

A Case of the Psychotherapist's Fallacy: Hypnotic Regression to "Previous Lives"

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Psychotherapy has an ancient history, but we can date the beginnings of modern psychotherapy to the work with suggestion and hypnosis of Liebhaut, Bernheim, and Forel. For a starting point we may choose the publication in 1884 of Bernheim's classic *Suggestive Therapeutics* (Bernheim, 1884/1947). Psychotherapy then had a long run of increasing acceptance by the general public, if not by scientists, that lasted for almost three-quarters of a century—until 1952, in fact. What happened in 1952? In that year H. J. Eysenck asked whether there was any evidence that psychotherapy was effective and concluded that there was not (Eysenck, 1952). Eysenck had been preceded by other skeptics, such as Wilder (1945), but his paper was influential in stimulating others to question the efficacy of psychotherapy (Stevenson, 1959; Wolpe, 1958). In addition, the introduction into psychiatry

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of the drugs first called tranquilizers (later by other names) required controlled testing of their effects; but it was illogical to test the efficacy of drugs without testing that of other modes of psychiatric treatment, such as psychotherapy. This reasonable corollary led to an immense literature on research into the results of psychotherapy. I shall not attempt to summarize it here. Suffice it to say that comparisons of different modes of psychotherapy, such as psychoanalysis, behavior therapy, and client-centered therapy, failed to show any superiority in outcomes of one type over another (Luborsky, Singer, & Luborsky, 1975). Other studies even showed no superiority of psychotherapy over being on a waiting list and given an "attention placebo" (Paul, 1967; Sloane, Staples, Cristol, Yorkston, & Whipple, 1975).

Doubts about the superiority of any particular "brand" of psychotherapy evoked different responses among psychotherapists. Some psychiatrists concluded that all psychotherapies, if they are equally effective, must have common ingredients that are more important than any specific techniques of treatment (Frank, 1978; Frank & Frank, 1991; Torrey, 1986). Such common ingredients include behavior on the part of the therapist that is supportive and empathic and, above all, the belief on the part of

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both therapist and patient that the treatment will be beneficial. In discussing this conclusion Luborsky and his coauthors (Luborsky, Singer, & Luborsky, 1975) referred to the Spanish recipe a horse and canary pie, which calls one horse and one canary. In this metaphor the horse is the nonspecific ingredient of all psychotherapies and the canary the special technique by which the form of psychotherapy differs from other.

Other psychotherapists would agree to this leveling of their endeavor down to a common factor or factors. They reached for some surer (if newer) technique that would prove superior to others and thus raise their psychotherapy above the factors common to all. Some of these psychotherapies turned to hypnosis.

As a mode of therapy, hypnosis came depreciated during the hegemony of psychoanalysis. However, as the warranted pretensions of psychoanalysis have become exposed, hypnosis gained in acceptability as a mode of psychotherapy and seems to offer certain patients, especially ones with phobias, relief in a much shorter time than psychoanalytic therapy. Many hypnoticists adopted the psychoanalytic premises that phobias derive from a situation trauma, the memory of which the patient has repressed and that cure would follow if this memory could be made conscious. Searching for the cause of a phobia, the patient's early life, and failing, hypnotic therapists then thought that causative trauma must have occurred a previous life, and they have tried to track it there. Doing so requires overlooking the considerable evidence again, not to be here reviewed—hypnosis, although it may make se

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Other psychotherapists would not agree to this leveling of their endeavors down to a common factor or factors. They reached for some surer (if not newer) technique that would prove superior to others and thus raise their psychotherapy above the factors common to all. Some of these psychotherapists turned to hypnosis.

As a mode of therapy, hypnosis became depreciated during the hegemony of psychoanalysis. However, as the unwarranted pretensions of psychoanalysis have become exposed, hypnosis has gained in acceptability as a mode of psychotherapy and seems to offer certain patients, especially ones with phobias, relief in a much shorter time than psychoanalytic therapy. Many hypnotherapists adopted the psychoanalytic premises that phobias derive from a single trauma, the memory of which the patient has repressed and that cure would follow if this memory could be made conscious. Searching for the cause of a phobia in the patient's early life, and failing, some hypnotherapists then thought that the causative trauma must have occurred in a previous life, and they have tried to track it there. Doing so requires overlooking the considerable evidence—again, not to be here reviewed—that hypnosis, although it may make some

memories more accessible than they ordinarily are, can also increase inaccuracies in memory and, in sum, does not enhance memory (Wagstaff, 1984).

Undeterred by such facts, numerous hypnotherapists have promoted hypnotic regression to previous lives until it could fairly be described as a current fad. Although many of these hypnotists are obviously uneducated and behave little better than circus shills, others have graduated from first-rate colleges and universities, as the jackets of their books never fail to emphasize. Such hypnotists (with proper education and training) should know better, but some of them nevertheless write books that sell well in "New Age" bookshops and airports. To my knowledge, however, none has ever published a report of claimed beneficial results from this kind of therapy in a refereed scientific journal. Statements asserting that a patient had been unsuccessfully treated by earlier therapists before responding to regression to a "previous life" are vacuous unless we know the details of the earlier treatments as well as the entire context of the treatment in which the hypnotic regression occurred, and unless we are also given adequate information from follow-up examinations.

I particularly disapprove of those therapists who try to have it both ways—affecting to be themselves uncommitted and indifferent to the question of whether reincarnation occurs or does not, they yet entice patients with the hope of a cure from remembering a previous life.

It is not difficult to induce a hypnotized person to imagine himself or herself in a previous life. The scenes are vivid, the emotions intense; no wonder the patients become convinced that they have relived a real previous life. A thus

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regressed patient may, moreover, seem to remember some traumatic experience in the "previous life" that is relevant to present symptoms, and he or she may feel better afterward. These events, however, are not evidence that the patient did remember a real previous life. In only a tiny handful of cases has the apparent previous personality stated verifiable information. In even fewer is it possible to be confident that any accurate details were not normally learned.

Some authors have taken the trouble to search and to find the source of the characters and events of the previous life in information to which the subject was known to have been exposed (Hilgard, 1977; Kampan & Hirvenoja, 1978; Zollik, 1958, 1962). From a thorough analysis of the details of information provided by one hypnotized subject, Venn (1986) showed that all the verifiable details were common knowledge or easily found in readily accessible sources, and all the obscure or reconcilable items were false. The subject of his case, like so many others, had created a historical novel in which he placed himself as living a previous life.

One does not, however, need to take all the trouble that Venn took in order to show that the previous lives as reported by many of the hypnotherapists could never have been lived. Here are a few samples of what we have been asked to believe.

1. A subject described himself as a courier for the King of France during the time of the Crusades. He said that he carried messages between the court at Versailles and Bordeaux. Yet Versailles in the time of the Crusades (eleventh to thirteenth centuries) had no significance for the government of France; it only became a place of importance in the late

seventeenth century when Louis XIV had a palace constructed there.

2. A subject stated that in the sixteenth century he had lived in England the life of James, Earl of Leicester (which the subject pronounced "Lecheester"), and that he had been evicted from his castle by "Lord Cromwell." In fact, the Earl of Leicester who was contemporary with Oliver Cromwell (who incidentally was not known as Lord Cromwell) was Robert Sydney (not James), and he was never evicted from his country seat.

3. A subject was said to have reached a decisive turning point in her improvement with hypnotherapy when she relived (as if seeing it from the side) having a prefrontal lobotomy performed on her. From the scanty information in the history it is nevertheless possible to say that this patient was born not later than 1922. Therefore, any previous life she had must have occurred during the first 2 decades of this century or earlier. Yet prefrontal lobotomy was not described (by Egas Moniz) until 1936, and the operation was performed on only a few patients before the brief period of its wider use during the 1940s and 1950s.

4. A subject, regressed with hypnosis to "previous lives," stated that in 1473 she had been a boy living within sight of mountains in the Netherlands, the flattest country in Europe, if not in the world. Much farther on in the same book the same subject recalled the previous life of an old man, concerned with possible fighting between Moors and Danes, and gave the date as 1483. The author of these discrepancies passed over them without so much as a footnote and probably never noticed them.

5. A subject regressed to a previous life said that he was John Wilkes Booth, the assassin of Abraham Lincoln. He

further claimed that he had not been in a barn in Virginia but had escaped left the United States, settled in France and died in Calais 12 years after flight. With awesome self-confidence hypnotherapist in this case was confident the subject could rewrite history a matter—Wilkes's death in Virginia that had been clearly proven by the careful identification of Wilkes's body.

These examples show that things silly to be put in historical novels still be fobbed off as previous lives. I can such foolishness happen? It is I suggest, through willful ignorance norance of the research that has shown the paramount importance of the specific factors in all psychobias (which I have already cited) and ignorance of the influence of suggestion, whether explicit or implicit. Regard suggestion, persons interested in topic should read the reports by B (1982) and by Spanos, Menary, Gail-Dubreuil, and Dewhirst (1991), have shown how easy it is to manipulate with suggestions the occurrence and content of "previous lives" induced during hypnosis.

I do not understand why the mist idea developed that depressing memory of an apparent or actual traumatic cause of a phobia melts the phobia away. Every psychiatrist has had a experience of a person who, for example, injured or frightened in a vehicular accident, will not ride in an automobile again for months or even years. The persons know the cause of their phobia but it persists anyway. Closer to present topic, 36% of a group of children who claimed to remember previous lives suffered from phobias, whereas nearly always corresponded to the nature of death in the life of the deceased person.

17th century when Louis XIV was constructed there. The subject stated that in the sixteenth century he had lived in England as James, Earl of Leicester (which was pronounced "Lecheester"), and had been evicted from his castle "from well." In fact, the Earl of Arundell who was contemporary with Cromwell (who incidentally was pronounced "Lecheester") was Robert Lord Cromwell) was Robert (not James), and he was never in his country seat.

The subject was said to have reached the turning point in her improvement during hypnotherapy when she re-remembered seeing it from the side) having a frontal lobotomy performed on the scary information in the book. It is nevertheless possible to say that the patient was born not later than 1890, therefore, any previous life she had lived must have occurred during the first half of this century or earlier. Yet the fact that a lobotomy was not described until 1936, and the fact that the subject was performed on only a few years before the brief period of its use during the 1940s and 1950s, during which the subject regressed with hypnosis to previous lives," stated that in 1473 a boy living within sight of the flat in the Netherlands, the flat in Europe, if not in the Netherlands, recalled the previous subject in the same book. The subject recalled the previous subject in the same book as a man, concerned with the date as 1483. The author of the book passed over them as much as a footnote and probably noticed them.

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These examples show that things too silly to be put in historical novels may still be fobbed off as previous lives. How can such foolishness happen? It is done, I suggest, through willful ignorance: ignorance of the research that has shown the paramount importance of the non-specific factors in all psychotherapy (which I have already cited) and ignorance of the influence of suggestion, whether explicit or implicit. Regarding suggestion, persons interested in this topic should read the reports by Baker (1982) and by Spanos, Menary, Gabor, DuBreuil, and Dewhirst (1991), who have shown how easy it is to manipulate with suggestions the occurrence and the content of "previous lives" induced during hypnosis.

I do not understand why the mistaken idea developed that derepressing the memory of an apparent or actual traumatic cause of a phobia melts the phobia away. Every psychiatrist has had some experience of a person who, for example, injured or frightened in a vehicular accident, will not ride in an automobile again for months or even years. These persons know the cause of their phobia, but it persists anyway. Closer to the present topic, 36% of a group of 387 children who claimed to remember previous lives suffered from phobias, which nearly always corresponded to the mode of death in the life of the deceased person

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whose life the child claimed to remember (Stevenson, 1990). Leave aside the question of whether these children remembered real previous lives. (For evidence on that point I refer readers to detailed case reports [Stevenson, 1966/1974] and a general survey of the research on these children [Stevenson, 1987].) The point here is that I have studied the cases of a large number of young children who claimed to know what circumstances in a previous life—usually a violent death—had generated a phobia and yet, despite their knowledge, they suffered from the phobia.

Must we then conclude that because nearly all hypnotically induced "previous lives" are manifestly bogus, these hypnotherapists do not help their patients? Certainly not. Many of them, perhaps most of them, are probably good psychotherapists capable of mobilizing the nonspecific factors in psychotherapy. Their mistake is the fallacy of attributing the patient's improvement to the particular technique adopted.

Yet I would not have any hypnotherapist disbelieve in the efficacy of what he or she is doing. Successful psychotherapy depends on the circular reinforcement of the patient's belief that he or she can be helped and the psychotherapist's belief that he or she can help (Frank & Frank, 1991; Rosenthal, 1969). If a practitioner of hypnotic regression to previous lives should become skeptical about the value of this technique, the therapist should quit at once or take up some other technique.

Patients may also benefit from the strong emotions often aroused during the seeming reliving of a previous life. This, however, also offers no evidence of the authenticity of the events described, and the benefit may come through recip-

rosal inhibition (Wolpe, 1958). If the subjects seem to experience an event from an imagined past that parallels a present phobia or other symptom—which, given the loading of suggestions, can hardly fail to happen—the relaxation induced and the reassurance offered by the therapist's confidence may counteract the ability of noxious stimuli to excite a phobic or other neurotic response.

These remarks would remain incomplete if I did not mention that rarely—very rarely—something of evidential value emerges during attempts to evoke previous lives during hypnosis. I have myself published reports of two cases in which hypnotized subjects spoke responsively in foreign languages that I am convinced they had not learned normally (Stevenson, 1974, 1984). I think the subject of *The Search for Bridley Murphy* (Bernstein, 1956/1965) stated details about life in Ireland during the first half of the nineteenth century that I do not believe she had learned normally. (Persons who dismiss this case as an instance of cryptomnesia are usually unaware of the exposure of the alleged exposure of the case [Ducasse, 1960].) More recently, Tarazi (1990) has published a case of hypnotic regression with what she modestly calls "some unexplained contents." Thus, if I inveigh against the unwarranted and sometimes venal promotion of hypnotic regression to previous lives, I am all in favor of more research on the subject.

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