

# The phenomenon of claimed memories of previous lives: possible interpretations and importance

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**Summary** Several disorders or abnormalities observed in medicine and psychology are not explicable (or not fully explicable) by genetics and environmental influences, either alone or together. These include phobias and phobias observed in early infancy, unusual play in childhood, homosexuality, gender identity disorder, a child's idea of having parents other than its own, differences in temperament manifested soon after birth, unusual birthmarks and their correspondence with wounds on a deceased person, unusual birth defects, and differences (physical and behavioral) between monozygotic twins. The hypothesis of previous lives can contribute to the further understanding of these phenomena. © 2000 Harcourt Publishers Ltd

## INTRODUCTION

Reports of children who claimed to remember previous lives occurred sporadically in the late 19th century (1,2) and the early years of the 20th century (3–5). In 1960, I published an analysis of 44 cases of this type that had come to my attention in various sources, mostly in books and magazines (6). I found the evidence in some cases persuasive of a paranormal process, by which I mean that a child had shown knowledge about the life of a deceased person unknown to its family, which knowledge it seemed not to have obtained by normal means of communication. I recommended that an effort be made to locate and carefully investigate new cases.

I was able to undertake such investigations myself and published my first reports of this research a few years later (7,8). In the following years I published additional reports of cases investigated in particular countries (9–13). Cases

of this type are readily found in south and southeast Asia, western Asia, west Africa, Brazil, and northwest North America; these are all areas where the belief in reincarnation is strong. Cases also occur, although less frequently, in western Europe and North America (14,15).

In the 1980s and 1990s other investigators published reports of additional cases of this type (16–23). By 1995 about 90 detailed reports of these cases had been published. The cases published in detailed reports were selected from a much larger number of cases – now more than 2500 – that have been investigated. Many of the cases in the larger number have received thorough investigations, but others have not.

The principal method of investigation is interviews, often repeated, with firsthand informants for both the child's side of the case and that of the concerned deceased person, if one has been identified. We emphasize independent verification of the child's statements. Written documents, such as postmortem reports, are always sought, examined, and copied when feasible.

In the majority of cases (67% in a series of 856 cases) a person has been identified, the facts of whose life and death correctly corresponded to the child's statements (24). Such cases are considered 'solved', and the others (33% in the same series) are said to be 'unsolved'. In a

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small number of cases adults have identified a child as a deceased person reborn, usually on the basis of birthmarks and dreams, even though the child has never made statements about a previous life (21). Such 'silent cases' may comprise 5–10% of all cases.

The features of cases within a culture are stable over one or two generations (25,26). Crosscultural comparisons have shown that some features occur regularly in the cases of all cultures where we have investigated these cases. There are: early age of speaking about a previous life (usually between 2 and 4 years of age); early age of ceasing to speak about a previous life (usually between 5 and 7 years of age); high incidence (63%) of violent death among the persons whose lives the children said they remembered; and frequent mention (76%) of the mode of death in the child's statements (15,24). Other features, such as claims to remember a life as a person of the opposite sex, vary widely between cultures (13,15).

No case of this type should be considered even suggestive of a previous life before alternative explanations have been excluded. Of these the most important is communication of information about the concerned deceased person to the child through normal means, unknown to the child's parents. (Hoaxes appear to be extremely rare.) Such normal transmission of information is particularly likely to occur, or at least cannot be excluded, when the child says it remembers the life of a member of its own family or village. In many cases, however, the families live in widely separated communities, and the informants assure investigators that they had no knowledge of each other before the case developed. Unfortunately, the investigators are not often able to reach the scene of a case before the two families concerned have met and perhaps mingled their memories of what the child said with what was known or learned about the concerned deceased person. Nevertheless, in a small number of cases someone, often a member of an investigative team, has been able to make a written record of the child's statements before they were verified (7,9,22,27). A comparison of a series of such cases with a series in which the investigators made a written record only after the two families had met showed no difference between the two series in the number of correct and incorrect statements (28).

The investigation of these cases has progressed to the point where the hypothesis of previous lives offers at least a plausible interpretation of many cases, and for some it seems to be the strongest one. This paper, however, is not primarily concerned with the evidence supporting that judgment. For that and more detailed descriptions of methods of investigation I refer readers to the publications I have cited. I intend the foregoing brief introduction to provide only a warrant for my suggesting that the idea of previous lives has explanatory power for several unsolved problems of medicine and psychology.

The case of a child claiming to remember a previous life consists of much more than statements expressing what the child believes are imaged memories of the previous life, whether verified or not. The child almost invariably also shows a variety of behaviors that are unusual in its family and consonant with what can be learned or reasonably conjectured (in solved cases) about the characteristics of the concerned deceased person. In addition, many of the children show unusual physical features that correspond to wounds or other physical aspects of the concerned deceased person whose life a child seems to remember.

We know little about the incidence of children who claim to remember previous lives. We do know, however, that even in countries like those of South Asia, where we can find these cases more readily than in the West, they do not occur frequently. The only systematic survey yet undertaken, one conducted in a region of northern India, showed that only about 1 person in 500 claimed to remember a previous life (29). Obviously, most persons do not claim to remember one. Therefore, an important assumption of this paper is that, if reincarnation occurs, previous lives may have effects on persons who have no imaged memories of one.

## **UNSOLVED PROBLEMS OF MEDICINE THAT PREVIOUS LIVES MAY ELUCIDATE**

### **Phobias of infancy**

In a series of 387 subjects who claimed to remember a previous life, phobias occurred in 141 (36%) (30). The phobias nearly always accorded with the mode of death in the claimed previous life. For example, a child who claimed to remember a life that ended in drowning would have a phobia of being immersed in water; one who said it remembered a life with death from a gunshot wound would have a phobia of guns. Most of the phobias occurred in cases in which a violent death figured; but they also occurred in cases with a natural death. The incidence of phobias varied somewhat with the mode of death. For example, 30 (64%) of 47 persons who remembered a death by drowning had a phobia of water, whereas only 13 (43%) of 30 persons who remembered death from snakebite had a phobia of snakes (30).

In numerous instances – I do not have an exact figure for this – the child manifested the phobia before it had spoken about a previous life. The parents were accordingly nonplused by the phobia until the child had given its explanation of an event – usually the mode of death – in a previous life. In every case the child's parents could identify no postnatal experience or model in another member of the family that might explain the phobia.

Given the high incidence of phobias in children who claim to remember a previous life, it seems permissible to

suggest that previous lives might explain some phobias occurring in infants who do *not* remember previous lives. (Hereafter, for the sake of brevity only, I will sometimes omit 'claimed to' in front of such words as 'remembers' and 'remembered'. I do not intend thereby to beg the question of the best interpretation of these cases.) Menzies and Clarke (31) studied 50 clinical cases of childhood water phobia in Australia. They questioned the children's parents about any contributory experience or model that might account for the phobia. In 28 (56%) of the cases the parents could report no such factor and stated that the child showed a phobia of water on first contact. I suggest that the phobias of water in these children, even though they had never mentioned a previous life, might have derived from death by drowning in one.

### Phobias of infancy

Many of the children who claim to remember previous lives exhibit a desire – sometimes it seems a craving – for an intoxicant or a food especially liked by the deceased person whose life the child remembers. Several children who have remembered the lives of excessive drinkers of alcohol have asked for it and even taken it surreptitiously when young. Others have tried to smoke cigarettes or pretended that they were doing so.

### Unusual play in childhood

In a series of 278 cases, the subjects exhibited unusual play in 66 (24%) cases (unpublished data). The play was most often that of the vocation of the concerned deceased person. For example, a child who remembered the life of a cart driver played at sitting behind a horse drawing a cart. A child who remembered the life of a physician played at being one and shook down a small stick as if it were a medical thermometer. Other play imitated the avocation, such as a favorite game with beads. Still other children have named dolls or other toy objects after the children of the concerned deceased person. And others have reenacted in play the mode of death in the claimed previous life. In all such cases the child's family provided no model that the play imitated.

I suggest that precociously expressed interests and goals that some persons set for themselves in childhood that have no obvious stimulus, and that sometimes even encountered opposition in their families, may derive from previous lives. Examples occurred in the childhoods of George Frederick Handel (the composer), Florence Nightingale (the founder of modern nursing), Elizabeth Fry (a notable prison reformer), Heinrich Schliemann (the discoverer of Troy), Jean-François Champollion (the decipherer of the Egyptian hieroglyphics), and Michael Ventris (the decipherer of Linear B). I am not aware of any

of these persons having remembered a previous life, but the precocity and intensity of their striving toward unusual goals has no normal explanation in their genetic or familial histories.

### Homosexuality

Numerous children who claim to remember previous lives say that the previous life was that of a person of the opposite sex. Two-thirds of these children show behavior appropriate for the sex of the previous life. Cross-dressing often occurs and so does a preference for the play and other activities of the claimed previous sex. Sometimes the child intransigently refuses to wear clothes appropriate for its anatomical sex, and I know of two instances in which crises developed at school when the administrators insisted that the child dress like members of its sex and the child refused to do so.

It has been possible to follow several of these children into adulthood. Most of them ultimately adapted to their anatomical sex, but one became intransigently homosexual.

Several investigators have shown that effeminate behavior in young boys predicts (although not without exception) homosexuality in the adult males these boys later become (32–35). Zuger has observed such effeminate behavior in children too young to have had any appreciable influence toward such behavior from their parents (34,35).

A former generation of psychiatrists blamed parents for the development of homosexuality; but their opinions have been largely discredited for lack of substantial supporting evidence. More recently, genetic factors have been implicated<sup>36,37</sup>. Neuroanatomical studies have shown an abnormality of the hypothalamus in some male homosexuals compared with heterosexual males, but whether this is cause or effect remains uncertain (38).

The authors of a recent review of homosexuality noted that its origins appear to be multifactorial (39). I suggest that a previous life as a person of the opposite sex may initiate in a child a sexual orientation toward the opposite sex without, however, permanently fixing it.

### Gender identity disorder

Gender identity disorder (also known as gender dysphoria), like homosexuality, has been attributed to parental influences early in life (40). There is, however, no evidence that this condition is caused by environmental factors. Also like homosexuality a biological factor, such as Klinefelter's syndrome, has been implicated in some cases, but not found in others (41).

Statements of patients have perhaps little probative value in questions of etiology. Nevertheless, it is worth

mentioning that three persons who had sex reassignment surgery whose experiences they or a parent subsequently reported in popular publications did not inculpate their parents as in any way responsible for the conviction they had had, from their earliest years, that they were somehow in a body of the wrong sex (42–44). None of these three persons claimed to remember a previous life. I have been consulted by two other persons who wished sexual reassignment surgery, and they also were sure their parents had nothing to do with their gender dysphoria. They conjectured that their strong gender preference might have derived from a previous life, although they had no memories of one. Their explanation for their conditions seemed plausible, but remained without any confirmation.

### Rejection of parents

Many children who claim to remember a previous life speak of having another family. For example, a child may say to its mother: 'You are not my real mother. My real mother is at ...' and they name another community. The child may make invidious comparisons between the 'real mother' and the pretender to whom it is speaking. For example, the 'real mother' is better looking and more generous. Such children often demand to be taken to the other family and may threaten to go there alone if not taken; a few have actually started down the road to go to the other family.

Clinical psychologists and psychiatrists have long known that parents often describe a child as behaving differently from the rest of the family and almost as if it were a stranger among them. The allegation by a child that its family was not really his or hers was well known in the first decade of the century. Freud (45) wrote a paper about the phenomenon and characteristically interpreted it as a fantasy in accordance with his theories. Such alienated children may show little or no affection to parents who, for their part, show great affection for them. Kanner (46) noted that infants who were later identified as autistic frequently had not reached out toward their parents when the parents went to pick them up. I suggest that such alienation may derive from unhappy experiences in a previous life, even when the child has no imaged memories of one. This conjecture obviously opposes the view that infantile autism derives exclusively from biological, principally genetic, factors.

Some of the children who claim to remember previous lives identify their previous life as that of a deceased member of their own family, such as a mother's sibling or parent. Such children thus seem to remember the life of an uncle, aunt, or grandparent. In these cases the child often adopts an attitude of equality, if not superiority toward its parents. For example, it may call a parent by

the parent's given name instead of addressing the parent as 'Mother' or 'Father'. These children sometimes show attitudes of special affection or antagonism toward members of the family that discriminately correspond to the attitudes the concerned deceased person showed toward these different persons.

Parents of children who do not remember previous lives sometimes comment on similar attitudes shown by one of their children. A mother may say, for example, 'My daughter behaves toward me as if she were my aunt, not my daughter'.

### Early manifestations of differences in temperament

Informants for the cases of children who claim to remember previous lives sometimes remark that the subject of a verified case shows temperamental qualities that the concerned deceased person also manifested. For example, they may have and have had a tendency to hyperactivity. In three cases that I studied, the subject and the person whose life he or she remembered were both notoriously short-tempered.

Investigators of temperament have observed that neonates a few days old show marked differences in this feature of personality (47,48). Charles Darwin, who systematically recorded the 'expression of emotions' in his own children, noted that his boys, in infancy, showed a tendency to throw objects, such as books or sticks, at anyone who offended them; but his infant daughters never did this (49). Authors who have found stability in measures of temperament between infancy and later childhood or young adulthood have favored as explanations for such stability, either environmental influences (50,51) or biological factors (52). None has hitherto suggested that a component of temperament might derive from a previous life.

### Precocious distinctive moral conduct

Among the children whom I or my colleagues have studied 10 remembered the lives of bandits or robbers. These children when very young all showed a tendency to behave violently and/or to steal. A much larger group claimed to remember being murdered in the previous life; many of these, in early childhood, showed attitudes of vengeance toward the murderers in the previous life; several threatened to kill these persons when they grew up, and three reached for weapons to do so when they happened to see the murderers or persons like them in their village.

Other subjects of these cases remembered the lives of persons who had been exceptionally pious, generous and kind. These children showed, precociously, the same traits. For example, they were, compared with other members of their families, more generous to beggars and more eager to go to religious building and worship.



In a study of delinquent children of Glasgow (aged 8–21 years) compared with nondelinquent children, Stott excluded other factors that might have contributed to the delinquency and concluded that it was congenital, i.e. that it had its origin in some harmful event during the children's gestation (53).

Glueck and Glueck (54) in a long-term investigation of elementary school children between the ages of 6 and 14 found that children who had shown disruptive and aggressive behavior in school were much more likely, in adulthood, to show sociopathic behavior than were children judged in school to be well behaved. Glueck and Glueck attributed the manifestation of such early misbehavior to a combination of biological and social factors.

Coles (55), in a book exhorting parents to begin the moral education of their children in infancy, cited the case of a seven-month-old baby who developed and continued the habit – until checked by his mother – of throwing his milk bottle on the floor, from his bassinet or high chair, when he had had enough milk. The observant mother believed she saw the manifestation of pleasure in the infant when she had to pick up the bottle that her son had thrown down. Coles acknowledged puzzlement over why an infant so young could already be so selfish; but he offered no explanation. One can think of other explanations for this particular child's behavior, but I agree with Coles that we can sometimes discern the rudiments of moral behavior before parental influence has fairly begun.

### Birthmarks

Children who claim to remember previous lives frequently have birthmarks that correspond to wounds or other marks in the life apparently remembered. In a series of 895 subjects from nine different countries and cultures, 309 (35%) had such birthmarks (56). The birthmarks on these subjects are only rarely the simple hyperpigmented nevi (moles) of which nearly everyone has one or more. The majority of them are depressed (or elevated) in relation to the surrounding skin; they are usually hairless and often puckered and scarlike; some are hypopigmented. Those that are flat and hyperpigmented are usually larger than 'ordinary' nevi and frequently located in places where such nevi rarely occur, such as on the head or legs and feet.

The correspondences in location between the birthmarks and wounds or other marks on the body of the concerned deceased person were verified with medical documents, usually postmortem reports, in 43 of 48 cases in which such reports were obtained for cases with sufficient other data for analysis. (This series included 6 cases with birth *defects*; the remaining subjects had birthmarks (56)). Pasricha (19) published reports of an additional 10 cases (2 with birth *defects*, 8 with birthmarks) among

which verifying medical documents were obtained in 6 cases.

Some of the birthmarks in these cases show pertinent details that further reduce the likelihood that the correspondence between them and the apparently related wounds occurred by chance. For example, in 18 cases in which the death in the previous life was caused by a gunshot wound, the subject had two birthmarks corresponding to bullet wounds of entry and exit. In 14 of these, one birthmark was appreciably larger than the other; this accords with the almost invariable fact that gunshot wounds of entry are small and round, those of exit larger and irregular in shape.

In 20 cases the body of a dying person, or one who has just died, had been marked by a mourner, usually a family member, with soot or some other colored substance. A later-born baby, usually of the extended family, has had a birthmark at the site of the marking on the dead person; some of these babies, when they are able to talk, express memories of the life of the marked person, but others do not<sup>56</sup>. Two of my colleagues have recently investigated 18 additional cases of these 'experimental birthmarks', of which they will soon publish a report.

Except for rare cases that show inheritance of a nevus at the same location, we know little about why a person has a birthmark at one site instead of at another. I believe that previous lives may contribute to the understanding of the location of some birthmarks.

### Birth defects and other physical abnormalities

Although their number is fewer than that of the subjects with birthmarks, an appreciable number of the subjects of these cases have major birth defects, such as hemimelia, microtia, unilateral brachydactyly, and micropenis. Most of the birth defects do not correspond to any recognized 'pattern of human malformation' (57); instead, they correspond to sword cuts, shotgun wounds, or other modes of death. For example, one child, born with unilateral brachydactyly of the right hand, said that he remembered the life of a child in another village who had cut off the fingers of his right hand when he accidentally put them between the blades of a fodder-chopping machine. This child had subsequently died of an unrelated illness (56). Unilateral brachydactyly is so rare that I have not been able to find another published report of an instance.

Significant birth defects occur in about 2% of live births (58). Several causes of birth defects – certain drugs, viral infections, and alcohol, for example – have been identified. Nevertheless, between 43% (59) and 70% (60) of birth defects are assigned to 'unknown causes'. Our investigations suggest that some birth defects may derive from physical injuries in a previous life.

In a significant number of the cases we have investigated the subject manifested physical symptoms and/or signs of an internal disease from which the concerned deceased person had suffered.

### Differences between monozygotic twins

Investigators of conjoined twins have remarked on the differences between their personalities (61,62). Newman observed that 'Siamese [conjoined] twins are almost without exception more different in various ways than any but a very few pairs of separate one-egg twins' (61) pp. 67–68). For example, one of the best studied conjoined twins, Chang, was somewhat bad-tempered and he drank alcohol excessively; his twin, Eng, was equable in manner and a near teetotaler. Because conjoined twins have the same genes and the same environment, the differences between them are usually attributed to some inequity during gestation.

Chang and Eng did not claim to remember previous lives, but other (separated) twins have done so. My colleagues and I have investigated 40 pairs of twins one or both of whom claimed to remember a previous life. One could expect that about one third of these pairs were monozygotic, but tests of zygosity have been possible so far in only six twin pairs; of these, four pairs were dizygotic and two monozygotic.

The first monozygotic twins, who lived in England, had apparent memories of the lives of their own older sisters, who were killed, together and accidentally, when aged 6 and 11. The twin who seemed to remember the life of the younger sister deferred to her twin sister, just as the younger of the deceased sisters had done to her older sister. When writing, this twin held a pencil in her fist, almost vertically, as had the younger deceased sister, who had just begun to learn to write when she was killed; her twin sister held a pencil with three fingers and slanted. In addition, the younger twin had two birthmarks, which corresponded in location to a nevus and to a scar from an injury on the younger deceased sister; the older twin had no birthmarks. These twins differed in other respects of which I have given details elsewhere (56).

The father of the English twins believed in reincarnation and thought that his two young daughters had been reborn in his family as twins. His influence might account for the behavioral differences between the twins, although not for their physical differences.

This criticism could not apply to the second case of monozygotic twins, who lived in Sri Lanka. One of them (the younger) began, when about 2.5 years old, to speak about the life of an insurgent, presumably one killed in the insurgency in Sri Lanka in April 1971. (The twins had been born in October 1972.) His family laughed at him, he said no more, and his statements remain unverified.

His older brother, however, spoke at length about the life of a young schoolboy. This twin's numerous statements were found to be correct for a boy who had lived in a town 45 kilometers from where the twins lived and who had died at the age of 11. The families concerned had had no previous knowledge of each other. The twin who spoke about the life of an insurgent was tough and inclined to anger and violence; he had no interest in school or religion. His twin was calm and gentle, liked schooling, and was notably pious. These traits corresponded to similar ones in the deceased schoolboy to whose life he referred. The twins' father, a poorly educated village grocer, could not have inculcated the differences in their behavior. Of this pair the older twin had a nasal polyp, possibly corresponding to trauma from nasal feeding of the deceased schoolboy during his terminal illness; the younger twin had no nasal polyp (56).

### DISCUSSION

Discussions about the relative importance of heredity and environmental influences in the development of human beings have an ancient history, but systematic efforts to distinguish the influences of 'nature and nurture' began in the 19th century with Galton's studies of twins (63). Since then proponents of heredity (now genetics) and of the environment have alternately proclaimed the superiority of their views. Nelkin and Lindee (64) have chronicled the cycles of dominance in this century: eugenics came first and was followed (after the Second World War) by a phase of attributing almost all psychological and social ailments to the environment; this has been succeeded in turn by the present hegemony of genetics. Neither side admits defeat. A recent and fairly typical article by geneticists (65) quickly received a severe buffeting by environmentalists (66). I suggest that both sides in this debate are overlooking the possible contribution of a third factor, namely previous lives. I propose the further investigation of this possible factor, not with a view to replacing what is known or may be learned about genetics and the postnatal environment, but as a supplement to that knowledge that can improve our understanding of several phenomena that, up to now, genetics and environmental influences cannot explain, alone or together.

I am well aware that we can easily overestimate explanatory power. The history of medicine provides many examples of theories whose proponents claimed immense explanatory power for them, and yet further observations have shown their extravagant claims to be baseless. I count phrenology, homeopathy, and psychoanalysis in this group. The hypothesis of previous lives can avoid the fate of such earlier theories only by ceaseless attention to alternative interpretations on the part of investigators.

We must also acknowledge what previous lives do *not* explain. Our investigations have ascertained almost no evidence for two features often attached to popular ideas about reincarnation. First, untaught skills have rarely occurred among the children we have studied. They often show, as I have mentioned, precocious interests and sometimes unusual aptitudes, but not fully formed skills, such as geniuses like Mozart and Gauss manifested in childhood. Second, the children who claim to remember previous lives – with three exceptions – have not provided any evidence of retribution in a later life for misconduct in a previous one.

Even after almost 40 years of investigations, research on children who claim to remember previous lives has barely begun. An important motive for publishing this paper is the hope that it will stimulate other scientists to study these cases.

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