

RESEARCH ARTICLE

**Psychological Evaluation of American Children
Who Report Memories of Previous Lives**

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Abstract—Some young children claim to have memories of a previous life, and they often show behaviors that appear related to the memories. This pilot study examined the psychological functioning of such children in the United States. Fifteen participants, ages 3–6 years, underwent testing with the Stanford-Binet Intelligence Scale (fourth edition) and the Children’s Apperception Test. Their parents completed the Survey Form of the Vineland Adaptive Behavior Scales, the Child Behavior Checklist, the Child Dissociative Checklist, and the Family Questionnaire. The children’s composite intelligence scores on the Stanford-Binet were greater than one standard deviation above the mean, with relative strengths in verbal reasoning and quantitative reasoning. On the Vineland Adaptive Behavior Scales, the children scored significantly above average in daily living skills, motor skills, and on the overall composite score. Thirteen of the 15 children obtained low scores on the Child Dissociative Checklist, indicating no dissociative thought patterns in most participants. The Child Behavior Checklist averages all fell within the normal range, revealing no clinically significant behavior problems. Results on the Children’s Apperception Test revealed no unusual themes, and the families did not show any distinct patterns of functioning on the Family Questionnaire. Young children who claim to remember previous lives show high intelligence, and testing revealed no evidence that their reports arise from psychopathology.

Keywords: psychological assessment—memory—pre-school children—reincarnation

In a syndrome described by Stevenson (e.g., 1960, 2000a, 2001), some young children are noted to claim memories of a previous life. They tend to start at a very early age, at 2–3 years old, and usually stop making such statements by the age of 6 or 7. During the time that they are reporting

the memories, some children show behaviors that appear connected to the reports, either by displaying fears regarding the mode of death that they have described (Stevenson 1990) or by demonstrating themes in their play that relate to the statements (Stevenson 2000b). Some say that they were deceased family members, while others describe having been a stranger. Though parents in other cultures with a general belief in reincarnation may accept their children's statements without question, American parents are upset at times by the symptoms their children display for a number of reasons. Some children become distraught in talking about their purported memories, while parents in other cases are perplexed by the idea of previous lives or are concerned that their children are abnormal. Other parents are confronted with a situation that is inconsistent with their religious beliefs.

Such cases have been reported in cultures with a belief in reincarnation for many years, initially by Stevenson and then by others as well (e.g., Mills, Haraldsson, & Keil 1994). In addition, Stevenson (2003) published a series of European cases, and reports of American cases have also been described (Stevenson 1983, Tucker 2005, 2013).

The current study is the first to include psychological evaluations of children making these statements who are from a culture without a general belief in reincarnation (i.e. the United States) and the first to test participants during the early ages when children typically report the memories. Haraldsson performed psychological testing on three groups of older subjects from cultures with a belief in reincarnation, two in Sri Lanka and one in Lebanon. In the first Sri Lankan set (Haraldsson 1995), 23 children between the ages of 7 and 13 years old who had reported memories of a previous life when they were younger were compared to 23 controls who had not made such reports. The subjects had greater verbal skills and better memory than the controls, performed much better in school, were more socially active, but were not more suggestible. They obtained a higher problem score on the parent Child Behavior Checklist (CBCL) but not on the Teacher's Report Form.

Similar results were obtained with a second group of 27 children in Sri Lanka (Haraldsson, Fowler, & Periyannanpillai 2000). They performed better in school than controls did, and they were not more suggestible. They showed more behavioral problems on the CBCL, including oppositional traits and obsessional and perfectionistic traits. On the Childhood Dissociative Checklist (CDC), they scored higher than controls, particularly in the areas of rapid changes in personality and frequent daydreaming.

In the study in Lebanon, Haraldsson (2003) found that 30 children who had reported memories of previous lives obtained higher scores for daydreaming, attention-seeking, and dissociation than the controls did,

but their overall scores on the CDC were very low (mean score of 1.47), indicating no clinically relevant problems. This group did not differ from controls on cognitive tests or school performance.

When these cases occur in areas with a general belief in reincarnation, they can be ascribed to cultural factors (Brody 1979). In the West, however, cases have often occurred in families that did not believe in reincarnation before the children made their statements, and the psychological factors involved may be very different compared to cases from cultures with a predominant belief in reincarnation. Given the lack of cultural reinforcement for the children's statements, the question arises whether the reports may occur due to psychopathology in the Western subjects, and the focus of this pilot study was to determine if the children have psychological features that would distinguish them from children who do not make such statements.

Methods

Participants

The basic inclusion criteria for the study were that a child had made repeated statements about remembering a previous life, that he or she was 36–83 months of age, and that a parent was available who had heard the statements and could complete the questionnaires of the study. Most of the participants were recruited after their parents contacted our office about their children. In addition, three parents were contacted after they posted information regarding their children on a website about reincarnation; one was referred by a colleague and one by a social contact; and one parent spoke with the first author after hearing a lecture about such children.

Of the 15 children enrolled in the study, eight were boys, and seven were girls. Their mean age was 62 months, and they came from various parts of the United States. Seven were from the Southeast; four were from the Midwest; two were from the West Coast; and two were from Colorado. Their parents' education levels varied. All 30 parents had attended at least some college, but only 12 had obtained four-year degrees. Of those 12, six had obtained post-graduate degrees, with two being doctorates and the other four being master's degrees.

Measures

Stanford-Binet Intelligence Scale, fourth edition. The Stanford-Binet Intelligence Scale is used in children as young as 2 years old to measure intelligence in several areas (Thorndike, Hagen, & Sattler 1986). Participants obtained subtest scores in verbal reasoning, abstract/visual

reasoning, quantitative reasoning, and short-term memory, along with a test composite score.

Vineland Adaptive Behavior Scales, Survey Form. Using parents as informants, the Vineland Adaptive Behavior Scales instrument measures how a child's adaptive behavior skills in several areas of functioning compare to those of his or her peers (Sparrow, Balla, & Cichetti 1984). The domain areas are communication, daily living skills, socialization, and for children under 6 years of age, motor skills.

Child Dissociative Checklist. The CDC is a 20-item parent/observer checklist that includes dissociative behaviors in childhood ranging from minor, normative dissociations such as daydreaming to more pathological ones. Each item can be scored from 0 ("not true") to 2 ("very true"). When a control group of 67 girls was administered the scale, the girls generally obtained low scores, with a median score of 2, a mean score of 2.3, and a standard deviation of 2.7, though three outliers were noted (Putnam, Helmers, & Trickett 1993). In general, younger children score higher than older ones, and a score of 12 or above is considered indicative of significant dissociative behavior, particularly in older children.

Child Behavior Checklist. The CBCL is a commonly used instrument that assesses problem behaviors in the following areas: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, and aggressive behavior (Achenbach & Edelbrock 1991). Two versions of the 1991 edition were used, the version for ages 2–3 for the one participant in that age range and the version for ages 4–18 for the remaining participants.

Children's Apperception Test. The Children's Apperception Test (CAT) is a projective test used to assess general personality functioning (Bellak 1993). It is intended for use with children ages 3–10 years, and they are asked to tell stories based on 10 drawings of animals in various situations.

Family Questionnaire. The Family Questionnaire (Fowler 1980), derived from the Family Environment Scale (Moos 1974), measures family functioning and, in particular, the dimensions of "Organization-control" and "Cohesion vs. Conflict" in families. Parents are asked how true 30 items describing features of families are for their family. This instrument was used previously in the studies of children in Sri Lanka and Lebanon noted above.

Other than the intelligence scale and the apperception test, the instruments are designed to be answered by parents. Though this means that the results may include interpretive bias on the parents' part, all the instruments have been found to be valid measures of their given area.

Procedure

The study was approved by the Institutional Review Board for the Social and Behavioral Sciences, and participants were not compensated for their participation. Preliminary histories were obtained from parents via e-mail and telephone to ensure that children qualified for the study. Participants and their parents were then seen in their homes. The CBCL, the CDC, and the Family Questionnaire were mailed to the parents prior to the meeting, and they generally completed those forms ahead of time. They completed each one once, and serial evaluations were not used.

JT obtained the history from the parents during the meeting, and DN administered the Stanford-Binet and the CAT to the children. DN then interviewed the parents using the Vineland. He did not conduct a formal clinical interview beyond the items included in the instruments, but he did talk casually with both the parents and the children in order to engage them in the evaluation process. He administered the tests in his customary way, except that the children were evaluated in their homes rather than in a clinic or office.

The authors met the families simultaneously whenever possible, but due to scheduling conflicts separate visits were required for several participants. Statistics were determined using the SPSS Statistics package.

Results

Of the 15 children who were evaluated, 11 reported memories of having lived the life of a stranger, while three said they remembered being a deceased grandparent and one a great-grandparent. In all of the cases involving strangers, no actual deceased individual had been identified whose life was thought to match the statements. Most of the parents reported that they had neutral or negative feelings about reincarnation before the cases developed, and only three described a significant prior belief in reincarnation.

While all parents cooperated completely with the evaluations, some children were reticent. With encouragement, however, all children eventually cooperated sufficiently well to complete the developmental battery that by its nature required considerable perseverance from children in the targeted age group.

The results for the group on each subtest of the Stanford-Binet Intelligence Scale are shown in Table 1. On the Stanford-Binet, each subtest has a general population mean of 100 and a standard deviation of 16. The 95% confidence intervals show that the children as a group scored significantly above 100 on three of the four subtests. They scored above average in verbal reasoning and abstract/visual reasoning and scored in

the superior range in quantitative reasoning. The only subtest in which the participants did not score significantly above the mean was the short-term memory one, and even there their scores averaged over 100. Their composite scores on the test were also significantly above average, with one child obtaining a score of 139 while four others were at 120 or above. As such, based upon the Stanford-Binet, the participants in the study overall demonstrated above average intelligence, with a number of children demonstrating superior intelligence.

The scores of the participants on the Vineland Adaptive Behavior Scales are shown in Table 2. The scales have a general population mean of 100 and

TABLE 1
Stanford-Binet Intelligence Scale Scores

| Subtest | Mean | Standard Deviation | 95% Confidence Interval for Mean |
|---------------------------|-------------|---------------------------|---|
| Verbal Reasoning | 118.07 | 10.62 | 112.19 – 123.95 |
| Abstract/Visual Reasoning | 108.93 | 14.69 | 100.80 – 117.07 |
| Quantitative Reasoning | 120.67 | 12.06 | 113.99 – 127.35 |
| Short-Term Memory | 104.87 | 12.91 | 97.72 – 112.01 |
| Composite Score | 115.67 | 10.56 | 109.82 – 121.51 |

TABLE 2
Vineland Adaptive Behavior Scales Scores

| Subtest | Mean | Standard Deviation | 95% Confidence Interval for Mean |
|---------------------------|-------------|---------------------------|---|
| Communication | 108.27 | 16.12 | 99.34 – 117.19 |
| Daily Living Skills | 110.93 | 10.97 | 104.86 – 117.01 |
| Socialization | 106.40 | 12.46 | 99.50 – 113.30 |
| Motor Skills ^a | 105.17 | 6.29 | 101.17 – 109.17 |
| Composite | 109.27 | 12.91 | 103.09 – 115.44 |

^a Applies to the 12 subjects under the age of 6.

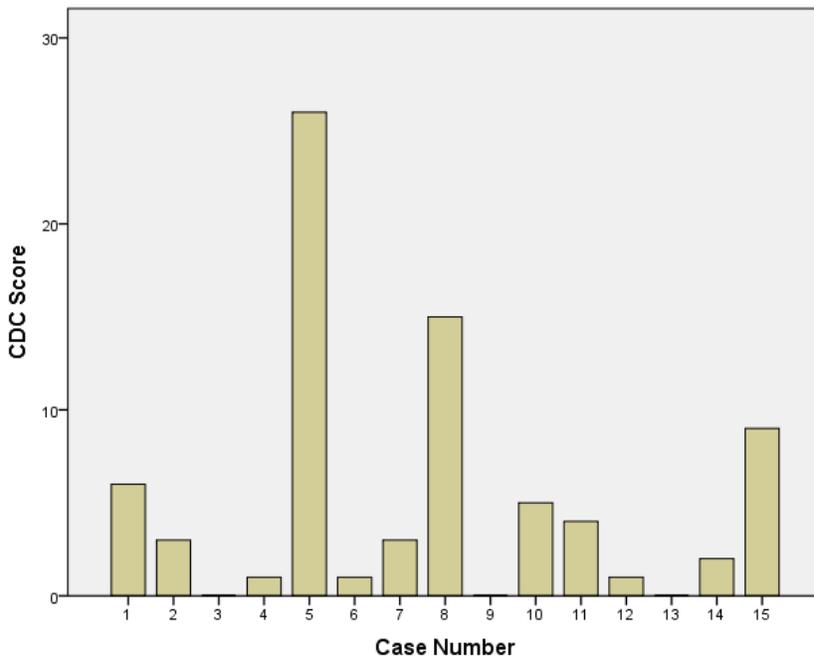


Figure 1. Child Dissociative Checklist scores.

a standard deviation of 15. The participants did well as a group. Though their averages were all within one standard deviation of the population mean of 100, their 95% confidence intervals were above 100 on the scales of daily living skills and motor skills and on the overall composite score, indicating at least statistical, if not clinical, significance. They scored slightly above average in the categories of communication and socialization.

Each participant's score on the CDC is shown in Figure 1. As the figure indicates, the children demonstrated a wide range of scores. Nine of the 15 participants scored a 3 or less, and only two of the 15 scored above the cutoff score of 12 that indicates significant dissociative behavior. Those two outliers elevated the mean score, so the mean for the group was 5.07 with a median score of 3.00 (standard deviation = 7.07). With those two participants removed, the mean score dropped to 2.69. Subject #5, who scored a 26 on the CDC, appeared to manifest a possible psychological disturbance during the evaluation. Her conversation was disjointed and tangential, and, in addition to her elevated CDC score, her test results showed significant deviation from the rest of the group in other areas as well. She scored high on the thought problems scale of the CBCL, and with her score of 99 she was the

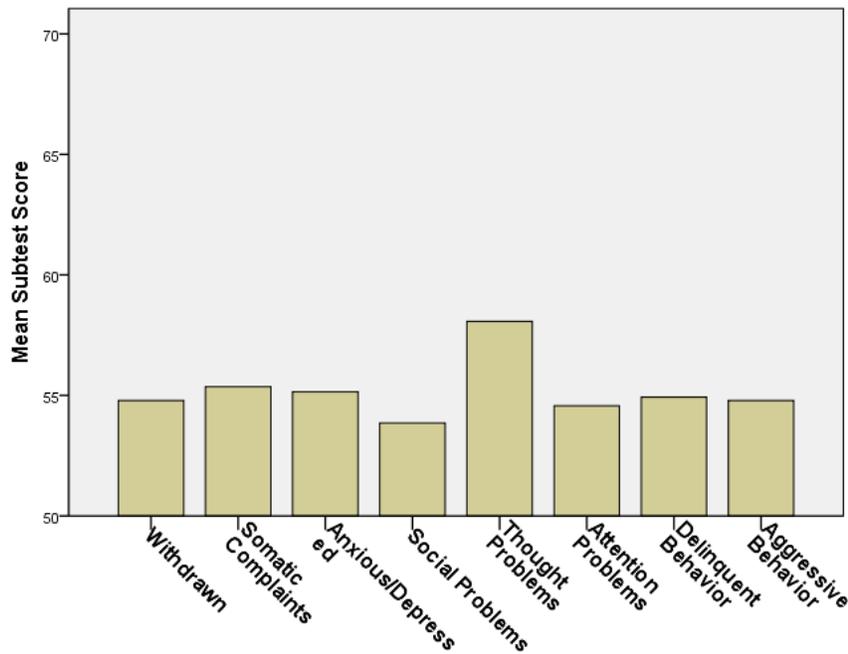


Figure 2. Child Behavior Checklist scores.

only participant to have a Stanford-Binet composite score below 100. In general, the children did not show significant dissociative symptoms, with the exceptions noted above.

On the Child Behavior Checklist, *T* scores are used, with the lowest possible score being 50 (which represents being less than or equal to the fiftieth percentile), while a score of 70 or above indicates clinically significant problems. The averages of the participants indicated no significant problems, as shown in Figure 2, but rarely an individual child scored above 70 on a particular scale. For example, as noted above, Participant #5 scored an 82 on the thought problems scale. With her score excluded, the rest of the group averaged 56, which is closer to their averages on the other scales, but even their average of 58 is well below the clinically significant cutoff.

The averages on four of the scales—social problems, thought problems, attention problems, and delinquent behavior—are based on 14 participants since the one child under the age of 4 was evaluated on the version of the CBCL for 2–3 year-olds that does not include them. It has two additional scales—sleep problems and destructive behavior—on which the participant obtained scores of 50.

TABLE 3
Family Questionnaire Scores

| Dimension | Mean | Standard Deviation | 95% Confidence Interval for Mean |
|-----------------------------|-------------|---------------------------|---|
| Organization–Control | 50.00 | 4.28 | 47.63 – 52.37 |
| Interpersonal Relationships | 51.13 | 3.56 | 49.16 – 53.11 |

In the Family Questionnaire, the dimensions of “Organization-control” and “Cohesion vs. Conflict” in families both have a general population mean of 50. The results for the families of the participants (Table 3) indicate no significant deviation from the mean, so the families do not show any distinct patterns of functioning. Likewise, the CAT results showed no unusual themes.

Discussion

This sample of young American children claiming past-life memories showed high intelligence levels, with particular strengths in quantitative reasoning and verbal reasoning. One possibility to consider is that advanced verbal skills in very young children make them more likely to verbalize mental images. Their ability to do so may intensify those images so that they become firmly established in their minds as memories.

The results on the other measures do not indicate any evidence of psychopathology for the group as a whole. Thirteen of the 15 participants showed few dissociative features. Thus, it appears that most children who report past-life memories do not show dissociative symptoms, but the two exceptions raise the possibility that children who have dissociative tendencies may be more likely than other children to make past-life reports. This possibility would need to be explored by comparing a group of children with dissociative symptoms with a group of controls to see if the incidence of reports of past-life memories was higher in the former. Further research may also be warranted to explore the possibility that two distinct populations of children report past-life memories—a minority with significant dissociative symptoms and a larger group without such symptoms. If this is the case, then future studies may need to separate the two groups, perhaps by using CDC scores, to get a true picture of each one. If the reports primarily come from children who demonstrate little psychopathology, as this study indicates,

then including outlier participants in future studies may confuse any outcomes. Subject #5, with her high dissociative score, thought problems, and lower IQ score, provides a contrast to the other participants, and while such children may be interesting to study they are likely to be a different population from the typical subjects who report past-life memories.

In addition to the CDC, the other measures—the Family Questionnaire, the Children's Apperception Test, and the Child Behavior Checklist—also showed no significant evidence of psychopathology. Thus, no typical pattern of psychopathology was seen in the evaluations, and no evidence was found to suggest that this syndrome is a pathological one. It remains possible that a non-pathological process could produce fantasies of past lives in children. However, given the lack of reincarnation themes or beliefs in the U.S. culture that might serve as an impetus for such fantasies, the question of psychopathology is a significant one.

Haraldsson (2003) has argued that some of the children show symptoms consistent with posttraumatic stress disorder, though not enough to warrant a full diagnosis. While some American cases have included nightmares and possible posttraumatic play (Leininger & Leininger 2009, Tucker 2013), those were not noted in this sample. These children appeared to be functioning quite well, and in particular demonstrated high intelligence.

Study Limitations

This pilot study used a small number of subjects, and additional studies using other Western children who claim to remember previous lives should be conducted. Since the participants in the current study were not obtained by use of random sampling, it is unclear if they are representative of young children in general who speak of previous lives. Therefore, the results, and particularly the intelligence scores, need to be interpreted with caution. Many of the parents contacted us via the Internet, and while Internet access at home or work is quite prevalent in the United States—58% of Americans had Internet access according to a poll taken during the time of the study (McCarthy 2003)—users of the Internet could possibly be more intelligent on average than those who do not use it. This, in turn, might suggest that their children would be more intelligent as well. That this could explain the significant results of the participants' intelligence testing seems unlikely, particularly given the variability in the education levels of the parents, but since all of the parents attended at least some college, it warrants consideration.

This study used young subjects. While this had the advantage of assessing children during the ages when they typically report past-life memories, the possibility exists that psychopathology that may account for

the children's statements had not fully manifested itself yet. In addition, the young age limited the available assessment tools, but evaluating the children at the age of the reports was judged to be more important than having more sophisticated test instruments. In any event, the instruments chosen have been shown to be valid and reliable, and based on the results using them only two children in the study demonstrated clinically significant pathology, with one of them appearing to be different in several ways from the rest of the group.

Clinical Implications

Parents of children who have described memories of previous lives can be told that such statements do not appear to be pathological. Such statements also do not appear to be due to influence from the parents, since few of them in this study believed in reincarnation when their children began making the statements. Thus, parents should not feel responsible for creating them. At the same time, if children make such statements, inquiring about dissociative symptoms may be reasonable since the parents of two of the 15 participants in this study reported such symptoms on the CDC. Overall, however, the present results indicate that this syndrome is largely a normal variant rather than a psychopathological condition.

Conclusion

There is no evidence to indicate that a syndrome that includes past-life memories and behaviors arises from psychopathology in American children. Likewise, the children in the current study demonstrate that the syndrome is not limited to places where cultural factors may promote them. These American children generally appeared to be functioning quite well, and past-life reports may in fact be a marker for high intelligence.

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