Experimental Birthmarks and Birth Defects

Experimental birthmarks and birth defects in reincarnation cases resemble marks or mutilations made on the bodies of deceased or dying persons with the hope that they will reappear on the body of the next life, thus allowing the deceased person to be identified in his or her new incarnation. Experimental birthmarks have been reported in Asia from India east to Japan and from Thailand north to Mongolia. Experimental birth defects are known from West Africa.

Experimental Birthmarks

The Nature of Experimental Birthmarks

Birthmarks appear in many reincarnation cases. In their location and appearance, they often match fatal wounds,[1] but they may represent many other things. Ian Stevenson showed in *Reincarnation and Biology* that any physical trait meaningful to a person may provide a model for a birthmark.[2] Birthmarks may be planned before death. In the Tlingit Indian case of Corliss Chotkin Jr the person whose life Corliss recalled said before he died that he would be reborn with the birthmarks resembling surgical scars that appeared on Corliss's back.[3] Experimental birthmarks, as Stevenson termed them,[4] are a special class of reincarnation-related birthmarks, in which a mark is made on a dead or dying body with the express purpose of stimulating a birthmark on that person's next body and so following him or her into the next incarnation.

In *Reincarnation and Biology*, Stevenson presented twenty cases from Thailand and Myanmar (Burma) with experimental birthmarks. The previous person on whom the stimulus mark was made was identified (the case was solved) in all but two of these twenty cases.[5] Jim B Tucker and Jürgen Keil reported details of eighteen additional solved experimental birthmark cases from Thailand and Myanmar.[6] Elsewhere Tucker and Keil described another Thai case.[7] In a blogpost review of the phenomenon, James Matlock discussed experimental birthmarks in 51 solved Asian cases, from India, Mongolia, Tibet, China and Japan, in addition to Thailand and Myanmar.[8] KS Rawat briefly describes experimental birthmarks in cases he investigated in India and Nepal.[9]

Very often in cases with experimental birthmarks, reincarnation is into the same family line. Among 49 cases with information about the relationship between the previous person and the case subject in Matlock's sample, there were genetic family connections in 38 cases (77.5%) and non-genetic marital, acquaintance or stranger relationships in eleven cases (22.5%).[10]

With a few exceptions from Myanmar, where the mark was made on a body on the verge of dying, stimulus marks are made on a cadaver.[11] In Thailand and Myanmar, the marks are usually made on chests, backs, upper arms, legs or feet – parts of the body that normally are clothed. However, in two of Stevenson's cases, a wrist was

marked, and in another two cases, the back of the neck was marked.12 In India, the stimulus marks are sometimes made on the cheeks or face.13 The person marking the body may pray that the dead or dying person will carry the mark to the new body.14

Apart from resembling the stimulus marks, most experimental birthmarks have no distinctive shape on the case subject's body. They tend to be much larger and more prominent than ordinary birthmarks. A few are in places, such as feet, in which birthmarks are not often found.15 They are nearly always flat, hyperpigmented nevi (moles) or macules.16 Their colour is usually similar to the colour of the substance used for the marking.17

In the majority of experimental birthmarks from Myanmar and India, the substance used for marking is grease or soot from the bottom of a cooking pot, charcoal or cooking oil, and the birthmark is brown or black.18 In an unusual Burmese case, the mark was made with red lipstick behind the left ear, and the birthmark was a red area in the same place.19 Red lime or red ochre are the favored marking substances in Thailand and the corresponding birthmarks are red or brown.20 In one Thai case, the mark was made with a white paste and the birthmark was hypopigmented (it had less colour than the surrounding skin).21 The Dalai Lama related that a younger brother who died in infancy was marked with butter, then the next child born in his family had a pale mark in the same place.22

In Japan, the marking substance usually is Sumi writing and drawing ink. This appears to be an old practice, mentioned as early as 1661. A mother marked the face of her deceased daughter with Sumi ink and her next child had a similar mark in the same place.23 In a case related by Lafcadio Hearn in *Kwaidan*, the boy's name, Riki-Baka, was tattooed on his hand after he died. Later, when a boy was born into a stranger family with the characters as a birthmark on his hand, the name permitted his previous family to be traced. A curious ritual was used to remove the birthmark: The boy's family took clay from Riki-Baka's grave and rubbed it into their son's skin. This was believed to be the only way to remove unwarranted characters appearing as birthmarks, Hearn tells us.24 Sumi ink figures also in a contemporary Japanese experimental birthmark case studied by Ohkado Masuyuki.25

In some cases, children born with experimental birthmarks later speak about memories of the person who was marked, recognize people from the past life, and behave in ways reminiscent of them, as children in other reincarnation cases do (see Past Life Memories Research). Additionally, there may be physical traits besides the experimental birthmarks that connect the two lives.26 Children with experimental birthmarks do not usually recall the marking having been made on their previous bodies, although they may.27 Occasionally, what began as an experimental birthmark appears in two successive lives.28

The practice of marking bodies in the hope of stimulating identifying birthmarks is largely confined to eastern Asia, although cases are known from other areas. Victor Uchendu reported a personal instance from Nigeria. He was recognized as the reincarnation of an uncle on the basis of the uncle's stated intent to be reborn as his brother's child, identification by an oracle and three birthmarks on his chest

that matched marks made on his uncle's body after his death.29 AW Cardinall reported that in northern Ghana, 'on the death of an infant the grave diggers make a small mark with ashes on his cheek or forehead, and when the child is born again he will have the same mark on his forehead or cheek.'30

In a Turkish case, a boy born with henna-coloured fingers recalled details of the life of a man whose fingers were dyed with henna after his death.31 We are given no information on the circumstances under which the dyeing was done, however, and it is not clear that that it was with the purpose of reproducing the effect on the new body. Stevenson did not include this case in a list of sources on experimental birthmarks.32

The following cases provide examples of experimental birthmarks. Included are cases from each of the six Asian countries from which the practice has been reported.

Ampan Petcherat (Thailand)

Ampan Petcherat was born with a dark mole about twelve millimetres in diameter on her upper chest, just below her collarbone. She was barely a year old when she began to tell her mother that she had lived before as a boy with other parents but had drowned in a canal after having been bitten by a snake. She cried and wanted to go to her previous home.

When she was seven, Ampan recognized a woman who visited her town as her 'aunt'. Impressed with her apparent knowledge of her nephew Chuey, who had drowned in a canal when he was four, this woman took Ampan and her mother to meet Chuey's family. Ampan then recognized other members of the family and made additional correct statements about Chuey's life. Her description of his accidental death harmonized with what the family had been able to determine about it. Chuey's family identified Ampan's birthmark as corresponding to a red ochre mark that Chuey's great-aunt had made on his body before it was cremated.33

Maung Hla Win (Myanmar)

Shortly after Maung Hla Win was born his mother noticed an unusually large birthmark on the sole and side of his left foot, but it meant nothing to her. Nor did she know what to make of his wanting to stop a bus and get off in a village they passed when he was about twelve months old. At eighteen months, when he began speaking in a coherent way, he started to say that he was from that village and asked to go back there. He had had boils on his thighs and was taken to Rangoon for treatment, he claimed. Hla Win himself suffered from recurrent boils on his thighs but had a strong objection to injections that might have helped him, saying, 'It is very painful. I have had many injections in Rangoon'.

The significance of Hla Win's birthmark was first noted by a visitor from the village he saw from the bus. It resembled a mark made on the foot of a teenager in a family she knew. This boy had suffered from boils on both thighs and had been seen at a hospital in Rangoon, then sent home when no more could be done for him. As he

was dying, but before he expired, his mother asked a neighbour to mark his body in an inconspicuous place. The neighbour used grease from a cooking pot to make a wide mark across the middle of the sole and side of his left foot.[34]

Laikha Laribai (India)

NE Parry of the Indian Civil Service learned of the practice of marking cadavers among the Lakher people of Assam, now the state of Mizoram, in north-eastern India.

> In Longba village one Seikia and his wife Tlehia had a son called Laikha. To the great grief of his parents, Laikha died when he was about five years old. Before burying Laikha, his mother made a mark on his ankle with soot from off the cooking-point, and when the corpse was laid in the grave the parents called out, 'Come back to us again.' After a while Tlehia gave birth to another son, on whose ankle is a black mark similar to that made on Laikha's ankle before it was buried. This boy was given the two names, Laikha Laribai, and is now about nine years old.[35]

The Dalai Lama's Brother (Tibet)

In his autobiography *My Land and My People*, the Dalai Lama relates that after a younger brother died at two years of age, an oracle advised his parents not to bury his body but to preserve it in order to assist his return in the family. The oracle further instructed that a small mark be made on the boy's body with butter, to provide proof of his return. 'This was done and in due course my mother had another baby boy—her last child. And when he was born the pale mark was seen on the spot of his body where the butter had been smeared'.[36]

Tsui-Lin's Reincarnation (China)

JJM de Groot drew several accounts of reincarnation and past-life memory from documents recorded in first-millennium China. Among them is the story of Tsui-Lin. After Tsui-Lin dies as a child, his father and grandmother

> mark his right upper arm with red, and over his eyebrows they make a black mark, and thus they bury him. Next year, [his father] is invested with the dignity of prefect of Kia-ming in Li-chieu. There he serves his time, then settles in that part. Once he sees in the house of a certain Wei-Fu, a secretary in military service, a girl approaches him with polite curtsies. It strikes him how closely she resembles Tsui-Lin. He goes home, and informs his mother of it. She has the girl fetched to see her, and forthwith the latter, exhilarated, says to her kinfolk: 'These people here are my family.' Then they look for the painted marks, and find them all just as they have been made. The family of the girl send their men to fetch her back; but the affection she has taken to her former kinsmen is so intense that she cannot forbear to leave them.[37]

Altaa (Mongolia)

Anthropologist Rebecca Empson discovered that when a person dies, the Buryat of Mongolia place an ink mark on the deceased's body while it is still warm. Later, this ink mark appears on the new body in the form of a birthmark.[38] She describes the case of Altaa, a girl born with marks on her arm similar to those her grandmother had placed on her brother's body when he died. Altaa behaved in many ways reminiscent of her grandmother's brother. He had been a tractor driver and mechanic, and Altaa enjoyed playing with toy cars. She walked as her great-uncle had, with fast and wide steps, making abrupt movements, swaying her arms.[39]

Tomiko (Japan)

Ohkado reported the case of Yukichi, a three-year-old boy who died of dysentery in 1934.

> Since he was a big, healthy child, his family members strongly wished that he would come back, and Isamu, Yukichi's older brother, drew a big circle using Sumi ink on the back of the neck of his deceased brother. In 1950 a daughter, Hisako, was born to Isamu. Then, on April 15th, 1954, another daughter, Tomiko, was born. As the midwife in charge of the birth noticed the round reddish birthmark, possibly about 3 centimeters (1.2 inches) in diameter, on the back of the child's neck, she let out a gasp of astonishment. The mother, who was worried by the midwife's reaction, immediately noticed the birthmark and was scared that the child might have a serious handicap or disorder. Her concern was relieved when she heard from her husband Isamu that the birthmark on the back of Tomiko's neck corresponded with the circle he had drawn on his deceased brother's neck and was possibly a sign of Yukichi's return.[40]

Experimental Birth Defects

The Nature of Experimental Birth Defects

Body mutilation is not as common and widespread as body marking as a means of stimulating physical signs of reincarnation, but the practice has been reported from indigenous tribal societies in West Africa as far east as Nigeria.[41] In northern Ghana, not only may gravediggers mark a cadaver with ashes in an attempt to produce an identifying birth defect, they may 'fold his little finger, and when he is reborn, his little finger is bent'.[42] Jack Goody noted that when two LoDagaa children in a row die, the second 'is usually marked on the cheek with a cut so that he can be identified if he dies and returns yet a third time'. Goody adds, 'Sometimes the gravediggers will make a series of cuts on the corpse of such a child. ... Then when the same mother bears again, the women who first bathe the newborn child look for evidence of such marks, and if they discern any, exclaim: "He's come back! He's come back!" '[43]

Many cases of cadaver mutilation in West Africa are connected to the idea that children who die in infancy are members of a spirit band who have taken an oath before their births to die young as a torment to their parents. A couple who lose several children in a row may mutilate the body of the last, in order to persuade it to live longer when it is reborn. The child will do this, it is believed, because the

spirit band are a vain bunch, and will reject one of their number whose body has been deformed. Children born with defects that match the mutilations on the body of a deceased sibling are presumed to be that child returned and are thought to be in less danger of dying young.44 Living children may also be disfigured to discourage their spirit fellows from calling them back prematurely.45

The part of the body preferred for mutilation varies from region to region and from culture to culture. Among the Igbo of south-eastern Nigeria, the terminal bone (distal phalanx) of a finger or toe may be amputated, whereas the Yoruba excise the upper lip. Among the Akan peoples of Ghana and the Ivory Coast, cuts may be made on the buttocks, while among the Serer of Senegal, part of an ear may be removed.46 In some areas, corpses may be burned rather than mutilated.47 When there is mutilation, it can be severe, especially when a parent is frustrated and angry at a child for dying repeatedly, as she or he sees it. NB Leis reported that among the Ijaw of the Niger River delta, fathers will sometimes take their child's body to the forest, chop it into pieces, and bury the pieces in separate deep graves. Leis 'was told of one little boy, about three years old at the time, who complained to his mother one day that he had really been hurt that time his father had cut him into pieces'. In fact, his deceased older brother had been subjected to this punishment.48

Like birthmarks, birth defects figure in reincarnation cases generally. Wijeratne Hami, a Sri Lankan boy who recalled the life of a man who had murdered his bride when she tried to back out of her engagement to him, was born with a stunted right arm and remembered using his right arm to wield the knife that struck the fatal blow.49 Stevenson has published reports of many cases with birth defects that mirror wounds to the previous person's body.50 It seems likely that that the practice of cadaver mutilation in relation to reincarnation derived from observations of birth defects reminiscent of injuries to the bodies of deceased persons. With more and more successful experiments of this kind, the practice of deliberate marking would have spread through many different cultural and linguistic groups, and is likely quite ancient.51

Tadé Sarr, Wagane Sene and Sedar Diouf (Senegal)

Like other West African peoples, the Serer of Senegal believe that when a family loses several infants in a row, they are the same children returning again and again. As proof, they point to recurring behaviours and physical signs.52 In *Reincarnation and Biology*, Stevenson described three Serer children born with a defect of one of their ears, corresponding to a mutilation inflicted on a deceased sibling. These mutilations were apparently made simply with the idea of identifying the child when it was reborn and not with the intention of making it unattractive to its spirit fellows, the motivation given for cadaver mutilation elsewhere in the region.53

Tadé Sarr

Before Tadé Sarr was born, his family had lost four children, all of whom had died at four to six months of age. After the last of these infants (a boy) died, a senior member of the family named Tening Ndour cut off a part of the dead baby's ear.

When Tadé was born, the same part of his ear was absent. When he started to speak, he said that his ear had been cut by Tening Ndour.[54]

Wagane Sene

At birth, Wagane Sene was observed to have an unusual defect of his left ear. A large part of the upper part of the ear (pinna) was absent, as if a chunk had been cut out of it. On this basis, he was identified as the reincarnation of his deceased older sister, who had died at two years about five years prior. A corresponding piece of her ear had been removed after her death, but before her body was buried. No other members of the family had such a birth defect.[55]

Sedar Diouf

Sedar Diouf was born with a substantial hole in the lobe of his left ear. He was identified as the reincarnation of an older brother, the last of three children of his parents to die in succession. This brother's left ear had been mutilated in a similar way after he died. After his death, but before Sedar's birth, his parents had had a daughter who also had died in infancy. Sedar lived, however, and was in his seventies when Stevenson met him.[56]

Florence Onumegbu (Nigeria)

Florence Onumegbu belongs to the Igbo people, among whom the practice of amputating the ends of fingers and toes of children expected of being 'repeaters' (the term used in such cases) is (or was) prevalent. Florence was born with severe defects of both hands and feet. The three middle fingers of each of her hands were shorter than normal, and were missing nails. The toes of both her feet were entirely absent, as if they had been chopped off. By these anomalies, she was identified as the reincarnation of a deceased cousin, the third and last child of her father's elder brother, whose corpse had been treated in this fashion. She did not talk about her cousin's life or death, however, and displayed no behaviours reminiscent of her. She had a good relationship with her uncle.[57]

Accounting for Experimental Birthmarks and Birth Defects

Birthmarks and birth defects may have a variety of causes, so we cannot assume that those of the experimental variety necessarily are linked to reincarnation. On the other hand, many of the specific birth defects seen in cases of purported reincarnation have no known cause.[58]

Sickle cell anemia, which is endemic to West Africa, can result in defects of the fingers and toes very similar to those which appear in some experimental birth defects and has been proposed as an explanation for them and for the tradition of mutilating cadavers. It seems possible that the defects that may accompany sickle cell were what suggested amputating fingers and toes, with the idea that these features will help to prolong the next life. However, Stevenson and biochemist Stuart Edelstein found no connection between sickle cell disease in Igbo children and the presence of birth defects of the fingers or toes. Both the incidence of sickle

cell disease and the practice of cadaver marking vary greatly from one place to another, with no association between them. We may rule out a linkage to sickle cell disease and look for other explanations for experimental birth defects in West Africa as they appear today.59

Collomb suggested that among the Serer, there is a connection of experimental birth defects and kwashiorkor syndrome, which results from severe malnutrition. Many infant deaths in West Africa may indeed be traced to kwashiorkor, and this may help to account for serial deaths in a family, but kwashiorkor is not associated with the sorts of birth defects seen with sickle cell anemia, nor with defects of the ears, et cetera, seen in reincarnation cases with experimental birth defects.60

Tucker and Keil discuss various ways of explaining experimental birthmarks, all of which apply to experimental birth defects as well. The first is that the apparent correlations between stimulus marks and birthmarks are no more than coincidence, but they consider this possibility to be reduced when the pool of candidates is restricted to the family and the marks are unusual or unique in some way.61

A related possibility is that the birthmarks appear randomly and then family members unconsciously shape their memories about the stimulus marks so that the birthmarks come to seem more like them than they actually are. Tucker and Keil find this explanation problematical too, because in many cases it would mean that several people had faulty memories. Peer pressure to conform to a certain story line would have to be involved.62

Another problem with the chance explanation is that in many cases, the children identify themselves with the deceased people on whom the stimulus mark was made through their behaviours and the memories they relate. Some of these identifications are hard to dismiss as due to nothing but wishful thinking or faulty memory. In one case, a child made correct statements about a photograph that been taken 25 years before. In another case, involving a change of sex from a boy to a girl, the case subject had the habit of urinating standing up.63

If chance correspondences and faulty memories can be ruled out, maternal impression must be considered as an explanation for experimental birthmarks.64 Maternal impressions are influences on a fetus, stemming from things witnessed by the pregnant mother. Until about one hundred years ago, maternal impression was seriously considered in medical journals, and there is some evidence that it actually can occur.65 Maternal impression is a conceivable explanation for some experimental birthmarks, but it cannot account for the nonphysical aspects of many cases.66 nor for cases in which the mother did not see the stimulus mark. In 22 (44%) of the fifty solved cases with experimental birthmarks in Matlock's tabulation, the case subject's mother had not seen the stimulus mark, and in sixteen cases (32%), she was unaware that the mark had even been made.67

When maternal impression is set aside, we come to the possibility that experimental birthmarks represent 'a phenomenon of consciousness', Tucker and Keil say. They consider two types of consciousness-mediated processes. The first is that 'prayers and wishes of the mourning family effected the development of the birthmark'. They point to medical and parapsychological studies that show that

consciousness can impact biological and physical systems. They admit that these studies 'provide little basis for the idea that a prayer at a funeral could influence the fetal development of a child born months or years later,' but believe that 'the possibility should not be rejected out of hand'.68

Tucker and Keil's other consciousness-related explanation is reincarnation,69 which is of course what the people making the stimulus marks and observing the corresponding birthmarks and defects believe is going on. But if reincarnation is the answer, how would it work to convey physical marks from one body to another? Matlock observes that Stevenson proposed two ways that physical marks might be transmitted – through something like an astral body he called the psychophore, and by impressions on a developing body of images carried in the mind.70 It is not clear to Matlock how psychophore transmission would explain the transmission of marks made on a cadaver, as occurs in the majority of experimental cases, so he prefers the hypothesis of direct mental influence.71

It is clear from studies of intermission memories – memories of the interval between lives – that veridical (factually accurate) perceptions of the material world (presumably via ESP) can occur in the discarnate state. Perceptions of the material world are reported by all subjects who recall the initial stage of the intermission, immediately following death.72 There are other cases with birthmarks that suggest perception of that time. IC Onyewuenyi mentions one in his Igbo family. It concerns a baby born with birthmarks resembling stitch marks on her chest, matching an operation performed postmortem on a paternal aunt to remove a 'bag of cough' so that her reincarnation (Onyewuenyi's sister) would not be afflicted with the illness from which she had died.73 Keil reported a case in which a birthmark appeared in the place a body was damaged by a stick used to push it into its tomb.74

If discarnate perception is possible, it should not be surprising that a discarnate mind might observe marks made on its late body postmortem and carry these mental images forward to impress them on its new body in the course of reincarnation. Thus, reincarnation is consistent with the appearance of experimental birthmarks and birth defects and all things considered may be the most satisfying explanation for them.75

James G Matlock

Literature

Cardinall, A.W. (1920). *The Natives of the Northern Territory of the Gold Coast*. London: Routledge.

Collomb, H. (1973). The child who leaves and returns or the death of the same child. In *The Child in his Family. Vol. 2: The Impact of Disease and Death,* ed. by E.S. Anthony & C. Koupernik, 439-42. New York: Wiley.

Dalai Lama, H.H. the (1962). *My Land and My People: Autobiography of the Dalai Lama*. New York: McGraw-Hill.

De Groot, J.J.M. (1901). *The Religious System of China,* Vol. 4. Leiden, the Netherlands: Brill.

Edelstein, S.J. (1986). *The Sickled Cell: From Myths to Molecules*. Cambridge, Massachusetts, USA: Harvard University Press.

Empson, R.M. (2011). *Personhood, Memory and Place in Mongolia*. Oxford, UK: Oxford University Press.

Goody, J. (1962). *Death, Property and the Ancestors: A Study of the Mortuary Customs of the LoDagaa*. Stanford, California, USA: Stanford University Press.

Hearn, L. (1907). *Kwaidan: Stories and Studies of Strange Things* (Collection of British Authors, Tauchnitz ed., vol. 3987). Leipzig, Germany: Bernhard Tauchnitz. (Originally published 1904 by Houghton, Mifflin & Company, Boston and New York.)

Keil, J. (1991). New cases in Burma, Thailand, and Turkey: A limited field study replication of some aspects of Ian Stevenson's research. *Journal of Scientific Exploration* 5, 27-59.

Leis, N.B. (1982). The not-so-supernatural power of Ijaw children. In *African Religious Groups and Beliefs: Papers in Honor of William R. Bascom,* ed. by S. Ottenberg. Meerut, India: Archana.

Matlock, J.G. (2017). Experimental birthmarks. [Blog post.]

Matlock, J.G. (2019). *Signs of Reincarnation: Exploring Beliefs, Cases, and Theory*. Lanham, Maryland, USA: Rowman & Littlefield.

Matlock, J.G., & Giesler-Petersen, I. (2016). Asian versus Western intermission memories: Universal features and cultural variations. *Journal of Near-Death Studies* 35/1, 3-29.

Ohkado, M. (2017). Same-family cases of the reincarnation type in Japan. *Journal of Scientific Exploration* 31/4, 551-71.

Onyewuenyi, I.C. (2009). *African Belief in Reincarnation: A Philosophical Reappraisal.* BookSurge Publishing. [Originally published 1982 as 'A philosophical reappraisal of African belief in reincarnation' in *International Philosophical Quarterly* 22, 157-68.]

Parry, N.E. (1932). *The Lakhers*. London: Macmillan.

Rawat, K.S., & Rivas, T. (2021). *Reincarnation as a Scientific Concept: Scholarly Evidence for Past Lives*. Hove, UK: White Crow Books.

Stevenson, I. (1974). *Twenty Cases Suggestive of Reincarnation* (2nd ed., rev.). Charlottesville, Virginia, USA: University Press of Virginia.

Stevenson, I. (1983). *Cases of the Reincarnation Type. Volume IV: Twelve Cases in Thailand and Burma*. Charlottesville, Virginia, USA: University Press of Virginia.

Stevenson, I. (1992). A new look at maternal impressions: An analysis of 50 published cases and reports of two recent examples. *Journal of Scientific Exploration* 6, 353-73.

Stevenson, I. (1993). Experimental birthmarks and birth defects corresponding to wounds on deceased persons. *Journal of Scientific Exploration* 7/4, 403-10.

Stevenson, I. (1997). *Reincarnation and Biology: A Contribution to the Etiology of Birthmarks and Birth Defects* (2 vols.). Westport, Connecticut, USA: Praeger.

Stevenson, I. (2001). *Children who Remember Previous Lives: A Question of Reincarnation* (rev. ed.). Jefferson, North Carolina, USA: McFarland.

Stevenson, I., & Keil, [H.H.]J. (2000). The stability of assessments of paranormal connections in reincarnation cases. *Journal of Scientific Exploration* 14, 365-82.

Tucker, J.B., & Keil, H.H.J. (2001). Can cultural beliefs cause a gender identity disorder? *Journal of Psychology and Human Sexuality* 13, 21-30.

Tucker, J.B., & Keil, H.H.J. (2013). Experimental birthmarks: New cases of an Asian practice. *Journal of Scientific Exploration* 27, 269-82.

Uchendu, V.C. (1965). *The Igbo of Southeast Nigeria*. New York: Holt, Rinehart & Winston.

Endnotes

Footnotes

- 1. Stevenson (1993).
- 2. Stevenson (1997).
- 3. Stevenson (1974), 259-69.
- 4. Stevenson (1983), 6; Stevenson (1997), 803-79; Stevenson (2001), 104.
- 5. Stevenson (1997), vol. 1, 803-79.
- 6. Tucker & Keil (2013).
- 7. Tucker & Keil (2001).
- 8. Matlock (2017).
- 9. Rawat & Rivas (2021), 168-69.
- 10. Matlock (2017).
- 11. Matlock (2017).
- 12. Stevenson (1997), vol. 1, 804.
- 13. Matlock (2017).
- 14. Keil & Tucker (2013), 269.
- 15. Stevenson (2001), 104.
- 16. Stevenson (1997), vol. 1, 804.
- 17. Matlock (2017).
- 18. Matlock (2017).
- 19. Stevenson (1997), vol. 1, 844-45, 850.
- 20. Matlock (2017).
- 21. Tucker & Keil (2001), 25.

- 22. Dalai Lama (1962), 31.
- 23. Ohkado (2017), 564.
- 24. Hearn (1907), 173-78.
- 25. Ohkado (2017).
- 26. Matlock (2017).
- 27. For an example, see Stevenson (1997), vol, 1, 850-65.
- 28. Stevenson (1997), vol. 1, 867, 1114-15.
- 29. Uchendu (1965), 6, cited in Stevenson (1997), vol. 2, 1625.
- 30. Cardinall (1920), 66-67, cited in Edelstein (1986), 175.
- 31. Stevenson & Keil (2000), 371-73.
- 32. Stevenson (1997), vol. 1, 804
- 33. Stevenson (1983), 49-72; Stevenson (1997), vol. 1, 805-6.
- 34. Stevenson (1997), vol. 1, 852-60.
- 35. Parry (1932), 398.
- 36. Dalai Lama (1962), 31.
- 37. De Groot (1901), 149-50.
- 38. Empson (2011), 210.
- 39. Empson (2011), 219-20.
- 40. Ohkado (2017), 565.
- 41. Edelstein (1986), 81.
- 42. Cardinall (1920), 66-67, cited in Edelstein (1986), 175.
- 43. Goody (1962), 150, cited in Edelstein (1986), 176.
- 44. Stevenson (1997), vol. 2, 1625-51; Edelstein (1986), 69.
- 45. Edelstein (1986), 66, 69, 81.
- 46. Stevenson (1997), vol. 2, 1628-29.
- 47. Edelstein (1986), 76.
- 48. Leis (1982), 156-57, cited in Edelstein (1986), 176.
- 49. Stevenson (1974), 152-53.
- 50. Stevenson (1997), vol. 2.
- 51. Edelstein (1988), 84-86.
- 52. Collomb (1973), 440-42.
- 53. Stevenson (1997), vol. 2, 1644-50.
- 54. Stevenson (1997), vol. 2, 1644-45.
- 55. Stevenson (1997), vol. 2, 1646-47.
- 56. Stevenson (1997), vol. 2, 1648-50.
- 57. Stevenson (1997), vol. 2, 1640-44.
- 58. Edlestein (1986), 83.
- 59. Edelstein (1986), 65-88.
- 60. Collomb (1973), 446-51.
- 61. Tucker & Keil (2013), 278.
- 62. Tucker & Keil (2013), 278-79.
- 63. Tucker & Keil (2013), 279.
- 64. Tucker & Keil (2013), 279-80.
- 65. Stevenson (1992).
- 66. Tucker & Keil (2013), 280; Stevenson (1997), vol. 1, 877.
- 67. Matlock (2017).
- 68. Tucker & Keil (2013), 280.
- 69. Tucker & Keil (2013), 281.

- 70. Stevenson (1997), vol. 2, 2098-99; Stevenson (2001), 251.
- 71. Matlock (2017, 2019).
- 72. Matlock & Giesler-Petersen (2016).
- 73. Onyewuenyi (2009), 21-22, cited in Matlock (2019), 152.
- 74. Keil (1991), 37-38, cited in Matlock (2019), 152.
- 75. Matlock (2017, 2019).