

Review Article

Alien Abduction Experience: Definition, neurobiological profiles, clinical contexts and therapeutic approaches

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Received: 04 April, 2020

Accepted: 03 June, 2020

Published: 04 June, 2020

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Abstract

Starting from the general concept of “alien abduction experience”, the present work focuses on the essential aspects of the disorder defining the clinical and diagnostic contexts, laying the foundations for correct differential diagnosis, without neglecting the neural characteristics elaborated in the scientific community. The discussion concludes with the best therapeutic approaches suggested on the subject, paying particular attention to analyzing the related profiles and those related to the presumed discovery of alien implants in the human body of patients.

Introduction and definition

The experience of alien abduction consists in the alleged kidnapping of human beings by extraterrestrial biological entities, by means of superior technologies. The information is not always clear whether these experiences are lived on board spacecraft orbiting deep space outside the Earth’s orbit or inside specially built underground military bases. The narratives supporting this circumstance are often different, as are the medical investigations that are carried out by an unspecified specialized technical staff [1].

In the world, thousands are people who claim to have lived on their own skin, at least once, the experience of being kidnapped by an alien race (mainly described as gray type humanoids, Nordic type humanoids and reptiloids). Certainly it is the fact that to talk about alien abductions we must obviously give the existence of extraterrestrial biological entities capable of interacting with us and possessing highly advanced intelligence and technology, far superior to our currently known. The (non-scientific) evidence supporting the confirmation hypothesis of the phenomenon are eyewitness testimony, mechanical evidence (audio and video), the retrieval of objects related to the “abduction” phenomenon such as

the plants allegedly found in the body of the kidnapped and the experiences of direct contact with one of the alien breeds described [1].

On the basis of these premises, the “Close Encounter”, according to the classification of the astrophysicist Hynek, subsequently revisited by the UFO community according to Bloecher’s directives, can be of seven types: [1].

- a) in the *meeting of type I (CE1)*, one or more flying objects of defined solid mass or stray lights are sighted;
- b) in the *meeting of the II type (CE2)*, there are phenomena caused by the presence of the flying object, such as the Crop Circles, the heat or radiation that damages the ground, human paralysis not otherwise diagnosed, interference with engines or radio-television reception and the loss of space-time cognition (intended as a flaw in the memory of a person associated with the alien encounter);
- c) in the *meeting of the III type (CE3)* animated beings are seen, understood as extraterrestrial biological entities, in association with a sighting of unidentified flying objects;



- d) in the *meeting of the IV type (CE4)*, one witnesses or is the victim of an alien abduction;
- e) in the *meeting of the V type (CE5)* there is a direct encounter with the extraterrestrial creature in a bilateral communication relationship established through conscious, voluntary and active human initiatives, or in any case through psychic cooperative communication;
- f) in the *meeting of the VI type (CE6)* long-term pathological effects are suffered, deriving from direct contact with the alien creature. Vallée and Naisbitt, two world-renowned ufologists, describe this type of encounter as redundant, as the Hynek scale itself (the original one) describes the II type as “a UFO encounter that leaves traces or direct and obvious physical evidence of any kind”;
- g) in the *meeting of the VII type (CE7)*, there is finally the direct participation, the human-alien hybridization through mating or the birth of a creature that is the fusion with the terrestrial race.

The phenomenon in question is therefore called “Close encounter of the fourth type” and has been described by those who claim to have lived it as an often invasive and traumatic experience that has “missing time” as its first narrative element, ie an alleged block of time (never scientifically proven), called by insiders also “alien interference” [2]. This memory would seem removed on a conscious level but not on an unconscious level, as if the mechanism of removal by the psychological instance of the Ego was triggered; however, to date there is no scientific evidence to support this hypothesis and there is also a lack of robust evidence of any kidnappings aboard spacecraft [3,4]. The stories of the kidnappings are therefore essentially based on the testimonies of the “kidnapped” and even if some ufology scholars claim that these memories can be reported on a conscious level through hypnosis, neurolinguistic programming and graphological analysis, the scientific evidence to support the truthfulness and correctness of these episodes, often altered or confused by false memories capable of reconstructing events that never happened [5,6]. This temporal void is instead described in psychiatric clinic as a typical element in traumatic experiences and dissociations [7-11].

Despite the suggestiveness of the narratives, even of events of international impact such as those of Raymond W. Bernard, of the spouses Hill, Travis Walton and Pier Fortunato Zanfretta, there is no scientific evidence of the existence of such circumstances [1].

In Italy, in the last decade, a well-known university professor and independent researcher has published numerous investigations on the subject of hypnosis and alien abductions, claiming to have analyzed thousands of cases and to be able to demonstrate the veracity of the phenomenon [12,13], however, publicly, it never provided detailed research data and the final studies were never examined by a commission of inquiry

capable of confirming the reliability and scientificity of the results, exactly as happened for the psychologist’s studies Frederick Malmstrom or William Mc Call. To date, there is no scientific publication that can refer to this research so clearly detailed and in-depth [1].

From the phenomenon of alien abduction, that of “contactism” must be differentiated, both from a technical and clinical point of view: the latter is the person who claims to be in contact with alleged extraterrestrial biological entities, in order to receive messages and communications of a nature mysterious, esoteric and spiritual (for the good of humanity), without ever undergoing contact with violence or compulsion [1]. This hypothesis, in a psychiatric clinic, is often associated with delusional or hallucinatory experiences, the result of a psychotic disorder or a class A personality disorder, well-structured and outlined in their chronic condition, according to DSM-5 [15]. In the hypothesis of alien abduction, if not repeated over time (according to the patient’s medical history), one could think of episodes of an acute or in any case less serious and pervasive nature, such as, for example, episodes of sleep paralysis, epilepsies of the temporal lobe, alterations determined by modifications of the electromagnetic field, constructions of false memories on a post-traumatic basis or single psychotic episode and dissociative tendency [16-33]. The DSM-IV, in its revised version R, included alien abductions in the section dedicated to religious and spiritual problems (V62.89) supporting the direct connection with the last generation religious movements. The DSM-5 instead radically shifts the axis of investigation by eliminating the thorny issue, thus bringing into play the multifactorial diagnosis and the possible correlations with the pre-existing conditions already categorized in the manual [5]. In other cases, on the other hand, the hypotheses of voluntary mystifications have often been found, as happened in the cases of the contactists Adamski, Manzano and Meier [1].

Psychologist Chris French examined nineteen people who believed they were abducted by aliens and found a tendency towards fantasy, hallucinations, dissociation and belief in paranormal greater than normal, concluding that there is no reason to believe that those people are victims of kidnappings by extraterrestrial biological entities [34].

Finally, in some episodes of kidnappings, surgical interventions aimed at implanting alien devices in the human body are often mentioned, for the remote control of thoughts and physiological functions. Such “alien” plants would be concrete proof of the existence of the phenomenon [14]. However, despite some researchers and exponents of the scientific world have tried to find the materials explanted by the bodies, such as the well-known findings of Dr. Roger Leir (first known as a surgeon and then as a podiatrist specialized in micro-operations exclusively on the foot) and by ufologist (expert in certified hypnotherapy) Derrel Sims, little more than a dozen physical tests collected and certified (including, in 1978, a mysterious triangular object with a metallic nuclear heart, seven centimeters long and four centimeters long width,



covered by a red-brown membrane and equipped with many receptors connected to the nerve endings), these findings were then mysteriously hidden, effectively avoiding further and accurate technical-scientific and biological investigations [1].

Popularization articles, there is no physical plant (of alleged alien origin) analyzed according to the criteria and methods validated by the international scientific community and reported on articles scientific published in accredited and specialized journals, despite the investigations carried out carried out by approved and accredited laboratories. On this uncertain situation, the suggestive statements of Leir and Sims himself, accompanied by written reports, focused on the following data:

- a) The metallic, non-metallic and biological nature of the objects found after explant surgery;
- b) The presumed materials, under one centimeter in size, manufactured with metal alloys of a meteoritic nature of the class of hexahedrites, with traces of 11 elements including Cobalt, Iridium, Iron, Nickel and Boron, wrapped in an oily and membranous shell (hard to the touch, well beyond tempered steel), composed of protein clots, hemoseridine, keratin and nerve proprioceptors, capable of preventing an immune response of an inflammatory nature, and particularly sensitive to phonons -quantum particles associated with the vibrational waves of solids-;
- c) some implants emitted a strong electromagnetic field, between 2 and 6 Milligauss (in 15-93 MHz), before surgical removal;
- d) explantation causes a neurobiological, emotional and somatic reaction in the patient;
- e) the location of the implants under the epidermal surface and near the bones, in the hands, feet and head.

Neurobiological profiles and clinical correlations

The few scientific studies certified and published in accredited journals reveal, in the current state of knowledge, that:

- a) there is no documented evidence in the academic and scientific field about the chemical-physical investigations carried out on the findings extrapolated from humans, although there are suggestive reports from accredited laboratories about the mysterious origin of the same objects, with strong indication for an extraterrestrial origin;
- b) patients who report having experienced alien abductions have a greater attraction and interest in paranormal phenomena and have a history of post-traumatic episodes and sleep paralysis (and disturbances), all events capable of generating false memories and episodes hallucinators, as in the hypothesis of post-operative awakening; [35].

- c) the strong tendency for patients to dissociate is connected with an altered functionality of the temporal lobes; [16,40].
- d) alien abductions, abuses with a satanic background and the identities of past lives seem connected to the reconstruction of false memories, typical in patients with high imagination and fantasy, connected to a hyperactivity of the upper longitudinal fasciculus and an altered functionality of the frontal lobe, of the prefrontal cortical regions, the hippocampals and vascular deficits (in particular, those referring to the anterior artery in the Willis's Polygon), in situations of high stress perceived by the patient [36-39].

Clinical strategies and therapeutic approaches

The best treatment suggested in the scientific literature is the one combined between psychotherapy (strategic or cognitive-behavioral) and psychopharmacology (especially in the presence of evident clinical psychotic signs or disorders that need a pharmacological approach to stabilize the patient before continuing or setting up psychotherapy targeted and centered on the needs and needs specifically identified during the anamnesis). In the presence of confirmed dissociative episodes or rich production of false memories, it is not recommended to make use of hypnosis and suggestive techniques, which could incentivize or strengthen this patient's interpretation of reality [5,10]

Conclusion

The phenomenon of "alien abductions" seems to have a clear psychopathological origin. In the absence of definitive evidence, especially in terms of "alien" implants, the conclusions are clearly oriented towards a clinical diagnosis that finds its basis between voluntary mystification for gainful or psychological purposes (for example, the need to attract the attention of borderline and histrionic personalities), post-traumatic stress disorder, dissociative disorder, obsessive-compulsive disorder and / or sleep disturbances associated with personalities with psychotic traits and (in severe cases) psychotic profiles. According to this writer, an evaluation scale is therefore possible on the basis of the symptoms described in the patient's anamnesis:

Level 1: voluntary mystification;

Level 2: delusions or hallucinations determined by the use of substances capable of altering the state of consciousness or by morbid neurological forms (such as, epilepsy, tumors, vasculopathies, vascular disorders, trauma);

Level 3: false memories connected to post-traumatic stressful events, with pathologically oriented personality traits;

Level 4: altered state caused by the obsessive idea of abduction, in comorbidity with sleep disturbances and pathologically oriented personality traits;



Level 5: altered state caused by dissociative disorder;

Level 6: altered state caused by eccentric personality profiles (cluster B, DSM-V);

Level 7: altered state caused by psychotic personality profiles (cluster A, DSM-V).

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