HARVARD MEDICAL SCHOOL

JOHN E. MACK, M.D.
PROFESSOR OF PSYCHIATRY

THE CAMBRIDGE HOSPITAL

1493 CAMBRIDGE STREET
CAMBRIDGE, MASSACHUSETTS 02139
(617) 498-1540

February 22, 1996

Denise DiIanni
NOVA
WGBH Science Unit
125 Western Avenue
Boston, MA 02134

Dear Ms. DiIanni,

I am in receipt of your letter of February 13 and have also viewed the film *Kidnapped by UFO's?* for presentation on PBS on Tuesday, February 27. First, I want to extend my appreciation to you and the staff at NOVA for attempting to give the subject of alien abduction serious attention. You have presented many important issues, which I am currently studying, and there is an opportunity for a dialogue on this controversial subject to emerge.

However, I am disappointed and disturbed that you did not meet your usual high standards for scientific reporting. I would have welcomed—indeed, was looking forward to—a scientific presentation of the data. Instead, the film has been seemingly constructed to self-fulfill a predetermined point of view. A hypothesis is to be considered in light of all of the aspects of a given phenomenon, yet in your program the viewer is not given the benefit of the full range of possibilities. This is irresponsible scientific journalism.

In addition, the implication that my assessment is based on such flimsy data is insulting to my level of experience and competence after forty years of clinical psychiatric practice.

Specifically, I have five main objections to the program as it currently portrays alien abduction research in general and my work in particular.

1) You have presented a biased view by omitting scientific data directly relevant to the discussion.

2) Carl Sagan defines the question (internal vs. external) in a manner which prematurely restricts the investigation of the abduction phenomenon.

3) Individuals without clinical credentials or expertise make allegations about the ethical and clinical nature of my work.

4) You have neglected to check factual data and have misrepresented the truth.

5) By choosing to present this topic as stated above, you are disregarding the potential psychological harm to this population.

I will address each of these points in turn.

1) A Biased View

None of the critics you interviewed have collected data which tests their hypotheses related to abduction experiencers. Furthermore, you neglected to mention data which **have been** collected by other researchers to test these hypotheses. You fail to evaluate the theories in terms of all three factors that make abduction a coherent phenomenon.

- You show me saying that there are no adequate psychological theories to account for abduction reports, yet you do not allow me to explain how and why the theories are inadequate. You therefore imply that I have naively dismissed or overlooked these theories, an action which would be irresponsible for a man of my senior standing in the psychiatric community. Why was I not asked to comment? It was my clear understanding when you asked me to be interviewed for the program, that you were going to present alternative hypotheses and I would be given the opportunity to comment on them.

- My consideration of the alternative theories and how they are inadequate is on record. (See the appendix of the *Abduction* paperback, available since 1994, which I am enclosing). Why didn't you look there while preparing your research?

- A large proportion of abduction experiences are associated with daytime, not sleep. You interviewed individuals who reported daytime experiences. Spanos (1993) found that 40% of individuals reported alien contact or abduction that had not occurred at night. You neglect to mention this in your presentation.

- Sleep paralysis is an inadequate hypothesis to account for the phenomenon. Because two or three symptoms may look like what occurs in sleep paralysis doesn't mean that this explains the whole phenomenon. Baker and other critics leave out the 45 or 50 phenomena that do not correspond to sleep paralysis such as the detailed, consistent narratives that are the substance of the alien abduction accounts (McLeod, 1996). Furthermore, sleep paralysis and hypnogogic hallucinations of long duration are a symptom of narcolepsy, an easily recognizable neurological disorder characterized by an overwhelming desire to sleep at any time (Carlson, 1994).

- 30% of abduction accounts are obtained without hypnosis of any kind (Bullard, 1989). Most of the data collected by me is not collected under hypnosis.

- Data show that abduction experiencers **are not** unusually suggestible, hypnotizable, and do not suffer from mental illness consistent with hallucinations or self-deception (Rodeghier, Goodpastor & Blatterbauer, 1991; Parnell and Sprinkle, 1990). The late distinguished psychologist researcher Nicholas Spanos writes of his data:

  > "these findings clearly contradict the hypothesis that UFO reports—even intense UFO reports characterized by such seemingly bizarre experiences as missing time and communication with aliens—occur primarily in individuals who are highly fantasy prone, given to paranormal beliefs, or unusually suggestible" (Spanos, 1993, p. 62).

  Loftus and Baker may have found suggestibility and hallucinations in the general population, but there is no evidence that these psychological explanations account for abduction reports.

- Contrary to the slant of your program, I am actively testing the alternative hypotheses you propose. The question of how suggestibility and hypnotizability affect the reports of alien abduction is worth studying. For this reason I and the Program for Extraordinary Experience Research are conducting a controlled study to investigate this matter. Although we informed you of our study, you chose not to report on it. You imply that the data you review is the latest and the best.

- Carl Sagan suggests that people do hallucinate, but he knows little and says nothing about the conditions under which hallucinations might occur. There is not one shred of evidence given that hallucination applies to this particular population. As an astronomer, Sagan is not qualified to determine psychiatric criteria for hallucinations and the conditions under which they might occur. Those conditions are not fulfilled in the case of abductees. Sagan also speaks of the human capacity for self-deception. Here, again, he is making a clinical statement, albeit it a general one, but then glibly ascribes this mechanism to abduction.

- The validity of information obtained under hypnosis has been a source of controversy in both the psychiatric and the UFO communities (Frankel, 1993; McConkey, 1992; Scheflin and Shapiro, 1989; Bullard, 1989). Hypnosis is limited to a corroborating role in my investigations at this time. Nevertheless, it is my impression that data obtained through hypnosis in abduction cases is often *more* reliable because it comes without the conscious mind's distorting efforts to provide reasonable, coherent narratives.

- No theory explains all of the following three elements:
  1) the consistency of subjective reports,
  2) the level of affect, associated with these reports, both in and out of hypnosis, and

3) the physical evidence that corroborates the subjective reports.

- There is no evidence that Loftus or anyone else can induce the level of emotion associated with these experiences, whether in hypnosis or by direct suggestion. In your program both the hypnotic subject working with Baker and the young woman given the suggested memory of being lost in a shopping mall show a clear lack of emotional expression related to their experiences. The experience does not seem to be of central importance to them. Abduction experiences tend to have high impact on the person involved (McLeod, 1995). Research tells us that memories of central importance are more likely to be accurate than memories of peripheral importance (Christianson, 1992).

- You define the controversy in terms of physical evidence, yet fail to report cases in which physical evidence and corroborative reports by others supports the subjective report. You state quite clearly that physical evidence is never recovered; MIT physicist David Pritchard (among others) has studied and written about physical evidence consistent with the reports (1994). It does not prove or disprove the existence of aliens, but does corroborate the stories. You have a responsibility to report all data.

- Contrary to Baker's assertion, most experiencers look for alternative explanations to their experiences, and find no comfort in the content of their stories. This should have been evident from your interviews of the experiencers themselves.

- Loftus is mistaken; there is evidence for "body memories," as reported by, for example, Harvard professor van der Kolk (1994).

- It is impossible to interview the nuns from centuries ago to investigate whether their stories met our current criteria for abduction experiences. Baker's point about this is irrelevant to the argument.

2) The Manner in Which You Define the Controversy Prematurely Restricts Investigation

You frame abduction research in terms of ridiculous dichotomies that do not reflect the complexity of the data we and others have collected.

- Reducing proof for the validity of the abduction phenomenon to proof of the existence of extraterrestrials is overly simplistic and reflects neither my opinion nor the current status of the field. I cannot explain the source of these experiences; different researchers have postulated that the experiencers come from different places or domains.

- The question is not is the phenomenon real on an internal vs. an external level, but, how can we begin to investigate a phenomenon that has strong characteristics of *both*?

- We are facing a problem like that faced by the people of the fifteenth century. In that day many people could not believe that the world was round because common knowledge dictated that people would fall off any round object. Similarly, many doctors in Lister's time did not believe in germs because reality dictated that nothing existed that was smaller than could seen by the naked eye. In both cases, scientific knowledge progressed because researchers continued to make observations in the face of criticism by those who claimed that the observations were impossible.

3) Absence of Qualified Clinical Opinion

There were no other clinicians on your program in addition to myself who have worked with people who report these experiences. In no other field would it be permitted that unqualified individuals present as witnesses outside their domain of expertise.

In addition, individuals are making negative allegations about the ethics of my work, despite that fact that 1) they are not clinically qualified to make such judgments, 2) they are clinically unfamiliar with my cases, and 3) evidence against those allegations is documented in the public domain.

- Baker and Sagan, neither of whom have clinical expertise, offer the opinion that I am doing harm by listening to experiencers' accounts. Baker even suggests that I would serve experiencers better by telling them that an experience is "all a dream, and it was all imaginary, and it will probably never happen again." His suggestion is clinically unsound and, as any psychiatrist would agree, would do harm.

- A *basic* counseling principle is that any individual with any kind of problem requires a listening ear. Baker's suggestion that a person's distress goes away if he or she simply stops talking about it is (at best) psychologically unsophisticated. There is documented evidence that being able to speak candidly about their experiences is helpful to them.

- Abduction experiences are distinct from usual imagination and dreams in that they occur with similar details across cultures and people of all ages, and have no apparent relationship to the details of the individuals' ongoing lives. If abduction reports are the result of a common, detailed dream experienced by thousands of people across cultures, than that itself is an extraordinary event that should be studied.

- Contrary to Baker's allegations, I do not tell experiencers they are victims; the transformational aspects of the abduction experience are detailed in my book and in the articles I have written.

- In its apparent zeal to discredit my work and show me as doing harm, the program fails to include testimony from any of the experiencers whom I have helped or the mental health professionals who value my approach. Furthermore, in its (mistaken) depiction of abduction experiencers as disturbed people prone to disturbed imaginings, the program is potentially doing harm to the well being of a large group of vulnerable people.

- Current research is being conducted in accordance with APA ethical standards, as interpreted by the Human Subjects Committee of The Cambridge Hospital at Harvard University. As noted in your program, there has been an internal review of my work, but you do not represent its conclusion accurately. Although Harvard Medical School did not necessarily agree with me, they have encouraged this current study, and have also asked me to bring in more colleagues into discussion of this work. An accurate representation of Harvard Medical School's position is stated in the attached press release of August 3, 1995, to which you undoubtedly would have had access.

4) You Have Neglected to Fact Check the Story of One of Your Principal Witnesses

The segment of your broadcast dealing with Donna Bassett is factually inaccurate, and the statements which she has made and which appear on the preview are totally false.

- Ms. Bassett is described as a "writer." If Ms. Bassett is a writer, what are her published articles?

- Your description of how I met Donna Bassett is inaccurate. We met at a UFO conference at which extensive details about abduction were presented by a variety of speakers. She was already highly informed about the phenomenon. Her interest in the field is documented to at least ten months before meeting me.

- Your program states that I sent material about the abduction phenomenon to Donna Bassett in preparation for a therapy session. I sent this material to *both Edward and Donna Bassett* in preparation for a collegial meeting with them in the lounge of the Charles Hotel. There had been no discussion of my working with Ms. Bassett as a client at this point. Your program, in an unconscionable violation of journalistic ethics, deletes the upper part of that note so that the viewer cannot see both of the addressees.

- Your program implies that I met with Donna Bassett in a bedroom at the Charles Hotel. I met twice with both Edward and Donna Bassett at the Charles Hotel lounge. It was only until after these meetings that Ms. Bassett requested working with me. I conducted three hypnosis sessions with Ms. Bassett. These sessions took place in my home/office and my female assistant was present at all of them.

- Ms. Bassett has a history of making misstatements in print. She has no credentials except that she lied to me and was supposedly "believed." In *Time* magazine Ms. Bassett reports that "hearing the tale, Mack became so excited that he leaned on the bed too heavily and it collapsed." I'm sure that as you reviewed the tape of our session, you heard no such thing.

- There is no evidence that I took her account at face value or that I was "ecstatic." In fact, to the contrary, even prior to her "expose" her account was uncharacteristic of the majority of abduction reports. For this reason I put aside her material, choosing instead to write about other, more consistent accounts.

- It is not possible to determine at this time whether Ms. Bassett, or anyone else, was abducted by aliens. It seems to me that she is a person who has been traumatized.

Of the more than one hundred individuals I have worked with, you have chosen to rely heavily upon the testimony of a person whose story you did not fact check. Donna Bassett's interview and your editing of it are an unconscionable misrepresentation of the truth. My attorney has provided you with extensive detailed documents related to this matter.

5) Disregard for Potential Psychological Harm to this Population

Finally, and, in my opinion, most importantly, by choosing to present this topic in the manner stated above, you are seemingly disregarding the potential psychological harm to people who have been isolated and anxious about sharing their experiences. I see no reason to be disrespectful to those individuals who are attempting to make sense of them and are willing to share their experiences with the rest of us.

In our work thus far, we have found isolation to be one of the most damaging aspects of this phenomenon. As a psychiatrist, I want to go on record saying this program is potentially harmful to many people. We are not saying what is generating this phenomenon; we are not drawing conclusions. As a psychiatrist with more than forty years of clinical experience, my assessment is that these people are having real experiences that are not the product of a psychiatric condition or psychological distortion. <u>The source of these experiences is</u>

unknown. But as a clinician I am compelled to respond to my clients' distress, their ability to function in their daily lives. This has gotten lost in the show.

After your unnecessarily biased presentation, individuals who have had these experiences may feel obliged to return to the closet and become silent once again. People will consider them crackpots, not in touch with reality. They may once again suffer in isolation. I wish to be a voice that enables them to share their experiences appropriately.

Sincerely,

John E. Mack, M.D.