

Speculative Realms

WEDNESDAY, MAY 4, 2011

Sideways Worlds: The Parallel Universes of Alien Abduction and Multiple Personality Disorder

By Gary Haden

Altered states of consciousness with high degrees of instability, plasticity, and—above all—hallucinatory proclivity are of obvious utility to those seeking to establish themselves as prophets, priests, seers, shamans, or gurus, and to their would-be disciples.—J. Allan Hobson, The Dream Drugstore

An unsuspecting woman is in her room preparing to go to bed. She gets into bed, reads a while, turns off the light, and drifts off into a peaceful night's sleep. In the middle of the night she turns over and lies on her back. She is awakened by a light that seems to be glowing in her room. The light moves toward her bed and takes the shape of a small 'man' with a bald head and huge black eyes.—David M. Jacobs, Secret Life

What follows is not a theory of everything.

I do not intend the research results below to apply globally to all accounts of so-called "alien abductions." By no means am I implying that all abduction accounts are attributable to sleep disorders.

But it is clear, from sleep research, and medical ethical research into scandals involving alien abduction and dissociative identity disorder, that some "alien-abduction" researchers and some psychoanalysts can be seen as piggybacking their fantastical tales of alien abduction and Satanic Ritual Abuse off of real-life trauma, thereby making the suffering attendant to real world traumas worse.

Alien abduction seen in this light is a kind of sideways world, a limbo into which abductees are extraordinarily rendered for purposes of repeating traumas generative of symptoms which inevitably get interpreted as evidence of abduction by alien beings. It appears alien-abduction hypnosis could be renovating dissociative experiences in trauma victims to fit the extraterrestrial hypothesis. Earthly sexual or physical abuse, whether repressed or not, then becomes sexual and physical abuse by beings from another world. The conversion is achieved through the iatrogenic influence of post-hypnotic regression.

This procedure seems to be modeled on the Satanic Ritual Abuse Scandal of the 1990s where psychologists and psychiatrists using hypnosis were charged with deliberately creating false memories and perhaps *manufacturing* symptoms of multiple personality disorder. The geographic location of the scandal was also important, occurring as it did in the so-called "Bible Belt" of the United States. The scandal took advantage of religious sentiments powerfully influencing the region. Psychiatric hospitalizations blossomed during the scare as did remuneration of hospital insurance claims.

The co-creator of the multiple personality disorder diagnosis was a man named Richard Kluft. His work has been briskly criticized in medical ethical circles. It is through Kluft that the parallel universes of alien abduction and Satanic Ritual Abuse become joined, at least theoretically, if not in actuality.

Sleep disorders have been mentioned before in paranormal research as a possible explanation for alien abductions. Susan Clancy, representing skeptics, and Kevin Randle, representing "believers", among others, have previously touched

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[Recommended Reads: A History of Area 51](#), Patch.com

Then along came Annie Jacobsen who managed to gain interviews with men who worked at the base. These men, now in their senior years, provided information on the site and allowed her access to military and intelligence personnel, scientists, pilots, ...

[Dubious Book: Area 51 by Annie Jacobsen](#), Left Eye On Books

Dwayne A. Day, writing at The Space Review, notes that he does not have additional sources confirming this, but: many of the elements that Annie Jacobsen's source used in her Roswell story are there in [science fiction writer James] Blish's short story ...

['Area 51' expose by investigative reporter](#), Plain Dealer

The real Area 51, as depicted in investigative journalist Annie Jacobsen's often fascinating, ultimately exasperating expose, is, on the whole, less spooky than its Hollywood persona. Ultra-secret, yes, but more "Dr. Strangelove" than "The X-Files. ...

[The United States of conspiracy: Why more](#), New York Daily News

BY Annie Jacobsen The truth, many Americans insist, is not what it seems. On the verge of the 10th anniversary of the 9/11 attacks, about 15% of your fellow citizens still believe that the attacks were the result of a clandestine "controlled demolition ...

on it.

“But if I’m dreaming all of this,” the “abductee” might interpose, “and I have a sleep disorder, how do you account for my injuries?”

That’s a fair question. Given what follows, sleep research findings can account for an abductee’s injuries. This assertion has very narrow application, but because sleep medicine can identify and define problems that exist across the spectrum of consciousness, meaning across the sleep-wake spectrum, it would be prudent for any investigator, skeptic or true believer, looking into abduction narratives to apply the assertion liberally. Investigators have to have provisions in their toolbox for doing this. Such a tool exists and is easy to apply.

It’s called a sleep study.

It should be first order of business for anyone investigating alien abduction accounts. That includes the experimenter.

In other words, just because the recommendation is made above that *investigators* should consider a sleep study doesn’t mean I’m implying “abductees” should wait for investigators to get a clue. It would be understandable if persons reporting experiences of alien abduction are by now weary of trusting *anyone* in the sideways world of the paranormal “community.” Sleep studies, though, are relatively easy to procure. Sleep medicine, from what I understand, is in desperate need of larger samples. Some clinics, for that reason, *pay* people to take studies. Also, at least in the United States, sleep studies are covered by many insurances.

At the conclusion of this post, the reader will be referred to presentations made by sleep medicine professionals on *The Science Network* as additional background. The most pertinent lectures, which can be viewed on video, are by Mark Eric Dyken, but all the lectures are pertinent to issues in neurology and sleep-wake consciousness that can dramatically impact abduction accounts.

Please understand that sleep studies most tightly apply to abductees having bed-to-bed experiences. But because sleep medicine can expose health problems that impact consciousness continuously, it is suggested that, while ultimately applicable to probably a minority of “abduction” complaints, sleep studies also can perform as a falsifier for experiences as a whole. The ability to rule out sleep disorder exists and sleep study results should be given great evidentiary weight whether positive or negative. In the post-alien-abduction hypnotism era, sleep studies offer a concrete way to test alien abduction theory. If negative, the next step, whatever that entails, can then be engaged.

Avoiding this first step entirely should be construed as unwillingness to test the theory. An untested or untestable theory ceases to be a theory and becomes a religious faith.

But if it is a mistake to generalize sharp distinctions about sleep-wake transitions to UFO phenomena universally, it is also a mistake to assume that *sleep paralysis* permeates the universe of sleep disorders and invalidates any notion that people move around while asleep. People do move while asleep or wakefully dissociated. They injure themselves. They injure others. There is at least one instance where sleep-related movement killed the sleeper. There is another alleged instance of sleep-related homicide.

As well, if you have a brain tumor, hypnotic regression won’t help you. It may verify your religious fervor, but it won’t cure you—of the tumor or the abductions. Sleep medicine can do both. Depending upon how far along the tumor is.

What also gets lost in abduction researcher critiques of sleep research, where emphasis is placed on the fact that a majority of abduction accounts occur when people are not in bed or not asleep, is that those same researchers document bed bound cases in their books. For example, multiple bedborn accounts appear in David M. Jacobs’s *Secret Life*. It is also a fact, emerging from sleep research, that people sometimes can’t tell whether they’re asleep or awake.

It is interesting that sleep-disordered individuals remember the content of their

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dreams but not their physical enactment of the dreams. The dream content can be and often is fantastical. But the important distinction should be made: the dream happened but the physical enactment, at least to the sleep-disordered individual, *DID NOT*. The dream was real. *The enactment was not*. The dream is remembered. *The enactment is not*. Yet, sleep-disorder patients are captured on film by sleep researchers *physically enacting the dream*.

Sleep medicine doesn't answer all questions posed by alien-abduction phenomena. But because the behavior of sleep-disordered individuals can be highly complex featuring complex physical tasks and can include physical relocation of the sleeper, and because sleep-wake boundaries can be and do get violated and can and do "oscillate" day or night, there is sufficient reason to conduct a sleep study on *all purported abductees* no matter what the content of their narrative asserts. Sleep-disordered individuals have cooked and cleaned and driven cars.

For skeptics, believers, and "abductees", the sleep study, then, is a win-win proposition. Hardcore, true-believing abductees can point to a negative study as evidence of their credibility. Negative studies also bolster claims made by abduction researchers who are convinced the phenomenon is real. Positive studies help everyone involved. The true-believing abduction researcher has fine-tuned her data and winnowed out false-positive abductees. True-believing abductees get a medical or psychiatric condition addressed and their abduction issues potentially *permanently* resolved.

INJURIES AND SLEEP DISORDERS

"There is growing evidence," say Mahowald and Schenk in *Nocturnal Dissociation – Awake? Asleep? Both? or Neither?* (*Sleep and Hypnosis*, 3:4, 2001, 129, 130), "that the spectrum of wake/sleep state **dissociation** is *very broad, indeed*. The best understood examples are narcolepsy (with **cataplexy** representing the intrusion of one element of **REM sleep** (**atonia**) into wakefulness), disorders of arousal (admixture of wakefulness and **NREM sleep**), and REM sleep behavior disorder (waking muscle tone intruding into REM sleep)." (Emphasis supplied.)

"The concept of state dissociation," they say at page 130, "is elegantly discussed in *The Dream Drugstore* by J. Allan Hobson [footnote omitted] and in *Dreaming and the brain: towards a cognitive neuroscience of conscious states* by Hobson and his team [note omitted]. His concept of state space as defined by Activation, Input, and Mode (AIM state space) explains the *continuity and diversity* of mental states. The normal boundaries of state experience are fully declared wakefulness, NREM sleep, and REM sleep. *However, any and all combinations of state-determining variables are theoretically possible, and would explain many altered states of consciousness, particularly those induced by drugs or underlying psychopathology*. The AIM state space concept *links dreaming, psychosis, and psychedelic experience*. Growing evidence that neural plasticity (as in alteration of brain function *following traumatic events*) is far greater than previously appreciated [sic] would readily explain NDEs [nocturnal dissociative episodes] as mental states outside conventional boundaries – at the borders of sleep and wakefulness."

The emphasis was supplied. It makes sense that repeat trauma, as experienced in alien-abduction hypnotic regression, could increase plasticity and concomitantly *psychedelic* experience.

Ağargün *et al* did a study comparing subjects with dissociative disorders and subjects experiencing NDEs (*Sleep and Hypnosis*, 3:4, 2001, pp. 131-34). The researchers hold the validity of **dissociative identity disorder** and noted in the abstract that "[a] clear transition from one personality to another was observed during sleep in 2 (about 7%) patients. *Hallucinations, self-mutilating behaviors during sleep, and violent behavior* during sleep were more common in the patients with NDE. *Sleep may facilitate the transition from one personality to the other one*. Patients with DD may use dissociation as a defense mechanism during sleep."

The emphasis was supplied.

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It is important to assert here that dissociative identity disorder, as stated above, is a controversial diagnosis and that a common alternative view of its presentation is that the disorder is a form of *role-playing*.

"All of patients with NDE had VBS [violent behavior during sleep]," the researchers say at pp. 132 and 133, "and a half of them (N=4) reported *self-mutilating behaviors including cutting, burning, hair pulling, and hitting during sleep*." The emphasis was supplied.

The researchers report that "[m]ost of these patients [DD and NDE subjects] reported childhood sexual and/or physical abuse. Indeed, virtually all such patients have had histories of childhood abuse, and most also have experienced dissociations during daytime wakefulness (9)." The note references Mahowald M.W., Schenck, C.H., *Dissociated states of wakefulness and sleep*, Neurology 1992; 42 (Suppl 6):44-52. (Emphasis supplied.)

In a study the researchers claim was the first to investigate the relationship between sleep-related violence and dissociation, Ağargün *et al*, this time with a much larger sample, "found [that] there is an association between *sleep-related violence, childhood abuse, and dissociative experiences*. Dissociative experiences may relate not only to *daytime symptoms* but also symptoms during sleep." (Ağargün *et al*, *Sleep-related Violence, Dissociative Experiences, and Childhood Traumatic Events, Sleep and Hypnosis*, 4:2, 2002, pp. 52-57.)

Note the researchers are talking about dissociative experiences occurring during night and *daytime hours*. Also note the relationship between abuse and dissociative experiences. Alien abduction, in the construct within which we'll be viewing it here, is a dissociative experience. *What is contemplated here is a process of engineering alien abduction experiences by traumatizing the abductee through post-hypnotic regression*.

"In persons with parasomnias," note the researchers at page 53, "sleep and wakefulness are not mutually exclusive, because dissociated elements of REM sleep, NREM sleep, and wakefulness can become *admixed or rapidly oscillate* to produce abnormal nocturnal twilight states with behavioral dyscontrol. *These disorders can cause sleep-related injuries and promote psychological distress from repeated loss of self-control during sleep (5). They usually represent bizarre and dangerous manifestations and are often misdiagnosed and inappropriately treated*." The note cites Schenck, C.H., Mahowald, M.W., *Parasomnias: Managing bizarre sleep-related behavior disorders*, *Postgraduate Medicine*, 2000;107:145-156

The emphasis was supplied.

"Nocturnal dissociative episodes," they continue at page 53, "involve elaborate behaviors that appear to represent *attempted reenactments of previous abuse situations* (e.g., being choked or punched by a sibling[,] *being beaten or sexually abused by a parent*) (5). These episodes may involve violent behavior during sleep. They also may be associated with other parasomnias such as sleepwalking and sleep terrors. The patients also had *self-mutilating behaviors*, such as *genital cutting, self-inflicted burning, and punching through windows* (6)." Note 5 refers to Mahowald and Schenck above while Note 6 cites Schenck, C.H., Milner, D.M., Hurwitz, T.D., et al. *Dissociative disorders presenting as somnambulism: polysomnographic, video and clinical documentation (8 cases)*. *Dissociation* 1989; 2:194-204. (Emphasis supplied.)

Genital wounds are cited in alien-abduction narratives.

"**Dysphoria** is a hallmark of borderline personality disorder, [BPD] and this [is] often associated with the initiation of self-mutilating and suicidal behaviors," the researchers state at page 56. "**Comorbidity with borderline features is high in patients with dissociative disorders, particularly dissociative identity disorder**, although personality characteristics were not documented by using structured interviews for personality disorders. Moreover, both *borderline patients and*

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dissociative disorders report history of sexual or physical abuse." (Emphasis supplied.)

"Sleep-related violent behaviors and sleep-related dissociative hallucinations may combine as sexualized behavior . . .," the study concludes on page 56.

Sexualized behavior that could manifest in abductee nightmares as raping, hair-pulling, sexually and physically abusive alien-human hybrids?

THE SIDEWAYS WORLD OF ALIEN ABDUCTION

Alien human hybrids, according to some alien-abduction theorists, sexually and physically assault "abductees" and rape them.

It is important to remember that alien beings have not been conclusively proven to exist. On the other hand, child molesters and sexual abusers *have been proven to exist*. Also, people can and do remember childhood abuse without the assistance of hypnotic regression. Neither do they necessarily need dissociative dream enactments to clue them in. That's not to say they cannot be BOTH conscious of past abuse AND experience dissociative episodes thematically related to that abuse. Because brains and people are dynamic and resilient. They can be dissociative about abuse AND they can be aware it happened.

What alien abduction hypnotism does, where it intersects with childhood trauma, is it piggybacks dream manipulations onto real life trauma situations using actual trauma to ground abduction phantasms in reality. Some abductees remember abuse, are aware of it, but alien-abduction hypnotism changes *how they remember it*. The task of a "good" alien abduction hypnotist is to convince the abductee events that seem like past abuse by humans are actually incidents of present abuse by aliens. They can then "prime" the abductee to dream-enact abduction scenarios which will produce physical evidence in the form of scars, lacerations, and, yes, nocturnal wanderings.

But controversies surrounding *false memory* of childhood sexual and physical abuse and false memory of alien-perpetrated sexual and physical abuse are directly related. It is argued here that the memories are created for purposes of sustaining high profile careers with exotic diagnostics featuring dramatic etiologies that call attention to the practitioners with little to no therapeutic value for those having to suffer through the therapies.

"The basic reproductive procedures that occur during an abduction experience can fundamentally influence the psychosexual development of the individual," notes one "abduction" authority. "This is especially true for young abductees, who are most vulnerable and impressionable." (David M. Jacobs, *Secret Life: Firsthand Documented Accounts of UFO Abductions*. New York: Simon and Schuster, 1992, p. 251.)

"Consider this scenario," the authority, not a child psychologist, asks us, "A *young girl* is taken on board a UFO occupied by strange-looking creatures. She is stripped naked and cannot physically resist. Every inch of her body is examined and touched. Her genitals are probed and manipulated. By the time she has reached sixteen years old, she might already have had a number of traumatic internal examinations that *have been stored in her unconscious mind*. As a boy, the events surrounding the taking of sperm can be just as traumatic and humiliating." (*Secret Life*, page 251.)

The supposition posited here apparently involves a girl *younger* than sixteen.

This is a theory of repression. Otherwise, the authority, who is, though unlicensed and/or uncertified, a practitioner of hypnotic regression, would not have to use hypnosis to access the storehouse of the unconscious mind wherein the "traumatic internal examinations" are stored. Apparently, the validity of repression theory *oscillates* for this authority depending upon whether the screen memory involved is cinematically alien or not.

"One of the most popular explanations for abductions in recent years," explains the

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authority, not a psychologist, psychoanalyst, or psychiatrist, and notably citing no authorities who *are* psychologists, psychoanalysts, or psychiatrists for his contentions, “has been that the accounts are ‘screen’ memories masking the repression of sexual and/or physical abuse. This theory postulates that the victims are so traumatized by abuse they suffered as children that they forced the incidents out of their conscious memory; now, years later, the painful memories have resurfaced in disguised form.” (*Secret Life*, page 285; emphasis supplied.)

But while the authority is unwilling to grant psychological professionals the application of screen memory theory, he indulges in said application himself. This is apparently some sort of executive privilege for amateurs.

“Often the abductee forms ‘screen’ memories that mask the beginning of an abduction event. For example, one abductee said she saw a wolf in her *bedroom* one night. The wolf was standing squarely on her bed looking her in the eyes. She clearly remembered its fur, fangs, and eyes. Other abductees have claimed to have seen monkeys, owls, deer, and other animals. Some say they have seen an ‘angel’ or a ‘devil.’ Through the use of hypnosis to recover the details of these events, *each of these cases turned out to be the beginning of an abduction sequence.*” (*Secret Life*, page 50; emphasis supplied.)

Obviously, the valid application of screen memory theory is dependent upon whether you are using it to propose the existence of extraterrestrials.

“Therapists have seized upon this explanation more than any other to get at the root of abduction memories for two reasons,” the authority states on page 285 of *Secret Life*, “First, memories of abuse will suddenly be triggered in adulthood in much the same way as abduction memories. Second, abuse victims suffer many of the symptoms found in Post-Abduction Syndrome.”

This unsubstantiated assertion—remember, the existence of aliens hasn’t been conclusively proven—stakes a claim in the *population of abuse victims for alien abduction narratives.* (Recall that abuse is productive of dissociative experiences.) The authority, in other words, is *abducting* actual trauma to flesh out science-fictional trauma. The difference between psychological propounders of screen memory and alien-abduction propounders of screen memory is that we know for certain human child abusers and rapists exist *but we do not know for certain alien child abusers and rapists exist.*

The alien-abduction hypnotist here successfully forecloses on childhood trauma.

“To complicate matters, while the aliens are performing their procedures,” notes the authority, “young boys and girls sometimes see naked adults being examined and probed on other tables. *Children* watch as the aliens perform procedures on sometimes-erect male genitals. They see naked women enduring gynecological procedures. *Children* see their parents being subjected to gynecological and urological examinations.” (Pages 251, 252 of *Secret Life*; emphasis supplied.)

Of course, in applying the Authority’s Oscillating Repression Theory, a kind of exotic-mix complexity theory, simply flipping the coin back over makes the above paragraph *child sexual abuse.* Recall the structure of the coin: the alien side, based on the *unproven existence* of extraterrestrials, and the human side, based on conclusively existing human sexual perpetrators. The task of any therapy, ostensibly, is to orient the client to *reality.*

Is the abduction authority orienting his client to reality?

“The problems are made incalculably worse by the bonding and sexual-arousal procedures performed on all abductees,” notes the Authority on page 252. “When the alien performs bonding on a *young child* who is lying naked on a table, the rush of pleasurable emotions in her is irresistible. She is completely defenseless. This is even more injurious when the Taller Being (‘male’ or ‘female’) elicits intense sexual arousal feelings and even orgasm. Then, while bonding and/or sexual feelings are at a peak, the Being begins the gynecological or urological procedures and physically intrudes into her genitals or mechanically extracts his sperm.” The emphasis was supplied.

- ▶ April (5)
- ▶ March (5)
- ▶ February (7)
- ▶ January (8)
- ▶ 2010 (59)

- [Chronicles of the Dark Side](#) (1)
- [Couter-transference](#) (1)
- [Cyberbullying](#) (1)
- [Dan Burisch](#) (1)
- [David Icke](#) (1)
- [David Jacobs](#) (21)
- [Doctor Madblood](#) (1)
- [Doctor Who](#) (1)
- [Emma Woods](#) (31)
- [ETH](#) (3)
- [Eugenics](#) (2)
- [Extradition Act of 2003](#) (2)
- [Faith-based communities](#) (2)
- [False Memory](#) (3)
- [falsifiability](#) (1)
- [fermi paradox](#) (1)
- [Fluffcasts](#) (1)
- [Flying+Saucer+Nukes Psyops](#) (1)
- [Friday Fakes](#) (4)
- [Gameplaying](#) (1)
- [Gary McKinnon](#) (2)
- [Gender Issues](#) (1)
- [Girl Who Saved Her Own Life](#) (2)
- [Grays](#) (2)
- [Ham and Egger Review](#) (6)
- [Human Subjects Research](#) (2)
- [Humanity Plus](#) (1)
- [Hybridization-Dehumanization](#) (1)
- [Hyperbolic Chamber](#) (2)
- [Hypnosis](#) (7)
- [hypnotic regression fraud](#) (4)
- [Immigration Laws](#) (1)
- [Jeff Ritzman](#) (1)
- [Jeremy Vaeni](#) (1)
- [Jungian Compensation Theory](#) (2)
- [Karl Marx](#) (1)
- [Madonna Complex](#) (1)
- [Mary Magdalene](#) (1)
- [mass hypnosis](#) (1)
- [Matt Graeber](#) (10)
- [MILABs](#) (1)
- [Miracle Man](#) (2)
- [MMORPG](#) (1)
- [Moderation policy](#) (1)
- [monkey trial](#) (1)
- [moon anomalies](#) (1)
- [MPD](#) (3)
- [Multiple Personality Disorder](#) (4)
- [Munchausen Syndrome By Proxy](#) (1)

Again, *what is this scenario if the abduction authority is incorrect? What if his critics are correct? Who is perpetrating the abuse of a young child if the asserted aliens don't exist?*

"When the alien is finished with a *young girl*," the authority states, in summarizing his theory of *alien* sexual abuse of children, "he coldly turns around and walks out of the room while she is lying there with the residue of sexual feelings. In other less-frequent scenarios, the aliens might urge the *teenage* girl to 'breed': They might conjure up mental pictures in her mind of humans having sexual intercourse, or they might flood her mind with clinical images of the physical details of intercourse to instruct her; they might bring in a man or boy to have intercourse with her for demonstration purposes. The psychological ramifications of all this can be profound—leading to guilt, shame, distrust, and other psychosexual development disturbances, as well as resulting sexual dysfunction." (Page 252 of *Secret Life*.)

What are the "psychological ramifications" of creating false memories of alien-perpetrated sexual abuse in children? Apparently, the authority narrowly escaped finding out.

"Although *I have purposely not conducted hypnosis with children*—not enough is known about how their knowledge of being abducted would affect their personal development—from time to time worried parents will either tell me about what is happening to their children or bring them to talk to me. I find this to be the most heartrending and frustrating aspect of the abduction phenomenon. Although the parents usually do not discuss abductions in front of them, *children as young as two years old* will talk about 'egg-men' coming in through their windows at night and taking them places. 'Bad doctors' come into their rooms and 'hurt' them." (*Secret Life*, p. 286.)

Again, neither this researcher nor any other in human history has ever proven conclusively that alien beings exist. Shouldn't *100 percent certitude* regarding the existence of extraterrestrials be established especially where the sexual abuse of children is posited? If a child is being sexually abused, isn't the priority apprehending the perpetrator and protecting the child and not waxing hypothetically about aliens?

INSIGHT INTO PARASOMNIAS

Schenk and Mahowald "served as Chairmen of the Parasomnias Committee for ICSD-2, [the American Academy of Sleep Medicine's first revision of the International Classification of Sleep Disorders] in which parasomnias are defined as 'undesirable physical events or experiences that occur during entry into sleep, within sleep, or during arousals from sleep. These events are manifestations of central nervous system activation transmitted into skeletal muscle and autonomic nervous system channels, often with *experiential concomitants*. Parasomnias encompass abnormal sleep related movements, behaviors, emotions, perceptions, dreaming, and autonomic nervous system functioning'[footnote omitted]. Furthermore, *'basic drive states' can emerge in pathologic forms with the parasomnias, as seen with sleep-related aggression and locomotion, sleep-related eating disorder, and abnormal sleep-related sexual behaviors.*" A.S. Eiser, University of Michigan Sleep Disorders Center, Department of Neurology and Psychiatry & C.H. Schrenk, Minnesota Regional Sleep Disorders Center, Department of Psychiatry, University of Minnesota Medical School, *Dreaming: A Psychiatric View and Insights from the Study of Parasomnias*. *Schweizer Archiv Für Neurologie Und Psychiatrie* 2005; 156:440–70. (Emphasis supplied.)

Some theorists have purported that people can be coached to dream lucidly by learning to view strange situations as signs of dreaming. (See Hobson's *Drug Store*.) There is no reason to think that people couldn't be coached to populate their dreams with alien abduction narratives. That being accomplished, for purposes of reviewing sleep disorder applications to alien-abduction, dream enactments then become part of a kind of concretizing process which imbues the abduction narrative with physical reality.

- Music (1)
- Nazi Super Race Fantasy (1)
- New Normal (1)
- Night Terror (2)
- Nora D'Amico (1)
- Paracast (3)
- Paranoid Porno (1)
- Paratopia (2)
- Perspectivalism (1)
- Psychosocial Hypothesis (1)
- Ray Kurzweil (1)
- Regan Lee (1)
- Reptilians (1)
- Repto-Religionists (1)
- Satan Shrinks of Texas (2)
- Satanic Ritual Abuse (2)
- Saucers of Mass Destruction (1)
- Science Fiction (1)
- scientific egomania (2)
- Scopes Trial (1)
- Second Skin (1)
- Self-Injury (1)
- Sideways Worlds (2)
- Singularity (1)
- skepticism (1)
- skeptics (3)
- Sleep Disorders (1)
- Source A (1)
- Special Compartment in Hell (4)
- Spooky Chronister (1)
- Spring Shadows Glen (1)
- SRA (1)
- Starlost (1)
- Super Bowl Predictions (1)
- Survival of the Fittest (1)
- T-Rex Reptilians (1)
- The Final Solution (1)
- The Pickerings (1)
- Thugs of the Universe (1)
- Toxic Slop (1)
- Transhumans (2)
- TV Horror Hosts (1)
- UFO Papacy (1)
- UFO Religion (1)
- Ufology (1)
- UFOOlogy (2)
- Virginia Creepers (1)
- World War III (1)

Individuals with sleep-disorder like symptoms have been cited by one abduction researcher as signs of probable alien abduction. The following analysis has been done before, and by others, but it bears repeating.

In a Roper Poll the researcher cites as providing evidence of the widespread nature of the abduction phenomenon, the following results were obtained:

“18 percent [of the sample] had wakened paralyzed with a strange figure in the room

“15 percent have seen a terrifying figure

“14 percent had left their body

“ . . .

“8 percent had puzzling scars.”

David M. Jacobs, *The Threat*, p. 123.

The first percentage is analogous to sleep paralysis. The second percentage cited is analogous to sleep terror phenomena. The third percentage is analogous to out-of-body experiences which occur in sleep disorders and in hyperarousal. (See McCreery, cited below, for out-of-body experiences induced by extreme stress.)

Puzzling scars appear in sleep disorders. Not just scars but lacerations, etc. This means that fully 55 percent of the sample attributed to possible alien abduction would qualify for a sleep study evaluation.

Eiser and Schenk identify five disorders that can exhibit dream-enacting behaviors: REM Sleep Behavior Disorder (RBD), Disorders of Arousal (sleep walking and sleep terrors), obstructive sleep apnea (OSA), nocturnal seizures, and nocturnal dissociative disorders. The researchers cite a study from 1996 detailing dream enactments by sufferers of Sleep Apnea, which they describe as Pseudo-RBD.

“All 5 cases were males, 51–69 years old,” they report at page 454, citing Nalamalapu *et al*, *Behaviors Simulating REM Behavior Disorder in Patients With Severe Obstructive Sleep Apnea*, *Sleep Res* 1996; 25:311. “A 69-year-old man presented with a history of excessive daytime sleepiness (EDS) and dream-related behaviors, such as turning the pages of a newspaper or screwing in a light bulb. A 68-year-old man with a history of loud snoring and EDS had several episodes of *hitting his wife in bed during attempted dream enactment while dreaming that he was in a fight*. A 67-year-old man had a history of EDS and abnormal nocturnal behaviors in which *he would shout, grab and injure his wife while dreaming of prior military experiences and of sporting events*. A 52-year-old man had a progressive disorder of EDS and nocturnal dream enactment, when *he would throwout punches and kick repeatedly while dreaming that dogs were biting his leg*. A 51-year-old man would fall out of bed while asleep, and put his fist through a window.” (Emphasis supplied.)

These are all injuries which are similar to those appearing in abduction narratives. It is also important to point out that some abductees cite injuries to their bed partners as evidence sleep disorders are inapplicable. Obviously, bed partners can get seriously injured by sleep-disordered spouses.

“In a recent publication entitled, ‘Severe obstructive sleep apnea/hypopnea mimicking REM sleep behavior disorder’ [citing Iranzo, A., Santamaria, J. *Sleep* 2005;28:203–6. 4], 16 patients (11 men, 5 women, mean age, 59.6 ± 7.7 years) presented with dream-enacting behaviors and unpleasant dreams (e.g. being attacked or chased by an unknown person or animal, falling down abruptly, arguing with someone) that were highly suggestive of RBD – but all these patients also had snoring and EDS. Abnormal sleep behaviors emerged throughout the night with a frequency that ranged from once every two weeks to several times a night. The sleep behaviors witnessed by the bed partners included gesturing, punching, kicking, and other aggressive behaviors. *Two patients had assaulted their spouses, five had fallen out of bed, and two had lacerated their face and arms during dream enactment.*” (Emphasis supplied.)

Troublingly, some dream enactments are performed pursuant to serious medical conditions. Note, however, that sleep medicine professionals ultimately *resolved*

the following complaint. Abduction researchers cannot resolve alien abduction, much in the same way MPD theorists can't seem to integrate multiple personalities.

"[N]octurnal seizures can manifest as recurrent abnormal dreams, nightmares, and dream-enacting behaviors – including vigorous and violent behaviors," the researchers report at 454, 455. "One dramatic example involved a 65-year-old man who was reported to have the sudden onset of frequent nightmares and dream-related behaviors precipitated by a *right temporal lobe infarction* [citing Boller, F., Wright, D.G., Cavalieri, R., Mitsumoto, H. *Paroxysmal "Nightmares": Sequel of a Stroke Responsive to Diphenylhydantoin*. *Neurology* 1975;25:1026–85]. In a typical episode, 'he would suddenly bolt upright, pace around with a terrified expression on his face, and shout in a *dysarthric* voice ... At times he related frightful visions (*men coming into his room*), and occasionally would give vivid details'. PSG [*polysomnography*] showed that no episode emerged from REM sleep, but typically from stages 2 and 3 NREM sleep, 'with approximately 20 seconds of EEG evidence of awakening while the patient remained behaviorally asleep. The episode of abrupt movements and shouting then obscured the EEG record'. Anti-convulsant therapy with diphenylhydantoin of these stroke-induced, complex partial seizures produced complete remission of all symptoms, including nightmares and dream-related behaviors." (Some emphasis was supplied.)

One abduction researcher, not a physician or sleep medicine practitioner, had this to say about a client of his who had temporal lobe epilepsy.

"She took medication to stop her seizures," the non-physician writes in his clinical assessment, "Once she was given medication that been recalled by the manufacturer; instead of preventing seizures, it caused them. Within five days, she had 125 seizures before her epilepsy was brought under control. During that time, she did not have an abduction, imagine abductions, or think about abductions. Three months later, she forgot to take her medication and *had a seizure while recounting an abduction event to me under hypnosis*. She felt the onset of the seizure, asked to be brought out of the trance, and then had the seizure. At that time she did not confabulate, imagine other abduction events, or have vivid memories of the abduction event she had been describing. She experienced no sensory stimulation of any sort, nor did she think about the abduction event. In fact, the seizure prevented her from recalling the event and it added nothing whatsoever to her account. None of the other abductees with whom I have worked have had any type of epilepsy." (*Secret Life*, p. 333; emphasis supplied.)

What seems to be lost on this practitioner is that the client went into seizure while recounting the "abduction" event. The two events were happening at the same time. One might conclude therefrom that a relationship existed. Also, there is no indication the practitioner notified emergency services.

"Nocturnal (sleep-related) dissociative disorders comprise a unique, female-predominant category of 'psychiatric parasomnia', insofar as this behavioral-experiential nocturnal disorder is a direct manifestation of a psychiatric disorder (i.e. dissociative disorder) that emerges during sustained EEG wakefulness after an awakening from sleep or just prior to the onset of sleep [footnotes omitted]. Prolonged (or shorter-lasting) *complex behaviors* in bed, or *elaborate nocturnal wanderings* can occur, which at times include *driving a car, or even boarding an airplane* (a prime example of a 'fugue state'). The events occur with negligible self-awareness and *no subsequent recall*. Behaviors at times are 'sexualized' (e.g. repetitive pelvic thrusting) and can be paired with defensive behavior and vocalisations. Perceived 'dreaming' and *dream-enacting behaviors* at times occur, *with the 'dreams' typically representing memories of past sexual and physical abuse*." (Eiser and Schenck, Page 455.) (Emphasis supplied.)

"The abuse-related memory retrieval," Schenck and Eiser report at page 455, "that is experienced as a dream resides at the core of the dissociative process, since the emotional distress associated with reliving psychological trauma is unconsciously lessened by embedding the memory in a dream-like or a frank dream state while one remains awake in an altered state of consciousness."

Whether dreams represent memories is a matter of dispute in the literature. Many

practitioners who assert the validity of memories in dreams also assert the validity of memory retrieval in hypnosis. Again, for purposes of alien abduction research, a suggested precautionary test is a simple thought experiment: comparison between what we know to exist and what we don't know exists. We cannot assume that an existentially *unproven*, invincible, nonlocal destructive power is responsible for physical and sexual abuse when we have *demonstrative* proof local destructive power has historically been applied. Given that analysis, the perpetrator first must be looked for in the nearest localities. Even if that locality is the human skull.

Screen memories with roots in human events are therefore more likely than screen memories involving alien powers.

WHO, THEN, PLAYS THE ALIEN?

Schenck and Eiser document an interesting case I'll call *The Lion Boy*. The *Lion Boy* would "dream-enact" the behavior of a large jungle cat.

"These episodes typically began 1–2 hours after falling asleep, when he would leave his bed while growling, hissing, crawling, leaping about, and biting objects, for as long as one hour. He then would collapse abruptly on the floor, perspiring profusely, and be completely unresponsive. Although always subsequently *amnesic* for his actions during the night, the morning after an episode he would invariably recall a particular recurrent 'dream' of being a lion or tiger let out of his cage by a woman zookeeper whom he then followed down a path. . . . These 'dreams' always ended with 'someone shooting a tranquilizer gun at me' and then he would fall down and become unconscious – which is when his 'dream' merged with reality, as he lay on the floor in a room in his home, completely unresponsive." (Schenck and Eiser at page 455.)

"He had injured his lips and gums on numerous occasions from biting sharp objects, and had also bruised and lacerated himself all over his body during these nocturnal episodes," they report at page 456.

"In fact," note the researchers, "he was diagnosed to have a nocturnal Multiple Personality Disorder, since he fulfilled official psychiatric diagnostic criteria that included: [criteria which was developed in part by Psychoanalyst Richard Kluft] (i) the existence within a person of two or more distinct personalities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self); (ii) at least two of these personalities or personality states recurrently take full control of the person's behavior."

Again, Multiple Personality Disorder is a diagnosis that is viewed by some as controversial and as unnecessarily involving therapy which itself traumatizes the patient.

Schenck and Eiser were writing in 2005. The controversy over Multiple Personality Disorder has been around since the middle 1990s. In a future post, a contraindicative critique will be asserted so as not to allow what has been asserted as bad psychological/psychiatric practice, by other scholars in the field of psychology, to sneak in the backdoor through sleep medicinal practice and rebirth abusive practices in alien abduction research. There is no reason, in other words, to escape from one trap only to become ensnared in another.

Interestingly, and perhaps in line with the difficulties attendant to the diagnosis of Multiple Personality Disorder, as analyzed in the work of Lilienfeld and Lambert (citation below), and unlike other disorders covered in the Schenck and Eiser paper, the *Lion Boy's* fate was symptomatically *unresolved*. He was offered and he and his family *declined hypnotherapy treatment*. The "dreams" were not identified as REM state artifacts but as dissociative episodes without conscious recall.

"The videotaped behaviors of this young man," report Schenck and Eiser at page 457, "both during the two episodes in the sleep lab and during the episode recorded at home, clearly indicate that during these lengthy episodes the behaviors were exclusively animalistic, which would seem to indicate that the mode of perceiving and interacting with the environment was also exclusively animalistic. The mechanism(s) underlying an exclusively animalistic and sleep-related

dissociative disorder are unknown, especially since there was no known history of sexual or physical abuse.”

It is important to note that the Lion Boy was adopted by his parents at age 10 months. There is a period of almost a year missing from his history. Though these particular researchers don't evince much respect for Freud, the Lion Boy bears a striking resemblance to Freud's Wolf Man.

What do we learn from the Lion Boy? Among a host of other things, we learn that people can *role-play characters that aren't human* in their dream enactments.

REM SLEEP BEHAVIOR DISORDER

“A complaint of sleep-related injury is common with RBD [REM Sleep Behavior Disorder],” the authors report, “which usually manifests as an attempted enactment of distinctly altered, unpleasant, action-filled, and violent dreams in which the individual is being confronted, attacked, or chased by unfamiliar people or animals.” (Page 457.)

Some Abductee accounts feature violent attacks by Human Hybrids.

“Sleep and dream-related behaviors in RBD reported by history,” the researchers report, “and documented during PSG monitoring include talking, laughing, shouting, swearing, gesturing, reaching, grabbing, arm flailing, slapping, punching, kicking, sitting up, leaping from bed, crawling, and running. . . . The eyes usually remain closed during an RBD episode, with the person attending to the dream action and not to the actual environment; this is a major reason for the high rate of injury in RBD. Also, chewing, feeding, drinking, sexual behaviors, urination, and defecation *have not been documented* to occur in REM sleep – nor in the REM sleep associated dreaming during dream-enactment.”

It is surprising to discover that the wet dream doesn't appear in REM Sleep. I always thought REM Sleep was the sleep behavioral equivalent of Technicolor.

The authors say RBD is *male predominant* and that “[a]n increasingly recognized precipitating factor of RBD in *males and females of any age is psychotropic medication use*, particularly *venlafaxine, selective serotonin reuptake inhibitors, mirtazapine*, and other antidepressant agents – with the exception of *bupropion* (a *dopaminergic* anti-depressant) [footnote omitted].” (Page 458; emphasis supplied.)

How many abduction researchers inquire as to what prescription medications the “abductee” is taking? SSRIs have been used extensively for quite a while now.

“It is also of interest to note,” the authors say at pages 457, 458, “*vis-à-vis* the Freudian theory of dreams, that release from the shackles of REM atonia with the consequent ability to act-out dreams has unveiled a realm of dream-enactment that appears to be *devoid of sexuality* [footnote omitted], *although definitive research on this topic has not yet been conducted*, and also the dreams in RBD patients (apart from dream-enactment) have also not yet been systematically examined.” (Emphasis added.)

No doubt incidents of sexual acting out would theoretically be more numerous in RBD with referrals to sleep medicine by “abduction” researchers.

Citing RBD's links to brain dysfunction and medical issues, the authors say at page 458 that “[t]here is no evidence that [RBD Patients] have been building up repressed anger or aggression over the course of their lives, and then in late-life ultimately release these negative feelings during their REM sleep. The strong association of RBD with *Parkinson's disease* and other *brain disorders* also downplays any proposed ‘repressed aggression’ theory of RBD.” (Emphasis added.)

On the contrary, they say RBD Patients “are typically described as having calm and pleasant personalities, and do not display irritability or anger while being awake.” (Page 458.) Note that, below, the authors say RBD can be *successfully treated*.

“An important aspect of RBD worth emphasizing is that it is a *dream disorder* almost as much as it is a sleep behavior disorder,” Schenck and Eiser report at page 457, “since approximately 90% of reported patients complain of abnormal dreaming and dream-enacting behaviors that began with the onset of RBD [footnote omitted]. Furthermore, successful treatment of RBD virtually always involves the tandem control of the abnormal dreaming and the abnormal (dream-enacting) sleep behaviors, and relapse of these core features of RBD also occurs in tandem whenever the patient fails to take *clonazepam* at bedtime (i.e. the standard therapy of RBD).”

Attenuation of abnormal dream-enacting would thin abduction narratives in book-length publications of case histories. Alien-abduction hypnotic regressionists therefore have no financial or career motivation (read: job security) for controlling these behaviors and arguably act in ways that exacerbate them.

HYPERAROUSAL AND EXTREME STRESS

Former Lecturer in Experimental Psychology Charles McCreery has argued, in *Dreams and Psychosis: A New Look at an Old Hypothesis*, that people under extreme stress can fall asleep and dream.

“It is argued,” McCreery wrote, “that the phenomenological similarities between psychosis and dreams arise from the fact that sleep can occur, not only in states of *deafferentation* and low arousal, *but also in states of hyperarousal resulting from extreme stress.*” (Emphasis added.)

“It is proposed that a tendency to hyperarousal leaves certain individuals vulnerable to ‘micro-sleeps’ [citing Oswald, I., *Sleeping and Waking: Physiology and Psychology*. Amsterdam: Elsevier. 1962] in everyday life, with the attendant phenomena of *hallucination and other sorts of reality-distortion*. Delusional thinking may follow as an attempt to rationalise these intrusions of dream-phenomena into daylight hours.”

Startlingly, McCreery noted that “it is suggested that a key finding is the apparently paradoxical one that *catatonic* patients can be aroused from their seeming stupor by the *administration of sedatives rather than stimulants* (citing Stevens, J.M. and Darbyshire, A.J. (1958). *Shifts along the alert-repose continuum during remission of catatonic ‘stupor’ with amobarbital*. *Psychosomatic Medicine*, 20, 99-107).”

Psychosis, or delusory experience, is “itself a sleep phenomenon.”

What McCreery is saying is important for people studying paranormal phenomena because his theory is akin to work by Hansen and others as seen through his attribution of dream-productive (and in alien abduction dream-enactive) hyperarousal to *extreme stress*. *Boundary violations are achieved through extreme stress. The violation here is of the boundary between sleep and wakefulness but no doubt in part it is achieved by psychosocially traumatic experience.*

Alien abduction hypnotists, whether they intend to or not, exacerbate whatever psychological/sociological tectonic stresses exist in “abductee” psychological architecture because said stresses are productive, in the extreme, of phenomena they wish to characterize as alien abduction. These phenomena, when viewed in the light of sleep research and McCreery’s work, are *dream-enacted phenomena*. As alien abductees, in this light, are undiagnosed sleep-disordered individuals, the consequences of insisting their experiences are real are potentially dire and even deadly. Physical injuries, serious brain dysfunction, and untreated psychiatric conditions can attend dream enactment.

In fact, one can literally dream-enact oneself to death. **Lecture 122**, delivered on *The Science Network* by Mark Eric Dyken, of the *Waking Up to Sleep Lecture Series* details the account of a young man who did just that.

While McCreery’s population concern is schizophrenics, he included in his study a vignette of a soldier who fell asleep during trench warfare. For those concerned that

these ideas might unfairly stigmatize people reporting abduction experiences as crazy, McCreery points out that “*normal* subjects can under certain conditions report mental activity very similar phenomenologically to that of dreams during states that the EEG defined as merely that of relaxed wakefulness.” The emphasis is supplied.

And “[o]n the experimental level,” McCreery says, “Oswald (1959) was able to induce sleep in four out of a group of six volunteer subjects by administering ‘powerful’ shocks at regular 10-second intervals to the wrist or ankle of the subject.” The note cites Oswald, I., (1959), *Experimental studies of rhythm, anxiety and cerebral vigilance. Journal of Mental Science*, 105, p. 269.

There are two reasons why people found his theories untenable, according to McCreery.

“I believe (a) that theorists and researchers have been looking for sleep in the wrong place; and (b), that they have been looking for the wrong kind of sleep. That is to say, as regards (a), they have been implicitly assuming that the sleep processes in psychosis, like those of nocturnal sleep, would arise out of a state of low arousal; and as regards (b), they have been explicitly assuming that it is REM sleep we should be looking for. I wish to challenge both those assumptions. I [suggest] that the sleep processes of psychosis arise out of a state of hyperarousal; and I shall further suggest that we should be looking for evidence of descending Stage 1 sleep, not ascending Stage 1 (i.e. REM).”

Reflecting the more recent work of *Ağargün et al*, cited above, McCreery says “psychotics are in fact *oscillating, even in daylight hours, between true waking and the dreaming state* which in normal people usually only occurs at night.”

It is important to keep in mind the dynamism apparent in the brain. Confining the brain’s behavioral repertoire to normal and abnormal or waking and sleep states in all probability suppresses the truth about the brain and what it can do. In all Hobsonian probability, the brain oscillates between states and is always in transit. This can occur in stereotypically normal and those stigmatized as abnormal people. And the brain’s fantastical abilities are not paranormal or nonlocal in genesis, but spring from the matter between human ears.

HOW TO STOP AN ABDUCTION?

Order a sleep study.

Again, this is not a theory of everything, although universal application will winnow out some bad data. We don’t know how much bad data because we don’t test purported “alien abductees” for sleep disorders. And it isn’t just sleep abnormality sleep studies discover. They also discover other abnormalities, both psychological and physical, which impact the “abductee’s” life and “abduction” accounts. This means sleep studies would give *real-life value* to paranormal investigations. And discovering potentially life threatening issues is *vastly more important*, from the standpoint of the abductee’s quality of life, than obtaining data confirmatory of the existence of alien beings.

Sleep doctors have proven many of their theories. They still have work to do, but they’ve tested their theories and conclusively proved some of them, as is evidenced by the fact that they can resolve the disorders they treat. Let me repeat that in a different way: Sleep Medicine can *cure* some sleep disorders.

Some alien abductions are sleep-disorder-generated dream enactments. *Ergo*, Sleep Medicine can stop some alien abductions. The question is, does the abductee in that situation want them to stop? The other question is, do abduction researchers want them to stop?

More importantly perhaps, does the *culture* want them to stop? Answers to those questions might be telling. Because viewed in the light of sleep and medical ethical research, especially that emerging from psychiatric ethicists, some disturbing questions emerge about the culture.

Is the “community” a colony of parasites culturally feeding off of, engineering, and mass-producing self-fulfillingly prophetic psychological trauma? Is the “community” a cultural parasite eating its own poop? Further, is the paranormal “community” a culturally viral psychosis? And aren’t members of its colony *living off of* the psychosis? If it is, we must keep in mind that the parasites *have themselves been parasitized*. As, well, it is reasonable to wonder whether this psychosis parasitizes all discourse about the paranormal.

And if, as McCreery says, psychosis is a “sleep phenomenon,” what does that say about those of us involved in the above-cited discourse?

Are we sleeping? Are we dreaming? Would we even know?

This means there are parasites who have thrived and lived off of and encouraged the delusions of *alien-abduction hypnotists*. It goes without saying they’re not aware that they’re parasites. Parasites just eat. That’s what they do. When they run out of food, they start eating themselves. Hence, the credo: *Trust No One*. Delusional processes can take over and parasitize *anyone* from within.

And surely, if childhood trauma exists in some “abductees”, we’re not asserting that ritual reenactment of abuse featuring, *this time, ALL-POWERFUL, UNSTOPPABLE TORTURERS*, is *A HELP* to them or constitutes an improvement over conventional forms of therapy. Conventional forms of therapy eventually terminate.

Alien abduction may *never* end.

FLASH SIDEWAYS: THE PARALLEL UNIVERSE OF MULTIPLE PERSONALITY DISORDER

“In 1998,” reported the False Memory Syndrome Foundation (FMS Foundation Newsletter October 1998 Vol 7 No. 8), “a psychiatric malpractice suit against Richard Kluff, M.D. and the Institute of Pennsylvania Hospital was settled after two days of trial testimony. The amount of the settlement is confidential. The suit, brought by one of Richard Kluff’s former patients, alleged that Kluff used *suggestive and coercive techniques which caused [the Plaintiff] to falsely believe that she was the victim of childhood sexual abuse by her father*. Plaintiffs also allege that the Institute of Pennsylvania Hospital where [the Plaintiff] was hospitalized failed to establish procedures to insure that patients were cared for in a skilled, competent fashion and to insure proper supervision.”

The Practitioner in the [Emma Woods Scandal](#), David M. Jacobs, author of top-selling paranormal books such as *The Threat* and *Secret Life*, books not published by Dell Paperbacks but a respectable publisher like Simon & Schuster, conducts unsupervised post-hypnotic regressions of his clients. He is an Associate History Professor at Temple University. He has no training in psychotherapy.

Mr. Jacobs is accused by critics of using *suggestive and coercive techniques which caused Miss Woods to falsely believe that she was the victim of sexual and physical abuse by beings from another world*. He implanted a post-hypnotic suggestion in Miss Woods’s mind she had multiple personality disorder, now known as dissociative identity disorder. Miss Woods blew the whistle on Mr. Jacobs’s behavior.

In defense, Mr. Jacobs stated on his website that Miss Woods had borderline personality disorder. The disorder is cited above as a co-morbid condition with *Multiple Personality Disorder*.

Co-morbidity is the term used to describe psychiatric conditions which occur together or it can be used to describe the *development* of a disorder as a *consequence* of the *deterioration of the patient’s condition* due to another, the primary, disorder.

Mr. Jacobs has stated he asserts his findings not on the basis of his apparently attempted creation of MPD in Miss Woods but upon consultation with

psychiatric/psychological professionals. Miss Woods has never consulted, face-to-face, psychiatric professionals in the United States.

The Kluff Case was heard in the Philadelphia County Court of Common Pleas. Temple University is in Philadelphia, Pennsylvania.

The name "Richard Kluff" matches the name of the man who helped *found* the Multiple Personality Disorder Diagnosis, who was instrumental in winning its inclusion in the DSM-III, establishing it as a *reimbursable* diagnosis, and who now serves as a production advisor on a popular cable television series centered on the life of a middle class American Housewife afflicted with *dissociative identity disorder (DID)*.

It is important to understand that the University at which the Emma Woods Practitioner matriculates has a psychiatric wing. On the website for the University's Department of Psychiatry under the heading of adjunct faculty appears the following name:

Richard Kluff, M.D.

Sources and Follow Ups

Sideways Worlds: The Bad Twin Smoke Monsters of Multiple Personality and Alien Abduction

Dream Screams

[Waking Up to Sleep 2007—The Science Network](#): Recommended lectures for investigators, experiencers, and laypeople interested in continuing investigatorial/personal education

Neuroplasticity

David M. Jacobs, *Secret Life: Firsthand Documented Accounts of UFO Abductions*. New York: Simon and Schuster, 1992.

Back issues of *Sleep and Hypnosis* can be had with a free login.

Mark W. Mahowald, M.D. and Carlos H. Schenck, M.D. *Nocturnal Dissociation – Awake? Asleep? Both? or Neither? Sleep and Hypnosis*, 3:4, 2001, pp. 129-130.

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[Dissociative Experiences Scale \(DES\)](#)

[Dissociative Experiences Scale \(PDF\)](#)

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[International Classification of Sleep Disorders \(ICSD-2\) \(PDF\)](#)

[Schizophrenia Test and Early Psychosis Indicator \(STEPI, Version 2011.1\) for Prodromal Syndromes and Psychosis](#)

A.S. Eiser, University of Michigan Sleep Disorders Center, Department of Neurology and Psychiatry & C.H. Schrenk, Minnesota Regional Sleep Disorders Center, Department of Psychiatry, University of Minnesota Medical School, [Dreaming: A Psychiatric View and Insights from the Study of Parasomnias](#). *Schweizer Archiv Für Neurologie Und Psychiatrie* 2005; 156: 440–70.

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Kelly Lambert & Scott O. Lilienfeld. *Brain Stains. Scientific American Mind*: October/November 2007, pp. 46-53.

Elizabeth F. Loftus and Katherine Ketcham. *The Myth of Repressed Memory: False Memories and Allegations of Sexual Abuse*. St. Martin's Press, 1994.

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August Piper and Harold Merskey. *The Persistence of Folly: A Critical Examination of Dissociative Identity Disorder, Part I: The Excesses of an Improbable Concept*. *Canadian Journal of Psychiatry*, Vol. 49, No. 9, pages 592–600; September 2004. Available online at:

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Scott O. Lilienfeld. [Psychological Treatments That Cause Harm \(PDF\)](#). *Perspectives on Psychological Science*, Vol. 2, No. 1, pages 53–70; March 2007.

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Marietti v. Kluff, Dissociative Disorders Program and Institute of Pennsylvania Hospital, Ct. of Common Pleas, Phila. Co., Pennsylvania, No. 9509-02260.

Kevin Randle. [A Response to Budd Hopkins](#).

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Susan Clancy. [Abducted: How People Come to Believe They Were Kidnapped by Aliens](#)

David M. Jacobs. [The Threat: Revealing the Secret Alien Agenda](#).

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Posted by Gary Haden at 8:24 AM 
Labels: [Sideways Worlds](#)

13 comments:

 **Gary Haden said...**

ISSUES IN PORTABILITY

Evans covers issues in the relationship between hypnosis and sleep and the problem of control.

"In a previous review (note omitted), some aspects of the possible relationship between hypnosis and sleep were examined. The research literature indicates that there are no basic similarities between hypnosis and sleep in terms of the well-documented EEG characteristics that typically define sleep (note omitted). Hypnosis is characterized by waking EEG patterns; NOT THOSE of sleep."

"The review also summarized earlier studies showing that hypnotizability may be related to the ability possessed by some individuals to respond, even while remaining asleep, to meaningful environmental stimuli that are presented exclusively during sleep. Thus, some hypnotizable individuals can respond while sleeping (particularly in stage REM sleep) to behavioral suggestions administered during conservatively monitored EEG defined sleep without having any awareness of their response in the subsequent waking state. Nevertheless, these individuals are able to maintain the response during sleep the next night, or even SIX MONTHS LATER later (citing Evans FJ, Gustafson LA, O'Connell DN, Orme MT, Shor RE. Sleep induced behavioral response. J Nerv Ment Dis 1969; 148: 467-476; 4. Evans FJ, Gustafson LA, O'Connell DN, Orme MT, Shor, RE. Verbally induced behavioral responses during sleep. J Nerv Ment Dis 1970; 150:171-187.)" (Capitalization supplied.)

Frederick J. Evans Ph.D. *Hypnosis and Sleep: the Control of Altered States of Awareness*. Sleep and Hypnosis 1999; 4: 232-237)

[May 5, 2011 6:21 AM](#)

 **Gary Haden said...**

ENACTMENT ISSUES

"In general, those subjects who are able to experience dissociative hypnotic phenomena appear to be able to maintain contact with their external environment and are even able to respond to it without their responses necessarily disturbing their sleep (monitored by conservative EEG criteria) . . .

"The observation that highly hypnotizable subjects fall asleep in a sleep laboratory by EEG criteria significantly more quickly than low hypnotizable subjects (N= 19, p < .05) (notes omitted) provides some EMPIRICAL SUPPORT for the historical association between sleep and hypnosis.

"

"Other incidental observations also suggest that there is an easy and flexible interchangeability of the two states. If the hypnotized subject is left alone, or if specific suggestions are given, the subject may pass into a natural sleep. Similarly given appropriate suggestions, the sleeping subject may sometimes AWAKEN DIRECTLY INTO A HYPNOTIC STATE rather than a normal waking state (7). Whether the individual is in a sleep, hypnotic, or normal state at a given time may depend upon how he perceives what he is expected to do." (Citing Kratochvil S. *Prolonged hypnosis and sleep*. Am J Clin Hypn 1970; 12: 254-260.)

Evans. *Hypnosis and Sleep: the Control of Altered States of Awareness*. Sleep and Hypnosis, 1: 4 1999, 233.

[May 5, 2011 6:23 AM](#)

 **Gary Haden said...**

COGNITIVE CONTROL

In a study reported by Evans:

"The sleep-responsive subjects (who were highly hypnotizable) reported that they normally fall asleep easily and quickly, sleep without being disturbed by noise or light, and awaken easily in the morning to a significantly greater extent than the unresponsive subjects awaken. This was supported by the EEG sleep data, since these same sleep-responsive and highly hypnotizable subjects also seemed to sleep more soundly whenever they were stimulated during the night, and they fell asleep more rapidly in the laboratory than did sleep non responsive low hypnotizable subjects. Thus, it appears that there may have been an underlying ability whereby these subjects could maintain some kind of COGNITIVE CONTROL over their own sleep processes." (Capitalization supplied.)

"

"Two separate dimensions seemed to involve different kinds of sleep problems. The first, sleep-onset difficulty, included difficulty in falling asleep, takes sleep medication, nights of dreamless sleep, and trouble sleeping before an exam. The second, inability to maintain sleep, involved awakens at sounds, often wakes up during the night, has to get up at night, and is a light sleeper. The intriguing possibility that these two dimensions represent normal manifestations of the more extreme sleep-onset insomnia and sleep-maintenance insomnia often noted in the differential diagnosis of depression and anxiety still need to be explored. Another separate factor apparently involved the cognitive control of sleep mentation, including changes of dream content at will, DECIDING BEFOREHAND WHAT TO DREAMABOUT, and awakens to find sound in dream was real." (Capitalization supplied.)

Evans. Hypnosis and Sleep: the Control of Altered States of Awareness. Sleep and Hypnosis, 1: 4 1999, 233.

May 5, 2011 6:25 AM

e Gary Haden said...

ISSUES IN PORTABILITY: ABDUCTION ON DEMAND?

"In summary, then, it appears that the ability to achieve deep hypnosis and the ability to fall asleep easily and virtually at will share some common mechanism."

"This mechanism involves individual differences in the ability to maintain control over the level of functioning or state of consciousness that seems appropriate to the person at the time. This control mechanism apparently involves the ability to change readily from one kind of psychological state or activity to another: or to maintain flexibility in changing psychological sets. The control system that allows a person to CHOOSE AND INITIATE ENTRY INTO HYPNOSIS OR INTO SLEEP, and presumably other states, may be a very general ability possessed by some people, and it may manifest itself in any of a number of circumstances. The person who possesses this ability may develop a variety of skills or coping styles to handle situations in everyday life when it is beneficial to function at different levels of consciousness."

Evans. Hypnosis and Sleep: the Control of Altered States of Awareness. Sleep and Hypnosis, 1: 4 1999, 236.

May 5, 2011 6:26 AM

e Gary Haden said...

RICHARD KLUFT ON CO-MORBIDITY

"The clinical picture [for multiple personality disorder/DID]," wrote Richard Kluff in June of 1997, Horevitz, R.P., & Loewenstein, R.J. (1994). The rational treatment of multiple personality disorder, In SJ Lynn & J-W. Rhue (Eds.), Dissociation: Clinical and theoretical perspectives (pp. 289-316). New York: Guilford, "is complicated by the coexistence of symptoms that meet the DSM-III-R symptoms for Borderline Personality Disorder."

Richard P. Kluff. On the Treatment of Traumatic Memories of [Formerly MPD Now] DID Patients: Always? Never? Sometimes? Now? Later? Dissociation, Vol. X, No. 2, June 1997

May 7, 2011 8:38 AM

e Gary Haden said...

RICHARD KLUFT

As of 1997:

"Richard P. Kluff, MD., is Clinical Professor of Psychiatry at the Temple University School of Medicine in Philadelphia, Pennsylvania, and practices psychiatry and psychoanalysis in Bala Cynwyd, Pennsylvania."

Dissociation, Volume X, Number 2, June, 1997

CBS Sunday morning reported the following on Richard Kluff in March, 2009:

"Dr. Kluff is a psychiatrist who teaches at Temple University Medical School in Philadelphia and consults on [The United States of 'Tara.']"

Kluff was asked his opinion about a suit brought against an MPD practitioner which settled for 2.3 million dollars. The reporter did not ask him about a suit brought against him in 1998, which, as reported by the False Memory Syndrome Foundation, was settled out of court. His response to the reporter's question was the following:

"Dr. Kluff closely watched that case and others where doctors paid big money. "Settling is not an admission of guilt," he said. "Settling is a way of ending a process in a way that's agreeable to the various parties."

"Unraveling The Secret Of 'Alters': Doctors Are Of Two Minds About Multiple Personality Disorder"

URL: <http://www.cbsnews.com/stories/2009/03/08/sunday/main4852177.shtml>

May 7, 2011 8:44 AM

e Gary Haden said...

DREAMING UP AN ALTER

Deirdre Barrett "describes similarities of the states of dreaming and MPD [multiple personality disorder] including amnesia and other alterations of memory. [She] suggests that the dream character, as an hallucinated projection of aspects of the self, can be seen as a prototype of the MPD alter. Dreaming may even be a more literal precursor whose physiologic mechanisms for amnesia and the manufacture of alternate identities are recruited in the development of MPD."

Judging from the above post, I'm betting that dream characters are not prototypes of MPD alters. My money, given the above information, is on the probability that MPD alters, if they exist at all, ARE dream characters.

Deirdre Barrett, Ph.D. The Dream Character as Prototype for the Multiple Personality Alter. *Dissociation*, Vol. VIII, No. 1, March 1995.

May 10, 2011 6:55 AM

e Gary Haden said...

Munchausen's Syndrome

"Whether the causes of Annette's experiences are neurological or psychosocial, or both, there are specific aspects of her reported history which, although they cannot be conclusive, do suggest deliberate rather than unconscious deceit; for example, the disappearing alien-stained sheets, the wine proffered by strange men, and the nocturnal deception of Frank Taylor - none of which was associated by Annette with amnesia. Indeed, Annette's story, with its central theme of frequent fantastic injury or mysterious illness requiring hospital investigation bears a strong resemblance to stories told by individuals with Munchausen's syndrome (Asher, 1951). . . . Of course, it is true that in routine medical practice stool blood occasionally has no obvious internal source, but it is also true that the addition of blood to laboratory samples is a classic Munchausenian technique (Spiro, 1968; Atkinson & Earll, 1974; Ifudu, Kolasinski, & Friedman, 1992)."

Jim Schnabel. Chronic Claims of Alien Abduction and Some Other Traumas as Self-Victimization Syndromes. *Dissociation*, Vol. VII, No. 1, March 1994, p. 56.

The researcher here seems to have been on the right track. He does not contemplate Munchausen by Proxy; however.

May 10, 2011 6:58 AM

e Gary Haden said...

OUT-OF-BODY EXPERIENCES AND FLOATING UP TO THE SAUCER

"An out-of-body experience (OBE) is characterized by the sensation of leaving the physical body and functioning independently of it. Such sensations also occur during some lucid dreams. Some authors aver that OBEs and lucid dreams are completely different phenomena. The present investigation tested an explanatory model of OBEs as a form of dreaming similar in nature to lucid dreaming. . . . These studies support the close association of OBEs and lucid dreaming. REM sleep and states favorable to OBEs share the feature of high CNS arousal under sleep or sleep-like conditions. Such states are conducive to the generation of somatosensory hallucinations interpretable as the experience of rising 'out-of-body.'"

Lynne Levitan, B.A., Stephen LaBerge, Ph.D., Donald J. DeGracia, Ph.D., and Philip G. Zimbardo, Ph.D. Out-of-Body Experiences, Dreams, and REM Sleep. (*Sleep and Hypnosis* 1999; 1: 186-196)

May 10, 2011 7:04 AM

e Gary Haden said...

In the Emma Woods Scandal, the practitioner conducted hypnosis sessions sometimes lasting as long as five hours. From a sleep research perspective, these sessions could be seen as training sessions that primed Woods to dream about the material with consequent dream enactment. Mr. Jacobs reports Miss Woods was "abducted" 50 times DURING their work together.

May 10, 2011 7:08 AM

e Gary Haden said...

HYPNOSIS CAN INDUCE SEIZURES

With regard to seizures being inadequately attended to by untrained hypnotists, implied in the above post, researchers recently disqualified epileptics from participating in their study on hypnotic encoding. Note also that Secret Life is copyrighted 1992 whereas the study below is from April of this year.

"Participants were not eligible to complete the study if they suffered from diabetes or epilepsy, as at the time of the study the authors were aware of previous reports that indicated that hypnosis could induce seizures and lower blood sugar (Khan, Baade, McNerney, Golewale, & Liow, 2009; Olson, Howard, & Shaw, 2008; Schwartz, Bickford, & Rasmussen, 1955; Vandenbergh, Sussman, & Titus,

1966).”

Nicholas Jacobson, Sam Kramer, Amanda Tharp, Salvatore Costa, Phillip Hawley, Truman State University. The Effects of Encoding in Hypnosis and Post-Hypnotic Suggestion on Academic Performance. *American Journal of Clinical Hypnosis*, 53: 4, April 2011, citing Khan, A. Y., Baade, L., Ablah, E., McNemey, V., Golewale, M. H., & Liow, K. (2009). Can hypnosis differentiate epileptic from nonepileptic events in the video/EEG monitoring unit?: Data from a pilot study. *Epilepsy and Behavior*, 15(3), 314-317 and Schwartz, B. E., Bickford, R. G., & Rasmussen W., C. (1955). Hypnotic phenomena, including hypnotic activated seizures, studied with electroencephalogram. *Journal Nervous and Mental Disease*, 122, 564-74.

The authors reported that contraindicative studies as to low blood sugar existed.

May 16, 2011 8:05 AM

Carol Rainey said...

I'm familiar with the case you refer to above—"Annette," who was profiled in Schnabel's *Dark White*. Annette was one of those abductees whose reports were bizarre, more atypical than the "ordinary" abductee reports. She worked with both Hopkins and Jacobs and traveled some distance to be shared by both investigators of the alien abduction phenomenon. Her reports clearly featured more interactions than is standard with putative "hybrids." I suggest that is what drew both men to sharing this particular individual. Hopkins did 70 hypnosis sessions with "Annette," far more than he generally does with any one person. Since Jacobs' standard practice is to double-down on the hypnotic regression sessions for someone with a story he's interested in (as in Emma Woods' case: he performed over 180 hours of hypnosis with her)—it makes one particularly curious to know how many sessions he did with "Annette," given her strange encounters with hybrids bearing bottles of wine for a researcher recovering from an illness. To my knowledge, the glass bottle was never dusted for fingerprints, although the researcher kept the bottle for several years as a kind of visual aid to "evidence" of hybrids among us.

May 19, 2011 12:32 PM

Gary Haden said...

AROUSAL DISORDER

"[R]osalind Cartwright," wrote Andrea Rock in *THE MIND AT NIGHT*, "is supplementing her studies of dreaming's role in emotional processing by analyzing what occurs in people who suffer from a form of parasomnia known as AROUSAL DISORDER. In recent years, she has frequently been called in as a consultant to examine those who have the disorder. Rather than progressing smoothly from slow-wave sleep into dreaming during REM, parasomniacs abort the first dream opportunity by getting out of bed while still in deep sleep and engaging in activities ranging from compulsive eating to violent behavior, including murder—NONE OF WHICH THEY REMEMBER WHEN AWAKENED. . . ."

"Since the disorder RUNS IN FAMILIES, [Cartwright] says," wrote Rock, "it appears to be caused by a genetic flaw. . . ."

"... [K]enneth Parks of Toronto fell asleep on the couch one night in May of 1987, arose while still in deep sleep, and DROVE NEARLY FIFTEEN MILES to the house of his in-laws, whom he was planning to visit the next day. When he entered their house in the middle of the night, he fatally stabbed his mother-in-law with the knife she grabbed to defend herself when she heard what she feared was an intruder in the house."

"'Parasomniacs with arousal disorder can navigate through space,' [Cartwright] says, 'but they have no visual recognition of faces, they can't hear screams, nor do they feel pain themselves. Ken Park's hands were BADLY CUT in the struggle with his mother-in-law, yet he didn't awaken.'"

Andrea Rock. *THE MIND AT NIGHT*. New York: Basic Books, 2004, pp. 191-193.
Capitalization emphasis supplied.

Cartwright reported to Rock that aggression, anger, appetite, and sex are all drives that "are highly activated" in parasomniacs.

Interestingly, these are also features, excepting perhaps appetite, of the behavior patterns of alien-human hybrids, according to trauma-based alien-abductionists.

It is also important to note the hereditary factor in this sleep disorder. "Abductees" are often cited in the literature as contending their parents had also been abducted. Also note how arousal disorder sufferers DON'T REMEMBER what happened to them when they awaken. Forgetfulness is a feature of alien abduction—it factors heavily in "missing time"—and is often the justification given for hypnotic therapeutic intervention, a version of recovered memory practices some researchers have dubbed "traumatic therapy."

August 9, 2011 6:26 AM

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