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Children who speak of past-life experiences: Is there a psychological explanation?

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Children who claim to remember fragments of a past life are found in some countries. Various explanations have been put forward as to why the alleged memories develop, ranging from reincarnation to 'therapeutic resource'. This study puts to the test the role of some psychological characteristics and the circumstances in which the children live, such as fantasy, suggestibility, social isolation, dissociation, and attention-seeking. Thirty children in Lebanon who had persistently spoken of past-life memories, and 30 comparison children, were administered relevant tests and questionnaires. The target group obtained higher scores for daydreaming, attention-seeking, and dissociation, but not for social isolation and suggestibility. The level of dissociation was much lower than in cases of multiple personality and not clinically relevant. There was some evidence of post-traumatic stress disorder-like symptoms. Eighty per cent of the children spoke of past-life memories of circumstances leading to a violent death (mostly accidents, also war-related deaths and murder). It is discussed if this imagery—when experienced repeatedly—may serve as a stressor.

Déjà-vu experiences are anomalies of recognition that have been defined as 'illusions of falsely perceiving a new scene or experience of as a familiar one' (Wilkening, 1973). They have been widely reported in representative national surveys, such as 59% in the USA (Greeley, 1975) and 41% in Iceland (Haraldsson, 1975). Much more rare is another experience involving memory and recognition. These are spontaneous past-life experiences (PLE) mostly reported by children aged 2–5 years, who speak of memories that they claim to be from a past life (Mills & Lynn, 2000). They usually stop talking about them between the ages of 5 and 7. These cases have been found mostly in Asian countries with widespread belief in reincarnation, and on rare occasions in Western countries (Stevenson, 2001).

Analyses of the contents of the statements that the children make of their PLEs reveal several recurrent features. They often describe several circumstances in the alleged

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previous life, as well as events that led to their death, mostly at a rather young age. The mode of death is violent in the majority of cases, usually an accident, and sometimes murder. The children commonly claim that their present parents are not their real parents and that their real home is somewhere else. They often give the name of the place that they believe to be their previous location and express a wish to be taken there. In some instances children claim that birthmarks or deformities they are born with relate to fatal wounds in the previous life (Haraldsson, 2000; Stevenson, 1997a, 1997b).

The cases vary widely in content. Here I give two brief examples from Lebanon.

> At a very young age Nazih made specific statements about his previous life before several family members. He would tell: 'I am not small, I am big. I carry two pistols. I carry four hand-grenades. I am "*qabadai*" (a fearless strong person). I have a lot of weapons. My children are young and I want to go and see them.' To his mother he said: 'My wife has more beautiful eyes than you' Furthermore, he was speaking of memories of having a mute friend, living in the village of Quaberchamoun, describing a house he owned, and being shot by armed people. Nazih's parents did not encourage him to speak about his previous life. At the age of seven they finally yielded to his persistent requests and took him to Quaberchamoun. He directed them to a street where they met a widow and her children. The life of her deceased husband Fuad Khaddage corresponded to Nazih's statements. According to the widow and Fuad's brother Nazih correctly answered questions regarding Fuad which few or only they and Fuad knew, and he recognized some of Fuad's possessions. Nazih also reminded them of events that they had experienced together, such as a certain brand of uncommon handgun (Check 16) that Fuad had given to his brother (Haraldsson & Abu-Izzeddin, 2002).

> Nadine spoke of a life as a young married woman, giving her name and that of her husband, who strangled her on a yacht and drowned her in the sea. She showed her mother how her husband did this by placing her hands around her throat. Then her throat would sometimes get red and swollen. Nadine spoke about her daughter Reema, and how much she wanted her. Sometimes she would get a pillow, and wrap it in a blanket when they went for a drive. She would put it in the back seat and tell her mother: 'This is how I used to put my daughter'. There were further statements. According to Nadine's father she was about a year and a half old when the family took a small boat over to an island. In the boat Nadine started shivering with fear. When her father tried to put her into the water to teach her to swim she was extremely scared, shivered and grasped his arms in great fear. When they came back home, she told them: 'They killed me in the sea.' After this trip she started to speak about her daughter Reema and her family in the previous life. Nadine's family learned of a man who had drowned his young wife, but most of Nadine's statements did not fit her life (Haraldsson & Abu-Izzeddin, in press).

Several interpretations have been put forward attempting to explain these cases, particularly those instances in which some correspondence was found between the child's statements about a past life and facts in the life of a person who died before the child was born (Mills & Lynn, 2000). These explanations have ranged from chance coincidences, paramnesia, and extrasensory perception, to the ancient concept of reincarnation that is widely accepted in the communities where these children are mostly found. Recently, the cases have been given a sociological function, such as 'therapeutic resource' in the context of a recent civil war in Lebanon where such cases are relatively common compared with most other countries (Littlewood, 2001). Relatively little attention has been paid to psychological factors in the development of the cases. Most investigations of spontaneous PLEs have centred on attempts to verify the statements that the child is making about his or her previous life (Stevenson, 2001).

Brody (1979) and Haraldsson (1997) have advanced some hypotheses about psychological and psychosocial factors that may facilitate the development of PLEs through fantasies or as compensation. Social isolation, high suggestibility (in cultures with widespread belief in reincarnation), rich fantasy life, dissociative tendencies, attention-seeking, and disturbed relationship with parents may make a child more likely to claim past-life memories.

The concept of dissociation has been used to describe a variety of psychological processes ranging from those that are perfectly normal, such as divided attention and daydreaming, to the appearance of multiple personalities in the same person with limited or no awareness of each other (Cardeña, 1994; Hilgard, 1986). Dissociation has often been considered a defensive reaction (such as in children against abuse), but also a normal psychological trait with a close relationship to hypnotizability. Dissociation has a long history in studies of altered states of consciousness, hypnosis, and mediumship (formerly sometimes referred to as sensory and motor automatisms), and has been associated with strong paranormal effects (Ellenberger, 1970; Hilgard, 1986).

PLE children often refer to, and speak about, a different personal identity (speak as the person of their past-life experience). It seems appropriate, therefore, to explore whether children claiming previous-life memories have some psychological resemblance to individuals with multiple personalities or dissociative identity disorder.

Some of the psychological explanations were put to the test in a field study in Sri Lanka (Haraldsson, 1995, 1997). Children speaking of past-life memories were found to spend more time daydreaming than their peers, but tests gave no indication that they confabulated more than their peers, or were more suggestible, nor did they live in greater social isolation. Other differences were found, none of which had been hypothesized. Children claiming PLE had a larger vocabulary and obtained higher scores on a brief test of intelligence. Their recent memory and their school performance were better than those of their peers.

PLE children also had a problematic side: They had a higher Problem Score on the Child Behaviour Checklist (an instrument used widely to measure behavioural problems). They were more argumentative, more nervous and highly strung, perfectionistic, fearful, more concerned with being neat and orderly, and they liked to be alone more than their peers.

A second Sri Lankan study did not confirm that PLE children have superior cognitive abilities; larger vocabulary, better memory on some tasks, higher scores on a test of intelligence, or do better in school than their peers (Haraldsson, Fowler, & Periyannanpillai, 2000). However, if the two studies were combined, the earlier findings remained significant. This second study revealed again a higher Problem Score on the Child Behaviour Checklist (CBCL). PLE children differed from their peers on several psychological traits; they were more argumentative, perfectionistic, nervous, and had more fears. They were found to have higher dissociative tendencies than their peers, but did not differ from their peers regarding family structure or conflicts in their family.

In short, earlier studies confirmed the hypothesis of dissociative tendencies, whereas somewhat conflicting evidence emerges regarding a rich fantasy life. The hypotheses of social isolation, high suggestibility, attention-seeking, and disturbed relationships with parents were not supported. The results are interesting but how far are they culture dependent?

The present study was conducted to test if comparable characteristics could be found in PLE children in a widely different culture. Lebanon differs significantly from Sri Lanka regarding religion, culture, race, and climate, and is also a multi-ethnic society,

having Sunni and Shia Muslims, Christians and Druzes. The Druzes are the smallest of these communities, and probably number around 300,000. The Druze faith is believed to have its origin in divisions within Islam stemming back to the 11th century and to incorporate pre-Islamic and pre-Christian Hellenistic religious concepts, such as from Plato and the neo-Platonists. Belief in reincarnation is an important feature of the Druze faith (Abu-Izzeddin, 1993; Makarem, 1979).

Method

Participants

Thirty pairs of children participated in the study, 19 boys and 11 girls, belonging to the Druze community of Lebanon. Twenty-three pairs lived in villages and rural areas, and seven pairs in towns. The ages of those who were, or had previously been, consistently speaking about events of a past life varied from 6.12 to 14.72 years with a mean age of 10.62 years ($SD = 2.44$). Each was matched with a comparison child (peer) of the same sex and age and from the same social environment ($M = 10.59$, $SD = 2.47$). Permission was obtained from parents for the participation of their children in the project.

Seven children were still speaking spontaneously of their PLEs, 18 would only do so if asked and seemed to remember parts, whereas 5 had lost all their earlier memories. They were 1.5–4 years old when they started to make statements about a past life ($M = 2.65$, $SD = 0.65$), and the number of statements varied from 3 to 23 ($M = 10.30$, $SD = 5.24$).

Psychological Instruments

The Peabody Picture Vocabulary Test—Revised (Dunn & Dunn, 1981) measures the child's receptive vocabulary and word knowledge and does not require an oral response by the child. Our version of the test consisted of 20 words presented in order of increasing difficulty. Each item is read aloud to the child who is required to point to one of four black-and-white pictures that goes best with the word.

The Coloured Progressive Matrices (Raven, Court, & Raven, 1984) is an index of general intellectual capacity, has been used extensively in cross-cultural applications, and is administered on a nonverbal basis. The child is allowed to spend as much time as needed on each item.

The Gudjonsson Suggestibility Scale (GSS; Gudjonsson, 1984, 1987) assesses a child's responses to 'leading questions' and 'negative feedback' instructions after being asked to recall a short story that had been read aloud. After recall of this fictitious narrative, the child is asked 20 questions about the content of the story, 15 of which are suggestive or 'leading' in some way. After this procedure, the child is informed that a number of errors in recall had been made and, for this reason, it would be necessary to readminister the questions once more. The GSS gives several indices: accuracy of *Free recall* (memory); *Confabulations*, i.e. content that is 'recalled' and is not present in the narrative; *Yield* suggestibility, i.e. the number of items yielded to before negative feedback is given; *Shift* suggestibility, i.e. the distinct change in the nature of the child's answer to the 15 'suggestible' (or leading) questions and the 5 'non-suggestible' ones; and *Total*

suggestibility which equals *Yield* + *Shift*. The GSS can be administered only to children aged 8 years and older (28 pairs in our sample).

The Child Behaviour Checklist—Parent Form (Achenbach & Edelbrock, 1983) was administered to the mother of the child. The CBCL is essentially a long list of characteristics that may lead to problems, or are problems, in the life of the child. It surveys social competence, behavioural development, and adjustment.

The Child Dissociation Checklist (CDC; Putnam & Helmers, 1993) is a 20-item inventory of dissociative experiences in childhood, and was administered to the mother of the child. (A self-report questionnaire would have been more appropriate if most of the children had been older.) The CDC is capable of discriminating '. . . between children diagnosed as having Multiple Personality Disorder and Dissociative Disorder Not Otherwise Specified . . .' (p. 204) and '. . . is a useful, reliable, and valid screening tool for the detection of pathological dissociation in children . . .' (Putnam, 1994). Majd Abu-Izzeddin translated the CDC into Arabic. A back-translation by an independent translator revealed no problems with the translation.

The Dream Questionnaire consisted of five questions intended to assess the amount of dream recall, and control and awareness of the dreaming process. Did you dream last night (long dream, short dream, unclear, no dream)? Do you often remember your dreams (after almost every night, a few times a week, once a week, more seldom, never)? Do you ever have dreams that are so nice you want to go back into them? Can you ever make your dreams do what you want them to do? Do you ever know *during a dream* that you are dreaming? (Same response alternatives for the last three items.) These dream-related questions were put to the sample as parents of PLE children in Sri Lanka reported more daydreaming in their children than did parents of comparison children. This indicated vivid waking imagery, and if truly so, might be reflected in vivid nocturnal imagery (dreaming). A confirmation of the hypothesis of vivid nocturnal imagery, and control and awareness thereof, would strengthen the findings of day-dreaming and vivid fantasy.

School Records (grades, rank in class) were obtained from the child's school. The child's teacher filled out a few questions on the Teachers' version of the CBCL that compares the child with other pupils in the same class.

No self-report measures were used as 43% of the children were 6–9 years old and many of them would hence have been unable to read and reply to self-report questionnaires.

Results

Cognitive Abilities And School Performance

Lebanese children claiming PLEs do not differ from their peers regarding the extent of their vocabulary, their abstract reasoning, memory, or suggestibility (see Table 1). Nor does school performance differ from that of other children in their class. Their mean percentile for ranks in school class was 50.02. According to their teachers, PLE children do not differ from other children in how hard they work, how appropriately they behave, or how happy they are.

Psychological traits and adjustment problems

In this area we find several significant differences. PLE children have a higher Problem Score on the CBCL than the comparison group ($z = 3.73$, $N = 30$, $p < .001$). Individual items of the CBCL on which they obtained significantly higher scores are listed in Table 2. Comparison children do not score significantly higher on any CBCL item.

Table 1. Means and standard deviations of various psychological measures and results of Wilcoxon matched-pairs signed ranks test comparing 30 children in Lebanon speaking about previous-life memories with 30 comparison children

	Subjects ($N = 30$)		Controls ($N = 30$)		
	Mean	*SD*	Mean	*SD*	Wilcoxon *z*
Peabody Pictures Vocabulary Test	19.23	4.91	19.27	4.24	0.03
Raven Coloured Progressive Matrices	21.90	6.82	22.50	6.58	−0.78
Dream Scale (recall and control of nocturnal imagery)	12.53	4.59	8.87	3.84	2.81**
Gudjonsson Suggestibility Scale[a]					
Memory	17.79	6.55	19.75	7.26	−1.49
Confabulations	0.25	0.52	0.25	0.65	−0.19
Yield suggestibility	5.00	2.61	5.21	2.86	−0.39
Shift suggestibility	1.61	1.91	2.32	1.81	−1.16
Total suggestibility	6.61	3.75	7.54	4.14	−0.57
Child Behaviour Checklist, Problem Score	45.10	14.42	27.70	11.14	3.73**
Child Dissociation Checklist	1.47	2.37	0.23	0.57	2.61*

[a] $N = 28$.

Two-tailed statistical significance: *$P < .05$; **$P < .01$.

A reading of individual items reveals considerable fear, anxiety, and aggressiveness. It should, however, be borne in mind that a significant difference between PLE and comparison children obviously does not mean that all PLE children carry the relevant characteristic. For example, take the most highly significant item ($z = 3.32$), namely that PLE children are more 'unhappy, sad or depressed' than comparison children. Eighteen of them are never 'unhappy, sad or depressed', 12 sometimes, and none of them often. This gives a mean of 0.40 for the group (*never* = 0, *sometimes* = 1, *often* = 2). Of the comparison children, 29 are never 'unhappy, sad or depressed', one sometimes, and no one often (mean 0.03, hence the difference is significant). Taking the lower end of the significant items ($z = 1.99$) 'sets fire', 24 PLE children never set fire, 2 do it sometimes, and 4 do it often, whereas 28 comparison children never do it and 2 only sometimes.

PLE children score significantly higher than the comparison group on the item 'demands lots of attention' ($z = 2.42$, $N = 30$, $p < .05$). Eighteen often 'demand lots of attention', 4 sometimes, and 8 never, compared with only 8 often, 6 sometimes, and 16 never by the comparison group. The hypothesis that PLE children are attention-seeking is confirmed, but was rejected for each of the two Sri Lankan samples. However, when the Sri Lankan samples are combined, demanding a lot of attention is significant ($z = 1.99$, $N = 55$, $p = .05$). The attention-seeking hypothesis is confirmed.

Table 2. Individual items of the child behaviour checklist and results of Wilcoxon matched-pairs signed ranks test comparing 30 children in Lebanon speaking about previous-life memories with 30 comparison children

Item	Text of significant items	Mean score		Wilcoxon
		Subjects ($N = 30$)	Controls ($N = 30$)	z
103	Unhappy, sad or depressed	0.40	0.03	3.32**
63	Prefers being with older kids	1.47	0.57	3.19**
112	Worries	0.30	0.00	3.00**
50	Too fearful or anxious	0.10	0.00	2.67*
95	Temper tantrums or hot temper	1.23	0.67	2.56*
57	Physically attacks people	0.27	0.00	2.53*
88	Sulks a lot	0.57	0.20	2.52*
19	Demands a lot of attention	1.33	0.73	2.42*
16	Cruelty, bullying or meanness to others	0.23	0.00	2.33*
17	Daydreams or gets lost in his/her thoughts	0.43	0.07	2.31*
37	Gets in many fights	0.80	0.40	2.24*
97	Threatens people	0.17	0.00	2.24*
7	Bragging, boasting	1.47	0.87	2.20*
27	Easily jealous	1.27	0.80	2.20*
12	Complains of loneliness	0.33	0.03	2.17*
87	Sudden changes in mood, feelings	0.33	0.03	2.17*
29	Fears certain situations	0.50	0.10	2.11*
33	Feels or complains that no one loves him/her	0.27	0.03	2.11*
56B	Has headaches	0.23	0.00	2.07*
72	Sets fire	0.33	0.07	1.99*

Two-tailed statistical significance: $^{*}p < .05$; $^{**}p < .01$.

Important is the item 'daydreams or gets lost in his/her thoughts'. PLE children do this significantly more than do the comparison children ($z = 2.31$, $N = 30$, $p < .05$). This is an indication of rich fantasy life, apparently well controlled, for PLE children do not confabulate more than other children in the GSS.

The CBCL reveals that PLE children do not live in social isolation for they do things with their friends as often as other children, they get along with their siblings, other children, and their parents as well as their peers do, and no PLE child was an only child. Nor do they differ from their peers in how much they help their mothers, brothers, and sisters. The Social Scale composed of most of the above items reveals no significant difference between the two groups ($t = -.65$, $df = 29$, *ns*). There is no difference in their participation in sport and hobby activities. The social isolation hypothesis is not supported.

The hypothesis of dissociative tendencies is confirmed. The CDC reveals significant differences between PLE and comparison children ($z = 2.61$, $p < .01$, two-tailed). However, the mean CDC score of 1.47 is very low and would not be considered clinically

significant. Only two items distinguish significantly between the two groups: 'day-dreams frequently', and 'refers to him/herself in the third person' (see Table 3). There is a substantial correlation between CBCL and CDC ($r = .57$, $p < .001$).

Table 3. Individual items of the child dissociation checklist: mean scores of subjects and control children results of Wilcoxon matched-pairs signed ranks test

Item		Mean score		
		Subjects ($N = 30$)	Controls ($N = 30$)	Wilcoxon z
2	Daydreams frequently	0.33	0.00	2.89**
10	Refers to him/herself in the third person	0.20	0.00	2.12*
16	Has intense outbursts of anger	0.20	0.00	1.86
3	Shows rapid changes in personality	0.10	0.00	1.73
1	Denies or forgets known painful experiences	0.13	0.00	1.63
17	Frequent sleepwalking	0.10	0.00	1.34
8	Difficulties in learning from experience	0.03	0.00	1.00
10A	Claims that things s/he did actually happened to another person	0.03	0.00	1.00
19	Frequently talks to him/herself	0.03	0.00	1.00
20	Has or shows two or more personalities	0.03	0.00	1.00
9	Continues to deny or lie, even when the evidence is obvious	0.07	0.03	0.58
7	Rapid regression	0.03	0.03	0.00
11	Has rapidly changing physical complaints	0.10	0.10	0.00
4	Unusually forgetful or confused about some things	0.00	0.00	0.00
5	Poor sense of time	0.00	0.00	0.00
6	Shows variations in skills	0.00	0.00	0.00
12	Acts sexually too old for his/her age	0.00	0.00	0.00
13	Suffers from unexplained injuries	0.00	0.00	0.00
14	Reports hearing voices talking to him/her	0.00	0.00	0.00
15	Has vivid imaginary companion/s	0.00	0.00	0.00
18	Has unusual night-time experiences	0.07	0.07	0.00

Two-tailed statistical significance: * $p < .05$; ** $p < .01$.

PLE children speak of imagery/memories from a past life. It was hence argued that they might have more vivid imagery than other children. This is hard to test directly. It was hence hypothesized that they would report more nocturnal imagery (dreams) than their peers. The two groups differed significantly concerning the frequency of dream recall, pleasure, and control of dreams (see Table 4). 'Daydreams or gets lost in his/her thoughts' proved significantly related to dream recall when the items 'Did you dream last night?', and 'How often do you remember your dreams?' were combined ($r = .46$, $p = .01$).

Two studies (Haraldsson, 1981, 1985) have shown that dream recall and interest in dreams are related to belief in psychic phenomena. Furthermore, in a large unpublished research project in Germany (The Mind-Matter-Interaction Project) a relationship was

Table 4. Means and standard deviations of questions concerning dreams (nocturnal imagery) and results of Wilcoxon matched-pairs signed ranks test comparing 30 children in lebanon speaking about past-life memories with 30 comparison children

	Subjects ($N = 30$)		Controls ($N = 30$)		Wilcoxon
	M	*SD*	*M*	*SD*	*z*
1. Did you dream last night?	2.33	1.63	2.07	1.48	0.61
2. Do you often remember your dreams?	3.37	1.33	2.40	1.28	2.41*
3. Do you have dreams so nice you want to go back to them?	2.57	1.33	1.77	0.94	2.18*
4. Can you ever make your dreams do what you want them to do?	2.03	1.47	1.27	0.64	2.38*
5. Do you ever know during a dream that you are dreaming?	2.23	1.70	1.43	0.94	2.03*
6. Dream Scale (items 1 to 5).	12.53	4.59	8.93	3.82	2.84**

Two-tailed statistical significance: $*p < .05$; $**p < .01$.

found between dream recall and the reporting of spontaneous psychic experiences (Houtkooper, verbal communication). For a review of this area see Thalbourne and Delin (1999).

Discussion

This project tested several psychological hypotheses regarding children who speak of past-life experiences, namely that social isolation, suggestibility, rich fantasy life, dissociative tendencies, and attention-seeking may facilitate or be related to reporting of memories of a past life. The hypotheses of social isolation and suggestibility are rejected, whereas those regarding dissociative tendencies, attention-seeking, and rich fantasy are confirmed. Very notable are high scores on the Problem Score of the CBCL, revealing considerable fear, anxiety, and aggressiveness.

The scores on the CDC are very low ($M = 1.47$; $SD = 2.37$) compared with 6.59 ($SD = 5.44$) in the combined Sri Lankan samples. More importantly, both these means are quite low compared with the mean of 24.5 ($SD = 2.5$) for cases of multiple personality disorder obtained in USA by Putnam and Helmers (1993) which show extreme dissociation (Putnam & Peterson, 1994). The design and construction of the CDC are primarily based on findings derived from individuals displaying multiple personalities. It might be added that the phenomenology of PLE children differs widely from cases of multiple personality.

PLE children showed elevated scores for dissociation in Sri Lanka ($M = 6.59$) that are comparable with scores of 6.0 found in a group of sexually abused children (girls) in the USA (Putnam & Helmers, 1993). In Lebanon the scores are much lower, but this is also true for comparison children, 0.23, compared with 2.3 in the USA. In spite of a significant difference between the groups a score of 1.47 is far from sufficient to diagnose a child as having dissociative tendencies.

Elevated CDC scores in Sri Lanka, along with the results of the CBCL, justify the question: Are PLE children traumatized by abuse and/or neglect? The author looked for signs of abuse, such as bruises, fear of parents or adults, evidence of physical or emotional neglect. It is not easy to identify child abuse without direct enquiries, which could obviously not be made. What was observed, however, gave no indication of child abuse or neglect.

The second confirmed hypothesis concerned attention-seeking. However, 8 PLE children did not 'demand a lot of attention' compared with 16 comparison children.

The third confirmed hypothesis concerned a rich fantasy life, also found to be significant in the combined Sri Lankan samples. Somewhat contrary to this finding is the lack of confabulations in the same samples as tested by the GSS. Regarding the daydreaming hypothesis, we do not know what the children are daydreaming about or brooding on. Is it their alleged memories that they speak so much about when they are quite young, or is this daydreaming of a pleasant compensatory type? As most of them speak of remembering going through a violent death in the past-life, the daydreams of the former type are unlikely to be of a wish-fulfilling or compensating nature, as is implied in the rich fantasy hypothesis. Besides, the violent death imagery is often accompanied by related phobias.

In short, PLE children tend to be attention-seeking, to have a rich fantasy life, and to have light dissociative tendencies, and that may explain why they have past-life images/memories.

One of the referees of this paper commented that the personality profile of the PLE children is very similar to that described in the early literature about children at high risk for schizophrenia. Stevenson has investigated numerous cases in Asia and followed up a fair number of them. He reports only one case in which the child became schizophrenic in adult life (Stevenson, 1997a, pp. 1366-1370). He further reports that 'nearly all have taken appropriate places in society and have no conspicuous features of behavior that might make them obviously distinguishable from their peers' (Stevenson, 2001, pp. 123-124).

It may also be relevant to mention that Gudjonsson (1997) has argued that 'recovered' or 'false memory' may be internally generated rather than being influenced by external sources.

Are there alternative explanations? One was brought to my attention by an expert on post-traumatic stress disorder (PTSD) (psychiatrist Theo K. de Graaf of The Netherlands), and independently by a clinical child psychologist (Sally Feather, North Carolina) who works with abused children.

The findings obtained by the CBCL and the CDC reveal symptoms that characterize PTSD patients with an identifiable trauma, such as phobias, fears, outbursts of anger, and nightmares (common in the Sri Lanka data, but not in the Lebanese data although a trend is there). In the ICD-10 (World Health Organization, 1992) the criteria for diagnosing PTSD are: (i) the patient must have been exposed to a stressful event or situation of exceptionally threatening or catastrophic nature; (ii) there must be persistent remembering and 'reliving' of the stressor in intrusive 'flashbacks', vivid memories; (iii) either inability to recall or persistent symptoms of increased psychological sensitivity and arousal shown by any two of the following: difficulty in falling or staying asleep, irritability or outbursts of anger, difficulty in concentrating, hypervigilance, and exaggerated startle response.

In the apparent absence of any exceptional life-threatening situation in their life, can it be that persistent *images* of violent death serve as a stressor causing the symptoms of

PTSD? Regarding the second criterion the great majority of PLE children apparently frequently relive and speak about alleged past-life memories of how they died. Regarding the third criterion, the symptom 'outbursts of anger' is clearly present, and 'difficulty in concentrating' of the CBCL approaches significance ($z = -1.81$, $p = .07$). Other items are not specifically surveyed in CBCL or CDC but fearfulness, phobias (related to memories of a violent death), sudden changes in mood and feelings, and aggressiveness are likely to be related to hypervigilance and exaggerated startle response. It should be emphasized that the presence of PTSD was not systematically assessed. These findings are post hoc and require further investigation.

The above results indicate that, as a group, PLE children may be traumatized. Two possibilities emerge as a potential cause: Child abuse, but no signs of child abuse are evident. Can the trauma be found in the images/memories they report? That becomes more understandable when we consider that 77% of the Lebanon sample and 76% of the combined Sri Lankan samples speak of experiencing a sudden violent death and often have phobias associated with their alleged mode of death. Can the elevated CBCL and CDC scores (or a part of them) be seen as effects of this trauma?

If the PTSD argument has some merit one would expect those who speak of violent death to have higher CBCL and CDC scores. This is confirmed for CBCL and not for the CDC. The mean Problem Score for those speaking of violent death is 47.38 ($N = 24$) and 36.00 ($N = 6$) for those who do not ($t = 2.43$, $p = .03$, two-tailed).

There are strong signs of fear, anxiety, and aggressiveness in PLE children. If our post-hoc finding of a PTSD is more than mere speculation, can it be seen as a signal of distress that many PLE children are demanding a lot of attention?

The previously hypothesized psychological explanations may be satisfactory for unsolved cases and cases in which there is minor correspondence between the past-life statements of the child and facts in the life of an identified person who has died. But what about those cases (e.g. Haraldsson, 1991, 2000; Haraldsson & Abu-Izzeddin, 2002, in press; Stevenson, 2001), in which a high degree of correspondence is found, and no connection can be traced between the child's family and the previous person which might explain the correspondence? To uphold the psychological explanation it has to be assumed that these are chance correspondences. Is that tenable? Also posing a problem are those rare cases with a striking correspondence between birthmarks or deformities (and statements) and fatal wounds of a deceased person, for birthmarks form before a child is born (Haraldsson, 2000; Stevenson, 1997a, 1997b).

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