

SHORT COMMUNICATION

Alien Abduction

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ABSTRACT

The Preliminary assessment: Unidentified Aerial Phenomena (UAP) report published recently by the office of the USA Director of National Intelligence provided no explanation for unidentified objects and stops short of ruling out Aliens. Now and again, patients believing that they have been abducted by Aliens are referred to psychiatric services. In this article we will look at some of the psychological explanations of people who believe they have been abducted by space aliens. Those beliefs vary from being irrational beliefs, overvalued ideas to being delusional in nature.

KEYWORDS

Alien; Abduction; Delusion; Explanation; Psychiatric

INTRODUCTION

The Preliminary assessment: Unidentified Aerial Phenomena (UAP) report published recently by the office of the USA Director of National Intelligence provided no explanation for unidentified objects and stops short of ruling out Aliens. The report was not inconclusive. The reported acknowledged that most of the UAP reported probably do represent physical objects given that a majority of UAP were registered across multiple sensors, to include radar, infrared, electro-optical, weapon seekers, and visual observation. Some of the explanations provided include sensor errors, spoofing, or observer misperception and require additional rigorous analysis.

Now and again, patients believing that they have been abducted by Aliens are referred to psychiatric services. Some reported aliens visiting their bedroom at night, but for others it can mean being abducted, taken aboard a spaceship, and being subjected to medical experimentation. Some claim to have formed sexual relationships and produced hybrid offspring with their abductors, and other received information about the fate of the Earth. Some believe that ET-members came to their houses and showed them previous life which happened about 8000 years ago while others were showed the future of the Earth. Some claims to receive implants in the brain or the body, and others became members of a witness support group for other abductees. It is important to realise that

people who believe of Alien abduction are not lying, at least consciously-most people who say they were kidnapped by aliens believe they were kidnapped by aliens, even if the evidence does not support their claim. The biggest problem is that people do not believe them when they speak about their experience and that it is not taken seriously in that regard. Another issue is how much the topic being influenced by media, reports such as the above report or even by clinicians themselves.

This article does not cover all published literature about the topic. In this article we will look at some of the psychological explanations of people who believe they have been abducted by space aliens. Those beliefs vary from being irrational beliefs, overvalued ideas to being delusional in nature. The prevalence of these beliefs is unknown, but estimates vary from 'at least several thousand worldwide [1].

COULD ALIEN ABDUCTION BE EXPLAINED?

Delusion of control very often present as part of a persecutory delusion and other psychiatric symptoms. The patient experiences that their actions, bodily movements and thoughts are being controlled by another agent. Although some models of delusion converge in proposing that delusions are based on unusual experiences, they differ in the role that they accord experience in the formation of delusions [2]. In some cases, the experience comprises the very content of the delusion (Endorsement), whereas in other cases the delusion is adopted in an attempt to explain an unusual experience (explanationist).

Patry and Pelletier (2001) [3] expanded the theory of reasoned action by surveying 398 Canadian students. By assessing the participants' beliefs, attitudes, and experiences, related to sightings of unidentified flying objects (UFOs) and to alien abductions, the authors found that the majority of students believed in UFOs, although most had never seen one. The authors reported that UFO beliefs originated from societal forces rather than from personal experiences.

Forrest (2008) [4] linked this to false memory formation, sleep paralysis, a history of being hypnotized, and preoccupation with the paranormal and extra-terrestrial were predisposing experiences. The author noted altered state of consciousness, uniformly coloured figures with prominent eyes, in a high-tech room under a round bright saucer-like object; there is nakedness, pain and a loss of control while the body's boundaries are being probed; and yet the figures are thought benevolent.

Sleep paralysis can be a terrifying experience in which the person feels stuck in between wakefulness and dream state. In that state the person can be aware of the surroundings but unable to move or speak. Often in this state, individuals can experience vivid hallucinations (hypnopompic hallucinations). McNally and Clancy (2005) [5] assessed 10 individuals who reported abduction by space aliens and whose claims were linked to apparent episodes of sleep paralysis during which hypnopompic hallucinations were interpreted as alien beings. Adults reporting repressed, recovered, or continuous memories of childhood sexual abuse more often reported sleep paralysis than did a control group (17%).

The content of the abduction phenomenon challenges our cultural and social knowledge, and norms. Lutz (2009) [6] integrated flow and sense of coherence in a dynamic way: Flow is sense of coherence made visible in the present, while sense of coherence is a product of flow over time. The sense of coherence relates to our adaptive

coping ability and capacity as human beings. Our ability to engage with life, is coupled with our perceptive capacity for engagement over time.

This sense of coherence was impacted by social support [7]. Individuals with significant others comprise an important component of mental health, and an important resource for better health-related quality of life.

One would argue could this phenomenon be fantasy driven or related to dissociation and psychosis. Some evidence suggests that fantasy-prone people engage in elaborate imaginings and may confuse fantasy with reality. A tendency towards being fantasy-prone and dissociation has been linked to childhood trauma and hypnotic suggestibility. Laddis and Dell (2012) [8] argued that neither phenomenological definitions of dissociation nor the current generation of dissociation instruments can distinguish between the dissociative phenomena of dissociative identity disorder and dissociation-like phenomena of schizophrenia. Carruthers (2006) [9] argued that this phenomenology is to be accounted for by a set of dissociable cognitive capacities that compose the synchronic self: The agentive self, which underlies the sense of control over one's body; the boundary self, which underlies the sense of being bounded within one's body; the agentive self which underlies the sense of control over one's thoughts; and the boundary self. The author modelled the agentive self as part of the motor control system and the boundary self as the capacity to form and integrated map of the body.

Sullivan-Bissett (2020) [10] argued that the formation and maintenance of alien abduction beliefs can be explained by an explanatory power that generalizes to cases of monothematic delusions. On the other hand, Gray (2014) [11] proposed three-factors account in passivity phenomenon and failing to self-ascribe thought and emotion. Gray questioned the development of delusional hypothesis considering its implausibility and evidence against it. He argued that requirement of identifying introspectively accessible thought, as one's own, is the central experiential abnormality of passivity symptoms including alien control.

Brain networks could be involved in the explanation of loss of self-control of movement (e.g., delusions of alien control and attributions of spirit possession). The changes in brain activity were investigated by Deeley and colleagues (2014) [12]. The authors combined suggestion and fMRI in 15 highly hypnotically susceptible volunteers. However, the underlying brain processes are poorly understood. The authors found that brain activity and/or connectivity significantly varied with different experiences and attributions of loss of agency. Compared to the impersonal control condition, both external and internal personal alien control were associated with increased connectivity between primary motor cortex and brain regions involved in attribution of how the self represents itself in relation to others. On the other hand, compared to both personal alien control conditions, impersonal control of movement was associated with increased activity in brain regions involved in error detection and object imagery.

Also, increased temporal lobe activity/ lability can explain paranormal experiences, such as alien abduction, by influence from low-level magnetic frequencies resulting in hallucinatory experiences similar to those reported by alien abductees [13].

CONCLUSION

Various explanations have been presented above about alien abduction phenomenon. However, the most important question remains to be answered which is what makes a belief delusional. Definitions of clinical delusions are not based on the mechanisms responsible for the formation of delusions, but some of the defining features of delusions are epistemic and question the rationality of delusions especially that the definition of delusions as fixed beliefs that are badly supported by evidence. We may look at delusions as harmful irrational beliefs that disrupt daily functioning. Nevertheless, it remains clinically difficult at times to differentiate between delusional and irrational beliefs or even to explain why irrational belief may be seen as delusional.

REFERENCES

1. French CC, Santomauro J, Hamilton V et al. (2008) Psychological aspects of the alien contact experience. *Cortex* 44(10): 1387-1395.
2. Pacherie E, Green M, Bayne T (2006) Phenomenology and delusions: Who put the 'alien' in alien control?. *Consciousness and Cognition* 15(3): 566-577.
3. Patry AL and Pelletier LG (2001) Extraterrestrial beliefs and experiences: An application of the theory of reasoned action. *The Journal of Social Psychology* 141(2): 199-217.
4. Forrest DV (2008) Alien abduction: A medical hypothesis. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 36(3): 431-442.
5. McNally RJ and Clancy SA (2005) Sleep paralysis, sexual abuse, and space alien abduction. *Transcultural Psychiatry* 42(1): 113-122.
6. Lutz J (2009) Flow and sense of coherence: Two aspects of the same dynamic?. *Global Health Promotion* 16(3): 63-67.
7. Drageset J, Eide GE, Nygaard HA et al. (2009) The impact of social support and sense of coherence on health-related quality of life among nursing home residents-A questionnaire survey in Bergen, Norway. *International Journal of Nursing Studies* 46(1): 66-76.
8. Laddis A and Dell PF (2012) Dissociation and psychosis in dissociative identity disorder and schizophrenia. *Journal of Trauma & Dissociation* 13(4): 397-413.
9. Carruthers G (2007) A model of the synchronic self. *Consciousness and Cognition* 16(2): 533-550.
10. Sullivan-Bissett E (2020) Unimpaired abduction to alien abduction: Lessons on delusion formation. *Philosophical Psychology* 33(5): 679-704.
11. Gray DM (2014) Failing to self-ascribe thought and motion: Towards a three-factor account of passivity symptoms in schizophrenia. *Schizophrenia Research* 152(1): 28-32.
12. Deeley Q, Oakley DA, Walsh E et al. (2014) Modelling psychiatric and cultural possession phenomena with suggestion and fMRI. *Cortex* 53: 107-119.
13. Persinger MA (2001) The neuropsychiatry of paranormal experiences. *The Journal of Neuropsychiatry and Clinical Neurosciences* 13(4): 515-524.