Alien Abduction: A Medical Hypothesis

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Abstract: In response to a new psychological study of persons who believe they have been abducted by space aliens that found that sleep paralysis, a history of being hypnotized, and preoccupation with the paranormal and extraterrestrial were predisposing experiences, I noted that many of the frequently reported particulars of the abduction experience bear more than a passing resemblance to medical-surgical procedures and propose that experience with these may also be contributory. There is the altered state of consciousness, uniformly colored figures with prominent eyes, in a high-tech room under a round bright saucerlike 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. No medical-surgical history was apparently taken in the above mentioned study, but psychological laboratory work evaluated false memory formation. I discuss problems in assessing intraoperative awareness and ways in which the medical hypothesis could be elaborated and tested. If physicians are causing this syndrome in a percentage of patients, we should know about it; and persons who feel they have been abducted should be encouraged to inform their surgeons and anesthesiologists without challenging their beliefs.

Psychiatrists were known as alienists in prior centuries, as those who studied the alien sensibilities of psychosis. In the past 50 years a new phenomenon has arisen for psychiatric study that may justify that term in a new way.

In the "Books on Health" section of *The Science Times* of August 9, 2005, an article appeared entitled "Explaining Those Vivid Memories of Martian Kidnapping" (Carey, 2005). It was a prepublication discussion of a new book, *Abducted: How People Come to Believe They Were Abducted by Aliens*, by Susan A. Clancy, Ph.D. (2005), a Harvard postdoctoral psychology student. The article said that Clancy had found that sleep

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paralysis, a history of being hypnotized, and a preoccupation with the paranormal and the extraterrestrial may have predisposed her subjects to have the experience.

As a psychoanalyst involved with consultation-liaison psychiatry, I was prompted to add another theory about alien abductions in a Letter to the Editor (Forrest, 2005). This read as follows:

> Re "Explaining Those Vivid Memories of Martian Kidnapping" (Books on Health, Aug. 9): I wish to propose another possible contribution to those experiences (in addition to sleep paralysis, a history of being hypnotized and a preoccupation with the paranormal and the extraterrestrial).
> Could dimly or subconsciously recalled memories of surgery play a part? One is in a state of altered consciousness (anesthesia), surrounded by green figures (surgeons) whose eyes are more noticeable above their masks, in a high tech ambience with a round saucerlike bright object above (the O.R. light), and the body's boundaries are being breached by intubation, catheters, intravenous needles and the surgery itself.
> Perhaps surgery in childhood would be especially contributory, transformed by the amnesia for childhood. The autonomic (blood pressure, pulse) response could be a learned bodily memory. And the surgical aliens are well-meaning. The puzzle is why we don't see many cases in New York City. Perhaps it's because we can't see the sky much.

Regarding my impression of a paucity of cases in our New York City experience, Ronald O. Rieder, M.D., Vice Chairman for Education in Columbia's Department of Psychiatry remarked, "They don't want us New Yorkers. We're too much trouble!" Someone suggested New Yorkers would probably probe *them*.

Levity aside, without evidence to add, I had proposed that the most obvious precursor of the alien experience had not been mentioned in the Harvard study —medical surgical procedures and anesthesia.

COUNTDOWN TO ABDUCTION

The same morning my letter appeared I received a call at my office from Katy Ramirez Karp, the Booking Producer for MSNBC's *Countdown with Keith Olbermann,* inviting me to a live televised interview on the evening of the next day about my letter and the phenomenon. David Lane, Chief Librarian at the New York State Psychiatric Institute, provided a literature search on alien abduction on short notice. I was already familiar with Streiber's *Communion* (1987) and the work of John Mack, M.D. (1995), the Harvard psychiatrist.

The most useful reference from the search was the 1996 issue of *Psychological Inquiry*, which was devoted to an article by Leonard S. Newman and Ray F. Baumeister, "Toward an Explanation of the UFO Abduction Phenomenon: Hypnotic Elaboration, Extraterrestrial Sadomasochism, and Spurious Memories," together with commentaries. Baumeister and Newman spoke of a motive of escaping the self but emphasized pain as a central UFO abduction feature. They cite Disch's (1987) article about Whitley Streiber's *Communion* that found an "acorn to oak" relationship to Streiber's 1986 story "Pain" about a man drawn into sadomasochistic rituals with prostitutes. Loss of control was also associated, frequently by bondage.

Keith Olbermann's *Countdown* is in a magazine format, telecast from 8 to 9 p.m. on MSNBC. His placement of my segment as the No. 1 item on Wednesday, August 17, 2005 reflects both the audience-attracting aspect of alien abduction and also its human interest quality. I shall present this media interest in abduction and the reaction to it as phenomenology indicating popular curiosity about mysteries of consciousness. Other items on the program included Israel's withdrawal from Gaza, a cure for cancer, and a serial killer, interspersed with invitations to stay tuned for the finale about alien abduction theory.

Olbermann's setup for the interview, derived in part from materials I suggested, was his voice-over movie clips of aliens examining people. It described "uniform" features of the extraterrestrials, such a being tall with large eyes as the distinguishing feature, green or of one color, conducting medical or anthropological experiments on human guinea pigs who are strapped to a table, often by invisible means, in a high-tech environment . Although this would suggest danger, the abductee, whose consciousness may be altered, sensed that the aliens mean no harm. They managed to diminish the abductees' consciousness and the pain that would be felt as they were being probed. Olbermann then introduced me as a psychiatrist and a professor at Columbia University who had been a technical consultant for three of the recent *Star Trek* series (which was perhaps most meaningful for the media and this interview).

I enumerated the similarities between the reports of the alien abduction experiences and of medical-surgical experiences, which are too numerous to ignore. The altered state of consciousness corresponds to anesthesia. The mysterious green figures could be the surgeons in their green scrubs. Their eyes are prominent because the patient can only see their eyes above their surgical masks. The high-tech room could be the operating theater and the bright saucer-like object above could be the

operating room light. And, of course, the body's boundaries are being breached and probed. There is frequently pain that is being relieved by the alien figures. There is physical restraint and a loss of control. And then there is the inevitable humiliation, the nakedness of being exposed or spread-eagled, and the shame and humiliation of being probed. There are a great deal of changes in the heartbeat rhythm and the blood pressure.

Olbermann asked if the abductees were remembering their own operations, or something they had dreamt or seen. I replied that the phenomenon was worth investigating for two practical reasons. One was that if physicians were causing this experience in a small, but vulnerable proportion of the population, which still might number in the millions, we should know about it. Furthermore, such persons should be encouraged not to be ashamed, to bring forth their experiences when they face medical or dental anesthesia, and tell their doctors or anesthesiologists about them, because one's mental set going into a procedure affects its outcome.

Olbermann asked about the color green, which is not essential (although leprechauns are green). Surgeons at Columbia wear blue (Columbia's color). Typically the alien figures, wearing whatever color, are fairly identical and indistinguishable. Olbermann also inquired about the review of Clancy's book, yet to be published, which had prompted my letter. I said she had found that a preoccupation with the paranormal and extraterrestrial life, a history of having been hypnotized, and of sleep paralysis were features associated with the syndrome.

Olbermann closed with his conclusion that it could be all of the above, but my medical explanation is probably more likely than people from other planets that like to probe people. Following the television interview, I heard from a number of persons who had known of abductees, but from no actual abductees. The abductee community, which has well organized websites, is resistant to explanations that deconstruct their experiences. I was contacted by a trauma surgeon in California who said he was being sued for a surgical procedure he had done by a family that believed they had been abducted. He said "the whole town, north of Fresno, and its Mayor" that the patient came from believed they had been abducted, and asked me for some references from the literature for possible use by his lawyer.

The "bookofjoe" web log, written by the self-styled "world's most popular blogging anesthesiologist," had picked up the story from *The New York Times* as one answer to the question, "Where does your consciousness go when you are under anesthesia?"

DIFFICULTY DETERMINING LEVEL OF ANESTHETIC CONSCIOUSNESS

Persistence or recovery of memory from anesthesia has attracted growing interest from our colleagues in anesthesiology. An anesthesiologist from Columbia Presbyterian, Hilda Pedersen, M.D., supplied me with transcripts from a conference of The New York State Society of Anesthesiologists on December 11, 2005, "Awareness Following Surgery: Hype or Reality?" In an abstract from this conference, Cole (1995), considering intraoperative awareness as a focal point of perioperative management, notes that the incidence of intraoperative awareness is reported to be 1 to 2 cases per 1000 anesthesias. Considerable effort has been made to find a reliable monitor of the patient's depth of anesthesia, yet none are foolproof. Obstacles are that a unitary mechanism of anesthesia has not been validated, and that depth of anesthesia is on a continuum without a quantitative dimension and with interpatient and interanesthetic variability. Matthews (1995) points out that one cannot rely upon monitoring mean arterial blood pressure and heart rate response to stimulation, or movement (when the forearm is isolated from relaxant), and movement during surgery should never be treated with muscle relaxants alone. Responsiveness cannot be equated with awareness. Brain monitoring can be accomplished with a proprietary EEG system called the BIS (trademarked) or Bispectral Index monitor (Aspect Medical Systems). Usually a BIS of 45 to 60 is maintained. With a BIS of 0, there would probably be no intraoperative consciousness or recall of awareness (ROA), but patients would take too long to revive. Cole (1995) adds that an average BIS value below 44.5 reduced the incidence of awareness in patients with a high risk for awareness, but this deep anesthesia is not always in the patients' interest, and in fact is a predictor of 1-year mortality in noncardiac major surgery. Matthews (1995) reports that volunteer studies show no implicit learning under BIS 56, but even so, more than a quarter of BIS measurements were below 50 when patients were awake in propoful infusion. Low BIS values may persist after awakening in older patients. Despite these murky specifications, Apfelbaum (1995) summarizes the American Society of Anesthesiologists' advisory on intraoperative awareness. Preoperative evaluation includes risk factors from the medical record, such as substance use or abuse, previous episode of intraoperative awareness, history or anticipation of difficult intubation, chronic pain patients on high doses of opioids, ASA status 4-5, and limited hemodynamic re-

serve. In the anesthesiologist's interview, the patient's level of anxiety and any previous anesthetic experiences are assessed. Other risk factors to be considered are the surgery being cardiac, or for Cesarean section, trauma or an emergency; the use of reduced anesthetic doses in the presence of paralysis, planned use of muscle relaxants during the anesthetic maintenance phase, and use of nitrous oxide-opioid anesthesia. Patients at increased risk should be informed, and multiple modalities of monitoring depth of anesthesia should be employed: clinical checking for purposeful and reflex movement (which may be masked by neuromuscular blocking agents), conventional monitoring of EKG, BP, HR end-tidal anesthetic analysis, and capnography; and brain function monitoring (on selected light anesthesia patients). At a presentation of this paper at The New York Clinical Society on December 11, 2006, Samuel Selesnick, M.D., an ENT physician at New York Presbyterian Hospital, described the variability among agents in anesthesia, analgesia, immobility, and amnesia. An additional wild card is the risk of drug abuse among some anesthesiologists, who may underanesthetize patients, giving them less than they have logged, in order to use the drugs themselves.

If the patient unexpectedly becomes conscious, the decision to use a benzodiazepine intraoperatively should be made on a case-by-case basis. Following surgery, patients who recall intraoperative events should be interviewed for details and reasons for the occurrence, possibly employing structured interviews and questionnaires. Psychotherapeutic support should be offered to those patients who report intraoperative awareness.

The difficulty in ascertaining lack of consciousness in anesthesia also applies to lethal injection. All these executions are potentially and indeterminately cruel and unusual.

THE NEW HARVARD STUDY

Susan Clancy's book (Clancy, 2005) appeared, and documented her experience with the abductees, which was much richer and multidimensional than the *New York Times* item could indicate. It is an engrossing read, and not the least of its interest is her willingness to present her subjective experience as a young woman doing field research, and also her empathic, deeper appraisal of her subjects' existential experience.

Clancy became involved in the study of alien abductions indirectly through the study of memory as a Ph.D. psychology student at Harvard in the mid-1990s during the height of the "recovered memory wars." Clancy explains:

> The debate continues today. What it really comes down to is whether memory works differently for traumatic events than for ordinary ones. Those who believe in repressed memories say it does: when events are traumatic, repression and dissociation (what many people call "spacing out") set in as protection. The skeptics say it doesn't; when events are traumatic, they are almost always remembered, and no special emotional memory mechanisms exist. The most recent research indicates that although some details of traumatic events may be forgotten or confused, the core of the memory—what really happened—generally remains intact. No debate has ever done more to tear the field of psychology apart. (pp. 12-13)

Clancy was wary of becoming involved with a legal minefield. Her chairman, Daniel Schachter, had argued that recovered memories were probably false, and her advisor, Richard McNally, a clinical psychologist, studied cognitive functioning. They decided to study whether people with recovered memories were likely to create false memories, and involved Clancy.

Their guided-imagery study showed women with recovered memories of abuse were *less* given to memory inflation, but a study employing the Deese/Roediger-McDermott (DRM) paradigm, which measures recall of words not present in a list of related words, clearly showed that people with repressed memories were more given to false memories in the lab. Clancy found the public, the press, and her colleagues disapproved of this research as questioning the validity of sexual abuse; in other words, though rigorous, it was politically incorrect.

But soon "a safer way to study the creation of false memories turned up" (p. 19). In the spring of 1999 John Mack held an interdisciplinary brainstorming on alien abduction, and her advisor Richard McNally, impressed, asked Clancy to collaborate on a study of their physiology while remembering their abductions.

By newspaper ads she obtained 50 cases, and ruled out the psychotic ones "who called from hospitals, halfway houses, shelters, and detox units to tell me that aliens had switched their brain with that of Britney Spears" (pp. 21-22).

In her book's section, "How Do People Come to Believe They Were Abducted By Aliens," Clancy notes that all abductees began to wonder if they were abducted only after they had experienced things they felt were anomalous—that being abducted was part of an attribution process. The anomalous experience, which is frightening, is identified by Clancy as sleep paralysis.

As an answer to the question, in the section "Why Do I Have Memories If It Didn't Happen?" Clancy points out that the abduction event "seemed to fit the pattern of feelings, symptoms and experiences (sleep

paralysis, depression, erectile dysfunction and so on) that preoccupied them" (p. 57). Of the 11 people who agreed to participate, eight reported that their memories had come out during hypnosis—which scientific studies have shown is an unreliable way to refresh one's memories. Apparently the scientific evidence on hypnosis is not reaching the abductees who seek hypnosis as way to retrieve their memories and the many practitioners who hypnotize them.

Clancy recalls Brendan Maher's mention of the so-called "Irish Fact"—"a fact-like statement that while not actually true is demanded by the flow of the narrative" (p. 70). She points out that we reconstruct in the act of remembering.

The emotional intensity of the experience—pain, terror, helplessness, and awe—is another reason for its seeming validity. Richard McNally found that the heart rate, sweating, breathing, and muscle tone of the abductees were similar to or greater than the reactions of combat vets and rape victims. Similarly, Clancy points out, Dostoevsky described his epileptic experience of touching God as so rapturous it was valid to him. I shall return to epilepsy as an explanation later.

Clancy approaches the purported consistency of abduction stories by first saying they are only broadly similar and not consistent in their details—except for the general plot of kidnapping for medical examination or sexual experimentation, and certain details: "big heads, wrap-around eyes, reversible amnesia, probing needles" (p. 83).

In Clancy's thorough media review, abduction accounts did not exist before 1962, and only after they began appearing on TV and in the movies. In 1964 Betty and Barney Hill recalled under hypnosis an abduction experience that started it all, following an episode of *The Outer Limits* entitled the "Bellero Shield." In this episode the alien is benign and the wife of the human protagonist has been compared to Lady Macbeth.

Preoccupation with aliens occurred long before the second half of the 20th Century; "since about 1700, people have accepted the idea that life may exist elsewhere in the universe" (p. 84).

Whitley Streiber, who wrote *Communion* in 1987, was the most famous abductee, with his hypnotically induced sensational account of a female alien who wanted sex with him, but is prevented by his lack of an erection. The book involved a distinguished Columbia University pharmacotherapist, Donald Klein, M.D., who testified that no psychiatric illness was involved.

The abduction phenomenon occurs only in cultures that are familiar with Western cultural references. Clancy argues that in the United States, children know what an alien is supposed to look like at an early age—for example, her own daughter at age 2½.

Clancy found that the persons who have the abduction experience are high in schizotypy. They believe in such things as ESP, astrology, and crystal therapy, and work in professions like teaching yoga, the theater and the visual arts.

To answer the question, why do they want to believe it happened? Clancy argues that "alien-abduction memories are best understood as resulting from a blend of fantasy-proneness, memory distortion, culturally available scripts, sleep hallucinations, and scientific illiteracy, aided and abetted by the suggestions and reinforcement of hypnotherapy" (p. 138). Clancy feels that *why* the abductees want to believe it is problematic. "The experiences are terrifying, nightmarish. They take place in the dark when you're alone and vulnerable. The alien creatures are repulsive with vacant black eyes, long fingers, segmented bodies. They steal you away from all that's safe and familiar, and then they probe and dig into your brains, nasal cavities, genitals, and intestines. Things are carved out of you, or embedded in you" (pp. 138-139). A leading researcher, David Jacobs (1992), argues the narratives "would be extremely difficult, if not impossible, to attribute to internally generated psychological fantasies" (p. 139).

Clancy is critical of the theory of Baumeister that the abductees are masochists, and of other theories that they are little nobodies seeking attention. She favors Frederic Bartlett's 1932 "effort after meaning" hypothesis and Freud's showing how people's mental health benefits from a coherent narrative. She found that none of her abductees would choose not to have been abducted. Clancy finds religious parallels with the Christian narrative. She agrees with Jung that E.T.s are technological angels and that many abductees long for contact with the divine. "Being abducted by aliens may be a Baptism into the new religion of our technological age" (p. 155).

ALIEN THEORY AT COLUMBIA

Richard McNally Ph.D., Professor of Psychology and Clancy's thesis advisor at Harvard, conveniently for this discussion, gave a Grand Rounds entitled "Recovering Memories of Sexual Abuse, Past Lives and Space Alien Abduction" at the New York State Psychiatric Institute on June 23, 2006. McNally discussed research with Clancy and others with sexual abuse patients whose memories were repressed and unavailable, recovered, and continuous (never forgotten). Their psychological laboratory tests were able to demonstrate proneness to false memory formation. Other groups studied were those with recall of past lives, and the alien abductees. McNally described the difficulty Clancy and

he had obtaining a sample of subjects through ads. A "whiff" of schizotypy and an "absorption" trait were found in the abductees, with many "New Age" beliefs in tarot (70%), astrology (60%), and ghosts (70%). Ninety percent believed in spirituality and, in the Boston area, many were lapsed Catholics. They all had had sleep paralysis/hypnopompic experiences.

In the question period, I summarized the resemblances to the surgical situation, and asked McNally if any medical history had been taken, and particularly surgical history. He had no such data. The Harvard researchers had also not graded the level of hypnotizability, for example with the Spiegel scale (Spiegel & Spiegel, 2004). Jeffrey Lieberman, M.D., Chairman of Psychiatry at Columbia, offered collaboration with our Department to investigate this hypothesis.

In the discussion at the luncheon following McNally's presentation, Donald Klein, M.D., who had been cited in Whitley Streiber's 1987 book *Communion*, said he also thought that the abductees may have temporal lobe epilepsy, because of the religious intensity of their experiences.

The supermarket tabloid *Weekly World News* then picked up the story, and featured four masked surgeons with large black almond eyes looking down at the reader, with the headline, "Your Doctor Could Be an Alien" (Siegel, 2006). Subsequently *Weekly World News* (Pound, 2007) ran an essay contest on why the entrant should be our interplanetary ambassador. The winner, it claimed, will be abducted. I must say that upon reading this I felt a twinge of ironic amusement, recalling having had the grandiose fantasy of being chosen as such an ambassador when I was an adolescent in the 1950s.

CONCLUSION AND HYPOTHESES

The hypotheses I am proposing could be classified from strong to weak. The stronger hypothesis is that the abductees are recovering memories of actual surgery. These memories may be actual recall of the operating room before losing consciousness, or they could be memories that have penetrated the patient's anesthesia, or they could be memories from childhood filtered through childhood amnesia. The weak hypothesis is that abductees are conflating media concepts of aliens with images of surgical and medical procedures generally, images that they may or may not have experienced personally.

How could these hypotheses be tested? Even collecting a sample of persons who sincerely feel they have been abducted can be daunting, as Clancy and also Richard McNally, at his Grand Rounds presentation at Columbia, have entertainingly described. McNally remarked that in re-

sponse to newspaper ads for abductees, practical jokers would submit their friends' names to be contacted. But a group was assembled, and the phenomenon is common enough to do it again. First, a complete medical history could be taken, with emphasis on surgical and medical procedures, administration of anesthetic and consciousness-altering pharmacological agents, and age of occurrence and mental status at the time as these might affect vulnerability. Physiological reactions to recollecting could be monitored. Next, images of surgery in the patient's memory could be elicited and physiological reactions measured, all to be compared to bodily reactions to recounting memories of abductions for similar signatures. Applied psychoanalytic explorations of the themes of these quasi-religious conversion experiences could be conducted on the model of psychoanalytic anthropology, which considers such phenomena to be projective systems of ontological importance in dealing with the inevitable tensions of life in a particular society (Forrest, 1971, 1982). Clancy (2005) has remarked that "the beauty of the abduction belief is that it doesn't just explain specific problems, like headaches and sexual dysfunction. It offers a comprehensive view of the world, an explanation for human existence, and the promise of a better life" (p. 149). A psychoanalytic approach should not be reductive, for example, limited to sexual symbolism.

The growing study of intraoperative awareness may offer more opportunities for study of the reworking of these experiences in fantasies, including those of abduction. A respectful clinical approach is indicated with patients who believe they have been abducted, inviting those newly facing anesthesia to inform their anesthesiologist and surgeon, and not pressuring them to renounce their beliefs.

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