

## Reliability Of Birth Memory: Observations from Mother and Child Pairs in Hypnosis\*

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**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: For almost a century clinicians have encountered birth memories and wondered if they were real memories or creative fantasies. Empirical studies have revealed both the fallibility and validity of human memory. In this study a side-by-side comparison was made of birth memories obtained in hypnosis from ten children (ages 9 to 23) who had no conscious memories of birth, and their mothers who claimed they had never shared details of the birth with them. Their independent reports were found to be coherent with each other, to contain a wealth of appropriate and accurate facts, and to match exactly at many points. A variety of human errors were also found in reports but serious contradictions/fantasies were rare. Accuracies and inaccuracies are illustrated and discussed and the need for caution noted. Birth memories appear to be real memories and contain valuable information about birth from the baby's point of view. Since the late nineteenth century, some psychotherapists have contended that certain kinds of psychopathology could be caused by birth trauma and the underlying affect might represent an unconscious form of birth memory. Otto Rank,<sup>1</sup> the principal spokesman for this view around the turn of the century, has since been joined by Fodor<sup>2</sup> and Hall<sup>3</sup> who pointed to the amount of birth material in dreams, by Kelsey<sup>4</sup> who reported clients spontaneously re-living birth events in hypnotherapy, by Janov,<sup>5</sup> who discovered clients articulating similar episodes during primal therapy, and by Grof,<sup>6</sup> whose patients under the influence of LSD, related analogous experiences. Obstetrician David Cheek, using a technique for subconscious reviewing in hypnosis, traced numerous physical and psychological problems back to apparent imprinting at birth.<sup>7</sup> He has also learned from pregnant women that complications at delivery can represent a spontaneous outbreak of their own bad memories of birth.<sup>8</sup> Adults who say that they have always had fragments of birth memory (a relatively rare occurrence) report that it has been difficult to get anyone to believe them. Recently Mathison<sup>9</sup> discovered that children under three could spontaneously report their birth memories in words and gestures to parents with startling authenticity.<sup>9</sup> Empirical investigations of memory have been contradictory and illustrate how fragile and fallible memory can be.<sup>10</sup> Experimental subjects have been irrevocably influenced by misinformation added after original memories were laid down.<sup>11</sup> The unreliability of eyewitness memory is well documented by Loftus.<sup>12,13</sup> The errors possible in court data based on hypnotic recall might lead one to despair of finding truthful memories by any means whatsoever.<sup>14</sup> Other studies show that memories can be valid and accurate. By making careful use of ideomotor finger signals in hypnosis, Cheek<sup>15</sup> showed that ten out of ten adult subjects were able to demonstrate the exact sequential movements of head and shoulders involved in their own deliveries. None of these persons had any knowledge of the mechanisms involved. Similarly, an experiment in age regression by Raikov<sup>16</sup> has provided evidence that in deep hypnosis subjects can exhibit a range of genuine neurological reflexes and behaviors of infancy: uncoordinated eye movements, sucking reflexes, the foot bending reflex and spontaneous movements of the extremities. Subjects were filmed and the results authenticated by independent neurologists. A follow-up study made it clear that these results could not be duplicated by professional actors, even when behaviors were suggested to them in hypnosis.<sup>17</sup> Working with hypnotically induced deafness and analgesia, Hilgard,<sup>18</sup> has found fresh evidence that part of the mind experiences, records, and can later faithfully report what is forgotten by another part. In the case of hypnotically suggested deafness, one part of consciousness made the expected report of hearing nothing, while another part, dubbed the "Hidden Observer," was hearing everything. The truth was available, however, only via automatic writing, automatic talking, or via ideomotor finger signals. The same characteristics of memory have been found by a team working with the

ability of patients to remember things told to them during general anesthesia for cholecystectomy.<sup>19</sup> Some patients did indeed remember, verbatim, certain remarks made during surgery but only with the aid of hypnosis. More important, without any use of hypnosis and without any correlation with hypnotizability, many patients later carried out a behavioral suggestion to "touch their ear" when meeting with the researcher the next day. Not one patient could remember this suggestion verbally, even in hypnosis, so totally was it dissociated from consciousness. Yet the influence on behavior was unmistakable. If birth memory is real and reliable it is a matter of unusual importance since birth touches every human being and behavior in life might be influenced for better or for worse by the quality of the birth experience. Concern about this possibility underlies all attempts to assure the humane, natural, spiritual and family-centered quality of childbirth. METHOD The present study was designed to shed light on the general reliability of birth memories by comparing reports often mother and child pairs in hypnosis. Children in this study had no conscious birth memories and had mothers who said they had never shared any details of the birth with them. Each pair served as its own control, the mother's report (taken independently in hypnosis) serving as a measure of reality and a standard for judging the reliability of the child's memory of birth. The children's ages were: 9, 12, 15, 15, 16, 16, 16, 17, 18, and 23. Their mothers ranged from 32 to 46 years of age when the study was made. Mothers and children were taken in random order. To assure ample data for comparison all subjects had to be capable of hypermnesia, a level of hypnosis in which memories are recalled in detail. Hypnotic induction was adjusted to each person's need and usually involved a Spiegel procedure,<sup>20</sup> relaxation suggestions, some brief exercises in specific amnesia, and muscle dissociation as in arm levitation and lid catelepsy. Interrogation in hypnosis was conservative, avoiding leading questions and allowing subjects to report their memories freely, a method recommended for holding fantasy to a minimum.<sup>21</sup> Birth reports were usually completed in a single session of two to three hours. RESULTS Mother and child reports of the same birth varied in perspective, content and detail reflecting the fact that the birth experience was somewhat different for each of them. Their separate stories were coherent with each other, many facts were consistent and connected, and the settings, characters, and sequences similar-one story told from two points of view. The independent narratives dovetailed in an interlocking pattern and matched exactly at many points.

**Table 1**  
**Dovetailing and Contradictions in Ten Mother and Child Pairs**

Pair	1	2	3	4	5	6	7	8	9	10
<b>Dovetails</b>	12	12	9	9	16	19	8	13	24	15
<b>Contradictions</b>	1	1	0	1	0	0	1	4	0	1

Various kinds of errors were also apparent in the reports. Was the place Wilmington or Bloomington; were the sheets cotton or paper? Aunts were mistaken for grandmothers, and some events, otherwise matching, appeared out of sequence. There were intriguing omissions, things remembered by one but not the other, e.g., a nasty remark mother made about the baby. There were a few major contradictions of fact, impossibilities, judging from the mother's account. A statistical summary is provided in Table 1. Coherence and Dovetailing Details of time of day, locale, persons present, instruments used (suction, forceps, incubators), type of delivery (headfirst, breech), and feeding of water or formula were usually correct. Sequences were usually accurate about moving in and out of rooms, on and off beds or equipment, nursing from bottle or breast in the correct order, and the presence or absence of fathers. Two different daughters gave the same descriptions which their mother's gave about their hair styles at the time-one mother had bangs in front and a ponytail, the other mother had shoulder-length, straight, very light brown hair. The child of a mother who described herself as drunk and disoriented by anesthetics described her mother in these words: "My mother is not all there, doesn't seem

awake or have her eyes open." A boy whose mother said he was placed in a bassinet with plastic sides complained about "the shiny plastic or glass walls around me. Things look blurry, distorted." Matching Matching was at times astonishing, as these excerpts illustrate. Pair #10. Onset of Labor. Facts from child: Mother was in the bedroom resting. It's daytime. Contractions start at 1:10 pm. Mother called father and doctor and was advised to wait. Facts from mother: At home in bed till 11:30 am." About one o'clock I knew I was in labor and called my husband to come home. I telephoned the doctor; he advised waiting." Pair #10. Reunion. Child says: "Mother is talking and playing with me. There is a hassle about the name. Mother didn't like V. or G. but daddy did." Mother says, "I'm tickling and playing with her, stroking her. There is a disagreement about the name for the baby. I don't like V. or G. but prefer Mary K." Pair #1. Delivery. Mother's account: "Michele was born very fast and they had to cut the cord off of her neck. People were still putting drapes on my legs even while she was being born. And then she came the rest of the way out with another push." Child: "There is something bright, something big right over me. It's getting colder, I feel hands touching my neck taking something off." Pair #3. Words and Names. Child reports hearing her name spoken and the words "I love you." Mother reports saying "I love you" and hugging and kissing her and calling her Michele. Pair #3. Name. Mother says she repeated the child's full name and explained to him just why she had chosen it. Child says, "My name was repeated several times, proudly." Pair #6. Reunion. Mother says: "I pick her up and smell her. I smell her head. I look at her toes and say, 'Oh God! She has deformed toes!' Mother then calls the nurse, asks about the toes and receives reassurance that they are normal. Child's report: "She's holding me up, looking at me; she's smelling me! And she asked the nurse why my toes were so funny. The nurse said that's just the way my toes are and that they weren't deformed." Please see Exhibit A for an example of coherence and dovetailing in the reports of a mother and child placed side by side. Dovetails are numbered. Contradiction Though rare, contradictions of fact can be disconcerting and need further substantiation. Pair #1. Feeding. The child associated breastfeeding with the delivery room activity, while mother reported, with considerable frustration, that this moment had been delayed by the hospital staff for a full 12 hours! Pair #10. Feeding. The child reported breastfeeding with her father present. She describes his clothing, glasses and hair and says, "Mother lets him hold me." But mother says that fathers were not allowed in the rooms while babies were feeding. Pair #7. After Delivery. Child says, "she holds me (in her arms) and starts kissing me." Mother says she didn't touch him in the delivery room at all. According to her the baby was laid on her stomach briefly, was taken to be cleaned up, was shown to her again, then placed in an incubator, all without touching him. Pair #2. After Delivery. Son reported being held by mother at delivery and perceives her as smiling, very happy, and giggling. In contrast, mother reports being pleased only that he was a boy and that it was over. Her principle feeling was one of helpless panic and fear of dying because the anesthesia had misfired, paralyzing her up to her neck! She found it difficult even to breathe or to tell anyone what was happening to her. Pair #8. Four contradictions of fact were found, constituting a pattern of fantasy-the only case of this kind in the ten pairs. Aside from specific areas of distortion (involving a sick father and some missing grandparents) her report dovetailed with her mother's at thirteen points. (See Table 1).

DISCUSSION As surprising as it may seem, overall coherence, frequent dovetailing, and considerable accuracy characterizes these birth reports. Yet obvious imperfections and embellishments of varying size and importance are also present, underscoring what are perhaps natural limitations of human memory. True and congruent memory, when and if it is achieved, is not an all-or-nothing phenomenon covering experience in toto. Accuracy does occur, but accuracy in one place does not necessarily mean accuracy in all other places. The pattern of fantasy or fabrication, predicted by the most popular memory theory, was not found. When fabrications were exposed, they were specific and limited only to those points. Blatant contradictions were rare but constitute a warning that certain segments of these memories may not be true. Explanations for errors in memory are not hard to find. Some errors are probably misperceptions to begin with, others the result of guesswork or an attempt to fill out the story. Errors can also involve wishful thinking and subconscious fabrication to avoid painful aspects of the original situation. More important than the errors in these reports are the preponderance of

accuracies. How are we to explain so many true memories? One theory is that these memories are really mother-memories passed down to the child in unguarded moments and subsequently forgotten (consciously) by both. If these were really adult memories we would probably hear more technical and convenient language used to describe the action, but this is not what we find. For example, in two accounts of delivery by forceps (Pairs 5 and 6) we have no mention of forceps as such from the children, only rather groping, unfolding, sensory descriptions of the actual experience. Similarly, when reporting delivery with an umbilical cord around the neck (Pair 1) the child delicately describes the feeling of activity there but never uses the word cord, as mother would probably do if she ever told her about this complication at delivery. The mother-memory theory does not explain how sometimes the child's memory is found to be correct, while the mother's is not. Or the fact that the memories are reported from the child's point of view. Memories before delivery are often things that the mother could not know in the first place. Accurate, perceptive, and mature birth memories are difficult to account for within the present parameters of developmental psychology, though there is extensive evidence in the scientific literature to confirm consciousness at birth.<sup>22</sup> The cerebral cortex has been found operative by 32 weeks of gestation<sup>23,24</sup> but the status of the fetal brain hardly explains the sophistication of thought found in birth memories. To thoroughly verify the results found in this preliminary study, further refinements of methodology would be helpful. Opportunity to work with mother and child pairs separated at birth by adoption would help to rule out mother-memory. To strengthen overall reliability, reports of mothers and unrelated-child pairs could be compared with mother and true-child pairs. Different therapists could be used for mother and child to guard against a possible bias in interrogation. Finally, independent judges might evaluate dovetailing and contradictions, and their inter-rater reliability assessed.

**CONCLUSIONS**

1. Birth memories obtained in hypnosis appear to be real memories, not fantasies. They contain a wealth of information about birth from the baby's point of view. Judging from the mother's report of the same birth, much of what is reported by the child is coherent and accurate.
2. Like all human memories, birth memories contain errors, misperceptions, and omissions. Occasionally, serious contradictions and fabrications appear, making it necessary to treat specific information with caution and to look for verification by independent means.
3. The content of birth memories suggests a sophisticated level of physical, mental and emotional consciousness at birth, beyond anything predicted by developmental psychology. In this light, many routine practices in obstetrics are inappropriate from the baby's point of view.

**Exhibit A: Dovetailing Excerpts From the Birth Reports of Madeline & Katy At Delivery**

**From Mother's Report** It's a fairly large room,<sup>1</sup> and chilly.<sup>2</sup> I can see her head coming out of my vagina. There are two doctors.<sup>3</sup> There's a young doctor (in green) and an older doctor with gray hair (in white). There are nurses<sup>3</sup> on the sides . . . the younger doctor is busy.<sup>4</sup> They are checking the head . . . The head is out (now). They sort of put her on my stomach<sup>6</sup> but they're still holding onto her. I could see her . . . lots of blood and white stuff. She's crying. I can see the umbilical cord. My hands are fastened down because I can't reach out and touch her. I would like them to move her, wrap her up. Somebody does finally take her. I'm talking to the doctor<sup>6</sup> . . . I think they had a white cap over my hair<sup>7</sup> . . . They finally undo my hands and the nurse brings her over on my left side.<sup>8</sup> But she doesn't hold her close enough so I can touch her. I really feel frustrated. I do say "Hi!"<sup>9</sup> to her. She's so cute and small but still kind of messy. Then they put her in a little Warmer. I talk to the doctor about her weight. We were ready to leave. I'm on a gurney. They wheel her out first.<sup>10</sup> We're down the hall. Her father's there, looks at her (but doesn't touch)<sup>11</sup> . . .

**From Child's Report** It's a pretty big room,<sup>1</sup> with a lot of silver in it. Everybody seems pretty busy.<sup>4</sup> I think there are four or five people.<sup>3</sup> It seems colder than it did before.<sup>2</sup> I feel like I'm spinning, turning too fast. They're pulling, pulling at me. The doctor is shaky . . . nervous . . . trembling and it kind of bothers me . . . They put me on her stomach, sort of dumped me on her.<sup>6</sup> He's talking to my mom.<sup>6</sup> Everything seems to be okay and she's all right. He still seems nervous and he picked me up and gave me to somebody else. I feel bigger and heavier. I can see her but I'm not by her. Her hair is wrapped-up, like in curlers or something.<sup>7</sup> She looks tired, sweaty. Nobody's talking to me. They're talking about me, I think, but not to me. They act like they know I'm there but like I don't know I'm there . . . The nurse kind of wiped . . .

washed me. Then they brought me over next to my mother.<sup>8</sup> She wasn't crying, but something like that. She's the first one to talk to me. She said "Hi!"<sup>9</sup> Nobody else seemed to think that I was really there. Then she talked to the doctor a little bit and they took me away again. I didn't know where they were going to take me or why. I left the room before my mother did.<sup>10</sup> I didn't see my dad much. He was around . . . But not much.<sup>11</sup> I really didn't know exactly who he was until later. After Delivery Mother's Report I don't remember going to bed but I'm in bed. I don't know what happened to the baby or to my husband. They put the baby in another room.<sup>12</sup> Child's Report Then they took me away again to a different room<sup>12</sup> with lots of other people (babies). It seemed kind of far. I was in there with a bunch of other babies and people kept coming in and bothering us, woke us up. Sometimes they took me back to my mom<sup>13</sup> but they always brought me back to the (nursery) room again.<sup>14</sup> In Mother's Room Mother's Report I'm in a two-bed room and the baby's all cleaned up. She's in a little plastic bed, They've moved her in, like rooming-in.<sup>12</sup> I pick her up, unwrap her, get comfortable on the bed. She's looking me over.<sup>15</sup> I'm talking to her . . . I nurse her . . .<sup>16</sup> Then I put her back in her bed. Her father comes to visit (but doesn't touch).<sup>11</sup> At night they take her out of there to the nursery.<sup>14</sup> Child's Report It was really neat. She seemed happy, comfortable. Her hair was down.<sup>15</sup> Everyone knew what was going on except me. I didn't know why they were taking me away or where I really was. My father comes to visit (but doesn't touch).<sup>11</sup> At night they take me out of there to the nursery.<sup>14</sup> Departure from Hospital Mother's Report I'm getting organized . . . I'm anxious to leave and I'm dressed. The baby is wearing soft flannel pants with feet and a little top. It has rosebuds down the front<sup>17</sup> . . . Her father comes<sup>18</sup> and tells me that our daughter<sup>19</sup> and brother-in-law<sup>20</sup> are waiting downstairs. The nurse comes. I sit in a wheel chair, holding the baby<sup>21</sup> . . . It seems like a long ride. It's taking a long time to get home.<sup>22</sup> There's a lot of joking and light conversation.<sup>23</sup> Child's Report My dad came to get my mom<sup>18</sup> with my sister<sup>19</sup> and somebody else, another man, but I don't know who he is.<sup>20</sup> My mom was in a wheelchair holding me.<sup>21</sup> I have a blanket around me, silky, and it's got pink flowers.<sup>17</sup> It seemed like a real long way.<sup>22</sup> Everyone seems to be happy.<sup>23</sup> Homecoming Mother's Report I put the baby in her bassinet. She's not asleep but seems really happy there. I think we had a mobile attached to it<sup>24</sup> . . . Child's Report I was in a white crib . . . and there was something hanging over my head. I thought it was pretty weird at first but I got used to it.<sup>24</sup> Footnote \* This research was originally presented at the Annual Scientific Program of the American Society of Clinical Hypnosis, November 1980. It was first published in 1986 as an invited paper for the Journal of the American Academy of Medical Hypnoanalysts, Volume 1(2), 89-98 (December, 1986).

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