



# Congenital physical anomalies associated with deceased persons in reincarnation cases with intermissions of less than nine months

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## ABSTRACT

A literature review of reincarnation cases with identified previous persons found 36 cases in which the “intermission” between lives was less than 9 months. In 9 cases, it was 7 days or fewer. In 32 cases, subjects had birthmarks or birth defects matching the previous person’s wounds or other scars in location and appearance. Multiple anomalies appeared in 20 (62.5%) of the 32 cases with physical anomalies. There were 9 natural-death cases and 27 violent-death cases. In 15 (55.5%) of the violent-death cases, there was written documentation of wounds to the previous person. The most extreme birth defects occurred in cases with intermissions of 7 months or more. Interpretations of the data alternative to reincarnation are considered but found inadequate as explanatory models. If examples of reincarnation, these cases raise issues related to when exactly reincarnation occurs and the nature of the process that are important considerations for biology and medicine, as well as for philosophy. One purpose of this paper is to alert the research community to these findings in the hopes of encouraging additional research in this area.

## Introduction

Awareness of reincarnation as a potential problem for psychology, biology, and medicine has increased steadily since Ian Stevenson went to India and Sri Lanka (then Ceylon) on his first tour of investigation in 1961. There are now hundreds of reports of children claiming past-life memories published in academic journals and scholarly books.<sup>11,13,14</sup> As a consequence, some philosophers (e.g.,<sup>1,5,10</sup>) have begun to consider reincarnation not only as a logical possibility, but as a fact of life.

Critics who dismiss reincarnation case studies as “anecdotal” may not appreciate the care that has gone into them. Researchers continue to follow the methodology Stevenson pioneered. Along with trained colleagues and assistants native to the countries in which he worked, Stevenson interviewed multiple first-hand witnesses repeatedly over periods of years to check for memory reliability. Whenever possible he consulted police reports, medical records, and other documents to further establish the facts of a case. Stevenson’s supporters maintain that his methods rule out social construction along with other potential pitfalls and I will refer to “reincarnation cases” rather than resorting to qualifiers such as “of the reincarnation type.” I believe the data are now robust enough to take the possibility of reincarnation seriously, despite the challenge to physicalist assumptions this entails. However, I do not

mean by my terminology to forejudge the evidence in any particular case or to insist that reincarnation is the only conceivable interpretation of the case data as a whole.

In many reincarnation cases, children’s memories are detailed enough to pinpoint the deceased person with whom they identify (the “previous person”). When identifications are made, it becomes evident that not only are the claimed memories accurate by and large, there are similarities of personality and behavior between the case subject and previous person. In addition, case subjects may have physical traits corresponding to physical traits of the previous person. Congenital physical anomalies (CPAs) such as birthmarks and birth defects appeared in roughly 35% of the cases in Stevenson’s collection,<sup>21</sup> (p. 404). Although they were most often associated with mortal wounds, birthmarks and birth defects did not invariably present when one might expect them to and appeared in relation to a variety of other traits as well (e.g., healed surgical scars, earring holes, tattoos, and so forth:<sup>22</sup>).

Another finding from this research is the great variability in the length of the interval between lives (the “intermission”). In verified or “solved” cases, the interval has been found to be as long as several decades or as short as a few hours. In principle, the intermission might have no appreciable duration, that is, the previous person’s death may coincide with the subject’s birth. Cases with intermissions of less than 9

*Abbreviations:* CPA, Congenital physical anomaly; S, Subject of case; PP, Previous person identified in case.

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months—a shorthand reference to the gestation period, regardless of actual length—are of particular interest philosophically and theoretically because they raise the question of when a reincarnating essence joins its new body.

Importantly, Stevenson discovered that CPAs may appear in cases with intermissions of under 9 months, some no longer than a few days,<sup>22</sup> (p. 1095). He did little to address the theoretical implications of this finding, however. In this paper, I probe the effect more deeply. I consider explanatory models alternative to reincarnation, such as maternal impression or psychic actions by living persons, that could account for reincarnation cases in general and explore the implications for biology and medicine of CPAs in cases with intermissions under 9 months in length.

## Method

I searched the periodical and book literature for cases of verified past-life memory and identified previous persons with intermissions shorter than a full 9 months (short intermissions). I took “intermission” to be the time from the death of the previous person (PP) to the birth of the case subject (S), following Stevenson’s practice. I tabulated the cases along with some of their main features, including length of intermission, relationship between the S and PP, PP’s cause of death, and the presence and nature of CPAs on the S’s body.

## Results

My literature review identified 450 solved reincarnation cases, of which 36 (8%) had short intermissions (see Table 1). The prevalence of cases with short intermissions varies cross-culturally, with the median lengths of Stevenson’s Druze and Haida cases being under 9 months,<sup>19</sup> (p. 212). Thus, although rather unusual, these cases are not rare. They are culturally widespread, having been reported from 5 countries or ethnicities besides the Druze and Haida (India, Myanmar, both Alevi and ethnic Turks in Turkey, non-indigenous American society).

The majority of cases (22) in the sample were reported by Stevenson in *Reincarnation and Biology*.<sup>22,23</sup> That work dealt with connections between reincarnation and CPAs, so it is not surprising that cases from it feature birthmarks and birth defects. However, birthmarks and birth defects appeared in cases with short intermissions from other sources also, including particularly the third volume of Stevenson’s *Cases of the Reincarnation Type series*<sup>18</sup> about the Lebanese Druze and Turkish Alevi and a journal paper by his field assistant and colleague Satwant Pasricha<sup>16</sup> concerning India. Stevenson and Pasricha between them contributed all but three cases (Cases 16, 17, 19) to the sample.

Altogether, 32 (88.9%) of the 36 cases with short intermissions had CPAs. Only 4 (11.1%) lacked CPAs, and in 3 of those 4 cases (Cases 31, 35, 36) the PP’s cause of death was nonviolent. There were CPAs in 4 other cases with nonviolent deaths (Cases 6, 8, 11, 12) and in 2 (Cases 6, 25) in which drowning was the main or contributing factor. In these cases, and in one case of suicide (Case 16), the anomalies were connected to the PP in some fashion other than mimicking wounds. For instance, in Case 16 the anomaly was a cleft chin that was hereditary in the PP’s family but unknown in the S’s family,<sup>7</sup> (pp. 248–252). In each of the other 26 violent-death cases (including those involving suicide), the anomalies matched mortal wounds in location and appearance. Multiple anomalies were involved in 20 (62.5%) of the 32 cases with anomalies. In 15 (55.5%) of the 27 violent-death cases, there were postmortem reports or other written documentation of wounds to the PP’s body corresponding to birthmarks and birth defects on the S’s body.

The following three summaries (Cases 5, 22, 27), arranged according to length of intermission from longest to shortest, serve to illustrate the sample cases. All three cases have birthmarks or birth defects that conform to wounds or other scars described in postmortem reports. In their case reports, Stevenson<sup>22,23</sup> and Pasricha<sup>16</sup> included photographs of the physical anomalies. My summaries are necessarily brief and omit

many significant details. The published reports should be consulted for fuller appreciation of these cases, as well as for details of the other cases in the sample.

## Example cases

### Kuldip Singh (8 months)

When Kuldip Singh was born (on September 12, 1986, in northern India) he was seen to have four small blemishes on his face, neck, and head, but his parents paid them little heed. Kuldip began to speak in connected sentences at about 2 years and around the same time started to relate memories of a previous life. He said that his name was Ashok Kumar and gave the names of his parents and the village in which they resided. Pointing to his birthmarks, he said they commemorated places he had been stabbed to death and named his killer. His parents listened, but made no attempt to verify his assertions.

At some point in or around July or August 1993, when he was not quite 7 years old, Kuldip accompanied his mother to a wedding in their village. He recognized the bride, a woman from a village that neighbored the village he said was his previous one, and introduced himself to her. She passed along the news and in short order members of Ashok Kumar’s family visited Kuldip, who recognized them also. Kuldip told Ashok Kumar’s father details of a quarrel that led to Ashok Kumar being pulled from a bus and stabbed to death on January 13, 1986, 8 months prior to his own birth.

Pasricha investigated this case in December 1995 and March 1997. In addition to interviewing witnesses to both lives, she obtained a copy of the postmortem examination of Ashok Kumar’s body. All four of the birthmarks noted by Kuldip’s mother corresponded to wounds suffered by Ashok Kumar. A birthmark on the right side of the neck, which had entirely faded by 1997, was in the position of an extensive incised wound described in the postmortem report. A birthmark on the front of the neck, which Pasricha photographed, corresponded to another incised wound. Two scar-like, slightly hyperpigmented areas of alopecia in the occipito-parietal region of Kuldip’s head, photographed as well, matched in location two other documented wounds on Ashok Kumar,<sup>16</sup> (pp. 274–277).

### Tali Sowaid (6 weeks)

Tali Sowaid was born into a Druze family in Lebanon on August 3, 1965. Tali’s speech was delayed; he did not talk well until he was 3 years old, and when Stevenson met him in 1972 and 1973 (when he was 6–8) he still had a noticeable speech impediment. Nonetheless, Tali tried from an early age to express apparent past-life memories. He claimed he had been a man named Said Abu-Hisn who had been shot and killed after drinking coffee. This and other details of Tali’s memories corresponded to a man who had been shot in a nearby village on June 22, 1965, 6 weeks before Tali was born. He was not known to Tali’s family and they had no connection to him.

Said Abul-Hisn had been shot in his left cheek, shattering the rami on both sides of his mandible and transecting the base of his tongue, according to hospital records. The attending surgeon told Stevenson that the bullet had cut through the lingual artery and the hypoglossal nerve. An attempt was made to repair the damage but Said went into cardiac arrest and died later that day. When Stevenson checked Tali’s face for birthmarks, he found a faint area of reticulated hyperpigmented macules about 1 centimeter in diameter on the left cheek and a better defined formation of reticulated hyperpigmented macules about 1.5 centimeters in diameter on the right cheek, just anterior to the mandibular ramus. The formations were not prominent enough to have been noticed by Tali’s parents previously, but from their appearance Stevenson judged them to be congenital. Tali’s tongue appeared anatomically normal in the parts Stevenson could inspect visually<sup>22</sup> (pp. 362–381).

**Table 1**  
36 reincarnation cases with intermissions under 9 months in length.

Name (Country, Ethnicity) / Source	Intermission Length	Relationship of S to PP	PP's Cause of Death	S's Congenital Physical Anomalies / Documentation (Y/N)
1. Bhopal Singh (India) Stevenson, <sup>22</sup> [910–29]	< 9 months	family	Murder gunshot	2 roundish puckered scars, 1 on back, 1 on neck (Y)
2. Julaluddin Shah (India) Stevenson, <sup>23</sup> [1618–24]	< 9 months	family	horse kick	hyperpigmented transverse depression on forehead, foreskin absent (N)
3. Giriraj Soni (India) Pasricha, <sup>16</sup> [284–88]	8 months	stranger	murder	multiple birth defects & birthmarks (Y)
4. Ma Thoung (Myanmar) Stevenson, <sup>22</sup> [1110–18]	8 months	acquaintance	beheading w/ sword	transverse depression behind right ear, malformed right ear lobe (N)
5. Kuldip Singh (India) Pasricha, <sup>16</sup> [274–77]	8 months	stranger	murder w/ knives	several small scars on face and neck, 2 regions of alopecia on head (Y)
6. Bruce Peck (Canada, Haida) Stevenson, <sup>23</sup> [1361–66]	7 months	family	heart attack, drowning	hemimelia of right arm (Y)
7. Ramniri Jatav (India) Pasricha, <sup>16</sup> [277–79]	7 months	stranger	run over by bus	10 × 1 cm hyperpigmented scar on medial surface of left foot (Y)
8. Ma Zin Mar Oo (Myanmar) Stevenson, <sup>22</sup> [860–65]	< 7 months	family	stroke at age 60	large transverse hyperpigmented macule on lower left leg (N)
9. Ma Khin Hsann Oo (Myanmar) Stevenson, <sup>22</sup> [650–59]	6.5 months	family	accidental fire	numerous large hyperpigmented nevi over entire body (N)
10. HW (Myanmar) Stevenson <sup>24</sup>	6.5 months	stranger	murder, tied by rope	deep constriction ring on upper left thigh, hyperpigmented constriction ring on right ankle (N)
11. Maung Soe Tun (Myanmar) Stevenson, <sup>23</sup> [1906–11]	6 months	acquaintance	illness at age 78	unequal palpebral fissures, ear lobe birthmarks, reddish mark on leg (N)
12. Sanjeev Sharma (India) Stevenson, <sup>22</sup> [683–97]	c. 6 months	family	natural at age 100+	2 white hairs on left cheek (N)
13. Metin Köybaşı (Turkey) Stevenson, <sup>22</sup> [350–62]	5 months	family	gunshot to neck	elevated, hyperpigmented mark on right side of neck, hyperpigmented macule & hypopigmented papules on left (Y)
14. Wilfred Meares (Canada, Haida) Stevenson, <sup>22</sup> [503–8]	< 5 months	family	car crash	region of alopecia on back of head (Y)
15. Ravi Shankar Gupta (India) Stevenson <sup>17</sup>	4 months	stranger	murder beheading	stippled hyperpigmented line across front of neck (N)
16. Cruz Moscinski (USA) Haraldsson & Matlock <sup>7</sup>	4 months	acquaintance	suicide by hanging	cleft lip (N)
17. Toran (Titu) Singh (India) Mills, <sup>12</sup> [156–71]	3 months	stranger	murder gunshot	small round mark on right temple, bony protrusion behind right ear (Y)
18. Maung Aung Myint (Myanmar) Stevenson, <sup>23</sup> [1665–79]	3 months	stranger	killed in knife fight	hemorrhaging sore on chest, hyperpigmented nevus on back (N)
19. Wael Kiwan (Lebanon, Druze) Haraldsson & Abu-Izzeddin <sup>6</sup>	8 weeks	stranger	suicide by hanging	none
20. Navalkishore Yadav (India) Stevenson, <sup>22</sup> [783–90]	4-8 weeks	family	suicide by hanging	5 × 6 cm area of erythema on back of neck (N)
21. Ali Uğurlu (Turkey, Alevi) Stevenson, <sup>22</sup> [291–300]	< 8 weeks	family	stabbed in quarrel	6 3-4 × 2mm birthmarks on chest (N)
22. Tali Sowaid (Lebanon, Druze) Stevenson, <sup>22</sup> [362–81]	6 weeks	stranger	shot thru head	circular birthmarks on both cheeks; speech impediment (Y)
23. Deepak Babu Misra (India) Pasricha, <sup>16</sup> [266–69]	< 6 weeks	stranger	murder w/ knife	bluish-black marks on back, transverse scars on face (Y)
24. Rajani Singh (India) Pasricha, <sup>16</sup> [261–64]	5 weeks	acquaintance	suicide by immolation	erythema on back and shoulders, alopecia on front of head (N)
25. Faris Yuyucuier (Turkey, Alevi) Stevenson, <sup>23</sup> [1598–1611]	4-6 weeks	stranger	drowning	nevus flammeus on buttock, vertical swelling on lower lip, micropenis (N)
26. Dellâl Beyaz (Turkey, Alevi) Stevenson, <sup>22</sup> [491–503]	4 weeks	acquaintance	accidental fall on head	small area of alopecia on head (Y)
27. Semir Tacî (Turkey) Stevenson, <sup>22</sup> [745–59]	11 days	acquaintance	snakebite	open wound leading to hypertrophic scarring on right thumb, scar at base of left index finger (Y)
28. Yusuf Köse (Turkey, Alevi) Stevenson, <sup>23</sup> [1344–51]	< 7 days	acquaintance	knifing in quarrel	thin transverse birthmark on neck, unusual defects of two fingers (N)
	5 days	stranger	murder gunshot	2 cranial lesions, 1 a meningocele (Y)

(continued on next page)

Table 1 (continued)

29. Mehmet Samioğlu (Turkey) Stevenson, <sup>23</sup> [1442–54]				
30. Cemil Fahrıcı (Turkey) Stevenson, <sup>22</sup> [728–45]	< 3 days	acquaintance	suicide gunshot	hemorrhaging scar below mandible, area of alopecia on scalp (N)
31. Zouheir Chaar (Lebanon, Druze) Stevenson, <sup>18</sup> [98–116]	< 3 days	stranger	illness	none
32. Naripender Singh (India) Pasricha, <sup>16</sup> [264–66]	< 2 days	stranger	accidental gunshot	round, slightly depressed, hyperpigmented mark on chest (N)
33. Pankaj Chauhan (India) Stevenson, <sup>22</sup> [1118–23]	1 day	acquaintance	murder gunshot	roundish hyperpigmented macule on abdomen, birthmark on back (Y)
34. Yahya Balcı (Turkey, Alevi) Stevenson, <sup>22</sup> [333–39]	< 1 day	acquaintance	murder gunshot	suppurating scar on abdomen (N)
35. Faruq Andary (Lebanon, Druze) Stevenson, <sup>18</sup> [77–97]	same day	acquaintance	suicide by poisoning	none
36. Nasir Toksöz (Turkey, Alevi) Stevenson, <sup>18</sup> [324–39]	<two hours	acquaintance	tetanus infection	none

*Semir Taci (11 days)*

Semir Taci was born in Antakya, Turkey, on July 5, 1945. He had two small points of hypertrophic scarring on his right thumb and a linear scar at the base of his left index finger. When he began speaking about a previous life between 3 and 4 years, he would point to his right thumb and say that is where he had been bitten by a snake.

His parents had known a man named Sekip Karşanbaş who had died of snakebite (most likely from an Ottoman viper, *Montivipera xanthina*) not long before Semir’s birth. Semir’s memories matched Sekip’s life, but his parents became alarmed about what they feared would be the consequences of his memories and so, when he was 5, gave him candy that had been partially chewed by another person and had that person’s saliva on it, hoping by this means to make Semir forget his memories. He must have talked less about them after this because his parents believed their intervention had worked, but Semir told Stevenson when he was 22 that he still remembered the events leading up to Sekip’s death.

One day when he was out shopping Sekip had responded to the report of a snake in a neighboring store. He had been drinking alcohol and believed it gave him immunity to venom. Thus emboldened, he had attempted to grab the snake to kill it, but it had bitten him on his right thumb and on his left hand. He had run home, bleeding from his thumb, and was carried to the government hospital. In March 1970, Stevenson was able to obtain the record of Sekip’s stay there. He had been admitted on June 23, 1945, with snake bites on both hands and had died the following day, June 24, 1945, eleven days before Semir’s birth,<sup>22</sup> (pp. 745–759).

**Discussion**

Stevenson,<sup>21</sup> (p. 404) reported that CPAs were present in 35% of the reincarnation cases he had studied, but I found that they appeared in almost 89% of reported cases with short intermissions. The majority of these cases were included in *Reincarnation and Biology*,<sup>22,23</sup> the result of a decades-long search for cases with CPAs. That massive work included reports of 225 cases, 22 (9.7%) of which had short intermissions. Cases with short intermissions accounted for only 14 (6.2%) of the remaining 225 cases found in my literature review. We may therefore suspect some degree of selection bias in the *Reincarnation and Biology* cases, but this is not enough to offset the strong association of short intermission lengths with CPAs. CPAs were present in 10 (71.4%) of the 14 cases with short intermissions published elsewhere. The effect is intriguing for several reasons, but before examining its implications we must consider ways other than reincarnation to account for it. The following discussion applies to reincarnation cases in general, not solely to those with short

intermissions.

*Meaningless coincidence*

Leonard Angel<sup>2</sup> argued that Stevenson “reasoned backward” from birthmarks to what he saw as their cause and portrayed all correspondences between wounds and birthmarks as chance ones. If the similarity between an S’s birthmarks and a PP’s physical traits is coincidental, it matters little that wounds are documented in postmortem reports and that birthmarks are closely observed and photographed. However, the chance hypothesis becomes strained when not only are there multiple birthmarks, they match wounds in appearance as well as location. Moreover, the chance argument fails to take into account Ss’ related episodic memories, psychological identification with a PP, and behavior corresponding to a PP, as demonstrated in the three cases described above. These latter features are features not only of cases with CPAs, but of the many hundreds of solved reincarnation cases. When reincarnation cases are considered in their totality and in the context of the entire dataset, it is clear that coincidence alone fails as an explanation for them—something more is required.

*Anomalous cognition (psi)*

That something might be psi. Philosopher Stephen Braude<sup>3</sup> suggests that, having noticed an infant’s birthmarks, a member of his family reaches out by means of extra-sensory perception to find a deceased individual with similar marks, psychically acquires details about his personal history, and “through telepathic influence manages to shape the S’s behavior accordingly”;<sup>3</sup> (p. 181). Alternatively, a member of the previous family might psychically locate a newborn with suitable birthmarks; “the child’s subsequent behavior would then be explained by means of telepathic influence from someone who already knew the PP well”;<sup>3</sup> (p. 181). However, Braude observes, “I think we’re entitled to be suspicious of the complexity of these scenarios” (2003 p. 181).

Ervin Laszlo and Peake<sup>9</sup> presume that information about the PP, including physical features, is uploaded through psi from a subquantum “Akashic field,” but this idea simply moves the source of information from living persons to a hypothetical impersonal domain. Furthermore, there would seem to be nothing to prevent more than one child from accessing information about the same past life. The Akashic field idea might explain past-life memory but not the maintenance of identity and discarnate agency between lives many cases portray, nor is it apparent how it could account for congenital physical traits. Again, something more is required to explain the reincarnation case data in their entirety.

### Maternal psychokinesis

The term “maternal impression” refers to a pregnant woman’s influence on the body in her womb. In attested cases, these influences follow the mother’s seeing something that affected her strongly and adversely,<sup>20,22</sup> (pp. 104-155). Jurgen Keil,<sup>8</sup> [pp. 81-82] proposed maternal impression as the mechanism whereby birthmarks and birth defects are produced in reincarnation cases. When mothers were unaware of the PP’s wounds, Keil believed they must have become acquainted with them through dreams they did not recall. He assumed there was a physiological connection between mother and child that would support this maternal influence. However, Michael Nahm and Dieter Hassler<sup>15</sup> noted that unless the influence proceeded by some presently unknown means through the umbilical cord, it would have to have been achieved via psychokinesis. Moreover, they observed,<sup>15</sup> (p. 213), many CPAs (for instance, internal diseases) are of sorts that would not be expected to engender the emotional responses thought necessary to produce maternal impressions.

David Ray Griffin,<sup>5</sup> (pp. 201-202) expanded the notion of maternal impression to allow for generalized psychokinetic influence on a body in the womb. He made this concept an integral part of his theory of “retroreprehensive inclusion,” a variety of extreme psi called superpsi.<sup>4</sup> Retroreprehensive inclusion would permit the acquisition not only of memories, but of personalities, behaviors, and other aspects of personal identity from persons premortem. In order to allow for CPAs along with other case features, Griffin proposed that a pregnant woman psychokinetically influenced the child she was carrying and telepathically conveyed his identity to him or her. Griffin supposed that it would be no harder to tap into a discarnate mind following death than an embodied mind before death, but ultimately rejected retroreprehensive inclusion as unworkable because it and other forms of superpsi predicted multiple people recalling the same past life, something unknown in the case<sup>1</sup>.

### Reincarnation

In reply to Keil,<sup>8</sup> Nahm and Hassler,<sup>15</sup> (p. 314) observed that if psychokinesis were the mechanism by which a deceased person’s physical traits were conveyed to a new body, the agent need not be the mother—it could be the free-floating “thought bundle” derived from the PP that Keil imagined the S absorbed in childhood. It could as well be a reincarnating stream of consciousness, as suggested by James Matlock.<sup>11</sup>

Matlock<sup>11</sup> emphasized evidence for discarnate agency during the intermission beyond what Griffin assumed from his Whiteheadian metaphysics and argued that the reincarnating consciousness in effect customized the S’s body template created by genetic processes. From Matlock’s perspective, CPAs linked to deceased persons are psychogenic. This acknowledges a psychological dimension to the generation of CPAs and would explain the appearance of features such as Cruz Moscinski’s (Case 16) cleft chin that are related to the previous family’s history but are unknown in the present family. It would also explain why in the case of Bruce Peck (Case 6) a severe birth defect (hemimelia of the right arm) corresponded to the PP’s longstanding intention, repeatedly expressed before his death, to be born without a hand,<sup>23</sup> (p. 1363).

By contrast, Stevenson,<sup>23</sup> [pp. 2083-2088] proposed that physical traits were transmitted from the PP to the S through a subtle body he called a “psychophore.” Stevenson imagined that the psychophore acted as template for the new body and exercised its influence through a type of morphogenetic field. He did not explain what happened to the psychophore if reincarnation occurred during the gestation period.

<sup>1</sup> Although beliefs in and reports of multiple simultaneous reincarnations from the same individual have been reported from northwestern North America, West and Central Africa, and Tibet, none of the cases described include memories. Rather, identifications are based on behaviors, dreams and other signs, easily amenable to social construction,<sup>[11]</sup> (pp. 266-267)

Matlock’s psychogenic model does not require a hypothetical construct such as a psychophore and so does not confront this problem. Psychogenic influence would better explain the variability in the presentation of CPAs and thus would seem to have an advantage here.

Regardless, reincarnation is better equipped than alternative models to explain the cross-cultural patterns in cases with short intermissions, including the appearance of the most severe birth defects when the PP died within the S’s first trimester. Bruce Peck (Case 6) was born without his right hand and two thirds of his right arm; the intermission in his case was 7 months long. Giraj Soni (Case 3), who recalled have been beaten to death by a mob, was born with several malformations, including severe curvature of the spine (kyphoscoliosis); the intermission in his case was 8 months. Birthmarks and milder birth defects appear with intermissions as short as a few days (Cases 29, 30, 32, 34), however. These latter cases suggest the ability of the reincarnating consciousness not only to concentrate melanin in certain areas (producing hyperpigmented macules and nevi) but to destroy tissues already formed at all stages of gestation,<sup>23</sup> (p. 1453). However, none of these CPAs are as dramatic as those of Bruce Peck and Giraj Soni.

### Conclusion

The reincarnation case data are of higher quality than often appreciated and are more resistant to alternative interpretations than many critics assume. Even so, there is much that is obscure about the reincarnation process, particularly the appearance of CPAs in cases with short intermissions. As is so often true in science, we need more data, but have enough to reach certain tentative conclusions. Cases with short intermissions tell us that reincarnation does not have to occur at conception; a consciousness stream may join a body at any time during the gestation period. It is clear that the presence or absence of birthmarks and birth defects does not depend on wounds to a body at the point of death. The great variability in correspondences to physical traits on the body of the deceased suggests a psychogenic factor at play, especially in cases where death was from natural causes. Although the median length of intermission is known to vary by culture, there is a good deal of cross-cultural patterning in CPAs, consistent with a pan-human dimension to the problem. It appears from our limited data that the most serious birth defects are confined to reincarnations beginning no later than the first trimester, a significant finding if it holds up. These issues will be clarified only through the study of additional cases. Part of the purpose of this paper is to alert the research community to these findings in the hopes of lessening the stigma associated with reincarnation research so that swifter progress can be made.

### References

1. Almeder R. *Death and Personal Survival*. Rowman and Littlefield; 1992.
2. Angel L. Reincarnation all over again: backwards reasoning in Ian Stevenson’s Reincarnation and Biology. *Skeptic*. 2002;9(3):86–90.
3. Braude SE. *Immortal Remains: The Evidence for Life After Death*. Rowman & Littlefield; 2003.
4. Braude SE. *The super-psi hypothesis*. *Psi Encyclopedia*; 2016. <https://psi-encyclopedia.spr.ac.uk/articles/super-psi-hypothesis>.
5. Griffin DR. *Parapsychology, Philosophy, and Spirituality: A Postmodern Exploration*. State University of New York Press; 1997.
6. Haraldsson E, Abu-Izzeddin M. Three randomly selected Lebanese cases of children who claim memories of a previous life. *J Soc Psych Res*. 2004;68:65–85.
7. Haraldsson E, Matlock JG. *I Saw a Light and Came Here: Children’s Experiences of Reincarnation*. White Crow Books; 2016.
8. Keil HHJ. Questions of the reincarnation type. *J Sci Explor*. 2010;24:79–99.
9. Laszlo E, Peake A. *The Immortal Mind: Science and The Continuity of Consciousness Beyond The Brain*. Inner Traditions; 2014.
10. Lund DH. *Persons, Souls and Death: A Philosophical Investigation of An Afterlife*. McFarland; 2009.
11. Matlock JG. *Signs of Reincarnation: Exploring Beliefs, Cases, and Theory*. Rowman & Littlefield; 2019.
12. Mills A. A replication study: three cases of children in northern India who are said to remember a previous life. *J Sci Explor*. 1989;3:133–184.
13. Moraes LJ, Barbosa GS, Castro JPGB, Tucker JB, Moreira-Almeida A. Academic studies on claimed past-life memories: a scoping review. *EXPLORE J Sci Heal*. 2021; 18(3):371–378. <https://doi.org/10.1016/j.explore.2021.05.006>.

14. Nahm M. Climbing mount evidence: a strategic assessment of the best available evidence for the survival of human consciousness after permanent bodily death. *BICS Bigelow Inst Conscious Stud*; 2021. [https://www.bigelowinstitute.org/con\\_test\\_winners3.php](https://www.bigelowinstitute.org/con_test_winners3.php).
15. Nahm M, Hassler D. Thoughts about thought bundles: a commentary on Jürgen Keil's paper "Questions of the reincarnation type. *J Sci Explor*. 2011;25:305–326.
16. Pasricha SK. Cases of the reincarnation type in northern India with birthmarks and birth defects. *J Sci Explor*. 1998;12:259–293.
17. Stevenson I. *Twenty Cases Suggestive of Reincarnation*. 2nd ed., rev. University Press of Virginia; 1974.
18. Stevenson I. *Cases of the Reincarnation Type. Vol. III: Twelve Cases in Lebanon and Turkey*. University Press of Virginia; 1980.
19. Stevenson I. Characteristics of cases of the reincarnation type among the Igbo of Nigeria. *J Asian Afr Stud*. 1986;21:204–216.
20. Stevenson I. A new look at maternal impressions: An analysis of 50 published cases and reports of two recent examples. *J Sci Explor*. 1992;6:353–373.
21. Stevenson I. Birthmarks and birth defects corresponding to wounds on deceased persons. *J Sci Explor*. 1993;7:403–410.
22. Stevenson I. *Reincarnation and Biology: A Contribution to the Etiology of Birthmarks and Birth Defects. Vol. 1: Birthmarks*. Praeger; 1997.
23. Stevenson I. *Reincarnation and Biology: A Contribution to the Etiology of Birthmarks and Birth Defects. Vol. 2: Birth Defects and Other Anomalies*. Praeger; 1997.
24. Stevenson I. Ropelike birthmarks on children who claim to remember past lives. *Psychol Rep*. 2001;89:142–144.