

Post Abduction Syndrome (PAS)

Description of an Emerging Syndrome

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2-14-2000

This proposal of a new and emerging syndrome will attempt to define the cluster of symptoms and behaviors that develop in some individuals in response to the alien abduction phenomenon.

Post Abduction Syndrome (PAS) (Westrum, 1986) is an anxiety disorder that is closely related to Posttraumatic Stress Disorder (APA, 1994). It is characterized by the reexperiencing of abduction related memories, fragments, or distortions of those memories and is accompanied by symptoms of increased anxiety and by avoidance of stimuli related to abduction memories or abduction related events. The affected person may experience levels of anxiety that interfere with functioning in personal, occupational, or social areas.

Diagnostic Features

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

Characteristic Symptoms

Persistent reexperiencing of the traumatic event characterized by flashbacks (APA, 1994)

Persistent avoidance of stimuli associated with the trauma (APA, 1994)

Denial of the event

Labeling the event something else-"blackout", being lost, etc.

Phobic avoidance of areas or situations where contact occurred.

Refraining from sleep at the time contact occurred-sleeping in the daytime

Emotional reaction to literature, pictures, or videos about alien entities e.g. turning over books with a picture of an alien or UFO which may include avoiding them. (Bryant, 1991)

Numbing of emotions and responsiveness characterized by inability to feel intimacy, pleasure, or to express emotions-emotional anesthesia. (APA, 1994, Bryant,1991)

Diminished interest or less participation in previously enjoyed activities. (APA, 1994)

May have a sense of foreshortened future -no expectation of normal life events or normal life span. (APA, 1994)

May fear abduction with no return or lengthy abduction.

Anxiety symptoms that persist-hypervigilance, exaggerated startle response, irritability, and panic attacks (APA, 1994)

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

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

Sleep disturbances -- difficulty falling or staying asleep Hyper vigilance Exaggerated startle response Sleepwalking Vivid nightmares Panic attacks Alien phobia Restlessness Worry and rumination Difficulty concentrating

Duration of the symptoms is longer than one month

Specifiers-The specifiers may be used to specify the onset and duration(APA, 1994).

Acute: This specifier should be used when the symptoms are present for less than three months.

Chronic: This specifier should be used when the symptoms last three months or longer.

Delayed Onset: This specifier would indicate thatat least six months have passed between the traumatic event and the onset of remembered symptoms.

Associated Features and Disorders

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

The following manifestations of PAS may present:

Reluctance to enter into relationships

Phobic avoidance of situations that remind the person of abduction such as: elevators, escalators, doctor's offices, physician's procedures (many women avoid gynecological exams or become extremely anxious when gynecological procedures are performed), dentist's chairs and procedures. (Jacobs, 1992)

Persons with PAS may engage in avoidance of medical care to the detriment of their health.

Avoidance of pictures and or books about UFOs and aliens

Marital or relationship problems such as: guilt at the possible involvement of their partner feelings of anger and resentment by partner regarding the sexual/gynecological aspects of abduction and/or feelings of guilt by partner related to inability to protect the abductee. (Jacobs, 1992)

Parents may experience guilt and anger at the possible involvement of their children or grandchildren.

Occupational difficulties-may have loss of job due to constant obsession with remembered abductions activity and level of PAS symptomatology. (conversation, Jacobs, 1999)

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

Some remedies abductees may employ are:

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

Evaluation of PAS

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

Examination Findings

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

Specific Culture and Age Features

Young children may vividly recall monsters who come into their bedroom at night. Children, adolescents, and adults may develop fear of going to bed at night and fear sleeping in their own bedroom. (conversation, Jacobs, 1999).

Children might express their abduction experiences in their art work or style of play. (Bryant, 1991). Children also might express the fear that they might be taken away from their parents by the aliens. There exists also the real possibility the children could be taken from their parents by social service agencies if parents openly divulge their own abduction experiences. Often

children report that they have been told by the aliens that the aliens are their real parents. (This has been frequently reported by children and adults reexperiencing childhood memories and in fact may be a ploy to gain the child's cooperation as children of a young age are more difficult for the aliens to control.) (conversation, Jacobs, 1999). Children might harbor the belief that they will not grow up to be adults. Children might also be exposed to witnessing the abduction of their parents generating feelings of shock, intense fear, and anger that their parents are unable to protect them. They may also harbor the belief that they in some way caused their parents or siblings to be abducted. Children may grow up with a strong sense that they do not belong there and that the earth is not their "real" home, or that one or both of their parents are not biologically related to them. (conversation, Jacobs, 1999).

It would be difficult to assess cultural variables as this phenomenon has not been studied in mainstream psychology and in the Western World persons who report their abduction activity are usually regarded as having psychopathology (Jacobs, 1992). [For] [In the case of omit?] indigenous peoples, abduction reports are regarded as a sign of contact with the spirit world or magical phenomena.

Course

PAS may occur at any age and the length of the disorder may vary from three to six months to several years. The frequency of abductions and the variable of conscious memory of abductions may influence severity and resolution. The disorder can develop and often does in the absence of other psychopathology.

Treatment

Reduction of anxiety and treatment of depression are primary considerations. In those individuals for whom denial is not essential for the maintenance of a functional lifestyle restoration of memory may lead to normalization of their lifestyle.

Hypnotic regression must be approached with great caution utilizing appropriate screening and with an attempt to minimize confabulation (Jacobs, 1992). Currently hypnotic regression with a competent hypnotist/therapist/researcher is the method of choice (conversation, Jacobs, 1999).

A support system is an essential factor in the resolution of PAS.

Individuals with frequent and intense abduction activity may approach normalization, however when activity is intense symptoms of PAS may increase (Jacobs, 1992).

An important factor is sleep. Sleep disorders are a common occurrence in the abductee population caused by sleep phobia and very active abduction activity. Sleep deprivation when prolonged can result in decreased serotonin levels predisposing the person to clinical depression and compromise of the immune system (conversation, Jacobs, 1999).

Prevalence

Most abductees are unaware of their abductions and those with partial awareness regard their experiences as spiritual or occult phenomena. In the population of abductees that are aware of or suspect that abductions are occurring, some will regard their experiences as spiritual events and another portion of abductees will view their experiences as traumatic and a portion of those will develop clinical symptoms of PAS.

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