

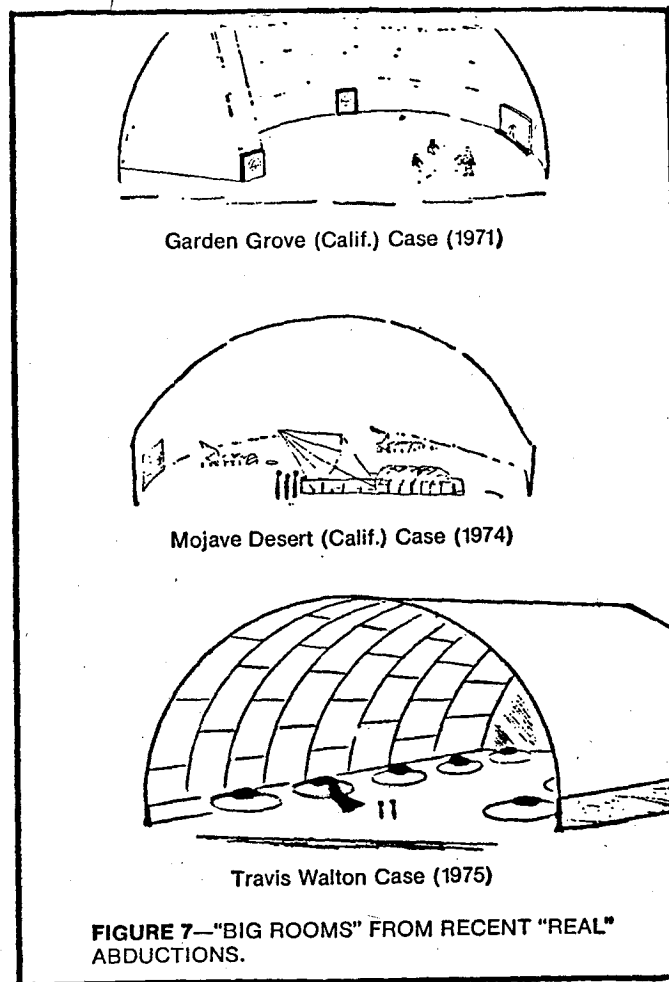
patterns, they have a mythic depth about them that would preclude easy cultural influence. In addition, the unusual patterns have affinities with other mental processes which will be discussed later.

E. *Jungian archetypes*. Many imaginary/"real" abduction patterns suggest the archetypal concepts hypothesized by Carl Jung, who developed the idea with regard to UFOs in his book *Flying Saucers* (6). The patterns lend themselves to a Jungian interpretation since both "real" and imaginary narratives seem to imply a collective awareness of such imagery. This idea is acknowledged briefly here, but is best considered only as an interesting speculation.

F. *Paranormal cueing*. The investigators considered that some imaginary subjects might be "reading the minds" of the three or more informed ufologists present during the hypnosis sessions. Paranormal communication could account for the ability of the naïve volunteers to describe obscure details of UFO lore. However, evidence for this fascinating possibility is ambiguous at best.

G. *The limitations of the brain's responses*. The patterns could be explained if, as is theorized, the human brain responds similarly to a variety of stimuli, in which case supposedly unrelated phenomena produce identical mental effects (11). If the brain does mask its activities in this way, comprehending anything about the stimulus for abduction experiences will be difficult. Also, the limited-brain notion seems to open up an epistemological can of worms: even if we choose to trust witnesses, we can't know how their testimony relates to reality (see Figure 5). We will return to this matter later.

None of the above suggestions accounts adequately for the patterns and all related questions. In addition, a significant implication of the patterns remains: "real" abduction witnesses are very likely telling the truth as they have experienced it. Support for this statement is



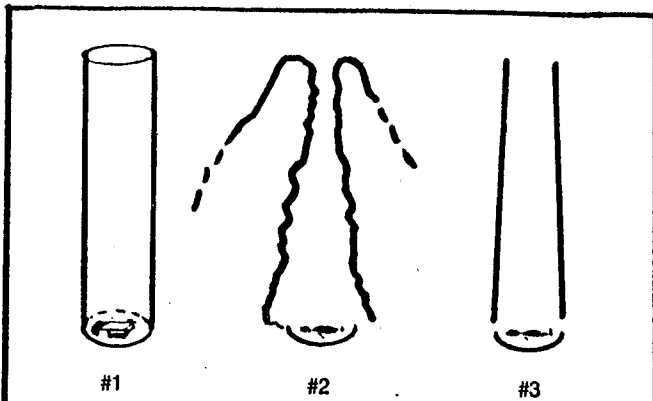


FIGURE 8—SIMILAR TUBE IMAGES FROM IMAGINARY (1) AND "REAL" (2) ABDUCTIONS, AND A HALLUCINATION (3).

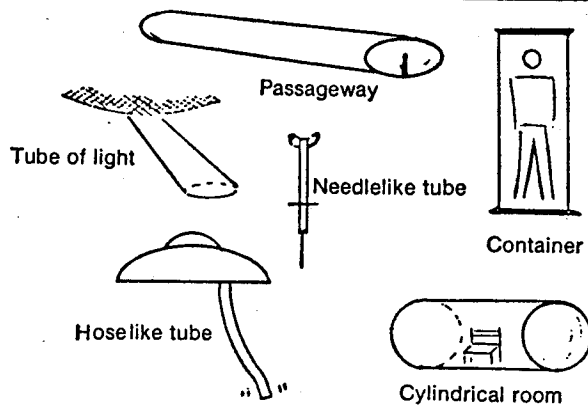


FIGURE 9—TUNNEL/TUBE IMAGERY IN UFO REPORTS.

found in two areas: (1) recent work on drug-induced hallucinations by R. K. Siegel and others (11, 12, 13); and (2) anecdotal evidence from "death" narratives compiled by Raymond Moody and others(9).

There are substantial similarities between the UFO abduction sequence and what are called "image constants," or recurrent descriptions of form, color, and movement reported by subjects in drug-induced hallucination experiments. Some of the more obvious similarities include: (1) the initial bright, pulsating light; (2) images of tunnels and/or tubes; (3) varied but intense colors; (4) rotating or spiraling images; (5) geometric patterns; (6) erratic movement of imagery; (7) the subject's becoming part of the imagery or otherwise participating in the experience; (8) reports of multiple "TV screens," often displaying autobiographical data; (9) integration of the subject's own memories into the experience; (10) various "complex imagery"—i.e., recognizable human (often cartoonlike), animal, and other forms.

While several of these hallucinatory images are virtually synonymous with familiar segments of the abduction sequence, an unusual parallel is provided by a participant's painting of a scene from a hallucination, and it may serve to introduce perspective on the abduction/hallucination patterns. The picture suggests the interior of a high-domed UFO with surrounding "windows" (see Figure 6). Large, domed rooms are common in both "real" and imaginary abduction narratives, as Figure 7 illustrates.

The tunnel/tube image is one of the most common in both hallucinations and imaginary/"real" abduction narratives. At times the expression of the image in the three experiences is very similar, implying a common origin (see Figure 8):

#1, Imaginary Abductee ("elevator-shaft" room): "They seem to have . . . brought me to this . . . it almost seems like a tube. The ceiling is about

twenty feet high. And I seem to be about three feet from the floor. . . ." (Subject #6)

#2, "Real" Abductee ("volcano" room): "I can see sky up there! . . . I'm looking up through rocks! . . . It's a volcano, maybe. . . . Like a long tube . . . jagged. . . ." (Witness to 1976 Kentucky abduction.)

#3, Hallucinating Subject ("tubelike" room): "It's sort of like a tube, like I sort of feel . . . that I'm at the bottom of a tube looking up. . . . You can see the [screens] and imagery converging with a point in the center. . . ." (Siegel<sup>22</sup>, p. 117.)

But the tunnel/tube images take various forms in UFO reports. Some of these are clearly tunnel-like, while others seem to be figurative extensions of the image. As Figure 9 shows, they emerge in reports as UFO passageways, cubicles, transparent containers, rooms, etc. The similar tube image appears as a hoselike appendage hanging from the UFO, and also in a miniversion as a cylindrical tube frequently wielded (as if a medical instrument) by entities during alleged physical examinations.

The tunnel/tube image also seems to recur in the many reports of cylindrical UFOs. (Some typical examples appear in Figure 10.) One of the most unusual manifestations of this image is the retracting light beam, which witnesses describe as akin to a lighted tube or tunnel. From ground perspective it is as if they are looking into a tunnel of light. This tubelike beam has several bizarre qualities: it reportedly emerges and retracts slowly, showing a flat "end" (as in Figure 11); its bright light often casts no shadows; and it allegedly has physical effects upon witnesses and environment.

One function of these tubes of light is the levitation of witnesses. Figure 12 shows a typical rendering of a "real" levitation. Similar events were described by three imaginary subjects:

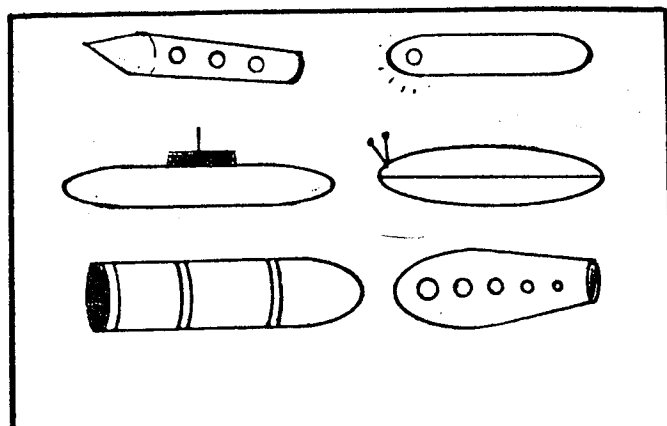


FIGURE 10—TUBE SHAPED UFOs.

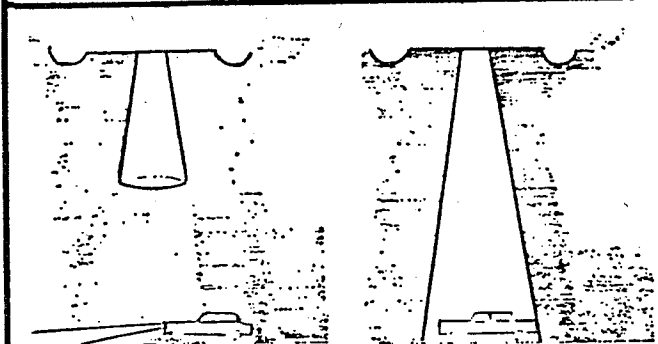


FIGURE 11—TYPICAL RETRACTING LIGHT BEAM FROM UFO SHOWING FLAT "CUT-OFF" END.

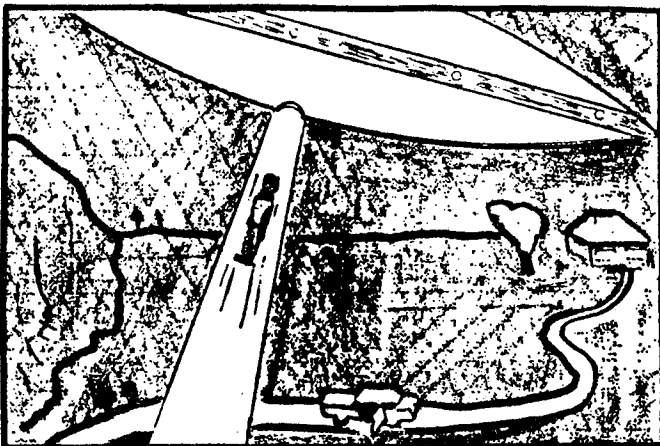


FIGURE 12—REPORTED LEVITATION BY BEAM OF LIGHT.

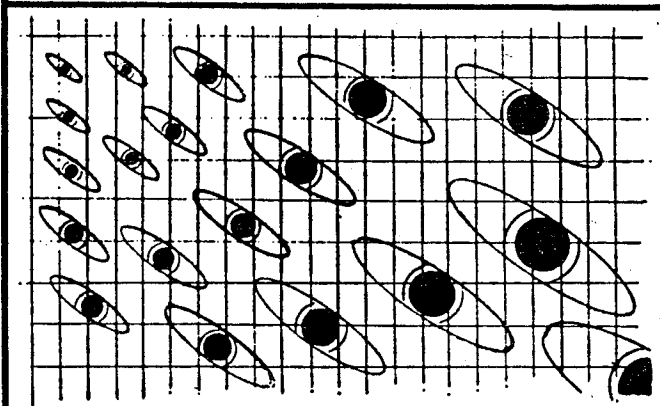


FIGURE 13—GEOMETRIC PATTERN AND "COMPLEX" OR RECOGNIZABLE IMAGERY FROM HALLUCINATION.

Subject #1: "A long tube came out of it, and it was about two feet above me. . . . And this long cylinderlike tube came down. It was gray and . . . was like all colored lights inside of it. . . . I seem to be floating for a second, and—then I was inside. . . ."

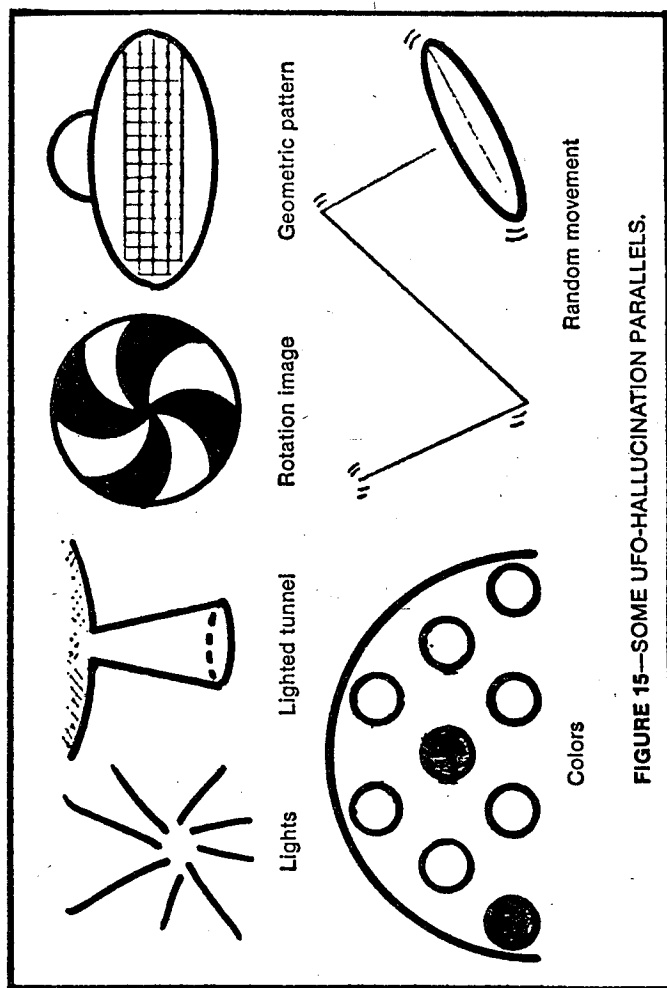
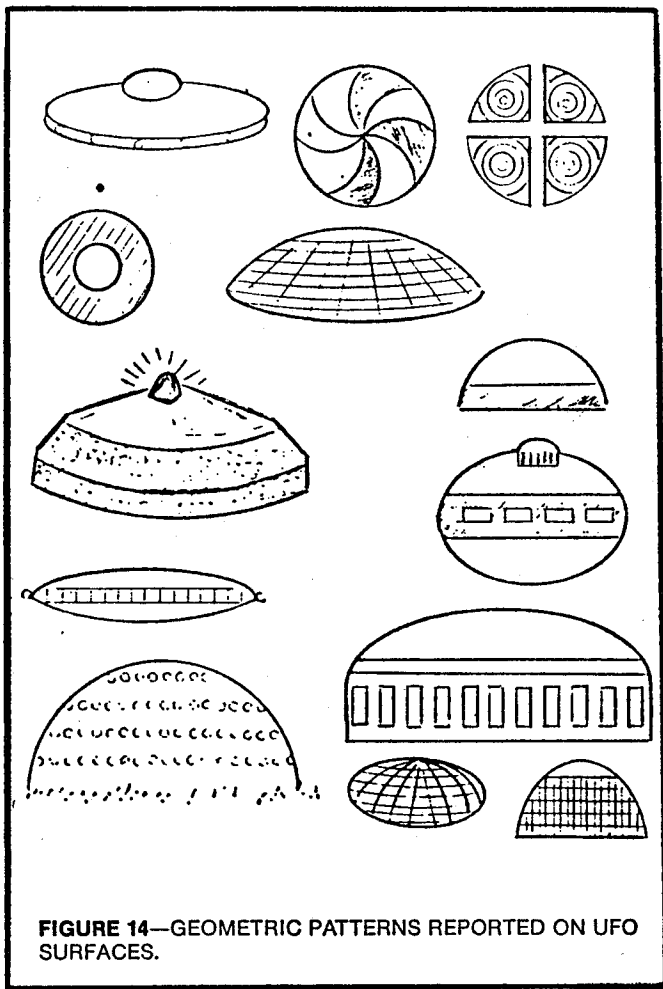
Subject #3: ". . . gentle suction . . . it just sort of drew me up into it, sort of through the bottom . . . like some sort of tunnel of air and light, drawing me up inside of it. . . . I'm inside of a tube when I first come in. . . ."

Subject #4: "I was pulled in . . . a particle of dust into a vacuum cleaner. I mean, I'm just suddenly there. . . ."

Another common image in hallucinations is the geometric or lattice pattern, which is sometimes found combined with complex or recognizable imagery (as is Figure 13). Geometric patterns are also found in witnesses' sketches of the textured surfaces of UFOs (various examples are shown in Figure 14). Many UFO geometric patterns are apparent rectangular or circular light sources which are interpreted as "windows" by witnesses. An interesting point about reported UFO shapes is that virtually every geometric form can be found among witnesses' sketches.

Thus UFOs can be directly associated with a sequence of hallucination image constants (see Figure 15): pulsating light sources tunnels and/or tubes, rotating images, geometric patterns, colors, and random movement. These and other parallels support the idea that sequential patterns exist in drug-induced hallucinations as well as abductions. Siegel says that at least cocaine hallucinations appear to progress toward increasingly intense levels of experience, "from simple snow lights through geometric forms to tactile sensations (<sup>11</sup>)."

Remaining parallels are even more dramatic. The imagery from hallucinations and close-encounter reports is often so similar as to be nearly interchangeable. In Figure 16 are four such sketches: first "A", from a CEIII in which a UFO with a "honeycomb texture" was ob-



**FIGURE 15—SOME UFO-HALLUCINATION PARALLELS.**

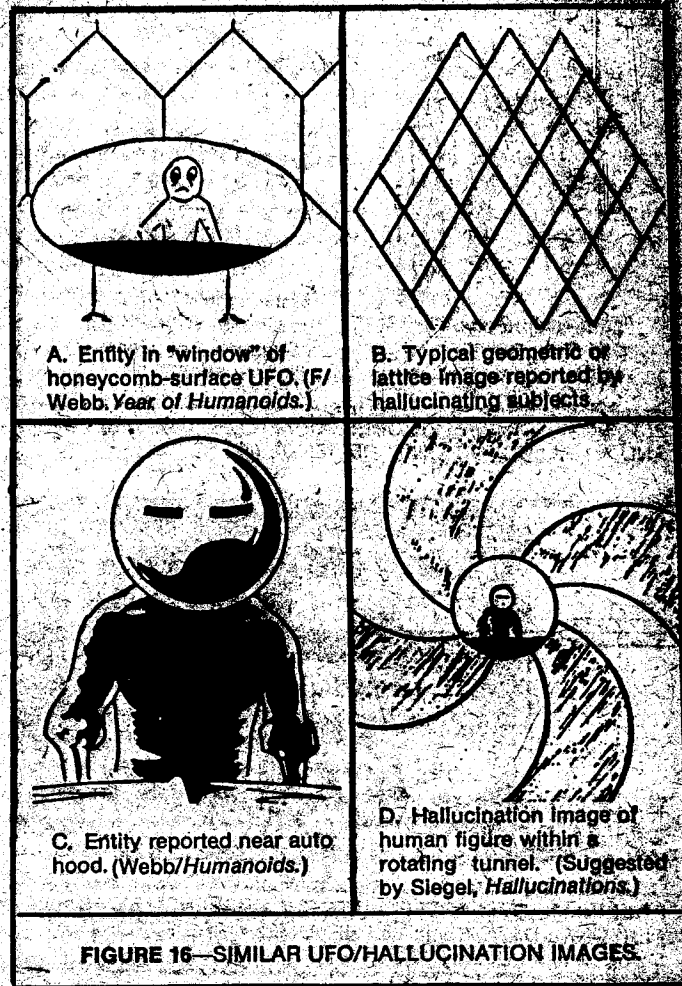
sered with an entity in a window; "B" is a typical geometric pattern from a hallucination, not very different from the textured surface of "A"; "D", also from a hallucination experience, shows a rotating tunnel with a figure in a "window" and resembles both "A" and "C".

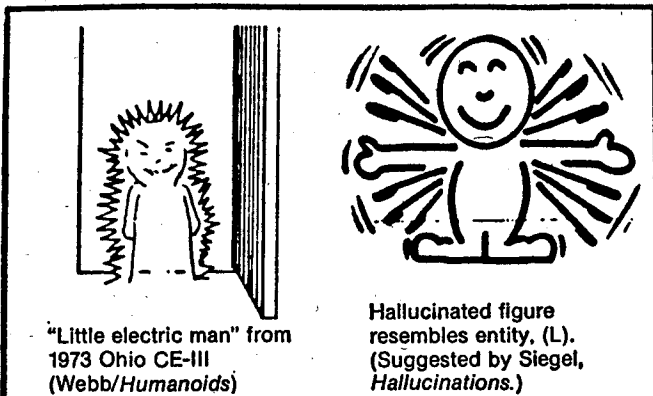
In Figure 17 a "complex" or recognizable hallucination image can be compared with a reported entity. Similarities between the two cartoonlike figures include their aura, their expressions, and that both seem apparitional. Oddly, both hallucination and abduction witnesses perceive human forms as cartoonlike on occasion.

There are other similarities. Hallucinating subjects apparently integrate their own memories into their sessions, experiencing old events with some changes and a new intensity. One interesting manifestation of this process is illustrated in Figure 18. Hallucinating subjects commonly observe a series of "TV screens" displaying various personal events from their past. Similarly, both imaginary and "real" abductees report seeing groups of such screens bearing autobiographical data.

Personal data emerge in other segments of abduction narratives. For instance, Judy Kendall described her "anesthetization" by aliens, and then revealed she had been catheterized while in a hospital (4). Sandy Larson reported having her sinuses "scraped" by her alien examiner, who had had a sinus operation previously (4). There are other examples in the literature. Surprisingly, one of the imaginary subjects also experienced this medical-memory phenomenon: subject #3 said a large mask apparatus was put over her face during her examination then she remembered that a similar mask was used when she was given a tonsillectomy as a child. If remembered personal details can find their way into imaginary and abduction narratives, there is no reason why other personal data should not turn up as well. As in the case of hallucinations, it is clear that the interplay of memory and imagination may promote a wide variety of details originating in the subject's personal experience.

Witness misinterpretations may also be involved in a second body of evidence supporting the "reality" of abductees' experiences. This evidence is provided by





"Little electric man" from 1973 Ohio CE-III (Webb/Humanoids)

Hallucinated figure resembles entity, (L). (Suggested by Siegel, *Hallucinations*.)

FIGURE 17—SIMILAR FIGURES FROM A UFO CASE (L) AND A HALLUCINATION EXPERIENCE (R).

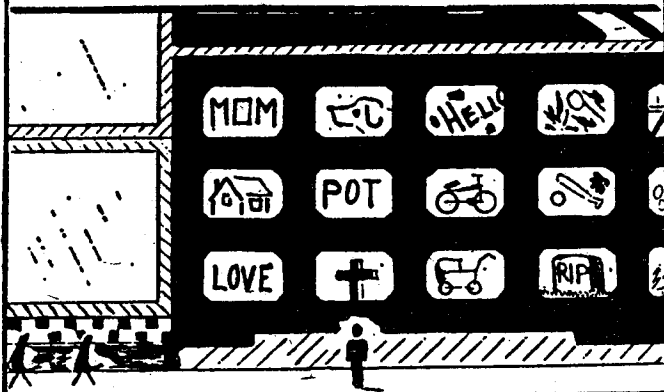


FIGURE 18—"ABDUCTEE" AND "TV SCREENS" BEARING PERSONAL DATA. SIMILAR PHENOMENA ARE REPORTED DURING HALLUCINATIONS.

"death" narratives or descriptions of events supplied by persons who have apparently experienced clinical death before being resuscitated or otherwise "returned" to life. As described by Raymond Moody and others (9) the evidence is anecdotal rather than rigidly scientific, and this should be kept in mind. But besides being intriguing and provocative, in its generally informal character it is not too different from the bulk of UFO evidence. "Death" experiences typically involve a series of events which have many parallels with the UFO abduction sequence. Although "death" narratives do not always follow an identical sequence of events, many of the described phenomena are consistent with details from abductions. Similarities include: (1) a bright light; (2) a humming (musical or annoying); (3) a sense of "floating" out of body; (4) moving through a "tunnel" or "tube"; (5) approaching a "door" or border of some sort; (6) encountering a "being of light"; (7) telepathic communication with the "being"; (8) a rapid review "as on a TV screen" of events in the witness's life; (9) a kind of "moral examination" (roughly akin to the abductee's physical exam) which involves past deeds; (10) a moral "message" of some kind; (11) a "return"; (12) an aftermath in which the witness experiences varying degrees of personality change.

The overall context of death and dying is of course remote from UFO abductions, but in that respect it is like reports of hallucination experiences. In Figure 19 are imaginary abductions, hallucinations, "death" narratives, and other processes. The apparent near-identity of imagery among these phenomena suggests that whatever differences there are stem not from qualitative distinctions but from participants' interpretations. Note also that Figure 19 includes imaginary hallucinations, imaginary "death" experiences, and creative-imagination categories. Study of these areas is well under way, and further results will be made available at the earliest convenience.

Do the extensive parallels among hallucinations, "death" experiences, and imaginary/"real" abductions prove that UFO abductions are illusory? I think not, for four reasons. First, many abduction (and other close-encounter) reports involve dual or multiple witnesses and

| ENCOUNTER SEQUENCE   | REAL ABDUCTIONS | IMAGINARY ABDUCTIONS | HALLUCINATIONS | DEATHBED NARRATIVES | RELIGIOUS CONVERSION | MYSTICAL EXPS. | SHAMANS TRANCES | MIGRAINE ATTACKS | "LITTLE PEOPLE" | IMAGINARY HALLUCINATIONS | IMAGINARY DEATHS | CREATIVE IMAGINATION |
|----------------------|-----------------|----------------------|----------------|---------------------|----------------------|----------------|-----------------|------------------|-----------------|--------------------------|------------------|----------------------|
| BRIGHT LIGHT         | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| GEOMETRIC PATTERNS   | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| TUNNEL/TUBE          | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| SHAPE CHANGES        | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| SIZE CHANGES         | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| SOUNDS               | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| SENSE OF FLOATING    | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| "BIG ROOM"           | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| "DOOR"               | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| BEING                | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| COMMUNICATION        | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| "TV SCREEN" REVIEW   | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| MORAL EXAMINATION    | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| PHYSICAL EXAMINATION | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| BODILY DISMEMBERMENT | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| PARALYSIS            | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| FOG, MIST PRESENT    | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| "MESSAGE"            | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| RETURN               | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| AFTERMATH            | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |
| INEFFABILITY OF EXP. | *               | *                    | *              | *                   | *                    | *              | *               | *                | *               | *                        | *                | *                    |

Figure 19. Parallels Among Various Mental Phenomena Sharing Basic Elements of the "Encounter Matrix"

there is scant evidence that multiple hallucinations or shared "deaths" occur at all—let alone spontaneously and extending over several hours. Second, there are reported physiological, psychological, and physical effects associated with abduction experiences which—if true—are uncharacteristic of the other events. Third, hallucinating and "death" subjects are convinced of the "reality" of their experience only during or after peak intensity periods; but most abduction or other close-encounter witnesses are persuaded very early of the "reality" of the event—however incredible they know it to be. Fourth, while the triggering mechanism or stimulus for hallucinations and "deaths" apparently can be determined with some accuracy, the stimulus for "real" abduction experiences continues to be one of the major unknowns of ufology.

While abduction experiences are probably not simply hallucinatory, their association with hallucination and "death" image constants provides objective evidence of substantial significance to ufology: these similarities argue that at least parts of "real" abductees' narratives are accurate reflections of what their sensory mechanisms have reported. That is, witnesses have *really perceived* bright, pulsating colors, lighted tunnels, lattice-textured "some-things" in random movement in the skies, and humanoid figures! These "abduction image constants" provide a structure which "real" witnesses could so interpret as to lead them to develop an encounter narrative—just as the imaginary subjects may have done.

A briefly sketched model of a "real" abduction experience could involve the following: (1) the abduction image constants (which the witness actually perceives) are integrated with data largely from (2) the imagination, (3) the memory, and (4) the witness's (ETH-biased) general awareness of UFOs. The witness's conviction of the "reality" of the image constants encourages an uncritical acceptance of data from the imagination and memory, and another UFO encounter event is experienced. This model falls short of explaining major segments



of the UFO phenomenon, particularly the reported physical and physiological effects which allegedly accompany close encounters. It does not clarify how or why witnesses integrate the image constants and other data into abduction experiences nor how all these matters relate to night lights and daylight discs, which comprise the majority of sighting reports. Above all, still unknown is the nature of the stimulus which initiates the witnesses' perception of abduction image constants—the first and most mysterious event in the abduction sequence. In this connection, the French ufologist Claud Rifat's speculative conclusions seem apt:

UFO reports . . . do not give us any indication of the true stimulus which elicited the report; they give us only what the subject fancies about the nature of a UFO. . . . CEIII's are LSD-like experiences in which a subject perceives a mixture of the real world and of her/his inner unconscious one. . . .<sup>10</sup>

This epistemological dilemma should suffice, but its complexities multiply. A recent study by psychologist Richard Haines finds no substantial differences between sketches of UFOs by "real" witnesses and nonwitnesses,<sup>4</sup> indicating that anyone can sketch a UFO with "accuracy" whether or not he/she has had a UFO experience. Like the imaginary study, the Haines results make one wonder how much—if any—UFO witness testimony is "true." Further, researchers have determined that during REM or dream sleep the human muscular system undergoes a mild paralysis (perhaps to prevent the physical acting out of dreams).<sup>1</sup> Close encounter witnesses frequently report a sense of paralysis at the first approach of a UFO and/or at other intense moments. But several imaginary abductees—and their enigmatic consistency is maddening—*said they felt* paralyzed at similar moments. If the paralysis means that UFO experiences are related somehow to dreams, then how do we explain the imaginary subjects' reports of paralysis in similar situations?

It is likely that dreams, hallucinations, death experi-

ences, and a variety of other mental phenomena are related to UFO experiences. Our research has found extensive similarities between UFO encounters and religious and metaphysical mysticism, folklore,<sup>16</sup> shamans' trances, migraine attacks, and even the operations of the creative imagination. Among the similarities are recurrent image-constants, a basically consistent sequence of events, and the unusual "peak experience" quality common to all. Also, very bizarre incidents in abduction reports have parallels in these phenomena. For example, the embarrassingly incredible "bodily dismemberment" sometimes reported by abductees (i.e., Sandy Larson, Garden Grove Case, etc.), is a regular feature of shamans' "death-rebirth" trances. Again, the commonly reported "TV screen review" in abduction cases clearly suggests the "my whole life flashed by" syndrome of near-drowning victims and persons undergoing psychic shock. Obviously, all of these phenomena could be related by some common aspect of consciousness.

While psychologists do not understand any of these matters completely, two theories (both of which recall Jung's collective unconscious, interestingly) seem worth considering. Siegel proposes that "underlying mechanisms in the central nervous system" are operative in hallucinations.<sup>12</sup> Stanislav Grof suggests there are archetypal matrices in the mind which are activated after a requisite stimulus.<sup>3</sup> Grof follows psychologist Otto Rank and others who find a major formative influence on the brain in the trauma associated with normal human birth processes. It is tempting to see a relationship between the omnipresent tunnel/tube images of UFO encounters and the vaginal tube or tunnel through which most of us have passed during birth. Parallels abound in the infant's trip from Eden-like security through a violently oppressive and perhaps prolonged passage to a "big room" with "beings," bright lights, and strange sounds. The physical, physiological, and psychological effects on the newborn can hardly be overestimated, and these effects recall the similarly overwhelming responses by "real" abductees to their adventures.

We are presently considering a test of the birth-trauma hypothesis. We will attempt to give imaginary abductions to a group of individuals who have been born by Caesarian section to see whether the tube image is equally dominant, less so, or nonexistent in their narratives. If there are significant differences between these subjects and others, it will be interesting.

We have followed Grof's ideas somewhat in naming the UFO/hallucination/deathbed-vision process the encounter matrix. We see it as serving many situations in common, with the individual's subjective interpretations determining whether a given event is experienced as a "death" event, an abduction, or whatever.

The idea that processes of the central nervous system and/or unconscious matrices are involved in UFO encounters certainly seems worth pursuing. If ufologists have learned something from hypnosis, hallucinations, and deathbed visions, perhaps psychologists and other specialists in human consciousness may learn something from abduction narratives and the bulk of UFO reports. Aids to such study may well include the encounter matrix theory and hypnosis of imaginary "abductees," which together have provided one of the first informed series of apparent replications of UFO experiences.<sup>14</sup>

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#### Appendix I

The imaginary abductees were unpaid volunteers from local colleges and communities who were recruited through word-of-mouth and campus newspaper advertis-

ing. The student newspaper ad asked for "creative, verbal types" to volunteer for an "interesting experience in hypnosis and imagination." Selection was made after screening out any who had UFO sightings, and those who seemed informed about UFOs. On the night of the hypnosis sessions an informational questionnaire was administered, testing for general attitudes toward UFOs and including a series of name-recognition questions which were later given to the subject under hypnosis as a check.

The imaginary abduction hypnosis sessions were conducted in a hospital in Anaheim, California. The hypnotist was Dr. William C. McCall, a medical doctor with two decades of clinical hypnosis experience, who over the past four years has regressed more than thirty persons who allegedly were involved in abductions or close encounters. Dr. McCall utilized an arm-lowering induction in all cases described herein. Each session took about an hour.

The investigators had expected that much prompting of the subjects would be necessary to get any results at all, and thus the interrogation form was supplied with many specifics such as size, shape, color, sense data, etc., as an aid to the hypnotist in case the subjects could not supply such details. What actually happened, as is so often the case in UFO research, the investigators found astonishing: each of the first eight subjects regressed provided a coherent, intriguing UFO abduction narrative. What startled us at first was the subjects' ease and eagerness of narrative invention. Usually, after introducing each situation—such as, "Describe the interior"—Dr. McCall would sit back and the subject would talk freely with no more prompting than an occasional, "What's happening now?"

It should be emphasized that all eight of the imaginary regressions in this first series were carried out in early 1977, many months before the release of the motion pictures *Close Encounters of the Third Kind* and *Star Wars*. Thus these obvious sources could not have influenced the first group of imaginary subjects. We have found no substantial Hollywood influence on any imaginary subject we have regressed since the release of these films.

## Appendix II

After the first two sessions, it was obvious that an objective analysis of the data was imperative. A line-by-line analysis of four "real" and four imaginary sessions was initiated, with informational data in each of the ten categories being checked throughout. (An example of an analyzed typescript for imaginary subject #5 is attached as Appendix III.)

The quantification attempt is not wholly satisfactory, for the categories are imperfect and the analyses based upon them are subjective and imprecise. Further, "real" hypnotic-regression sessions present major problems to the analyst: the sessions vary in length, and witnesses often repeat themselves, are often given cues, and are contradictory and fragmentary in narrative manner. Still it should be pointed out that the same analytical machinery was applied to both "real" and imaginary narratives.

When data from the four imaginary sessions had been analyzed, they were compared with the four "real" abductions. The "real" cases had been chosen because they were deemed of high credibility: three cases involved multiple witnesses and the fourth had two; all but one had received extensive media and investigative attention, and that one had been investigated by the imaginary hypnosis team.

The ten-category analysis computed its results in rather simple-minded fashion, by totaling the number of informational "bits" in each category and dividing to get percentages. While individual figures varied as much as ten points, a pattern emerges when the averages of the four "real" cases are compared with averages of the four imaginary cases:

COMPARISON OF "REAL" AND IMAGINARY CASES  
(IN INFO BIT NUMBERS AND PERCENTAGES)

INFORMATION BIT  
CATEGORY: #1 #2 #3 #4 #5 #6 #7 #8 TOTAL

(IN BIT NUMBERS)

|                 |     |    |    |     |    |    |    |    |     |
|-----------------|-----|----|----|-----|----|----|----|----|-----|
| "REAL" CASE A:* | 127 | 30 | 5  | 135 | 83 | 33 | 58 | 86 | 557 |
| "REAL" CASE B:  | 115 | 30 | 13 | 80  | 38 | 37 | 34 | 42 | 389 |
| "REAL" CASE C:  | 129 | 26 | 12 | 121 | 47 | 56 | 72 | 62 | 525 |
| "REAL" CASE D:  | 122 | 23 | 10 | 125 | 22 | 33 | 83 | 34 | 452 |

|               |     |    |    |     |    |    |    |    |     |
|---------------|-----|----|----|-----|----|----|----|----|-----|
| IMAG. CASE A: | 103 | 36 | 6  | 72  | 44 | 33 | 48 | 22 | 364 |
| IMAG. CASE B: | 76  | 23 | 9  | 54  | 33 | 30 | 24 | 24 | 273 |
| IMAG. CASE C: | 90  | 29 | 6  | 79  | 23 | 33 | 31 | 32 | 323 |
| IMAG. CASE D: | 89  | 32 | 26 | 131 | 62 | 29 | 70 | 50 | 489 |

|                 |     |    |    |     |    |    |    |    |     |
|-----------------|-----|----|----|-----|----|----|----|----|-----|
| "REAL" AVERAGE: | 123 | 27 | 10 | 115 | 48 | 40 | 62 | 56 | 481 |
| IMAG. AVERAGE:  | 89  | 30 | 12 | 84  | 40 | 31 | 43 | 32 | 362 |

INFORMATION  
CATEGORY: #1 #2 #3 #4 #5 #6 #7 #8

(IN PERCENTAGES)

|                |      |      |      |      |      |      |      |      |
|----------------|------|------|------|------|------|------|------|------|
| "REAL" CASE A: | .228 | .053 | .008 | .242 | .149 | .059 | .104 | .154 |
| "REAL" CASE B: | .295 | .077 | .033 | .205 | .097 | .095 | .087 | .107 |
| "REAL" CASE C: | .246 | .049 | .023 | .230 | .089 | .107 | .137 | .118 |
| "REAL" CASE D: | .269 | .050 | .022 | .276 | .048 | .073 | .183 | .075 |

|               |      |      |      |      |      |      |      |      |
|---------------|------|------|------|------|------|------|------|------|
| IMAG. CASE A: | .282 | .099 | .016 | .198 | .121 | .091 | .132 | .060 |
| IMAG. CASE B: | .278 | .084 | .033 | .197 | .120 | .109 | .088 | .088 |
| IMAG. CASE C: | .278 | .089 | .018 | .244 | .071 | .102 | .096 | .099 |
| IMAG. CASE D: | .182 | .065 | .053 | .267 | .127 | .059 | .143 | .102 |

|                 |      |      |      |      |      |      |      |      |
|-----------------|------|------|------|------|------|------|------|------|
| "REAL" AVERAGE: | .256 | .056 | .021 | .239 | .099 | .083 | .128 | .116 |
| IMAG. AVERAGE:  | .255 | .084 | .030 | .226 | .109 | .090 | .114 | .087 |

\* Identification of the "real" cases may be helpful. "A" is Judy Kendall (Woodland, Calif., 1971); "B" is Betty Hill's "dream narrative"; "C" is Elaine Thomas (Liberty, Kentucky, 1976); "D" is Sandy Larson.

Appendix III

Sample Imaginary Hypnotic Transcript

Question #5: Subject Undergoes  
"Physical Examination":

MC: All right. Now, I want you to imagine that you're undergoing some type of physical examination. I want you to describe to me what's happening.

EJ: Uh—I'm laying on one of those tables. Uh—that one that was closest to me still seems to be the one that's in charge of things. Uh—my heart is beating really fast because I'm really scared, even though he communicated to me not to be afraid. I don't know if he understands how much a human—you know—can take, or what he can do to me that—that it will be all right, and what it won't. And if he's going to inject anything in me or not. Uh—I'm praying, but I'm not closing my eyes because I'm staring at this being. I'm afraid of him. Uh—he's got me strapped down. A strap across my arms, and one across my lower leg. Uh— . . . he's doing things like—like I guess—checking our heartbeat, taking a blood test—

MC: How is he doing that?

EJ: Got . . . one of those machines for taking blood. It's like a needle on the long end of one of those tubes. So, it's just—took it out real quick. Almost like a vacuum. Uh— . . . and . . . his fingers are kind of cold and clammy. . . .

MC: What's happening now?

EJ: Well, they're—seems like my clothes have kind of disintegrated. I just feel—strange. Uh—cold and hot. Uh—the other one is—seems to be down at my feet. Checking bone structures, feeling my toes and my ankles and legs and—guess he's—he—they don't seem to have—like when he touches me, he doesn't seem to be—like, bony fingers. Maybe he's interested that I have bones. Uh—they're—gentle—they're not harsh. The—uh—they got one of those—they got that machine with all of those things up

there. I'm not sure what all they're trying to do. Uh—  
—they—took some of the air I'm breathing from  
out of my mouth—I breathed into a tube. Uh—he's  
wiping the sweat off of my forehead and my chest,  
and . . . seems to want to analyze it. They're taking  
—taking saliva tests—that went down another tube.  
Uh— . . . checking out . . . uh—my breasts . . .  
kind of—he doesn't seem to be at all sexually  
aroused. It seems so clinical I guess it doesn't really  
bother me. Uh—he keeps poking me. . . . They're—  
I guess they're going to . . . check and see—they're  
doing like an X-ray . . . it's my whole body, all at  
once. And they seem to have some machine they  
can—they are looking up to see . . . my genitals, my  
uterus, all that. They seem to be able to . . . light  
up the area and be able to see inside. Aw, I'm just  
really sweating now, it's just really bothering me.  
It's not painful, it just—just bothers me.

MC: Can you move?

EJ: No, I really can't. They've got me pretty well  
strapped down. I—I suppose I could scream and  
yell if I wanted to, but I don't think it would do a  
lot of good. . . . They want to take some skin. . . .

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