

CHRONIC CLAIMS OF ALIEN ABDUCTION AND SOME OTHER TRAUMAS AS SELF- VICTIMIZATION SYNDROMES

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ABSTRACT

This paper discusses the case of an alleged alien abduction victim who claimed a wide range of dissociation-related and traumatic experiences, with a heavy thematic emphasis upon sexual abuse, extending back to a traumatic non-abuse incident in childhood, for which she apparently was never amnesic. Certain aspects of her history seem consistent with dissociative disorders, organic mental disorders, and Münchausen's syndrome. This case and the alien abduction syndrome as well as some or all narratives associated with multiple personality disorder and "Satanic ritual abuse," do not derive exclusively from severe exogenous trauma and may be viewed more usefully as manifestations of manipulative self-victimization syndromes.

INTRODUCTION

In recent years, numerous individuals have claimed that they have been, and periodically are, abducted and subjected to medical examination and manipulation by extraterrestrials. The phenomenology of the syndrome is complex, and has appeared to evolve continuously since abduction accounts first began to appear widely in print in the mid 1960s. It currently involves claims of frequent amnesic fugues; unexplained scars; sudden memories (in adulthood) of childhood abduction; mysteriously-originating and mysteriously-disappearing pregnancies; mysteriously-originating and mysteriously-disappearing neurological and reproductive monitoring devices or "implants"; sudden awakening, paralysis, and a sense of presence in the early morning hours; poltergeist phenomena and other mysterious electrical disturbances; eating disorders and food allergies; and an anxiety syndrome which has been termed "post-abduction syndrome" by some abduction researchers (Fuller, 1966; Keel, 1975; Hopkins, 1981; Evans, 1984; Hopkins, 1987; Strieber, 1987; Bullard, 1987; Jacobs, 1992; Schnabel, 1994).

The view of prominent abduction researchers in the U.S. is that this phenomenology indicates a covert alien program in which, among other things, human sperm and ova are collected for the creation of human-alien hybrids (Hopkins, 1987; Jacobs, 1992).

However, other observers (Evans, 1984; Ganaway, 1989; Noll, 1989; Powers, 1991) have noted that the phenomenology of the syndrome bears a strong similarity to the experiences claimed by individuals who are prone to dissociation. Even Ring (1992), who does not contend that the etiology of abductions is necessarily mundane, has noted from his own surveys that abductees tend to report a history of (mundane) childhood abuse or trauma, and tend to score highly on measures of dissociative experiences.

The following is a report of a woman who has claimed frequent abductions and manipulations by aliens; frequent rapes, abuse, and harassment by government agents and other men; and frequent mysterious ailments which have resulted in inconclusive but expensive and intrusive hospital tests. Her experiences are discussed in the context of a number of dissociative and other syndromes, including Münchausen's syndrome, and a framework for understanding the connections between these syndromes is proposed.

CASE REPORT

"Annette" (a pseudonym) is a woman in her late twenties, intelligent, with a university degree, and quite personable, although apparently prone to depression and despair as a result of her experiences. Her story was told to this researcher with the understanding that it might be discussed in a book being written about the history of UFO-abduction research (Schnabel, 1994). This story — which I must emphasize is largely unverified — is as follows:

Annette's mother developed measles when pregnant with her, and Annette was born with severe ear problems, a heart murmur, and a cleft palate which subsequently was reconstructed surgically. During her first year, she experienced two minor convulsive seizures, but none thereafter. When Annette was eight years old, a man in the neighborhood began to harass her family, and Annette's father bought and loaded a gun for protection. Annette's father was killed, in Annette's presence, when he attempted to unload the gun and it discharged accidentally. Annette's mother then hastened her from the room, and Annette was not allowed to attend the funeral.

Within a few months of the incident, Annette was abruptly told by her mother that it was time to attend summer camp. She was taken into the backyard of the house, where a coarse-featured young man of about 16 took her hand and somehow conveyed her to a remote cabin where he repeatedly raped her over a period of three days. The man's name was

"Luke" (a pseudonym). He told Annette that in fact she had killed her father and that from now on, no one but he would truly befriend her or fully understand her. When Annette returned from "camp," her mother said, "Oh, look at you, you've been sitting on some poison ivy! What were you doing sitting on poison ivy without your underpants on?"

Annette had had imaginary playmates and a vivid imagination, but she knew the difference between such fantasies and the reality of Luke, who continued periodically to visit her. Usually he took on a malevolent aspect, taunting her ("You're going to like this") and sexually and physically abusing her, although on occasion, he seemed reasonably placid. He once allowed Annette to pull hair from his chest to verify that he was real. Luke also claimed to be a member of Annette's family, and although he was never specific about this claim, Annette's mother appeared to recognize him. When at age nine Annette drew his picture in school and afterwards presented it to her mother, her mother burned the picture and told her never again to draw or to discuss the person whom Annette had depicted.

As a teenager, one of Annette's brothers once underwent a strange experience, changing his voice and personality briefly when confronted at home with the news of a grandparent's death. He reported afterwards that he had seemed to float out of his body across the room, from which vantage point he had observed his altered self. Annette also had an uncle who was widely known to be a psychic.

Annette's odd experiences seemed to be far more numerous than those of any of her relatives. She had frequent episodes of somnambulism. She had out-of-body experiences while in bed at night, and experienced occasional periods of amnesia, even in daytime, often awakening in a strange place, covered with scars and bruises. In one incident, which alarmed her family, she disappeared while snowmobiling in freezing weather and was discovered hours later, lying in the snow beside her snowmobile, with her scarf folded neatly next to her. Oddly, she was neither hypothermic nor injured in any other way. On other occasions when she suffered minor, prosaic injuries, she noted that she had a remarkable insensitivity to pain.

Annette also noted that machinery would sometimes malfunction around her. Electric wristwatches — even with new batteries — frequently ran slow or stopped altogether. Occasionally the telephone would ring but when she would pick it up, she would hear an ordinary dial tone, as if no one had called.

When Annette became sexually active, she noticed that her "first time" hadn't been at all painful. She mentioned it casually to her mother and her mother responded that Annette, when only a year old, had broken her hymen by sitting on a funnel; she had bled for a day or two and then she had been brought to the hospital.

Annette's mother eventually remarried, and Annette grew up amidst relative prosperity, although her relationship with her mother, who had always seemed to favor Annette's younger sister, at times seemed strained. Annette continued to be visited by Luke, and now also by a Hispanic-looking man named "Juan." Juan seldom molested her sexually, pre-

ferring to molest her psychologically instead. For example, he would arrive on her doorstep in the middle of the night and pound on her door, apparently to make her panic. Annette also occasionally was visited by her dead father, although these visits seemed entirely benign. On at least one occasion, Annette noted that a pillow thrown at her dead father went through him, indicating that he was only a ghost; her other visitors were unfortunately more substantial.

Annette's strange experiences, and in particular her tendency to disappear suddenly, made relationships with men difficult; in one case, she disappeared from a house one night during a date with a potential boyfriend. She awoke in a remote part of the house in the morning, amnesic for the period of her disappearance, and attempted to explain that she didn't know what had happened. The young man, who had slept alone for the night, called her a liar and angrily departed.

One day in the late 1980s, at a bookstore on her university campus, Annette saw a copy of Whitley Strieber's best-selling book *Communion*, with the face of a gray alien on its cover. The shock of recognition was so great that she sank to her knees and began sobbing uncontrollably. Later, she read *Communion* and other books about aliens and abductions, and contacted a prominent abduction researcher, "Frank Taylor" (a pseudonym), who interviewed her about her experiences and began a series of regression hypnosis sessions that continues to this day. In each such session, Taylor would elicit memories of one or more of Annette's numerous abduction episodes, which apparently stretched back to her childhood, and continued with remarkable frequency in the present, occurring every few days. At first, Annette withheld from Taylor the information about Luke and Juan, fearing that he would not believe her story if non-alien beings were involved. Taylor therefore interpreted Annette's odd experiences, fugues, and anxieties as relatively uncomplicated alien-abduction experiences. The fact that Annette often awoke from her amnesic episodes with bruises, scars, or other signs of alien manipulation helped to convince him that her experiences were real.

In the early 1990s, Annette told Taylor about Luke and Juan, but because they now often appeared in conjunction with the aliens, it began to seem to her, and to Taylor, that they might be "screen-memory" aliens, or perhaps hybrids or humans working with the aliens. Under hypnosis, Annette now decided that Luke's first appearance in her backyard had been in association with a luminous object, and that Juan seemed anatomically non-human, with fingers that ended abruptly at his wrists.

Luke and Juan and the aliens seemed to appear most frequently at night, during sleeping hours, and when Annette was abducted, she frequently found herself in the company of other abductees, either in spaceships or in apparently earth-bound locations such as furnished offices and caves. During waking hours, beginning approximately in early 1992, Annette began to experience frequent several-hour amnesic episodes from which she would awaken, dishevelled, partially undressed, and occasionally with cuts and bruises. On at least one occasion, the experience was followed (a) by a

feeling of extreme thirst which was only quenched by a gallon or so of water, and (b) by inappropriate sensations, over about 24 hours, of ambient warmth or chill. Hypnotic regression with Taylor often revealed that on these occasions Annette had been abducted by men in dark suits and driven in a black limousine to a secluded place where she had been gang-raped. This began to suggest to her and to Taylor a government conspiracy related to the aliens' abduction program.

Occasionally, Annette's disappearances or abductions would occur during her visits to Frank Taylor's house. On at least one occasion, Taylor prevented her from leaving the house in the middle of the night, and told her later that she had been in a trance-like state, insisting that she had to go outside to meet someone. On another occasion, she was met by several men outside Taylor's house who gave her a bottle of wine to give to Taylor. On yet another occasion, after an abduction experience at her home, she noticed alien residue of some kind on her sheets. She sent the sheets to Taylor, but they disappeared in the mail. Once, when attending an abduction conference with Taylor, she rose in the middle of the night and Taylor, who was sleeping nearby, attempted to prevent her from leaving the house. She explained that she was only going to the bathroom. Taylor returned to bed and in the morning Annette, who herself awoke fully clothed, reported that she had been abducted again. She wasn't sure why she had deceived Taylor during the night.

Annette usually could "feel" when an abduction was about to occur, sensing a certain pain above her right ear, but even so, both the daytime and nighttime experiences interfered with Annette's sleep patterns and with her work as a secretary in a large office. She seldom had a full night's sleep, and often went to bed only in the early hours of the morning. She frequently took sick leave, and her occasional disappearances during work hours brought her into conflict with her employers.

Annette was seeing a professional therapist during this time, and in the summer of 1992, after she experienced another abduction during a UFO abduction conference in the center of a large east coast city, she complained to the therapist that her repeated abduction experiences were making her suicidal. The therapist referred her to a neurologist, who arranged for a temporal lobe epilepsy test with nasal EEG probes and a strobe light in her eyes. The strobe light quickly put her into a pleasant trance within which she experienced floating sensations, and from which the neurologist and his staff had difficulty in retrieving her. There were no EEG abnormalities and the neurologist subsequently diagnosed her as having a susceptibility to "reflexive trance." Her therapist, after reading the neurologist's report, told her that the aliens and her other abductors were most likely the hallucinatory product of her trances, which her mind used to avoid or to distract her from stressful situations. Annette disagreed, explaining to the therapist that the aliens, when they abducted her, often did the same thing that the neurologist had done, putting her on a table and flashing lights in her eyes and forcing her into a trance, and they had been

doing this all her life, which was why she slipped into trances so easily. The same, she told him, was true of other abductees. The therapist, however, continued to disbelieve her abduction accounts, and would prescribe her only Valium (diazepam) for her sleeplessness. Annette flushed the medication down the toilet and terminated her visits to the therapist. She began to see another therapist who believed in the reality of abductions.

At about this time, Annette missed her period and it seemed as though she were pregnant. She believed the father to be an alien or a government rapist. Then one day she began to bleed heavily, and eventually lost consciousness. When she awoke, covered in blood on the floor of her bathroom, she noticed that she had passed what may have been a large blood clot or a dead fetus. She flushed it down the toilet and afterwards her periods resumed.

In the autumn of 1992, Annette began to have the feeling that she could eat only certain foods. Under hypnosis with Frank Taylor, she learned that the aliens had forbidden her to eat anything besides eggs and vegetables. Annette began to experience abdominal pains. Whenever she attempted to eat a proscribed food, she would break out in hives and become nauseous.

One night in early 1993, Annette experienced a joint abduction with another abductee, "Beth," who had been staying in her room at the time. Afterwards, Beth described a human-looking entity who had abused her during the abduction; Annette recognized him as Luke. Beth, an accomplished artist, drew Luke and gave the drawing to Frank Taylor, who displayed it at several abduction conferences where, to his surprise, a number of abductees came forward with claims that they too had seen Luke during their abduction experiences.

Annette had a history of numerous hospital visits, for various ailments including heart problems, ear problems, and wrist problems, and in the late winter of 1993, having quit her job and having moved several hundred miles to a town near her parents where she lived in a single apartment, Annette consulted a gastroenterologist about her abdominal pains. The gastroenterologist asked for a stool sample, which Annette promptly delivered and which contained blood. Additional stool samples also contained blood. A number of invasive examinations, including colonoscopy, gastroscopy, and upper and lower barium radiography, were carried out without finding a lesion which might be the source of the blood. After further tests it was revealed that Annette had a malfunctioning gall bladder. However, a residual uncertainty on the part of the consulted physicians led to further tests and an indefinite postponement of any operation to remove her gall bladder. One series of tests suggested that Annette might have hypoparathyroidism. After further tests were conducted by an endocrinologist, this condition was confirmed, the endocrinologist expressing surprise because the condition was unusual in individuals who had not previously undergone thyroid surgery. Annette was given a course of calcium injections and was later prescribed calcium pills and vitamin D. Within a month her serum calcium level, which had been low at 6.9 [mg/dl], rose to about 7.2 [mg/dl]. The lower

limit of the normal range is 8.5 mg/dl (Alfrey et al., 1992). However, she continued to experience gastrointestinal problems, and presented herself to the local hospital's emergency room at least once in the month following the initiation of her calcium treatment. She began a course of "sulfu" for suspected colitis. She also experienced further dramatic abductions and abuse. In one such episode, she was driving back from a visit to Frank Taylor when she felt ill and pulled her car over to the side of the highway. She went into the woods to vomit, but was there accosted by Juan, who abused her physically and sexually over a period of several hours, leaving bruises and abrasions on her back, and rope-burns on her wrists, and smearing the blood of a mutilated cat upon her face and breasts. She lost consciousness intermittently throughout this experience, but remembered the abuse and that Juan told her that this was in retaliation for her having told Taylor about a previous abduction she had experienced, involving drugged wine in a Manhattan restaurant, and a hazily-remembered cross-town journey to a secret meeting with several military officials in a Hasidic Jewish neighborhood in Brooklyn. Juan warned her that he and the others could confront and abuse her anywhere, whenever they liked. Annette believed him, later telling this author, "My life is over." Even so, Annette afterwards took a gun secretly from her parents' house, loaded it, and placed it beside her bed — to protect herself from Juan and the others. She wrote a long letter, addressed to her persecutors, pleading with them to leave her alone. She also secretly took Valium from her parents' house, to help her sleep, although she discarded it when the Valium seemed to produce vivid nightmares from which she found it difficult to escape into waking consciousness.

This was Annette's story. Most of it is obviously unconfirmable, but in conversations with Frank Taylor, other abductees, one of Annette's former roommates, and Annette's parents, it was possible to obtain corroboration for the following: Annette had witnessed her father's death in a gun accident when she was eight years old. She claimed frequent abductions, and was a frequent visitor to Frank Taylor's house for hypnotic regression. Beth claimed that she had been involved in a traumatic double-abduction involving Annette and Luke. Beth's drawing of Luke was recognized by other abductees at an abduction conference. Annette had been seeing a therapist in the city where she had lived before moving closer to her parents. Annette had been seen on several occasions with inexplicable bruises or scars. Annette did present with a gastrointestinal problem the nature of which was elusive, and did undergo a battery of medical tests concerning a possible gastrointestinal and gall bladder problem. Annette was diagnosed with hypoparathyroidism — although a CT scan of her brain was negative for the calcification that sometimes accompanies parathyroid disorders. This author is not aware of any direct disconfirmations or contradictions by other individuals of any aspects of Annette's story, although relatively few of her claims were checked. This author also had the impression that relations between Annette and her family were quite good, considering her claims.

CASE DISCUSSION

Dissociation

It is difficult to know precisely how to interpret Annette's story, since so little of it has been confirmed by other sources. Also, this author is not a trained mental health professional, and his observation of Annette was made in a non-clinical setting in which there was tolerant listening, but no therapy was attempted.

It can be said, however, that although Annette's experiences are generally more complex and much more frequent than those of other abductees, they encompass most of the standard abduction phenomenology. It should be noted that abductions involving human or semi-human entities occur infrequently in the abduction literature but at present would appear to be rapidly on the increase, following the sensational case of another female abductee in Frank Taylor's circle, Linda, who has claimed, with sometimes elaborate physical "evidence," that she is the target of harassment by government agents with whom she, and a major political figure whom they were guarding, were once abducted by aliens (Schnabel, 1994).¹

Annette's history as reported, and to some extent as confirmed, seems to reflect a dissociative disorder. Some of the more prominent features in this regard are her reports of (a) chronic sexual abuse from childhood, (b) childhood imaginary playmates, (c) frequent somnambulism or fugue-like states with bruising or other injuries, and (d) an abnormally high susceptibility to trance states (Coons, 1984; Bliss, 1986; Putnam, Guroff, Silberman, Barban, & Post, 1986; Ross, 1989).

It could be argued that Annette's behavior during her amnesic fugues represents the behavior of an alter or semi-alter who is not sufficiently distinct to meet the criteria for MPD. Alternatively, it could be that Luke and Juan are former imaginary playmates who, like the more recently created aliens, confront Annette within "internal landscapes" (Ross, 1989, p. 115) but do not take full executive control, and perhaps only manifest behaviorally as self-wounding impulses. Both interpretations would seem consistent with a diagnosis, according to *DSM-III-R* criteria, of Dissociative Disorder Not Otherwise Specified (American Psychiatric Association, 1987), although Coons (1992) notes that in cases of non-executive influence the other characters are usually not experienced as completely separate entities. It is possible that Annette's fugues, bruises, and horror stories reflect the fully executive actions of alters who would emerge with clinical investigation and would justify a diagnosis of MPD.

Other features of Annette's history which are consistent with a diagnosis of dissociative disorder or at least of dissociation-proneness include eating disorders, unexplained somatic symptoms, suicidal ideation, complex and chronic (presumed) visual hallucinations, an occasional abnormal insensitivity to pain, insomnia and abnormal sleep patterns, paranormal-type experiences, an apparent history of dissociative or paranormal-type experiences in near relatives, and a childhood experience of severe non-abuse-related trauma (the death of her father) (Coons, 1984; Pettinati, Horne, &

Staats, 1985; Putnam et al., 1986; Bernstein and Putnam, 1986; Bliss, 1986; American Psychiatric Association, 1987; Ross, 1989; Ross, Heber, Norton & Anderson, 1989; Demitrack, Putnam, Brewerton, Brandt & Gold, 1990). Annette's mysterious "pregnancy" is difficult to evaluate since it is unclear whether it ever occurred, but it may have represented a menstrual problem or pseudocyesis-type episode which was then interpreted by Annette in accord with the standard abduction motif of missing alien-induced pregnancies. Pseudocyesis does appear to have a relationship to dissociative potential (Wilson & Barber, 1983).

Organic Psychosis

Some of Annette's reported symptoms, of course, are consistent with other disorders. The most obvious of these disorders would seem to be the psychoses, and the corroborated report that Annette had hypoparathyroidism suggests an organic psychosis. Hypoparathyroidism is one of several endocrine abnormalities which apparently result in the calcification of brain areas, especially the basal ganglia; these calcifications have been associated with a variety of neurological or psychiatric conditions including seizures, hallucinations, and persecutory delusions (Tambyah, Ong, & Lee, 1993; Bilous et al., 1992; Fulop & Zeifer, 1991; Friedman, Chiucchini, & Tucci, 1987; Cummings, Gosenfeld, Houlihan, & McCaffrey, 1983; Francis & Freeman, 1984; Dimich, Bedrossian, & Wallach, 1967). In Annette's case, however, there apparently was no finding of brain calcification, and her pre-treatment serum calcium level was only moderately low compared to the levels of other reported hypoparathyroid patients (Dimich, et al., 1967). There was no unequivocal evidence in her self-reported history of the epileptoid seizures, tetany, parkinsonism, dementia, or skeletal defects which are often found in adults with idiopathic hypoparathyroidism (Tambyah et al., 1993; Fulop & Zeifer, 1991; Friedman et al., 1987; Cummings et al., 1983; Dimich et al., 1967). It also should be noted that in a review of 267 patients with hypoparathyroidism, only 1.9% manifested clinical psychosis (Denko & Kaelbling, 1962).

Even if hypoparathyroidism were not directly responsible for Annette's hallucinatory experiences and delusions, however, it may have represented a background source of neurological or psychological stress. Lawlor (1988) has described a patient with acute organic anxiety syndrome which apparently resulted from surgery-related hypoparathyroidism and resolved with the return of the patient's serum calcium levels to normal. Lawlor has argued from a review of the literature that there is a frequent association between hypoparathyroidism and anxiety states.

Temporal Lobe Liability

Annette's history, despite the apparent negative TLE test, also includes a number of features which one could argue are indicative of temporal lobe liability. These include premonitory aura-type sensations, apparent hallucinations, floating sensations, paranormal-type experiences, apparent paranoid delusions, apparent "ictal" sexual sensations, thermoregulatory abnormalities, possible mild hypergraphia (the

letter to her persecutors), dependence and passivity, depression, and unusual somnambulatory-type behavior followed by full or partial amnesia (Dewhurst & Beard, 1970; Bear & Fedio, 1977; Bear, 1979; Rémillard et al., 1983; Persinger, 1989; Trimble, 1991; Mikati & Holmes, 1993).

A number of authors have described patients with concurrent MPD-type symptoms and temporal lobe epilepsy or other EEG abnormalities (Coons, Bowman, & Milstein, 1988; Benson, Miller, & Signer, 1986; Schenk & Bear, 1981; Mesulam, 1981; Brende & Rinsley, 1981). Jacobs (1992), a UFO abduction investigator, has noted that one of the abductees he has worked with has temporal lobe epilepsy, although he has argued that this was a coincidence. Persinger (1989) has reported the termination of UFO abduction experiences in one abductee with the anti-convulsant drug carbamazepine, and has argued that UFO abduction experiences and other "visitor" experiences are mediated by temporal lobe microseizures or electrical abnormalities which may not be detectable by ordinary EEG surveillance.

Most MPD patients, however, not only appear to have normal EEGs, and are unresponsive to anti-convulsant medication, but are otherwise clinically distinguishable from patients with temporal lobe epilepsy (Devinsky, Putnam, Grafman, Bromfield, & Theodore, 1989; Loewenstein & Putnam, 1988; Ross et al., 1989; Ross, 1989). Annette, for example, displays none of the religiosity, expansion of affect, hypermoralism, or humorlessness that are commonly reported in temporal lobe epileptics (Bear & Fedio, 1977). Of course, the fact that she does not seem to display these factors could be due in part to the constraints posed by Frank Taylor's "nuts-and-bolts," anti-metaphysical view of the alien abduction phenomenon (Klass, 1989; Schnabel, 1994). Moreover, even Devinsky et al. (1989), who discount a primary role for epilepsy in the etiology of MPD, argue that: "the high incidence of non-epileptiform abnormalities in our [MPD] patients suggests that a neurophysiologic abnormality may contribute to the pathogenesis of MPD." Alternatively, it could be speculated that whatever causes MPD also contributes to the development of neurophysiological abnormalities (Putnam, 1984). The literature on shamanism (Eliade, 1989; Lewis, 1989; Kalweit, 1992) also indicates that epilepsy, or a disorder like it, is regarded in some cultures as a precursor to chronic supernatural encounters. One of the abductees this author met through his research reported that she had a history of convulsions as a child, usually following illness, and usually signalling a sudden recovery of her health, although she no longer seemed to have these convulsions as an adult (Schnabel, 1994). This would be consistent with the hypothesis, somewhat after the argument of Devinsky et al. (1989), that neurological abnormalities may underlie or promote an overall psychological ability which the individual can unconsciously or consciously learn to suppress or control. In this regard it should be noted that reflexive epileptic seizures, like dissociative states, are often manifested during episodes of psychological stress (Zifkin & Andermann, 1993).

Münchausen'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 Münchausen's syndrome (Asher, 1951). In particular, Annette's presentation with abdominal trouble requiring extensive and invasive but inconclusive diagnostic techniques fits well within the Münchausenian pattern. 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 Münchausenian technique (Spiro, 1968; Atkinson & Earll, 1974; Ifudu, Kolasinski, & Friedman, 1992).

Münchausen's syndrome occasionally has been suspected to have an organic etiology: there are reports of Münchausenians with severe hypothyroidism (Breckler & Trepte, 1990), brain MRI abnormalities (Fenelon et al., 1991); histories of meningitis, neurosurgery, and head injury (Barker, 1962); abnormal EEGs (Barker, 1962; Ireland, Sapira, & Templeton, 1967); and serious brain dysfunction based on other neuropsychological testing (Pankrantz, 1981; Pankrantz & Lezak, 1987). Lawrie, Goodwin, & Masterson (1993) describe a patient who exhibited a personality change following a cholecystectomy, and within several years began overdosing on co-proxamol, dramatizing her medical condition and using a variety of aliases and addresses to obtain the drug. Co-proxamol abuse in this patient was associated with fugues and tonic-clonic seizures. Three months after her use of the drug was terminated by clinicians, SPECT imaging and neuropsychological testing revealed evidence of serious brain dysfunction, including fronto-temporal lobe deficits, poor concentration and short-term memory, constructional apraxia, and an accounting of events whose "blatant" inconsistency seemed lost on the patient. Lawrie, Goodwin, & Masterson suggest that during cholecystectomy the patient incurred a brain injury which led to an organic anxiety syndrome, which in turn led the patient to alleviate her anxiety through psychotropic drug abuse.

Münchausen's also has been linked to the dissociative disorders. Goodwin (1988) and Toth and Baggeley (1991) have noted cases in which Multiple Personality Disorder coexisted with Münchausen's-type behavior. In the cases reported by these authors, the suspicions of a coexistence of Münchausen's and MPD was supported by a reported history of childhood abuse, neglect, or trauma plus an early history of receiving attention in a medical setting. Both such conditions appear in Annette's self-reported history.

Goodwin (1988) has noted that in general, there are numerous behavioral parallels between Münchausenians and patients with dissociative disorders, including compulsive self-injury, pseudoseizures, active imaginations with elabo-

rate pseudohistories, the use of different names, and claims of childhood abuse, neglect, or trauma. Goodwin has proposed on this basis that Münchausen's syndrome be reclassified as a dissociative disorder.

Münchausen's-type behavior has been reported in a woman who claimed Satanic ritual abuse (Coons & Grier, 1990). Satanic abuse claims are similar to alien abduction claims not only in their themes of "sudden remembering" of childhood abuse or trauma, and in the dissociative histories of their claimants, but also in their reported imagery which typically features the claimant prone and naked, undergoing sexual or gynecological manipulation and later giving birth to babies which are harvested by the ritualists or aliens (Ganaway, 1989; Schnabel, 1994). Post-traumatic stress disorder, which is occasionally diagnosed in MPD patients (Ross, 1989) and, less formally, in UFO abductees (Jacobs, 1992), also has attracted Münchausenians (Lynn & Belza, 1990).

As for UFO abductions, some authors (Bullard, 1987; Klass, 1989; Jacobs, 1992) have noted cases in which alien abduction claims appeared to have been presented with deliberate deception. Klass (1989, p. 174) reports the case of a young woman who, following her confession, argued that the kind of deception that she had perpetrated was widespread among other abductees: "the only way they can get any kind of satisfaction is to fabricate some sort of story to get the focus of attention that they need."

THE ISSUE OF ABUSE

Goodwin (1988) has attempted to forge an etiological link between MPD-type disorders and Münchausen's by suggesting that in some cases the self-mutilating behavior of the Münchausen's patient may be explained as: (a) an attempt to overcome the sense of victimization from childhood trauma by re-assuming the victim's role but controlling it secretly; (b) an attempt to deny traumatic memories by weakening the cognitive-mnemonic divide between fantasy and reality; (c) an enactment of a conflict between wanting childhood abuse to be diagnosed and "wanting to maintain the lies and the secrecy"; and/or (d) a straightforward compulsive re-enactment of childhood abuse. Toth and Baggeley (1991) discuss the additional possibilities that Münchausenian behavior may occur in the MPD patient because: (e) it represents a re-enactment of childhood abuse in a hospital setting, this setting having been identified by the patient with child abuse because of an early hospitalization requiring aggressive and painful medical treatment; and/or (f) the patient has the hope of redeeming her tolerance of childhood abuse through masochistic behavior. Note that in all of the above explanations it is assumed that the unifying feature of coexistent MPD and Münchausen's is an actual history of childhood abuse or trauma — with a strong emphasis on abuse.

Annette's narrative appears to include episodes of abuse which, as presently described, have fantastic overtones, suggesting that they should not be taken literally. Indeed, their apparent commencement so soon after the sudden loss of

her father suggests that they are more related to the latter than to any actual ongoing exogenous trauma. Annette's comments about other family members' dissociation-related experiences, and her self-reported history of childhood imaginary playmates, among other things, suggest that the trauma of her father's death occurred against a background of relatively high psychological lability, and, perhaps aided by Annette's perception that she was neglected by her mother, triggered chronic dissociative episodes in a process similar to that suggested in the usual etiological models of MPD (Kluft, 1984a) — in the absence, however, of an actual history of chronic sexual or physical abuse.

This author has interviewed a number of other chronic UFO abductees, none of whom reported a history of childhood abuse or trauma. Linda, the alleged government-harassment victim referred to above, has reported that her childhood included neither abuse nor trauma (Hopkins, 1993), but rather a variety of paranormal experiences — which, she says, her parents also endured. "They were never believers in the unnatural," she has told an interviewer, "but we had our home blessed by a priest on a regular basis. It didn't help" (Amendola, 1993, p. 4).

The role of abuse and trauma in the etiology of MPD and its variants has long been controversial. It has been suggested, for example, that MPD represents merely an acting-out, consciously or unconsciously, of suppressed impulses or fantasies by attention-seeking individuals whose behavior may be explained as much by their emotional lability and suggestibility as by exogenous stress (see Ellenberger, 1970; McHugh, 1992).

Modern authors who otherwise support the validity of MPD and other dissociative disorders as distinct and often post-traumatic disease entities (e.g., Bliss, 1986; Young, 1988; Ganaway, 1989; Powers, 1991) also have argued that the narratives of the dissociative disorder patient may include fantasy to an indeterminate degree. The work of Wilson and Barber (1983) and Lynn and Rhue (1988) suggests that at least some (although not necessarily all) highly-hypnotizable individuals — of which MPD patients would seem to comprise a subset — may be prone to fantasy. Ganaway (1989) in particular has suggested that the themes of patient narratives may be determined less by straightforward factual abuse and trauma than by certain other shaping factors (Kluft's Factor 3 in the etiology of MPD [Kluft, 1984a]). These factors would include books, films, hypnotic trance logic, and the need to please one's therapist.

Ganaway appears to believe that actual abuse and trauma plays an important role in the etiology of MPD and its variants. He suggests that UFO abduction claims (see also Powers (1991)) and Satanic ritual abuse claims may represent variants of an unconscious, dissociation-mediated defensive system against (relatively prosaic) trauma and traumatic memories. This argument seems similar to Goodwin's hypothesis (b) noted above. It should be noted, however, that Annette's apparently dissociative episodes do not obviously represent an attempt to screen out or to deny the traumatic memory of her father's death, since she has seemed willing to discuss this memory quite openly. The possibility

that Annette's "alien-abduction" episodes represent instances of actual but prosaic sexual and physical abuse seems especially remote considering their frequency, their locales, the competitive dynamic which seems to pertain among Frank Taylor's abductees, and the overall Münchausenian pattern of Annette's claims.

SELF-VICTIMIZATION SYNDROMES

An alternative hypothesis, which puts even less emphasis on actual trauma, is that the major unifying feature of some (not necessarily all) cases of MPD, of other dissociation-related syndromes, of Münchausen's syndrome and other factitious disorders, and of other claims or fabrications of trauma or injury, is the deep-seated need to assume the role of the victim. This hypothesis is similar to those which posit MPD as one of many socially-defined forms of manipulative disease-simulation or role-playing, and also largely parallels sociological/anthropological analyses of spirit-possession syndromes (Lewis, 1989).²

In such cases, self-victimization would not be restricted to, but might be manifested more easily and with more equanimity by, those with a facility for dissociation, whether this facility arises from genetic or developmental factors, or both. Dissociation-related or neurocognitive lability-related experiences such as amnesic fugues, non-specific anxiety, eating disorders, pseudocyesis or other fantasies concerning pregnancy, out-of-body experiences, bedroom paralysis and a sense of "presence," and archetypal or culture-bound hallucinations (Hufford, 1975) would also serve as the basic features of certain self-victimization syndromes. In the case of the UFO abduction syndrome,³ such features would be made meaningful with consciously- or unconsciously-generated abduction narratives, and might be supplemented, for example, with fabricated "alien" artifacts (Keel, 1975).

Once such a syndrome is defined and publicized, it may quickly attract those prone to self-victimization who already suffer from such background symptoms. This would help to explain why sensational reports of dissociation-related experiences or conditions are often followed, as MPD, Satanic ritual abuse claims, and UFO abduction claims have been since the 1970s, by exponential increases in the number of cases presented and diagnosed (Ross, 1989; Wright, 1993; Schnabel, 1994).

At the same time, the mimicry which would facilitate the adoption of the victim's role also would help to drive the thematic evolution of the self-victimizer's chosen genre. The theme of stolen fetuses only became prominent in the UFO abduction lore in the late 1980s, following a sensational book on the subject (Hopkins, 1987); abductee themes which have become prominent since then include the belief in a conspiracy between aliens and the U.S. government, claims that some abductees are themselves part-alien, and claims that aliens frequently abduct abductees' (actual human) children (Jacobs, 1992; Hopkins, 1993; Schnabel, 1994; Mack, 1994). The same mechanism might explain recent thematic changes (Ganaway, 1989) and the ostensible postwar etiological revolution (Ross, 1989; see below) within the MPD

literature.

The hypothesis that some forms of MPD represent manipulative self-victimization, more or less in the sense described by Lewis (1989), is hinted at by Ross (1989), who approvingly recites Lewis's argument that spirit-possession syndromes and possession cults can represent socially-acceptable expressions of otherwise forbidden, subversive, and often frankly libidinal impulses: "women living in cultures in which they are politically powerless can acquire power, influence, autonomy, and partial satisfaction of thwarted needs through possession... Demon possession in western Europe made possible the ritualized expression of Dionysian impulses and opinions that could not be stated directly..." (Ross, 1989, p. 21). Thus, it appears to be accepted that possession can come about via relatively mild stresses, and can serve merely as an alternative form of expression or manipulation. As for the connection between possession and MPD, Ross is unequivocal: MPD, he says, is "a secular version of demon possession" (1989, p. 19). Similarly, Goodwin (1988), after the historian Judith Brown (1986), has retrospectively diagnosed MPD in a 17th century "possessed" Italian nun, who reportedly faked stigmata and a variety of other ailments and asceticisms, and manifested a system of male alters who apparently enabled her to express both her lesbianism and her somewhat grandiose mystical ambitions.

Ross (1989) accounts for the apparent etiological discrepancy between these old forms of MPD and the late twentieth century forms with the following hypothesis: "Since 1944 MPD has evolved into a syndrome with a post-traumatic etiology, whereas before it tended to have less severe external precipitants; our society has gotten sicker, and the abuse of children more bizarre; earlier clinicians missed the abuse history in many MPD patients, which was not as severe, on average, as that experienced by contemporary patients. The incidence of MPD, then, is an indicator of the amount of child abuse occurring in Western society" (1989, p. 42).

It would seem that such hypotheses are about all that separate modern MPD, etiologically, from possession syndromes like those described by Lewis (1989). There is, of course, a body of literature noting corroboration of child abuse in some MPD cases (Goodwin, 1982; Kluft, 1983; Kluft, 1984a; Kluft, 1984b; Bowman, Blix & Coons, 1985; Coons & Milstein, 1986; Bliss, 1986; Hornstein & Putnam, 1992); however, this body of literature accounts for relatively few cases (Frankel, 1993), and "corroborations" of abuse by social workers are often highly controversial (Schnabel, 1993). Social workers are typically empowered to make judgments about whether abuse is occurring in the absence of evidence sufficient for a criminal conviction (State of Maryland, 1993). Innocent parents may even be induced to "confess" incestuous abuse if (a) they face pressure to plea-bargain for a relatively mild punishment or face expensive trials and lengthy jail terms, and/or (b) they, like their children, have dissociative tendencies and high suggestibility which cause them to believe falsely, and perhaps even elaborate upon, what they are accused of (Wright, 1993; see also Robbins, 1959; Douglas, 1970). The belief that MPD is a subtle disorder requiring intensive questioning by therapists may also lead to a

false diagnosis or even induction of MPD in those who actually have suffered child abuse.

It may be that child abuse, whose prevalence and range of severity today are perhaps not significantly different than they were before 1944, often plays a direct, traumatic role in the development of MPD. However, it may also be that a claim of child abuse, whether true or not, serves primarily not as the traumatic stimulus to defensive dissociation, but as the medically-acceptable complaint through which, in part, the role of MPD victim is adopted by a self-victimizing individual. Similarly, the fact that MPD victims who claim Satanic ritual abuse may have an actual history of membership in occult groups does not necessarily mean that occult abuse has led to defensive dissociation; instead it may be that dissociation-proneness manifests first and leads to exotic spiritual beliefs and group memberships (Persinger, 1990; Persinger & Makarec, 1993).

Lewis's analysis (1989) depends heavily upon sociological arguments concerning the status and the resultant strategies of women and other apparently peripheral members of certain societies — arguments which may not apply in modern western cultures where MPD is believed to be epidemic. However, a feminist analysis (cited in Ross, 1989) argues that modern western women suffer under oppressive conditions which seem effectively the same as those claimed for Lewis's possession-prone subcultures of the Third World. Moreover, it may be that not only current sociological factors but also evolved neurocognitive and behavioral differences between men and women help to explain why women seem over-represented among possession victims, spiritual mediums, and "channelers," individuals with somatization disorders, UFO abductees, Satanic ritual abuse claimants, and MPD patients. In any case, the concept of a spectrum of more or less adaptive, empowering self-victimization syndromes need not be gender-specific; in theory, self-victimization in various forms can be adopted by anyone to whom other roles or behaviors are less attractive, for sociological, psychological, neurophysiological, and/or circumstantial reasons.

These reasons may combine and evolve in an individual case to ensure the periodic or chronic manifestation of self-victimization in one or more forms, perhaps in an opportunistic or even a reflexive and relatively uncontrolled manner involving a mixture of self-victimization motifs. The high incidence of somatic symptoms reported by MPD patients would conceivably be one example. As another example, Wright (1993) has noted that the principal complainant in the Ingram ritual-abuse case, who fabricated letters from her allegedly abusive father, also had a history of making unsubstantiated and vaguely-directed charges of prosaic sexual assault. Keel (1975) has noted more exotic examples including an alien contactee/abductee who reportedly gave off sulphurous smells (a relatively common feature of demonic possession cases [Oesterreich, 1974]), and other contactees/abductees who reportedly enjoined Keel to prevent them from contractually assigning their souls to the aliens. The apparent cat's blood ritual hinted at by Annette in her narrative also suggests an intrusion of Satanic/witchcraft themes.

Lewis (1989) has argued that in some cases of possession, "initiation into the ranks of the chronically possessed is in the nature of a cure" (p. 61). In other words, the role of victim may represent a substantial and therapeutic elevation over other available roles. This might help to explain why MPD is so often complicated by an apparent resistance to therapy by the patient (Ross, 1989; Ganaway, 1989).

Lewis also has noted that what he terms "the ranks of the chronically possessed" often amount to possession cults, within which the victim may encounter a range of new and attractive social opportunities which perhaps further reduce the chances of a return to her pre-victim role. Possession cults typically feature a group of chronic possession victims and a shaman, the possessors often competing for the latter's attention (Lewis, personal communication, 1993). The same structure seems to exist for many modern medical conditions and traumas, in the form of victim "support groups" which are attended by a therapist or therapists. In the alien abduction syndrome, support groups typically are dominated by young women and focus upon a therapist who is an older male. In this respect the alien abduction syndrome seems similar to many of the European convent possession epidemics of the 16th and 17th centuries, where confessors and exorcists played a role similar to that of modern therapists (Ross, 1989), and often seemed, merely through their presence as males, to stimulate competitive self-victimization (typically with obvious sexual overtones) among possessed nuns. One notable feature of possessee competition, incidentally, was the occasional tendency for a possessee to manifest an increasingly large and complex system of demonic possessors (Robbins, 1959), in a manner reminiscent of today's expansion of alien abductee narratives to include government agents and alien-human hybrids. A similar dynamic might explain the proliferation of alters which sometimes occurs in MPD patients, for example as an apparent resistance to therapy (Ross, 1989) or following exposure to other MPD patients (Schnabel, 1993).

CONCLUSION

It is hypothesized that some cases of "UFO abduction," of other dissociation-related syndromes including MPD, of factitious disorders, and of other self-reported illnesses or traumas may be more usefully viewed as self-victimization syndromes. According to this hypothesis, these syndromes may be triggered by various social, psychological, neurophysiological, and circumstantial factors or stressors which need not always include severe exogenous trauma or abuse. These syndromes may be enacted unconsciously or consciously, and may involve not only false narratives but also the fabrication of evidence. The dynamics of patient support groups and of the patient-therapist relationship may encourage competitive self-victimization with increasingly dramatic and bizarre narratives and fabricated evidence. Two or more distinct manifestations of self-victimization may exist in the same individual, and it may be that individuals who present with a recently developed self-victimization syndrome have a history of presenting with other, more established self-victim-

ization syndromes. The fact that self-victimization itself may be therapeutic for the patient implies that therapy may often be prolonged or interminable.

This hypothesis may be incorrect; however, it involves reasonably specific predictions and implications, explains the rapid expansion of MPD and its variants in recent years, and does not require an etiological divide between these syndromes and their pre-modern and non-western forms.

The consequences of failing to recognize such self-victimization syndromes where they exist could be significant, since the above hypothesis predicts the elaboration of narratives and fabricated evidence in some cases as a consequence of patient-patient and patient-therapist relationships. Aside from the possible psychological harm done to the patient, there may be false narratives and other fabricated evidence directed against other, innocent people. Even in alien abduction claims, where the accused are beyond the reach of social workers or prosecutors, there is now a trend according to which the scarred or otherwise marked children of alien abductees are presented to abduction researchers as evidence for the reality of abductions (Mack, 1994; Schnabel, 1994); such practices have obvious similarity to Münchhausen's syndrome by proxy (Meadow, 1977), a vicarious self-victimization syndrome which is frequently lethal.

NOTES

¹Another researcher familiar with the Linda case, a practicing psychologist (Donald Johnson, personal communication, 1993), told this author that Linda had turned in an MMPI profile similar to those of psychics and MPD patients.

²Parapsychologist William Roll's analysis of some "poltergeist" cases as an attention-seeking response to stress (1977; personal communication, 1993) would seem to fit this general picture, too.

³It may be that not all UFO abductions are psychogenic in the classic sense; some, especially pre-1980 cases, have been reported in association with separately-witnessed outdoor UFO encounters and have been interpreted as the result of seizures or trances induced by exogenous electromagnetic geo-atmospheric phenomena, combined with neurophysiological and psychosocial factors (Persinger, 1989; Devereux, 1989). However, it is noteworthy that such encounters are often followed by reports of more or less chronic encounters which are not necessarily associated with actual exogenous phenomena (Keel, 1975; Eliade, 1989), suggesting that a self-victimization — or even, "shamanic" — reflex may be triggered by an initial crisis of this kind. ■

REFERENCES

- Alfrey, E., Perloff, L., Asplund, M., Dafoe, D., Grossman, R., Bromberg, J., Holland, T., Naji, A., & Barker, C. (1992). Normocalcemia thirteen years after successful parathyroid allografting in a recipient of a renal transplant. *Surgery*, 111, 234-236.
- Amendola, S. (1993). "Linda Cortile:" An interview. *MUFON-NYC Newsletter*, 1(4), 3-8.
- American Psychiatric Association (1987). *Diagnostic and Statistical Manual of Mental Disorders III - Revised*. Washington, DC: Author.
- Asher, R. (1951) Münchausen's Syndrome. *Lancet* (10 Feb), 339-341.
- Atkinson, R., & Earll, J. (1974). Münchausen's Syndrome with Renal Stones. *Journal of the American Medical Association*, 230, 89.
- Barker, J. (1962). The syndrome of hospital addiction (Münchausen's syndrome) — A report on the investigation of seven cases. *Journal of Mental Sciences*, 108, 167-182.
- Bear, D. (1979). Temporal lobe epilepsy: A syndrome of sensory-limbic hyperconnectionism. *Cortex*, 15, 357-384.
- Bear, D., & Fedio, P. (1977) Quantitative analysis of interictal behavior in temporal lobe epilepsy. *Archives of Neurology*, 34, 454-467.
- Benson, D., Miller, B., & Signer, S. (1986). Dual personality associated with epilepsy. *Archives of Neurology*, 43, 471-474.
- Bernstein, E., & Putnam, F. (1986). Development, reliability, and validity of a dissociation scale. *Journal of Nervous and Mental Disease*, 174(12), 727-735.
- Bilous, R., Murty, G., Parkinson, D., Thakker, R., Coulthard, M., Burn, J., Mathias, D., & Kendall-Taylor, P. (1992). Brief report: Autosomal dominant familial hypoparathyroidism, sensorineural deafness, and renal dysplasia. *New England Journal of Medicine*, 327(15), 1069-1074.
- Bliss, E. (1986). *Multiple personality, allied disorders, and hypnosis*. Oxford: Oxford University Press.
- Bowman, E., Blix, S., Coons, P. (1985). Multiple personality in adolescence: Relationship to incestuous experiences. *Journal of the American Academy of Child Psychiatry*, 24, 109-114.
- Brecker, S., & Trepte, N. (1990). Myxomatous Münchausen? *Lancet*, 355, 231.
- Brende, J., & Rinsley, D. (1981). A case of multiple personality with psychological automatisms. *Journal of the American Academy of Psychoanalysis*, 9, 129-151.
- Brown, J. (1986). *Immodest acts: The life of a lesbian nun in Renaissance Italy*. Oxford: Oxford University Press.
- Bullard, E. (1987). *UFO abductions: The measure of a mystery*. Alexandria: Fund for UFO Research.
- Coons, P. (1984) The differential diagnosis of multiple personality: A comprehensive review. *Psychiatric Clinics of North America*, 7(1), 51-67.
- Coons, P. (1992). Dissociative disorder not otherwise specified: A clinical investigation of 50 cases with suggestion for typology and treatment. *DISSOCIATION*, 5(4), 187-195.
- Coons, P., & Grier, F. (1990). Factitious Disorder (Münchausen-type) involving allegations of ritual satanic abuse: A case report. *DISSOCIATION*, 3, 177-78.
- Coons, P., Bowman, E., & Milstein, V. (1988). Multiple personality disorder: A clinical investigation of 50 cases. *Journal of Nervous and Mental Disease*, 176, 519-27.
- Coons, P., & Milstein, V. (1988). Psychosexual disturbances in multiple personality: Characteristics, etiology, and treatment. *Journal of Clinical Psychiatry*, 47, 106-110.
- Cummings, J., Gosenfeld, L., Houlihan, J., & McCaffrey, T. (1983). Neuropsychiatric disturbances associated with idiopathic calcification of the basal ganglia. *Biological Psychiatry*, 18(5), 591-601.
- Demitrack, M., Putnam, F., Brewerton, T., Brandt, H., & Gold, P. (1990). Relation of clinical variables to dissociative phenomena in eating disorders. *American Journal of Psychiatry*, 147(9), 1184-1188.
- Denko, J., & Kaelbling, R. (1962). The psychiatric aspects of hypoparathyroidism. *Acta Psychiatrica Scandinavica*, 164 (suppl), 1-70.
- Devereux, P. (1989). *Earth lights revelation*. London: Blandford.
- Devinski, O., Putnam, F., Grafman, J., Bromfield, E., & Theodore, W. (1989). Dissociative states and epilepsy. *Neurology*, 39, 835-840.
- Dewhurst, K., & Beard, A. (1970). Sudden religious conversions in temporal lobe epilepsy. *British Journal of Psychiatry*, 117, 497-507.
- Dimich, A., Bedrossian, P., & Wallach, S. (1967). Hypoparathyroidism: Clinical observations in 34 patients. *Archives of Internal Medicine*, 120, 449-458.
- Douglas, M. (1970). (Ed.). *Witchcraft confessions and accusations*. London: Tavistock.
- Ellenberger, H. (1970). *The discovery of the unconscious*. New York: Basic Books.
- Evans, H. (1984). *Visions, apparitions, and alien visitors*. Wellingborough: The Aquarian Press.

- Fenelon, G., Mahieux, F., Rouillet, E., & Guillard, A. (1991). Münchausen's syndrome and abnormalities on magnetic resonance imaging of the brain. *British Medical Journal*, 302, 996-997.
- Flint, J., & Goldstein, L. (1992). Familial calcification of basal ganglia: A case report and review of the literature. *Psychological Medicine*, 22, 581-595.
- Francis, A., & Freeman, H. (1984). Psychiatric abnormality and brain calcification over four generations. *Journal of Nervous and Mental Disease*, 173(3), 166-170.
- Frankel, F. (1993). Adult reconstruction of childhood events in the multiple personality literature. *American Journal of Psychiatry*, 150(6), 954-958.
- Friedman, J., Chiucchini, I., & Tucci, J. (1987). Idiopathic hypoparathyroidism with extensive brain calcification and persistent neurologic dysfunction. *Neurology*, 37, 307-309.
- Fuller, J. (1966). *The forgotten journey*. New York: Dial Press.
- Fulop, M., & Zeifer, B. (1991). Case report: Extensive brain calcification in hypoparathyroidism. *The American Journal of the Medical Sciences*, 302(5), 292-295.
- Ganaway, G. (1989). Historical truth versus narrative truth: Clarifying the role of exogenous trauma in the etiology of MPD and its variants. *DISSOCIATION*, 2, 205-220.
- Goodwin, J. (1982). *Sexual abuse: Incest victims and their families*. Boston: Wright.
- Goodwin, J. (1985). Credibility problems in multiple personality disorder patients and abused children. In R.P. Kluft (Ed.), *Childhood antecedents of multiple personality disorder*. Washington, DC: American Psychiatric Press.
- Goodwin, J. (1988). Münchausen's syndrome as a dissociative disorder. *DISSOCIATION*, 1(1), 54-60.
- Hopkins, B. (1981). *Missing time*. New York: Marck.
- Hopkins, B. (1987). *Intruders*. New York: Random House.
- Hornstein, N., & Putnam, F. (1992). Clinical phenomenology of child and adolescent dissociative disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 1077-1085.
- Hufford, D. (1975). *The terror that comes in the night*. Philadelphia: University of Pennsylvania Press.
- Ifudu, O., Kolasinski, S.L., & Friedman, E.A. (1992). Brief report: Kidney-related Münchausen's syndrome. *New England Journal of Medicine*, 327, 388-389.
- Ireland, P., Sapira, J., & Templeton, B. (1967). Münchausen's syndrome. *American Journal of Medicine*, 43, 579-592.
- Jacobs, D. (1992). *Secret life*. New York: Simon & Schuster.
- Keel, J. (1975). *The Mothman prophecies*. New York: Saturday Review Press.
- Klass, P. (1989). *UFO abductions: A dangerous game* (revised edition). Buffalo: Prometheus.
- Kluft, R. (1984a). Treatment of multiple personality disorder: A study of 33 cases. *Psychiatric Clinics of North America*, 7(1), 9-29.
- Kluft, R. (1984b). Multiple personality in childhood. *Psychiatric Clinics of North America*, 7(1), 121-134.
- Lawlor, B. (1988). Hypocalcemia, hypoparathyroidism, and organic anxiety syndrome. *Journal of Clinical Psychiatry*, 49(8), 317-318.
- Lawrie, S., Goodwin, G., & Masterson, S. (1993). Münchausen's syndrome and organic brain disorder. *British Journal of Psychiatry*, 162, 545-549.
- Lewis, I.M. (1989). *Ecstatic religion* (second edition). London: Routledge.
- Loewenstein, R., & Putnam, F. (1988). A comparison study of dissociative symptoms in patients with complex partial seizures, multiple personality disorder, and post-traumatic stress disorder. *DISSOCIATION*, 1(4), 17-23.
- Lynn, E.J., & Belza, M. (1990). Factitious post-traumatic stress disorder: The veteran who never got to Vietnam. *Hospital Community Psychiatry*, 35, 697-701.
- Lynn, S., & Rhue, J. (1988). Fantasy proneness: Hypnosis, developmental antecedents, and psychopathology. *American Psychologist*, 43, 35-44.
- Mack, J. (1991). *Abduction: Human encounters with aliens*. New York: Schribners.
- McHugh, P. (1992). Psychiatric misadventures. *The American Scholar*, 61(4), 497-510.
- Meadow, R. (1977). Münchausen syndrome by proxy — the hinterlands of child abuse. *Lancet*, 2, 343-345.
- Mesulam, M. (1981). Dissociative states with abnormal temporal lobe EEG. *Archives of Neurology*, 38, 176-181.
- Mikati, M., & Holmes, G. (1993). Temporal lobe epilepsy. In Wyllie, E. (Ed.), *The treatment of epilepsy*, pp. 513-524. Philadelphia: Lea & Febiger.
- Noll, R. (1989). Satanism, UFO abductions, historians, and clinicians: Those who do not remember the past. *DISSOCIATION*, 2, 251-253.
- Oesterreich, T. (1974). *Possession: Demoniacal and other*. Secaucus: Citadel Press.

- Pankrantz, L. (1981). A review of the Münchausen syndrome. *Clinical Psychology Review*, 1, 65-78.
- Pankrantz, L., & Lezak, M. (1987). Cerebral dysfunction in the Münchausen syndrome. *Hillside Journal of Clinical Psychiatry*, 9, 195-206.
- Persinger, M. (1989). Predicting the details of visitor experiences and the personality of experiencers: The temporal lobe factor. *Perceptual and Motor Skills*, 68, 55-65.
- Persinger, M. (1990). Elevated, specific temporal lobe signs in a population engaged in psychic studies. *Perceptual and Motor Skills*, 71, 817-818.
- Persinger, M. (1993). Vectorial cerebral hemisphericity as differential sources for the sensed presence, mystical experiences, and religious conversions. *Perceptual and Motor Skills*, 76, 915-930.
- Persinger, M., & Makarec, K. (1993). Complex partial epileptic signs as a continuum from normals to epileptics: Normative data and clinical populations. *Journal of Clinical Psychiatry*, 49, 33-43.
- Pettinati, H., Horne, R., & Staats, J. (1985). Hypnotizability in patients with anorexia nervosa and bulimia. *Archives of General Psychiatry*, 42, 1014-1016.
- Powers, S. (1991). Fantasy proneness, amnesia, and the UFO abduction phenomenon. *DISSOCIATION*, 4(1), 46-54.
- Putnam, F. (1984). The scientific investigation of multiple personality disorder. In Quen, J. (Ed.), *Split minds, split brains*. New York: NYU Press.
- Putnam, F., Guroff, J., Silberman, E., Barban, L., & Post, R. (1986). The clinical phenomenology of multiple personality disorder: Review of 100 recent cases. *Journal of Clinical Psychiatry*, 47(6), 285-293.
- Remillard, G., Andermann, F., Testa, G., Gloor, P., Aube, M., Martin, J., Feindel, W., Guberman, A., & Simpson, C. (1983). Sexual ictal manifestations predominate in women with temporal lobe epilepsy: A finding suggesting sexual dimorphism in the human brain. *Neurology*, 33, 323-330.
- Ring, K. (1992). *The omega project*. New York: Morrow.
- Robbins, R. (1959). *The encyclopedia of witchcraft and demonology*. New York: Crown.
- Roll, W. (1977). Poltergeists. In P.B. Welman (Ed.), *Handbook of parapsychology* (pp. 382 - 413). New York: Van Nostrand Reinhold.
- Ross, C. (1989). *Multiple personality disorder: Diagnosis, clinical features, and treatment*. New York: Wiley.
- Ross, C., Heber, S., Norton, G., & Anderson, G. (1989). Somatic symptoms in multiple personality disorder. *Psychosomatics*, 30, 154-160.
- Ross, C., Heber, S., Anderson, G., Norton, G., Anderson, B., del Campo, M., & Pillay, N. (1989). Differentiating multiple personality disorder and complex and partial seizures. *General Hospital Psychiatry*, 11, 54-58.
- Schenk, L., & Bear, D. (1981). Multiple personality and related dissociative phenomena in patients with temporal lobe epilepsy. *American Journal of Psychiatry*, 138, 1311-1316.
- Schnabel, J. (1993). The sixty-five faces of Donna. *The Independent on Sunday Review*, (24 October), 10-15.
- Schnabel, J. (1994). *Dark white: Aliens, abductions, and the UFO obsession*. London: Hamish Hamilton.
- Spiegel, D., Hunt, T., & Dondershine, H. (1991). Dissociation and hypnotizability in post-traumatic stress disorder. *American Journal of Psychiatry*, 145, 301-305.
- Spiro, H. (1968). Chronic factitious illness. *Archives of General Psychiatry*, 18, 569-579.
- State of Maryland (1993). *Code of Maryland Regulations* 07.02.07.08.
- Strieber, W. (1987). *Communion: A true story*. New York: Morrow.
- Tambyah, P., Ong, B., Lee, K. (1993). Reversible parkinsonism and asymptomatic hypocalcemia with basal ganglia calcification from hypoparathyroidism 26 years after thyroid surgery. *The American Journal of Medicine*, 94, 444-445.
- Toth, E., & Baggaley, A. (1991). Coexistence of Münchausen's syndrome and multiple personality disorder: Detailed report of a case and theoretical discussion. *Psychiatry*, 54, 176-183.
- Trimble, M. (1991). *The psychoses of epilepsy*. New York: Raven.
- Wilson, S., & Barber, T.X. (1983). The fantasy-prone personality: Implications for understanding imagery, hypnosis, and parapsychological phenomena. In Sheikh, A.A. (Ed.), *Imagery: Current theory, research, and application* (pp. 340-390). New York: Wiley.
- Wright, L. (1993). Remembering Satan. *The New Yorker*, (May 17-24).
- Young, W. (1988). Observations on fantasy in the formation of multiple personality disorder. *DISSOCIATION*, 1(3), 13-20.
- Zifkin, B., & Andermann, F. (1993). Epilepsy with reflex seizures. In Wyllie, E. (Ed.), *The treatment of epilepsy: Principles and practices*. Philadelphia: Lea & Febiger, pp. 614-623.