



J.A.A.R. is an independent bi-monthly update that will deal with the various cases surrounding Abnormal Abductions & other related phenomenon. We are dedicated to investigating and understanding reported encounters. The Journal will feature writings from researchers both here and abroad. Case Studies, Landmark Cases, and Research Papers will also be in the Journal. Abduction Support Groups will be highlighted in the Journal, along with their contact information.

Butch Witkowski, UFO Research Center of Pennsylvania Director and Founder and Elaine Douglass, UFORCOP Utah Director had discussed many times the need for an outlet where both researchers and abductees can share information, and after many conversations and thoughts the Journal of Abnormal Abduction Research was born. It will be a bi-monthly publication posted on www.uforcop.com

**J.A.A.R is dedicated to the memory of
ELAINE DOUGLASS**

www.elainedouglassfiles.com

Journal of Abnormal Abduction Research Copyright 2014-2015 All Rights Reserved

Post Abduction Syndrome (PAS) by Rose Hargrove.

Post Abduction Syndrome (PAS). Description of an Emerging Syndrome Proposed by Rose Hargrove, RN February 14, 2000. This proposal of a new and emerging syndrome will attempt to define the cluster of symptoms and behaviors that develop in some individuals in response to the alien abduction phenomenon. Post Abduction Syndrome (PAS) (Westrum, 1986) is an anxiety disorder that is closely related to Posttraumatic Stress Disorder (APA, 1994). It is characterized by the re-experiencing of abduction related memories, fragments, or distortions of those memories and is accompanied by symptoms of increased anxiety and by avoidance of stimuli related to abduction memories or abduction related events. The affected person may experience levels of anxiety that interfere with functioning in personal, occupational, or social areas.

Diagnostic Features: The requisite feature of Post Abduction Syndrome is the development of distinctive symptomatology in relation to the experience of the alien abduction phenomenon which is often ongoing in contrast to Posttraumatic Stress Disorder or Acute Stress Disorder (APA, 1994) where the stressor is usually a discrete and time limited occurrence that is not repeated in the individual's lifetime. PAS in most instances is the result of the sense or memory of being taken away by force or without consent by extraterrestrial or inter-dimensional entities and the associated physically intrusive or invasive procedures by these alleged entities. The Abductees will have a perceived fear of actual or threatened death, serious injury (APA, 1994), threat to their physical integrity. They may witness the abduction of another person, may learn about or have close association with the abduction experiences of a family member or other closely associated person. The person's response to the events must involve intense fear, helplessness, or horror (APA, 1994). In a child or adult with underdeveloped personality structure, the response may manifest as disorganized or agitated behaviors.

Characteristic Symptoms:

- Persistent re-experiencing of the traumatic event characterized by flashbacks (APA, 1994)
- Persistent avoidance of stimuli associated with the trauma (APA, 1994)
- Denial of the event
- Labeling the event something else "blackout", being lost, etc.
- Phobic avoidance of areas or situations where contact occurred.
- Refraining from sleep at the time contact occurred, sleeping in the daytime
- Emotional reaction to literature, pictures, or videos about alien entities e.g. turning over books with a picture of an alien or UFO which may include avoiding them. (Bryant, 1991)
- Numbing of emotions and responsiveness characterized by inability to feel intimacy, pleasure, or to express emotions, emotional anesthesia. (APA, 1994, Bryant, 1991)
- Diminished interest or less participation in previously enjoyed activities. (APA, 1994)
- May have a sense of foreshortened future, no expectation of normal life events or normal life span. (APA, 1994)

- May fear abduction with no return or lengthy abduction.
- Anxiety symptoms that persist-hyper vigilance, exaggerated startle response, irritability, and panic attacks (APA, 1994)

Note: PAS differs from PTSD in that as the abductions may have occurred since early childhood it is difficult to determine precisely when the trauma began as in PTSD where [in which]? There is a discrete and identifiable traumatic event.

Anxiety symptoms include but are not limited to (APA, 1994):

- Sleep disturbances -- difficulty falling or staying asleep. Hyper-vigilance. Exaggerated startle response. Sleepwalking. Vivid nightmares. Panic attacks. Alien phobia. Restlessness. Worry and rumination.
- Difficulty concentrating
- Duration of the symptoms is longer than one month
- Specifiers: The specifiers may be used to specify the onset and duration (APA, 1994).
- Acute: This specifier should be used when the symptoms are present for less than three months.
- Chronic: This specifier should be used when the symptoms last three months or longer.
- Delayed Onset: This specifier would indicate that at least six months have passed between the traumatic event and the onset of remembered symptoms.

Associated Features and Disorders In contrast to Posttraumatic Stress Disorder where survivor guilt may be present, there may be guilt at being different, or of contributing to the factors that cause the abductions to occur either to the subject or to family members.

The following manifestations of PAS may present:

- Reluctance to enter into relationships
- Phobic avoidance of situations that remind the person of abduction such as: elevators, escalators, doctor's offices, physician's procedures (many women avoid gynecological exams or become extremely anxious when gynecological procedures are performed), dentist's chairs and procedures. (Jacobs, 1992)
- Persons with PAS may engage in avoidance of medical care to the detriment of their health.
- Avoidance of pictures and or books about UFOs and aliens
- Marital or relationship problems such as: guilt at the possible involvement of their partner feelings of anger and resentment by partner regarding the sexual/gynecological aspects of abduction and/or feelings of guilt by partner related to inability to protect the abductees. (Jacobs, 1992)
- Parents may experience guilt and anger at the possible involvement of their children or grandchildren.
- Occupational difficulties-may have loss of job due to constant obsession with remembered abductions activity and level of PAS symptomatology. (Conversation, Jacobs, 1999)
- Self destructive and impulsive behaviors
- Social withdrawal
- Personality changes

- Panic disorders, Agoraphobia, Obsessive-compulsive Disorder, or repetitive behaviors or rituals
- Depression
- Somatization Disorder
- Substance Abuse/Dependence in an effort to self medicate, to reduce anxiety or sleep which may start at an early age
- Constant searching for answers to questions they may not be able to voice (conversation, Jacobs, 1999)
- Abductees may feel some part of their psyche is alienated from itself due to inaccessibility of memory of abduction experiences or partial or distorted memory of abduction.

Some remedies abductees may employ are:

- Joining fundamentalist religious groups (Bryant, 1991), new Age spiritual groups, self-help programs, altered states therapies
- Repeatedly returning to areas where abductions occurred (Bryant, 1991)
- The person may develop an obsessive interest in aliens and UFOs. (Bryant, 1991)
- The person may seek help from the psychotherapeutic community only to be labeled as mentally ill. (Jacobs, 1992).

Evaluation of PAS:

- Suggested laboratory tests (APA, 1994)
- Serum glucose, calcium, phosphate levels, thyroid studies and electrocardiogram
- Urinary catecholamine levels may help exclude other disorders Urine drug screen may be useful.

Examination Findings:

- Insomnia, trembling, muscle aches and soreness, muscle twitches, clammy hands, dry mouth, generalized tachycardia and subjective sense of palpitations, dizziness, hyperventilation or difficulty breathing, urinary frequency, dysphasia, abdominal pain, diarrhea, possible hypertension
- In females: gynecological problems, possible positive pregnancy tests with unexplainable missing fetuses, unexplainable appearance of strange lesions, scars, bruises, or burns (especially genital) (conversation, Jacobs, 1999), abdominal tenderness, abdominal adhesions, malposition of ovaries, joint or back pain without memory of physical injury, sinus problems, and possible eye irritations.

Specific Culture and Age Features. Young children may vividly recall monsters that come into their bedroom at night. Children, adolescents, and adults may develop fear of going to bed at night and fear sleeping in their own bedroom. (Conversation, Jacobs, 1999). Children might express their abduction experiences in their art work or style of play. (Bryant, 1991). Children also might express the fear that they might be taken away from their parents by the aliens. There exists also the real possibility the children could be taken from their parents by social service agencies if parents openly divulge their own abduction experiences. Often children report that they have been told by the aliens that the aliens are their real parents. (This has been frequently reported by children and adults re-experiencing childhood memories and in fact may be a ploy to gain the child's

cooperation as children of a young age are more difficult for the aliens to control.) (Conversation, Jacobs, 1999). Children might harbor the belief that they will not grow up to be adults. Children might also be exposed to witnessing the abduction of their parents generating feelings of shock, intense fear, and anger that their parents are unable to protect them. They may also harbor the belief that they in some way caused their parents or siblings to be abducted. Children may grow up with a strong sense that they do not belong there and that the earth is not their "real" home, or that one or both of their parents are not biologically related to them. (conversation, Jacobs, 1999). It would be difficult to assess cultural variables as this phenomenon has not been studied in mainstream psychology and in the Western World persons who report their abduction activity are usually regarded as having psychopathology (Jacobs, 1992). [For] [In the case of omit?] Indigenous peoples, abduction reports are regarded as a sign of contact with the spirit world or magical phenomena. Course PAS may occur at any age and the length of the disorder may vary from three to six months to several years. The frequency of abductions and the variable of conscious memory of abductions may influence severity and resolution. The disorder can develop and often does in the absence of other psychopathology. Treatment Reduction of anxiety and treatment of depression are primary considerations. In those individuals for whom denial is not essential for the maintenance of a functional lifestyle restoration of memory may lead to normalization of their lifestyle. Hypnotic regression must be approached with great caution utilizing appropriate screening and with an attempt to minimize confabulation (Jacobs, 1992).

Current hypnotic regression with a competent hypnotist/therapist/researcher is the method of choice (conversation, Jacobs, 1999). A support system is an essential factor in the resolution of PAS. Individuals with frequent and intense abduction activity may approach normalization; however when activity is intense symptoms of PAS may increase (Jacobs, 1992). An important factor is sleep. Sleep disorders are a common occurrence in the abductee population caused by sleep phobia and very active abduction activity. Sleep deprivation when prolonged can result in decreased serotonin levels predisposing the person to clinical depression and compromise of the immune system (conversation, Jacobs, 1999). Prevalence most abductees are unaware of their abductions and those with partial awareness regard their experiences as spiritual or occult phenomena. In the population of abductees that are aware of or suspect that abductions are occurring, some will regard their experiences as spiritual events and another portion of abductees will view their experiences as traumatic and a portion of those will develop clinical symptoms of PAS.

Bibliography American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Washington, D.C.: American Psychiatric Association, 1994. Posttraumatic Stress Disorders: A Handbook for Clinicians. Edited by Tom Williams Psy.D. Cincinnati: Disabled American Veterans, 1987. Healing Shattered Reality: Understanding Contactee Trauma. Alice Bryant and Linda Seebach, M.S.W. Tigard, OR: Wildflower Press, 1991. Secret Life: Firsthand Accounts of UFO Abductions. David M. Jacobs, Ph.D. New York: Simon & Schuster, 1992. The Threat. David M. Jacobs Ph.D. New York: Simon & Schuster, 1998

Case Study Part 5

Abductee Interview by Ann Castle

Kate Part 5

Ann Castle is a UFO and abduction investigator and researcher. She has been investigating the UFO phenomenon for over 25 years. This is a transcript from a series of interviews from an abductee, "Kate," who wishes to remain anonymous. Kate is a single, white female in her 40s, who works in the financial industry. She is a lifelong abductee who has worked with Budd Hopkins and Derrel Sims. Kate has had several missing fetuses, severe endometriosis, and paranormal experiences associated with her abductions. (Copyright 2014: all rights reserved.)

This is Part 5 of Kate's experiences:

Ann: We've had some interesting conversations about Men in Black or MIB, and we've both had experiences with them. In this edition I would like to discuss some of these experiences. You had a fascinating experience with MIB while in Niagara Falls, Ontario, Canada.

Kate: I was an undergraduate at a well-known university in upstate New York. Niagara Falls is about a three-hour drive from where I lived. My roommate, whom I'll call Linda, and I decided to go there for Memorial Day Weekend. Our plan was to spend Saturday and Sunday in Niagara Falls on the Canadian side, and then spend Monday in Niagara Falls on the American side before driving home. We were students on a tight budget and were staying at an inexpensive motel just outside of Niagara Falls, Ontario. We checked into our motel around noon on Saturday, and then toured the falls, saw the wax museum, and ate dinner in the revolving dining room in the Skylon Tower. We went back to the motel that night. The town has really changed since we were there in the late 1980s, but there was an elegant old building that was being used as a historical museum and tourist information center. It was on Niagara Parkway, just south of the Rainbow Bridge that connects to New York State. I looked on Google and a large casino and hotel are there now.

Ann: You remember the location well.

Kate: Let's just say it was a memorable experience. Neither of us has been back there since, and I remember it like it was yesterday. It's funny, but Linda lives in Buffalo, New York, about an hour away and she has never been back there. On Sunday morning we drove back into the tourist area near the falls, and stopped at the tourist center to get information on attractions to see that day. When we walked into the tourist information, there were dozens of other tourists there, as one might expect. There were some information desks and cases with attraction flyers, and on the left of the lobby was a beautiful, curved staircase with painted portraits hanging on the wall above it. Next to the staircase on the far left was a room that was like a little museum. It was a historical room

with the history of the falls and old photos. When Linda and I walked in it was about ten o'clock Sunday morning.

Ann: And this is where it gets weird.

Kate: It got very weird. I started going upstairs to see the portraits hanging on the staircase. As I'm walking up the staircase a strange man is coming down the staircase. He was short, with dark hair and wearing a black tuxedo. I didn't pay him much attention then and I just pulled to the side on the staircase expecting him to pass me, but instead he stopped on a stair a few steps above me and asked me if I wanted to see everything upstairs. Suddenly I was terrified. I was frightened before I knew why I should be frightened. I looked into this face and he had a very wide face with huge dark eyes – not quite alien huge, but larger than human eyes should be. The rest of this face reminded me of the old actor, Peter Lorry. But there were two things about his face that made me want to run out of the building. He was wearing bright red lipstick and bright red rouge on his cheeks and looked like an evil clown. Mind you, he was wearing a formal tuxedo with tails and had this hideous makeup on. Also his skin was stretched very tightly over this face. I had the terrifying thought that it wasn't real skin. His skin was so tight it was shiny and looked as if it was going to split open at any moment. He had no facial hair and his hands had the same very white and very tight skin. He smiled at me and I saw the inside of his mouth was bright red, and he had no teeth at all, just red gums. I was terrified.

Ann: What did you do?

Kate: I turned around on the staircase to leave the building. I was about a dozen or more stairs up. When I turned around I had an excellent view of the lobby and I saw all the other tourists were suddenly gone except for Linda and me. There were more men in tuxedos in the lobby and coming down the stairs. The men were all identical except for the color of their makeup, which varied. Some had bright red on, others wore bright pink lipstick and rouge, one man had turquoise lips and turquoise eye shadow on. None of the makeup was put on well – it was as if a toddler had smeared it on. I watched as one MIB closed and locked the front door – I got very afraid when that guy locked us in.

Ann: What were you thinking when the door was locked?

Kate: I was not thinking aliens or MIB – the only MIB I had heard of at that time were the guys in the black coats and hats, who drove black cars and warned people not to talk about aliens. I was thinking we were going to be kidnapped into the sex trade. I couldn't remember if either of us had told anyone that we were going to Niagara Falls or Canada.

Ann: This was years before the September 11 attacks, and the border with Canada was very relaxed. All you had to do was state where you were born and if you were crossing for business or pleasure.

Kate: That's right. The only identification we had were our New York State drivers' licenses. No one would miss us until we were long gone, and no one would realize we were in Canada. No one would know what had happened to us. I also could not explain why the other tourists were suddenly gone, but I wasn't spending much time thinking about them. I was wondering how we could get out of there.

Ann: The identical MIB, their makeup, the other tourists disappearing – it sounds very surreal. Why do you think they were wearing makeup?

Kate: I have no idea. Years later when I discussed this with Derrel Sims, he thought the aliens were looking for our reactions, to see what we considered normal.

Ann: I have no idea, either. You said they were in tuxedos with tails – did they have on black dress shirts?

Kate: No, white dress shirts. Even their tuxedos were weird – they looked like tuxedos you would see in the 1920s or 1930s – very old fashioned with tails to their knees.

Ann: No hats?

Kate: No. Other than the makeup they were identical – like clones.

Ann: How many were there?

Kate: Over a dozen with more in the historical room to the left of the staircase. They didn't seem to be involved with Linda and I, but there were about seven around Linda and eventually six around me.

Ann: They don't fit the regular profile of the MIB, who are usually in black coats with black fedoras and driving black cars. Usually there are only two or three of them, but as we've discussed before, there is no other explanation for these men, and I know that at the end of this story there is more evidence that this was alien related. Go on.

Kate: I had gone several steps down the staircase when three MIB were coming up the staircase towards me. It was obvious they were not going to let me go down. Two more MIB were coming down the stairs from the upper floor and joined the first MIB with the red lipstick who was now several steps above me. I was terrified of them physically touching me. There were other MIB in the lobby who encircled Linda from behind, who was crying as she tried to move towards the main door. She hadn't seen it was locked. She was transfixed by the guy with the turquoise makeup, sobbing and trying to back away from him. He was grinning at her with his red, toothless mouth, and she seemed to be unable to look away from his face. I noticed she wasn't blinking but had her eyes wide open. She didn't see other MIBs starting to encircle her from behind. From the staircase I was yelling out, "Leave her alone!" over and over, but no one responded – not even Linda.

Ann: This sounds like a horror movie.

Kate: A bad horror movie. As I tried to go down the stairs, the MIB were corralling both Linda and I up the stairs. The first MIB I had encountered was still grinning at me with his red mouth and waving his arms in a weird, theatrical welcoming motion to go up the stairs: it reminded me of something that you would see in a carnival, as a hawker is trying to wave spectators into a tent for a show. I was terrified. I thought we were going to be raped and thrown into some ship bound for Bangkok or someplace.

Ann: What happened next?

Kate: The MIB closed in on us and began gently, quickly, tapping our bodies with their hands. When they touched me, I lost it. We both started screaming and they ignored us. I was hitting them with my arms but then suddenly I couldn't raise my arms anymore and only my legs worked. They kept patting our shoulders, arms, legs, torsos, over and over as they pushed us up the stairs. Linda and I arrived upstairs and the MIB opened two French doors into another room. As soon as I entered the room there was a bright white light and a loud humming sound. I felt numb and that is all I remember.

Ann: Many times aliens will hypnotize abductees by tapping them over and over. Did Derrel regress you on this experience? Did you remember what happened in that room?

Kate: He tried to regress me, but I had blocked memories he could not crack.

Ann: What do you remember next?

Kate: Linda and I woke up on some upholstered Queen Anne chairs on the ground floor in the historical room to the left of the staircase. I was wearing her clothes and she was wearing my clothes. Our hair was wet and there was clear gel between my fingers and under my fingernails. That day Linda had worn her long hair up on her head and held it with a large claw clip, and the clip was missing, so her hair was loose on her shoulders. We still had our purses with us and everything was still in them. I woke up wearing my sunglasses, which had been inside my purse. It was dark out and the building seemed empty.

Ann: More evidence of missing time. How did you leave?

Kate: We quickly exchanged clothes so we wore our own. We didn't know if the MIB were coming back and we wanted to escape. We first tried the front door, found it was now unlocked, and we bolted out of there. No one else seemed to be in the building and it was dimly lit with a few lamps on. I had a splitting headache and Linda wasn't talking, but I was so glad we had not been kidnapped into the sex trade. My legs were wobbly, but I was so happy we had not been kidnapped I almost cried with relief. It was about ten o'clock that evening, so we had missed about twelve hours.

Ann: That is a long time for an abduction. What did you do next?

Kate: I drove us back to our motel and we fell into a deep sleep. Linda just laid down on top of her bed and didn't even change or pull back the covers. When we woke up it was late Monday morning. We still weren't talking much. We were in shock. It was almost check-out time at the motel so we packed and left. I drove us straight home. We never did see Niagara Falls, New York, which had been on the agenda for that day. We talked on our way home and compared notes, and tried to figure it out. Even at that time – before I knew much about aliens or had talked to Budd Hopkins – even then we were discussing that aliens had taken us, yet neither of us had seen aliens, or a spaceship, or had any evidence that aliens were involved.

Ann: But on some visceral level or in your subconscious you *knew* aliens were involved.

Kate: I suppose so, because we both came to that conclusion.

Ann: Did you and Linda ever discuss it further?

Kate: Not much. I wanted to, Linda did not. She avoided me after that and by the end of June, she moved out of my apartment. She had been subletting the second bedroom from me for about a year and I thought we were good friends. She didn't want anything to do with me after that event.

Ann: Did you and she ever talk again?

Kate: Only once. I went back to a class reunion about twenty years later and we talked then. I learned that she had moved to Buffalo, she never married nor had children. I asked her if she ever went back to Niagara Falls and she shook her head and walked away.

Ann: Your experience was very weird – even for a MIB experience. It reminds me of another abductee I knew who grew up in Ohio. Her family had a dairy farm and they would go to various fairs to have their prize cows compete. When she was thirteen years old, she, and her sister and brother were in the cow building at a fair. Her parents were busy with the cows and she and her siblings began exploring the building. She didn't really have a MIB experience per se, I think she had an aliens-disguised-as-clowns experience.

Kate: That's pretty creepy, too.

Ann: She and her siblings went to the second floor of the cow building and found it was a very large storage room that was mostly vacant. They watched the fair from a large window that overlooked the fair grounds. They heard a noise, turned away from the window, and instead of it being a mostly-empty storage room, it was suddenly filled with circus stuff, a small carousel, small circus wagons, lots of colorful boxes. They were shocked and afraid, and heard a humming noise and felt disoriented. They tried to walk back to the stairs to leave, but short clowns appeared and surrounded them. The next thing they knew it was hours later and their parents were looking for them. What is most disturbing is that the next day they went back to the fair for a cow competition and saw there was no second floor on the cow building and no stairs that they had taken the previous day to the second floor. This abductee said that all three of them are now terrified of clowns.

Kate: What do you think happened to this abductee and me?

Ann: I think aliens are so very good at psychic manipulation as we talked about in previous editions, that they can make us believe any reality they want. With the abductee in Ohio, they probably thought clowns and circus stuff would appeal to children. Many abductees – including you aboard the spaceship – have reported the humming noise, which may be any of several things. Many people about to have an out-of-body experience report the humming noise; Robert Monroe, the founder of The Monroe Institute and Joseph McMoneagle, the famous remote viewer who used his out-of-body experiences to spy for the United States, have both said that out-of-body experiences are often predicated by a humming noise. I know that governments have used Extremely Low Frequency (ELF) waves to control thoughts, and some people associate them with a humming noise, or a humming “feeling” even if they cannot physically hear anything.

Kate: Do you think my Niagara Falls experience was a dimensional shift?

Ann: No, because you had physical evidence with your clothes being exchanged and you had missing time. But it may have had a dimensional component. We don't know what happened in the upstairs room with the bright light. We still don't know how much of a dimensional component is involved in alien abductions. We also don't know if the aliens use some mind-control technology that produces a humming noise. If we can use ELF waves as mind-control technology, it serves to reason that they have even more sophisticated mind-control technology.

Kate: What do you think my MIB were?

Ann: From my research I believe there are two kinds of MIB; human and alien. Most of the reported MIB – with the dark coats and black cars – are human. But there have been other reports, especially from the late 1940s through the 1960s of MIB who were identical clones like yours were, and who also did or wore something bizarre, like wearing makeup. I think these are alien MIBs, and since many aliens are manufactured clones, it reasons that they could be identical. Often these MIB walk or behave in identical unison, or have irregular speech patterns, and they may suddenly appear or disappear when they should not be able to. For example, instead of driving away in black cars, they may walk into the woods or disappear in the middle of a field. This kind of MIB often elicits terror from people – being in their presence is terrifying. I think this is a mind-control tactic to control their victims, because rarely are the victims touched or physically harmed. I also know from personal experience that not all alien-MIB are necessarily scary or bad, either.

Kate: I remember you telling me about a MIB experience you had with a good MIB you once met on a beach. I hope in the next edition you talk about that experience and relate some MIB experiences of your own.

Commentaries

Differentiating Traumatic Experience from Fantasy

Most individuals interviewing experiencers will recognize that experiencers seem to be traumatized by something. Newman and Baumeister postulate that the traumatic event might actually be sleep paralysis, and the rest of the abduction story is a confabulation constructed to meet the masochistic needs of the individual, who tends to be fantasy prone and suggestible. The data are inconsistent with sleep paralysis, and, furthermore, there appears to be no masochistic motivation for an experiencer to create such an abduction story. Most important, the fundamental difference between masochists and abduction experiencers is that most experiencers do not choose to repeat their experience. Additionally, there is considerable evidence that experiencers are not fantasy prone or suggestible.

Distortion of Abduction Material Related to Researcher Bias

Because the abduction experience, whatever its source, seems outside the social constructs by which we order and define reality, it seems inevitable that some distortions will occur as an individual, in conversation with the researcher, makes meaning of the experience. Paradoxically, an "objective, skeptical" stance might seriously undercut a complete investigation. Experiencers are well aware that what they have to say sounds crazy, and they will simply restrict information if they sense that the researcher cannot be open to listening to it. That a clinician's attitude can limit the kind of information received from a client is common knowledge among clinicians. In our experience, abduction material cannot be retrieved unless the experience feels supported and respected by the researcher. For this reason, it is important to maintain empathic connection with our informants while maintaining a critical attitude toward the content of the material received. Empathic connection can occur in the absence of leading questions and other specific communications of expectations. Under these conditions, we do find variations in the ways that people make sense of their experiences, although many of the basic elements of the experience remain consistent across experiencers.

ABOVE COMMENTARIES

A More Parsimonious Explanation for UFO Abduction

Caroline C. McLeod, Barbara Corbisier, and John E. Mack

Program for Extraordinary Experience Research (PEER)

Center for Psychology and Social Change

The Cambridge Hospital

Support Group and Researcher Directory

STARBORN SUPPORT THE ALIEN ABDUCTION SUPPORT GROUP

Contact: aah3273@yahoo.com or call 774.766.2558

Starborn Support of Southeastern Pennsylvania

Starborn Support is an organization consisting of professionals, abductees and experiencers who have come together to fulfill a dire need: To render support and guidance to those who feel they have been abducted by alien entities, or who have experienced a traumatic close encounter. We are also available for family members and close friends who are affected by their abductees' experiences.

Starborn Support of Southeastern Pennsylvania is an affiliate of Starborn Support, and we are also dedicated to this population. We offer telephone support to individuals, and we broadcast weekly on the Blog Talk Radio Network. Our show is called "*Starborn Support Radio*." We broadcast live every Sunday from 8:00pm to 10:00 pm eastern time, and our purpose is to help alien abductees, experiencers, their families and close friends get the support they need and the information required to understand and assimilate their experiences and reclaim their lives. We do this by providing our listeners with the most current, up to date information by hosting experts in the field of Ufology and Abduction Studies, and hosting actual experiencers and abductees who have decided it is time to share their stories, their lives and experiences in the hopes of awakening other abductees to come forward and share, moving out of the shadows and loneliness, feelings of rejection, and into the light to be counted.

Michael Austin Melton, M.S., Psy.D.
Director and Founder, Lead Therapist, UFOlogist
610-304-5493

www.starbornsupportradio.com
www.starbornsupporter.blogspot.com



The International Center for Abduction Research (ICAR)

Is an organization devoted to the dissemination of trustworthy information about UFO abductions. The ICAR will provide accurate information to therapists and lay individuals who are interested in abductions, and help them cope with the variety of problems that arise from the use of hypnosis and other memory collection procedures. David M. Jacobs is the Director of the ICAR.

www.ufoabduction.com



**Foundation for Research into Extraterrestrial Encounters
(FREE)**

P.O. Box 162954, Miami, FL 33116-2954

Email: FREE@contactee.org

Website: CONTACTEE.ORG



ANOMALOUS MIND MANAGEMENT > ABDUCTEE > CONTACTEE > HELPLINE

For information contact Joanne Summerscales Skype > ammach2011
Tel 07951752813 Email ammach@hotmail.co.uk www.ammach.co.uk



AUSTRALIAN CLOSE ENCOUNTER RESEARCH NETWORK

Web address www.acern.com.au Email starline@inet.net.au

NOTE: If you would like to have your Support Group listed or would like to have a case study published please send your information to Journal of Abnormal Abduction Research to butch218@dejazzd.com

All posts and media uploads are expressed opinions of the contributing members and are not representative of or endorsed by The UFO Research Center of Pennsylvania or the Journal of Abnormal Abduction Research. This site may contain copyrighted material. Contributors may make such material available in an effort to advance the awareness and understanding of issues relating to civil rights, economics, individual rights, international affairs, liberty, science & technology, etc. We believe this constitutes a "fair use" of any such copyrighted material as provided for in section 107 of the US Copyright Law.



**Journal of Abnormal Abduction Research Copyright 2014 -2015
All Rights Reserved**