques that followed, ranging from guided imagery (Garry, Manning, Loftus, & Sherman, 1996) to associated word lists (Roediger & McDermott, 1995) and suggestions regarding non-existent news footage (Crombag, Wagenaar, & Van Koppen, 1996), it became clearer that false memories could be induced with a variety of methodologies. The fact that vulnerability to memory distortion occurs in children (Sutherland & Hayne, 2001), young adults (Loftus, Miller, & Burns, 1978), older adults (Wylie et al., 2014), and even in individuals with superior memory (Pathihs et al., 2013), implies that susceptibility to memory distortion may be a fundamental aspect of the human mind that existed long before the decades in which these studies were done. In light of such research, it is reasonable to hypothesize that if we were to look for evidence of false memories in therapy many years before these discoveries, we would discover such evidence. If we succeed in doing so, it could shed light on the precedent causes of the memory wars, specifically providing insight into early interventions that provided the theory and techniques that subsequently influenced therapies in the 1980s and 1990s.

In this article, we categorize evidence into subheadings ranging from the weakest evidence (early hypnosis) to the strongest (recovered memories of impossible events). Within each subheading, we organize the evidence chronologically with the earliest evidence first. First, we briefly detail our method and delineate the scope of the article.

Method, Scope, and Inclusion Criteria

To compile evidence for false memories, we searched for historical accounts, especially first person client accounts, involving autobiographical or episodic recall in therapy, hypnosis, or precedent proto-therapies such as mesmerism. We initially searched before the year 1980 only and read original texts in both French (second author whose first language is French) and English (both authors). We found that approximately 100 years ago, words or phrases such as “pseudomemory,” “retroactive hallucination,” and “phantasy” were commonly used to refer to what we now call false memories. Moreover, more than 100 years ago the term “false memory,” or more precisely “fausse mémoire” in French, sometimes was used in a context related to déjà vu, with closer inspection revealing a meaning of the term that diverges somewhat from current usage (e.g., in French see Sollier, 1892, p. 14; Arnaud, 1896, p. 516; in English see Berrios & Hodges, 2000, p. 328). We also incorporated feedback from knowledgeable scholars in the area of memory and hypnosis, and we examined historical reviews of early hypnosis and therapy. Importantly, our search revealed no prior scholarly source that provided a detailed review or compilation of early evidence of false memory production in therapy.

We excluded a substantial amount of material that did not meet our criteria. For example, we only searched in the domains of psychological therapy, hypnosis, and their precedents, which for the purpose of this article, we define loosely to include interventions such as mesmerism-related practices and drug therapy. For this reason we excluded comments on the unreliability of memory by early Greek philosophers or Shakespeare, or possible hallucinations apart from therapy (such as in medieval witch trials or during religious miracles). We also excluded possible yet not definitive confabulations, such as Levinson’s (1965) use of hypnosis to recall spoken words while the patient experienced general anesthesia (cf. Cheek, 1959) and Grinker and Spiegel’s (1943) use of “truth serum” drugs in “narcosynthesis” to recover repressed memories of war-related events (see also Kihlstrom, 1998; Horsley, 1936). What these excluded examples have in common is the recall of “previously unaware of material,” which could be indicative of false memories, yet unlike some of the events we document later, could plausibly have occurred: only the assumption that repressed memories are impossible would render the memories false.
Figure 1 illustrates a timeline of milestones related to the early history of false memories, which we examine in greater detail in the sections that follow (1 through 7, below). In Section 1, we discuss the relative paucity of evidence in early mesmerism and hypnosis, although there is no lack of evidence of perception distortion. In subsequent sections the evidence becomes progressively stronger.

Section 1: The Weak Evidence From the Earliest Hypnotists

Some scholars, especially those familiar with the early history of mesmerism and hypnosis, may be surprised to learn that we found a lack of evidence of false memory production during the late 1700s and early to mid-1800s. Still, we did identify interesting precedents of false memory formation, such as perception distortion and the gradual emergence of issues concerning memory in mesmerism, including posttrance amnesia. Indeed, we regarded the question of whether we would find evidence of pseudomemories in early hypnosis and its precedents as open, given that proto-therapies did not devote as much attention to memory as later therapies.

In this article we stretch the domain of hypnosis to include precedents such as Johann Gassner’s exorcism treatment of 1775 (a treatment similar in some ways to mesmerism) in which we find evidence of perception distortion. For example, while treating patients Gassner seemed to distort the beliefs and perceptions of his patients by suggesting the devil was within them and causing certain parts of their body to shake (see Laurence & Perry, 1988, p. 6; Ellenberger, 1970, p. 54), but there seemed to be little attempt to distort memories. Distortion of perceptions was reported specifically in one case in which the patient, Emilie, was neither able to hear or see while in the trance state, despite having her eyes open (Laurence & Perry, 1988, p. 21). According to Figuier’s (1860, p. 136) transcript of Emilie’s exorcism, the phrases used were “nihil modo audiat” (nothing can be heard) and “apertis oculis nihil videat” (nothing is seen through open eyes). Perhaps Gassner’s treatment is less a direct precedent of false memory cases and formation and more of an early foreshadowing of the satanic or multiple personality cases of the 1980s.

In investigating Mesmer, we examined two books in the original French text (Mesmer, 1779, 1781), an English translation of Mesmer’s (1980) work, as well as De Horne’s (1780) criticism of Mesmer. These texts indicate that although suggestion was used, it was employed to suggest cure rather than induce memory. Memory distortion could have happened accidently with Mesmer, but it was not
well documented, nor was it his aim to retrieve memories. It is possible that Mesmer induced false perceptions using suggestion in a blind patient named Maria Paradis, who allegedly reported seeing images and then subsequently reported becoming blind again (Pattie, 1979). The distortion of perceptions seems to predate memory distortions in trance-inducing treatments and perhaps was an important step toward the development of false memory in later therapies.

The Marquis de Puységur modified Mesmer’s techniques in ways that incorporated more aspects of memory. For example, Puységur was one of the first mesmerizers to consistently claim that his patients developed amnesia of the trance state afterward (although Mesmer may have already observed this; see Laurence & Perry, 1988, p. 112). Nevertheless, in our reading of the original French texts (Puységur, 1809, 1811, & 1812), as well as more contemporary descriptions (Ellenberger, 1970; Pintar & Lynn, 2008; Laurence & Perry, 1988), we only could find circumstantial evidence of memory distortion. In one case, Puységur (1812) treated a boy, Alexandre, who, in the mesmerized state remembered that “On m’a ôté de la cervelle” (some of my brain was removed; Puységur, 1812, p. 21). This could be a false memory, given Alexandre’s father’s insistence that “ce n’était pas l’opération du trépané” (it was not a trepanation surgery, p. 21). Nevertheless, it is difficult to distinguish whether this was merely a false belief or an actual false episodic memory on the part of the boy.

In reading Scottish surgeon James Braid’s (1943) work on hypnosis, we again found evidence of perception distortion (e.g., reduction of pain sensations, p. 241; inducing sensation of drunkenness, p. 45) but not false memory. Demarquay and Giraud-Teulon (1860) similarly demonstrated perception distortion, especially pain perception reduction (p. 19) and image induction (p. 21). Another case of Demarquay and Giraud-Teulon described a woman who while hypnotized “disclosed personal secrets, so serious, so dangerous to herself, that it was our responsibility to wake her” (Philips, 1860, p. 160). It is unclear, though, whether she was confabulating or not. It is possible this was a distorted recovered memory, but it is also possible that the woman merely disclosed an event that she had remembered all along.

As we have shown, there are clear indications of perception and belief distortion in the earliest mesmerizers and hypnotists, but little evidence of false memories. Next, we discuss evidence that is stronger than what we have presented so far; that of therapy-recovered memories of events before the age of three.

**Section 2: Memories Before Age 3**

Infantile amnesia of episodic memory in adults is relatively well documented and appears to be caused by brain maturation and language development during childhood (Howe & Courage, 1993; Josselyn & Frankland, 2012; Nadel & Zola-Morgan, 1984). If recollections before age two or three (i.e., the onset of infantile amnesia) were not known to an adult client before therapy, they are highly indicative of memory construction and distortion.

In one of the earliest reports of such infantile memory recovery, Sigmund Freud rather fleetingly implied that some of his patients recalled reports of trauma as early as six months of age. For example, Freud wrote, referring to one of his adult patients, “when the girl was six to seven months old (!!), her mother was lying in bed, bleeding nearly to death from an injury inflicted by the father” (Freud, 1897/1985; p. 289; Freud’s original exclamation points shown). Freud made several other references to early memories. For example, he also reported that an adult patient remembered “the first half of her second year, she saw herself sucking at the nurse’s breast” (Freud, 1901/1953, p. 52). Although further searches of Freud’s work failed to uncover evidence of the types of impossible or highly implausible memories that we document in later sections, there are further clues that he may have created false memories. For example, Laurence, Day, Gaston, and Lynn (1998) identified the following excerpts where Freud demonstrates how he was persistently insistent that recovered memories were real, even when his patient told him the incidents had not actually occurred:

There are cases, too, in which the patient tried to disown [the memory] even after its return. ‘Something has occurred to me now, but you obviously put it into my head.’ . . . In all such cases, I remain unshakably firm. I . . . explain to the patient that [these distinctions] are only forms of his resistance and pretexts raised by it against reproducing this particular memory. (Freud, 1893–1895/1953, pp. 279–280)
Even when the analyst fails to uncover a false episodic memory, Freud wrote that at the very least the analyst should encourage a strong belief in the patient that some major event has been repressed:

> Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory. (Freud, 1937/1953, pp. 265–266)

These excerpts are somewhat ambiguous, and therefore it is difficult to be sure of the extent to which Freud implanted false memories. Although Freud appears to be one of the first to uncover infantile memories, many others continued the practice long after Freud developed doubts about the utility of such practice (starting in Freud, 1905). For example, in the 1920s the American psychiatrist Anita Muhl used a technique involving gazing into crystals and “involuntary” writing to help her patients to recover early memories. For example, Muhl (1924) regressed a 15-year-old female, Marjory, who recalled: “[Melda] was very sorry for what she did and she cried to take care of me and that was when I was two and a half years old” (Muhl, 1924; p. 269). The same patient also recalled the following from 15 months of age:

> I see a child playing on the ground. I can’t see what she is doing. Now she is getting up and turning out the water. Now she is going into a door. She is inside the house now. The picture is fading. (Muhl, 1924, p. 270)

Notice the present tense usage of the patient indicating that the memory was coming back to her, a pattern repeated in several examples in the current article. The patient also recalled that in this same incident she was “just beginning to walk” (p. 270). It is clear that Muhl believed that she was regressing patients to experience actual memories. For example, she wrote that her therapy was a method of “recalling forgotten incidents” (Muhl, 1924; p. 264). As such, Muhl’s therapy might be considered an early example of memory recovery therapy, although there is some uncertainty regarding whether these events are actually false.

Here we have provided a few cases of infantile memory recovery in therapy before 1980. A few other writers have also reported memory recovery of events in the first 2 years (e.g., Grof, 1976, p. 65; Hubbard, 1950, p. 169; Janov, 1970; p. 110). Nevertheless, there is even stronger evidence of false memories to document from these and other authors in the next section.

### Section 3: Memories of Birth or Womb

Because the brain is still immature around birth, exhumed episodic memories of perinatal or prenatal life could well be good evidence of false remembrances. Austrian psychoanalyst Otto Rank (1924, 1929), originally Freud’s mentee, proposed the idea that birth itself was a major trauma, reflecting an important psychological change. According to Rank, people unconsciously aspire to return to their mother’s womb in an ultimate attempt to overcome their birth trauma. Despite this theoretical proposal and his practicing of psychoanalysis, we could not find a case study of one of Rank’s patients reporting an episodic memory of birth. It is uncertain, then, that Rank induced false memories of birth. Nevertheless, he may have influenced others who later reported birth memories more explicitly.

The earliest evidence of memories of birth we found came from L. Ron Hubbard’s (1950) *Di-anetics* book. For example, the author describes a patient who “under drugs, went back to his birth.” During the reliving, he “suffered the pain and fought the doctor who had tried to put drops in his eyes” (Hubbard, 1950; p. 86). Even more remarkable are the author’s descriptions of perinatal memories and the idea that recording of memory engrams begins very early:

> And suddenly it was discovered that recording begins in the cells of the zygote—which is to say, with conception. That the body recalls conception, which is a high level survival activity, has little to do with engrams. Most patients to date sooner or later startle themselves by finding themselves swimming up a channel or waiting to be connected with. The recording is there. (Hubbard, 1950, p. 88)

As is true of other types of false memories, hypnosis seems to be implicated in a number of reports of birth and womb memories. For example, British psychiatrist Denys Kelsey used hypnotic age regression to recover a memory in patient “Miss F” of her life in her mother’s womb. Miss F, during hypnosis, reported that “I am very tiny . . . . This is the womb” (Kelsey, 1953; p. 217). As before, notice the use of the present tense indicating a “memory” being experienced almost like a reliving episode. Miss F
went on to report that “there is something beating in me and through me- my mother’s heart. I can’t see and it feels as if I’ve got no mouth” (p. 218). Another patient (Mrs. M) regressed back to her “7th month” in her mother’s womb. She describes a burning sensation that she attributes to an attempted abortion from her mother. Kelsey writes “she was quite certain that the burning was due to something which her mother was doing to try to get rid of her” (p. 219). Later, she reaches a birth memory where she:

Felt someone get hold of her legs and pull them out. Then something hard and painful got hold of her head and began to twist it. Then she was lying on something white and felt she was chocking from something round her neck. She was aware of a man and a woman, both dressed in white, and someone shrieking, “I don’t want her! I don’t want her!” (Kelsey, 1953; p. 219)

Kelsey also described recovery of experiences as far back as conception. Kelsey described that a patient “Mr. A” had “eventually reached his conception, in which he saw himself as the ovum being raped, rather than wooed, by the overanxious sperm of his overanxious father” (Kelsey, 1953, p. 221). The fact that Kelsey (1953) claims that he is open to the possibility that these memories might be “phantasies” (p. 216) does not diminish the evidence that false memory production occurred in therapy long before the 1980s and 1990s.

David Cheek (1974, 1975; see also Cheek & LeCron, 1968) also appears to have induced birth memories in patients. Cheek’s method involved hypnosis as well as techniques derived from “ideomotor” theory—the idea that unconscious body movements can signal state-bound memories. Cheek (1974) suggested that the observation of automatic bodily movements that resembled those of a baby struggling to be born were evidence that age regression may be uncovering valid memories.

In the 1960s and 1970s, other therapists, often using different techniques, also reported memories of birth and intrauterine experience. For example, American clinical psychologist Arthur Janov, instead of using hypnosis, used a technique of ostensibly blocking client’s neurotic defenses that eventually led back to the reliving of their early traumatic events. Janov reported a case study of a patient ‘Gary’ who was reported to have said:

I saw myself being conceived in her belly. Next scene she is in the hospital having the baby. Only this . . . baby is ME. I am born strangled by the umbilical cord. Mommy is yelling, “Die . . . I don’t want it. Let it die.” (Janov, 1970, p. 186)

Later, Gary adds “finally I was born! I was breathing. I also remembered I was being held around the ankles upside down” (p. 197).

Czech psychiatrist Stanislav Grof used completely different methods, albeit with similar results, in his lysergic acid diethylamide (LSD) therapy. This therapy involved a combination of ingestion of the hallucinogen LSD and psychotherapy methods. For example, a patient (a psychiatrist himself) remembered being in the womb:

I was greatly reduced in size, and my head was considerably bigger than the rest of my body and extremities. I was suspended in a liquid milieu and some harmful chemicals were being channeled into my body though the umbilical area. Using some unknown receptors, I was detecting these influences as noxious and hostile to my organism. (Grof, 1976, pp. 111–112)

This same patient visualized his conception and uterine development: “to my utter astonishment, I relived my own conception and various stages of my embryological development” (Grof, 1976; p. 113). Even more surprising, the patient went on to say “while I was experiencing all the complexities of the embryogenesis, with details that surpassed the best medical handbooks, I was flashing back to an even more remote past, visualizing some phylogenetic vestiges from the life of my animal ancestors” (Grof, 1976; p. 113). Grof goes on to describe other case studies of patients who reexperienced intrauterine events while under the influence of LSD (Grof, 1976; p. 136, 161, 236). It is unclear whether it was the hallucinogenic effects of the drug that aided the visualization of these memory constructions, the therapeutic techniques, or a combination of these potential influences.

Many of the examples in this section provide strong indications of false memory production because they involve episodic memory recall during the infantile amnesia period. They also reflect the dubious proposition of an infant understanding and encoding language before the perinate had mastered language perception. This section and the one that follows on implausible satanic abuse provide similarly strong evidence of false memory production in therapy.
Section 4: Satanic Ritual Abuse

Although there are historical precedents of alleged satanic ritual abuse activity, they either did not meet our criteria of being induced by therapy or hypnosis, or they did not involve episodic memory recovery (e.g., medieval witch trials, Nathan & Snedeker, 1995, p. 31; Goode & Ben-Yahuda, 1994, p. 57). The first case that did meet our criteria was the famous case presented in the book *Michelle Remembers* (Pazder & Smith, 1980). In 1973 an adult patient, Michelle, started therapy with Canadian psychiatrist Laurence Pazder, and through hypnosis subsequently recovered severe satanic ritual abuse memories (beginning in 1976). Michelle recovered memories of a 2-year period (when she was ages 5–7) in which she remembered being in a satanic cult with her mother. She had no memory of this before therapy. Her revelations included a series of sacrifices and cannibalistic rituals:

He’s pushing on my tummy. It feels like my insides are going to squish out. The nurse is doing something down below. I want to see if my insides are coming out ... I looked down, and there was this little thing lying there ... it was a baby! A baby!! No! He stabbed the baby with it! Not with that, no! You can’t stab the baby anymore, it’s just a mess. They rubbed it all over me ... the baby. On my face, my chest. (Pazder & Smith, 1980, pp. 125–126)

Michelle also recalls being kept captive and naked in a cage “with snakes [that] weren’t poisonous.” (Pazder & Smith, 1980; p. 141). In another session, she recalls being taken into a room where several bodies were seen on stretchers. They seem alive, she says, and when a doctor came in the room he picked metal knives and started dismembering the bodies; “He cut off its feet! ... I can hear him cutting its legs. I can hear him cutting the bones up” (p. 177).

As unlikely as they are, the events so far are at least physically possible. Nevertheless, Michelle goes on to describe memories of supernatural beings. She describes how Satan was summoned and eventually removed Smith’s scars, thus erasing any evidence of the alleged abuse, and also erased her memories of the events “until the time was right” (Pazder & Smith, 1980; p. 242). Michelle also describes a memory of when Satan took her on a visit to Hell and introduced his “armies of the living dead”:

There’s people with no arms that are bleeding ... There’s people with no eyes, and they’re bleeding from their eyes. There’s people that’s got no noses! And there’s people that got ears cut off. (p. 244)

She also remembered a sacrifice of a girl by Satan himself (p. 249).

Given the supernatural aspects of some of these memories, they are likely indicative of false memory formation during the hypnotic sessions. Even without the supernatural aspects, several investigations found no corroboration of the events portrayed in the book (e.g., see Allen & Midwinter, 1990; Grescoe, 1980; Nathan & Snedeker, 1995; Spanos, 1996). One possible alternative explanation is that the authors deliberately fabricated the stories, without actually having visual “memories,” perhaps to help sell books. Whatever the evidentiary value for memory distortion, it is entirely possible that this book influenced other satanic ritual abuse scares that followed in the 1980s and 1990s, such as the McMartin preschool and Faith Chapel Church cases, and by extension contributed to the memory wars of the 1990s. A number of authors have noted that there is very little substantial evidence for most, if not all, cases of satanic ritual abuse. For example, Lanning (1989), in a report for the FBI, concluded that there was a general lack of physical evidence for allegations of ritualistic Satanic cult activity (see also Nathan & Snedeker, 1995).

Section 5: Memories of Past Lives

The most convincing evidence for false memories in therapy pertains to memories that are widely considered to be scientifically impossible. Although some early civilizations believed in reincarnation and some contemporary religious communities continue to adopt such beliefs, until recently, it was a uncommon for people to claim that they could remember past lives. Some forms of Buddhism hold that only individuals under the age of six can remember past-lives. Hinduism also involves a belief in reincarnation. Following the migration of a number of Indian gurus to Europe at the end of the 19th century, interest in past lives thrived and then morphed into the idea that adults can remember past lives.
Perhaps influenced by precedents in Hinduism and Buddhism, one of the first cases to involve memories of past lives appears to be that observed by Théodore Flournoy, a professor of psychology at the University of Geneva. Flournoy (1899/2007) observed a purported psychic medium recall/experience reincarnations as a Hindu, as Marie Antoinette, and as a being on the planet Mars (to be discussed further in the next section). Flournoy’s report of this trance-like state, although not exactly utilizing hypnosis or therapy, could have influenced subsequent early examples of past life memories during hypnosis in the early 1900s.

For example, Albert de Rochas, a military man who practiced hypnosis, described a person he worked with in 1904. De Rochas (1911) used hypnosis to regress a patient, Josephine, back to previous lives. Josephine then remembered life as a man born in 1812 (p. 38), then a little girl who died at a very young age, and later as a man who had killed and robbed (p. 40). Most interestingly, she eventually regressed down the evolution chain and remembered life as an ape (p. 41). De Rochas did not stop his demonstration there; he “progressed” Josephine into the future. He called this technique “precognition.” He asked Josephine to describe her life when she will be 40 years old. She seemed to form a “memory” of the future in which she has a baby with a man named Eugene F, but the baby died, and then Eugene married another woman. When de Rochas attempted to progress the patient further in time, Josephine fell on her back, to the ground. In this future “memory” she was dead, and she witnessed her own funeral (p. 43).

Perhaps even more incredible, if that is possible, are the memories of another patient of de Rochas, Madame Roger. During a hypnotic session in 1905 she recalled being in the state of a spirit: “I am traveling [in the space], I was told [I lived on earth] but I left my body” (de Rochas, 1911; p. 95). When Mme Roger is asked to take the form of a human body again she claimed her name was “Madeleine Beaulieu and it is 1724.” Later, she recalled another past life in which she was now “48” and her name is “Philibert.” She explained that Louis XIV (1638–1715) is ruling the country (p. 98).

We also found more recent accounts of episodic memories of past lives, again in hypnosis. Morey Bernstein was an amateur hypnotist who treated a patient called Virginia. Bernstein (1952) hypnotized Virginia and gradually progressed her back to her childhood, then before birth and eventually he progressed her one step further, into a previous life (Bernstein, 1952). Virginia remembered being Bridey Murphy (1798–1864) a housewife living in Cork, Ireland. Her first memory of her life as Bridey started when she was 8 years old. She recounted her childhood with her dad who was a barrister. She remembered her marriage with a man named Brian when she was 17. She described Bridey’s own death as well, when she fell from a horse. She was even able to recall her funeral: “[I was] 66 when I died. I watched them ditch my body.” (Bernstein, 1952; p. 161). She recalled the visual image of the date on her tombstone: “[I]t was on the tombstone . . . I see one eight six four. Bridget . . . Kathleen . . . MacCarthy. One . . . seven . . . nine . . . eight . . . a line and then . . . one-eight-six and four.” (Bernstein, 1952; p. 161). Bernstein’s book contains many other rich and detailed purported autobiographical recollections from the past life. The patient, Virginia, and Bernstein seemed convinced of the truthfulness of Virginia’s past life memories. The Bridey Murphy case attracted criticism within a few years of publication, including Kline’s (1956) compilation of skeptical essays, which included psychiatrist Harold Rosen describing the case as “pseudoscience” (p. xv). A Life magazine article also cast doubt on the case, noting failed attempts to find evidence of Bridey Murphy’s birth or death records (Brean, 1956).

The popularity of the Bridey Murphy story and Bernstein’s (1952) book, along with earlier accounts, may have led to subsequent past life memory recovery. For example, hypnotherapist Dr. Arnall Bloxham regressed a patient, Jane (age 30), into six different past lives (Iverson, 1976). The earliest recalled life was as ‘Livonia,’ wife of Titus in Roman Britain during the 3rd century in AD 286. The patient went on to recall lives in 1189, 1450, the early 16th century, 1702, and the early 20th century. In 1189 she was Rebecca, a wife of a wealthy Jewish moneylender: it is “the Christian year of 1189” (Iverson, 1976; p. 33), and “good King Henry has died and King Richard is away, in the crusades” (p. 40).

Also in the 1970s, American clinical psychologist Edith Fiore (1978) described eight cases of patients who recovered memories of previous
lives under hypnotic age regression. For example, the first case depicted in the book, Becky (age 22), recovered memories of her past life as girl several centuries ago.

Dr Fiore: “What is your name?”
Becky: “Elaine?”
Dr Fiore: “How old are you?”
Becky: “Fifteen.”
Dr Fiore: “On the count of three the date will occur to you... What come to your mind?”
Becky: “1664.” (Fiore, 1978; p. 30)

Becky, still experiencing hypnosis, described Elaine’s death when she was raped and stabbed by three men: “[I feel] cold...I feel like I’m watching...I think I’m dead. [I see] the three men run away.” (pp. 42–43). Even more bizarre, she identified one of rapists as a past incarnation of Becky’s own father. The therapist, Fiore, asked the father to join his daughter during a therapy session. Becky’s father seemed to accept the idea that in a previous incarnation he had murdered a previous incarnation of his daughter and could not help but apologize for what he had done to his daughter.

Around the same period as Fiore, American past life therapist Dr. Morris Netherton (1978) described similar case studies. One patient, Carl, recalled a past life in “primitive times,” in a village in South America or Africa. In this past life, he slept with the wife of one of his rivals, and when the husband came back to the hut: “he hurls that spear and he’s got me, right there in the gut.” Still conscious after he was hit by the spear, his assailant continued the attack: “Now he’s reaching down and he’s cutting it off. My penis...I can’t feel it” (Netherton, 1978; p. 58).

Unfortunately, Netherton also treated an 11-year-old child, Chuck, who recovered memories of his in utero life as well as horrific memories of a previous life: “I’m a very little baby. I’m not really a baby yet. I’m inside still. I’m three months along.” (Netherton, 1978; p. 108). Chuck remembered, while still in his mother’s womb, hearing when the pregnancy was revealed. He heard the grandmother say that there is nothing to be calm about, and he recounted how that had affected him. Later, he regressed back even further and reexperienced one of his past reincarnations: “I’m in a cell. Like a jail cell. I’m a prisoner” (p. 110). Chuck reported it was the 1940s, and that he was on death row in prison for murdering his infant. He remembered: “they’re strapping me to a chair. It’s the electric chair. A sudden burst like white lights, but in my head. My body is bouncing in the chair. . . And it stops.” As if this memory was not enough for the child patient, he then remembered hearing: “‘He’s an active one he’s not dead yet.’” Then, the second shock: “There’s another burst in my head. They turned it on again. I’m dead” (p. 110).

Past life memories have been recovered not only with hypnosis but also with LSD therapy. For example, Grof (1980) describes a patient, Tanya, a 34-year-old teacher at the time, remembering a previous incarnation as a young girl from New England who was accused of witchcraft (the year is not known, but it may be the witch trials of the late 1600s). She remembered how the villagers had taken her to the birch-grove and drowned her. She recognized among her attackers, two men from Tanya’s present life: past incarnations of her father and husband (p. 288). The latter pattern of incorporating present day faces into impossible memories of past lives demonstrates how people can confabulate and reconstruct memories from both real and imagined sources.

Evidence of episodic recall of past lives is strong evidence of memory distortion because there is little or no credible evidence for actual occurrences of past lives. Although Stevenson (1994), in an otherwise skeptical article, claimed that there may be very rare cases that offer some evidence of past lives, methodologies of studies supportive of past lives have met with considerable criticism (see Mills & Lynn, 2000). Similarly strong evidence of false memories is associated with another type of impossible memory: abduction by space aliens.

**Section 6: Memories of Alien Abduction**

Reports of space alien abduction are a fascinating demonstration of the distorting power of hypnosis, imagination, and suggestion on mem-
ory. A number of early precedents of reports of alien encounters not involving therapy or hypnosis do not match our criteria for inclusion (e.g., Swedenborg, 1758; Vilas-Boas in 1957, see Denzler, 2003). In addition, Flournoy (1899/2007), as briefly mentioned in the previous section, did report a woman who appeared to be in a trance-like state remembering a reincarnation as an entity on the planet Mars. This experience of inhabiting a Martian was accompanied by talk that the woman construed as a Martian language. Flournoy himself suspected the Mars experience was the product of imagination and expressed skepticism regarding this phenomenon, albeit not complete skepticism (see also Hyslop, 1900). This report did not involve a memory of a physical encounter with aliens, although it was an interesting precedent.

American author John Fuller described one of the earliest reports of a physical (as opposed to psychical) alien abduction. In Fuller’s (1966) story a couple remembered, after months of hypnotherapy, their trip into a spaceship in which they were medically examined by strange creatures from outer space. In 1961 Betty and Barney Hill were driving home from vacation when they noticed a strange light in the sky. According to Barney, the light was moving in a strange and unconventional way. When they arrived home, the couple was surprised to see they were two hours late on their schedule; time was missing, which they could not explain. Betty underwent seven months of therapy before she recovered episodic memories of the aliens’ facial features: “eyes continued around the side of the heads and had two slits that represented the nostrils” (Fuller, 1966, p. 305). She remembered being on an examination table when they “put a needle into [her] navel” as part of a pregnancy test, and skin samples were also collected (p. 195). Fuller’s work perhaps was a precedent that inspired abduction memories after 1980; for example, those reported by Harvard psychiatrist John Mack and others (Mack & Mack, 1994; see also Clancy, 2005).

Impossible memories are one way to confirm that the episodic recall was inaccurate, but another way is when the therapist or experimenter deliberately manipulates memory and knows that the implanted event did not happen. In the next section, we discuss the relatively strong evidence in which therapists acknowledged memory distortion.

Section 7: Therapist Acknowledged False Memories

Perhaps the most surprising evidence we obtained were cases in which the therapists themselves admitted to creating false memories in their clients. We say surprising because we found a number of cases that seem to have been forgotten by many and predate the purportedly recent idea that distorting memory could facilitate treatment (e.g., Nader, Hardt, & Lanius, 2013). The therapists describe how they intentionally modified their patients’ memory, sometimes claiming that it was beneficial and for curative purposes, and at other times demonstrating the dangers of suggestion.

The earliest account we found of a false memory that a therapist acknowledged dates to the 1880’s. Hippolyte Bernheim was a French physician who described cases from the early 1880s that involved the concept of ‘retroactive hallucinations’ (Bernheim, 1884, 1889). As we decoded this old terminology, it became clear he was talking about remembering false memories (‘hallucinations’) about the past, in the present (i.e., ‘retroactive’). During hypnosis, Bernheim (original French: 1884; English translation: 1889) suggested to his patient Marie that she had witnessed an old bachelor rape a young girl. Marie is told she could see the little girl struggle and bleed. At the end of the hypnotic session, Bernheim added that “it is not a dream; it is not a vision I have given you during your hypnotic sleep; it is the truth itself; and if inquiry is made into this crime later on, you will tell the truth.” (Bernheim, 1889, p. 165). A friend of Bernheim’s questioned Marie three days later. She gave him a perfect recollection of the alleged event; the name of the rapist and his victim, as well as the date, time, and place of the crime. Bernheim, in an attempt to test Marie’s confidence in her testimony, asked her if it was not perhaps a “vision like those [he] was in the habit of giving her during her sleep” (Bernheim, 1889, p. 165; original French in Bernheim, 1884, p. 12), but Marie remained adamantly of the veracity of the story. She even agreed to testify at a trial, under oath. Bernheim wrote that he later used hypnosis to successfully remove the implanted memories. Interestingly, like modern false memory researchers, he urged caution in the use of suggestion by magistrates.
and warned of false evidence given by children in court (Bernheim, 1889, pp. 176–177).

In contrast to implantation of false traumatic memories as described by Bernheim, French psychotherapist Pierre Janet (1894) described a case of erasing a true memory. Janet described a client, Justine, who had been obsessed with an intense fear of contracting cholera. They traced the phobia back to an incident 20 years earlier when she saw two corpses of people who had died from the disease. Janet wrote:

I transformed the appearance of the cadavers, and above all I spent several sessions dressing them. The hallucination of a garment, and then another, was fairly successful, and finally the main body seemed saddled with the costume of a Chinese general that Justine had seen at the exhibition. The success was mostly full when I managed to get the Chinese general to stand up and walk, it was not terrifying anymore but rather comical. (Janet, 1894, p. 128)

Although not as clear as the Bernheim and Janet examples, we also found circumstantial evidence of distortion during the hypnosis done by French neurologist Jean-Martin Charcot. Charcot (1887) describes how a patient seemed to reconstruct a memory of a traumatic accident: “of the accident itself he does not remember much, despite what he says, and it is likely that everything he says, he dreamed it or unconsciously constructed it, exaggerating everything he heard or was told” (p. 456; our translation). Similarly, one of Charcot’s patients suffered amnesia after hurting his head, and Charcot writes he “recovered memory of the incident after he heard people around him talking about it” (pp. 442–443; our translation). Like Bernheim and Janet, Charcot acknowledged memory construction in patients, but it is less clear what the events he referred to are and to what degree hypnosis induced the distortion.

There are interesting parallels between the more recent memory wars of the 1990s and the time period of Bernheim, Janet, and Charcot, such as the legal implications of memory distortions. Indeed Laurence and Perry (1988) discussed some of these legal implications even before the proliferation of legal cases of the 1990s related to the recovery of repressed memories. For example, Liégeois (1884), a fellow member of the Nancy school of hypnosis with Charcot, wrote about the legal implication of hypnotic suggestion. Similarly, in what appears to be a parallel to the skepticism-inspired research of the 1990s, Hull (1930) and Young (1927, 1931) had doubts regarding some of the elaborate claims of hypnosis and described controlled research that revealed a more sober assessment of the power of hypnosis. In particular, Hull and Young doubted the ability of hypnosis to enhance memory, although they seldom mentioned or researched false memories directly.

Even more bizarre than the implantation of past events are constructed “memories” of the future. Psychiatrists Rubenstein and Newman (1954) published a report in Science describing how they had hypnotically “progressed” a group of five subjects to a future time 10 years in the future. They described, in detail, their activities at the future given date. They noted that the participants “fantasied a future as actually here and now.” They suggested that many descriptions of hypnotic regression also consist of “confabulations and simulated behavior” (Rubenstein & Newman, 1954; p. 473). They were skeptical of these techniques and challenged the validity of hypnotic regression. Nevertheless, perhaps they were unaware of Bernheim (1884) and Janet’s (1894) work discussed above, because Rubenstein and Newman (1954) go on to make the rather unfortunate remark that their skepticism about hypnotic regression probably does “not apply to the reenactment of traumatic past experiences” (p. 473).

As described, there are numerous examples before 1980 when therapists purposely induced false memories. They did so to either demonstrate the malleability of memory or to demonstrate the treatment potential for such techniques. If we take these authors at their word, and in light of recent false memory research we have good reason to do so, this presents strong evidence that false memories occurred in psychotherapy before the more recent controversy.

Discussion

The standard narrative of false memories in psychotherapy involves a story of how the phenomenon arose in the 1980s and caused a controversy in the 1990s. Here, we have documented many earlier examples of autobiographical memories implanted in therapy. The evidence we presented ranged from 1884 to 1980 and ranged in strength from infantile memories to physically...
impossible memories. We showed that some therapists openly acknowledged the implanting of entire autobiographical events, whereas others implanted memories without knowing that they were most likely false.

The strongest evidence for false memories earlier in history, paradoxically, may come from sources that before the advent of recent false memory research we might have deemed unreliable. That is, before 1980, some skeptics may have thought that reports of episodic memories of the womb, past lives, alien abduction, and bizarre satanic rituals, constituted completely unreliable evidence because the authors were either lying or deluded. However, in light of the last three decades of false memory research, especially the creation of autobiographical false memories using techniques similar to those used in therapy (hypnosis: e.g., Laurence & Perry, 1983; guided imagery: e.g., Garry et al., 1996; suggestion: e.g., Loftus & Pickrell, 1983), we argue that many or most of the cases discussed in this article are not evidence of deliberate deception, but evidence of memory distortion.

Recent research has shown that it is possible to instantiate false memories in the laboratory. Some of these studies use or model some of the techniques and target the types of memories described earlier in this article. For example, Spanos, Burgess, Burgess, Samuels, and Blois (1999) demonstrated that suggestion could lead to false memories of infancy. Specifically, following suggestion, some participants reported remembering a colored mobile in the first few days after birth, and some reported “body memories” in the form of itching around the umbilicus. Such memory distortion was found following both hypnosis and nonhypnotic suggestion. Likewise, Malinoski and Lynn (1999) used imagination and suggestive techniques in a series of interviews that resulted in ever-earlier reports of their first memories. Before the interviews, the mean age of first memories was 3.7 years, and afterward it had decreased to 1.6 years, with 33% of participants reporting memories before the first year of life. In other research relevant to our article, Laurence and Perry (1983) demonstrated that hypnotic suggestion during an age regression exercise could create false remembrances of awakening to a loud noise. Indeed, in a review of hypnotic age regression research, Nash (1987) concluded that the technique does not reliably recover real memories of childhood, and that behavior of patients when age regressed is not accurately childlike. In research relevant to past life memories, Spanos, Menary, Gabora, DuBreuil, and Dewhirst (1991) showed that past life memories can be created in the laboratory with hypnotic procedures and that these memories can be manipulated by altering participants’ expectations regarding past life experiences. Implanting false memories of alien abduction might be considered unethical in a laboratory study, but Clancy, McNally, Schacter, Lenzenweger, and Pitman (2002) were able to show that participants who claimed to have been abducted by aliens were more susceptible to false memories of words that were not actually presented in the lists of semantically related words they had seen.

False memory research over the last few decades has also shown that diverse samples of people, and indeed animals, are vulnerable to memory distortion. More specifically, the pliability of memory has been demonstrated in individuals with very good cognitive ability, such as young adults at top universities (e.g., Goff & Roediger, 1998) as well as in people with superior autobiographical memory (Patihis et al., 2013). Importantly, individual differences measures, including personality types, do not predict memory distortions very strongly (e.g., Zhu et al., 2010), which further reinforces the idea that false memory susceptibility is roughly evenly distributed throughout the population, implying that it may originate from a fundamental aspect of cognition. This speculation is reinforced by research in mice suggestive of false memories (e.g., Ramirez et al., 2013) and also by memory reconsolidation research (e.g., Nader, Schafe, & Le Doux, 2000). In addition, a number of legal cases have also suggested that that some memories, even though genuinely and confidently believed in, are nonetheless false (e.g., see Eberle & Eberle, 1993; Johnston, 1988; Loftus & Ketcham, 1994; Montoya, 1995). Recently acquired empirical findings, accumulated over the past 20 years or so, therefore shine new light on false memory production before 1980.

With respect to the writings before 1980, it is striking how theory about memory seemed to blind practitioners and clients to the obvious fact that they were creating false memories. It
was as if they were part of a failing scientific paradigm (cf. Kuhn, 1962) in which they had to work ever harder to fit the data within their theoretical framework. For example, the theory of cellular memory probably contributed to false memories of being in the womb (e.g., Hubbard, 1950), the theory of active repression of trauma appeared to be a major culprit in creating false memories of severe trauma (e.g., Freud, 1896/1953), and the theory that consciousness could transcend death no doubt contributed to recall of past lives (e.g., Netherton, 1978; cf. Spanos et al., 1991). In many such theories the lack of falsifiability of core constructs is an issue, and this is perhaps why advocates of such theories have not conducted research that actively seeks disconfirming evidence (see Popper, 1957).

The evidence we have presented has some noteworthy limitations. Findings based on anecdotes and case studies are not as scientifically valid or definitive as repeatable findings derived from controlled laboratory experiments. Nevertheless, our reliance on case studies to some extent was unavoidable. That is, we sought evidence of autobiographical memory distortion in psychotherapies and separately considered research that yielded ample and convincing evidence of memory distortion. Moreover, we may have failed to identify one or more potentially relevant sources published during the past 200 years. We also were unable to include therapy-induced false memories of plausible events that could have occurred but did not actually occur. Accordingly, our account probably underestimates the true nature and prevalence of false memories in the early history of therapy and hypnosis. In addition, even with regard to our strongest evidence, the possibility exists that the original author or client engaged in conscious or nonconscious deception. Nevertheless, given the theories about memory (e.g., repression, cellular memory) held by practitioners and clients, as well as recent evidence that therapy-like techniques can induce false memories, we argue that many of our examples genuinely involved memory distortion.

**Conclusion**

We conclude that memory recovery was generally not an aim of hypnosis until the 1880s, and the years that followed seem to have planted the seeds for the controversies regarding memory that erupted in the 1980s and 1990s. Given our findings, we contend that the widely held, yet limited historical narrative of false memories in psychotherapy can be expanded. Rather than a story of how false memories emerged in the 1980s and 1990s, we can now better appreciate the historical antecedents of false memories and iatrogenic methods in hypnosis and psychotherapy. In demonstrating relatively clear evidence of false memories in therapies before the 1980s, it is now a tenuous argument to maintain that false memory production in therapy is a politically motivated myth propounded by a number of individuals on one side of the 1990s memory wars. The historical roots of debates regarding false memory formation might be useful to disseminate to the general public, who might encounter highly critical information about false memory research on the Internet. The long history of memory distortion in therapy might also be useful to share with clinical psychologists in training who may benefit from knowing what has gone askew in the past to prevent the repetition of such mistakes. Historically, clinical psychology PhDs have had license to devise their own therapies or modify existing ones, and this is still true today. For this reason, new clinicians may continue to engage in potentially harmful and suggestive therapies that distort memory; our hope is that this article will help to prevent or mitigate that practice.

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FALSE MEMORIES IN THERAPY AND HYPNOSIS BEFORE 1980


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