Protocol for supporting experiencers and people affected by ontological shock

Proposed approach and outline of further research required

October 2024

Background and rationale

There is a need to provide better support to two groups connected with the UAP topic:

- '**experiencers'** – that is, people who have seen and are affected by Unidentified Anomalous Phenomena (UAPs) or similar phenomena; and

- people affected by **'ontological shock'**[1] – defined as the state of being forced to question one's 'world view' (and used in this context to mean people who are disorientated and distressed after an announcement about or evidence as to the existence of non-human intelligence.)
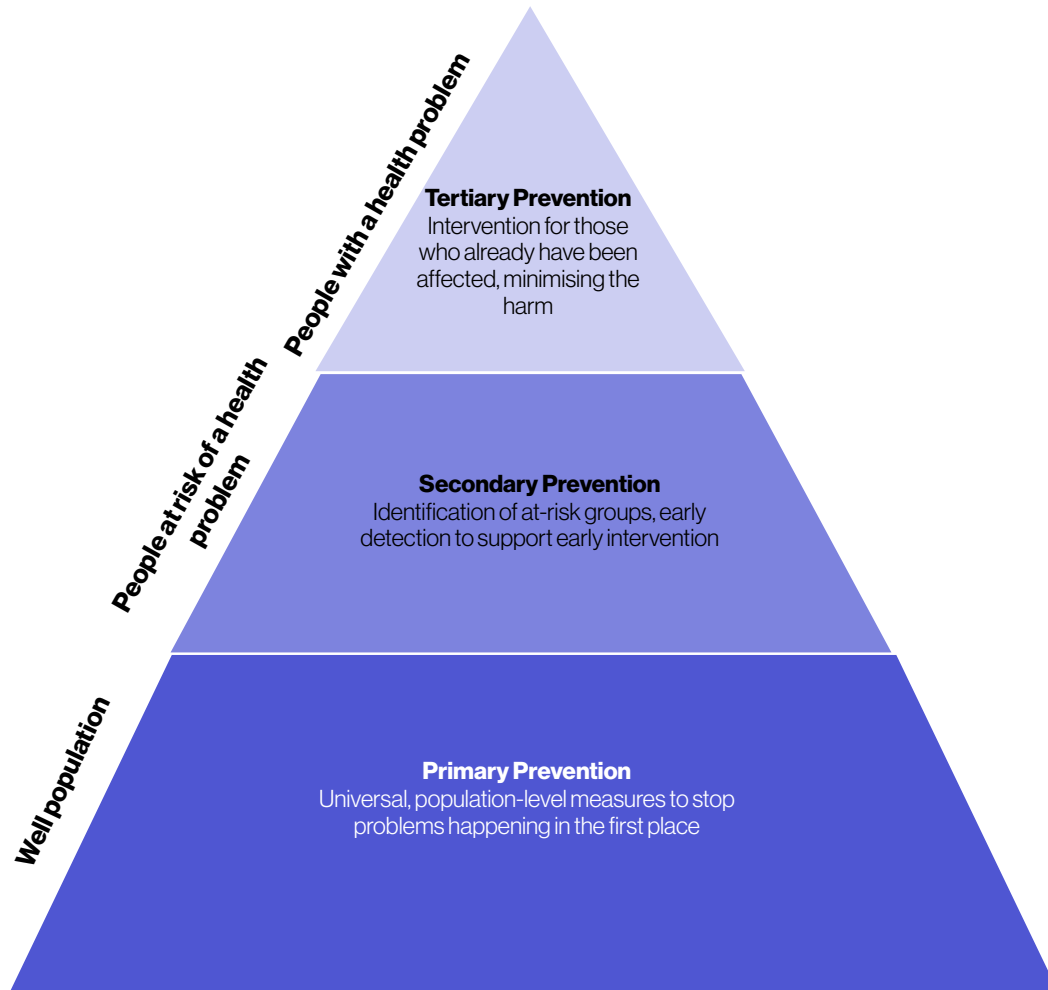
This protocol aims to set out a possible approach, based on a public health model, to providing this support, recognising that the number of people who may require care after a 'disclosure' announcement could run into the tens of millions. It has been developed by uNHIdden (www.unhidden.org) through two meetings (16th July 2024 in person at the Royal Society of Medicine and via Teams on 8th October 2024), with the input of health departments and providers, professional bodies and other mental health charities.

The protocol is only a first step: it outlines a potential way forward but then highlights seven research projects that need to be undertaken in tandem in order to turn this into a proven and workable methdology.

uNHIdden hopes that it will be possible to undertake this research and is looking to governments, health authorities, academics and funding bodies to take the lead.

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1. For more information about the background to the term **'ontological shock',** see the uNHIdden article, *A Brief History of Ontological Shock*, available at https://www.linkedin.com/pulse/brief-history-ontological-shock-unhidden-org/ (23rd August 2023)

The three layers of public health prevention

People with a health problem

Tertiary Prevention
Intervention for those who already have been affected, minimising the harm

People at risk of a health problem

Secondary Prevention
Identification of at-risk groups, early detection to support early intervention

Well population

Primary Prevention
Universal, population-level measures to stop problems happening in the first place

Tertiary prevention
- The intervention can be through a combined approach of self-help, therapy and community groups – as set out in the protocol on the next page. We want to refine, test and validate this.
- The "need" for experiencers and people affected by ontological shock is different but strongly overlapping – in that experiencers have their own personal worldview challenged by the experience (i.e. their own personal ontological shock).
- The challenge for both groups, especially for post-disclosure ontological shock – is the sheer scale of the need in terms of numbers. Many millions may be affected in the UK alone, so support will have to be given at a family and community level. Institutions will not be able to cope.

Secondary prevention
- There would be merit in researching which groups in society might be most affected by ontological shock – and why (e.g. demographics, level of educational attainment, religious belief etc.) We suspect that the answers might not be straightforward: it could be that those who have placed most faith in science and government could be most affected. Developing a psychological study to investigate this would be highly beneficial. This would be **Research Project #2.**
- Assessing which experiencers are most affected could be a good proxy for this analysis.
- Experiencers themselves may be a particular at-risk group for the impact of ontological shock.

Primary prevention
- There are suggestions that this is going on: from movies to newspaper articles etc to start to desensitise the population to worry and anxiety about non-human intelligence. Lue Elizondo's recent book, *Imminent*, is a case in point, reaching #1 in the New York Times bestseller list. It is noteworthy for a number of things, including the first signs of the development of a "threat narrative".
- We note a particular challenge about how best to have conversations with people who are wholly or largely unaware about the UAP topic. uNHIdden has launched a #ChatUAP campaign and developed a 'Fact Reel'. But research into this question and the development of a proper toolkit on how to have better conversations about UAPs would be worthwhile. This would be **Research Project #1.**

Tertiary prevention protocol

Early discussions suggest that experiencers' needs may include:

1. Answers (which we cannot help with).
2. Validation (a safe space to discuss what they have seen).
3. Strategies for accepting and coping with what has happened to them.

The need of experiencers and people affected by ontological shock will be different, but are likely to overlap significantly. The former may be a good proxy for the latter.

The "need"

Research project #3 – to establish the "need" of (a) experiencers and (b) people affected by ontological shock in terms of support (and the link between the two).

Work on other programmes (e.g. 'hearing voices') may suggest that this step is (a) imperfect and (b) possibly unnecessary. Provided the support steps in the line below are all positive and will do no harm, then a triage step may be unnecessary/unhelpful.

The idea here is that people coming into the support programme should be screened to determine whether it is suitable for them (or whether they have an actual mental illness).

Triage

Research project #4 – to consider the rationale, efficacy and mechanism for a triage screening step for entry into the support programme below.

French organisation CIRCEE have an online tool that they use for entry into their experiencer counselling programme. They have offered to share this with us and discuss the rationale.

Self-help

There are a number of general resources (e.g. Acceptance & Commitment Therapy (ACT) that might be relevant. There may also be some specific resources that would need to be created to provide trusted information about UAPs. (uNHIdden's 'Fact Reel' is a small-scale example). This also links with Primary Prevention level work.

Research project #5 – which self-help tools are most appropriate, what other tools are needed and how can they be assembled and shared in an effective way?

Therapy

At present, support for experiencers is not something that is easily supported by professional bodies. This limits the available therapy from clinical psychologists. There are question marks over how to run a network of 'unlicensed' therapists in a safe and effective way. (We are in discussion with the E3 Initiative (www.e3-initiative.com about their work).

Research project #6 – how to develop an assured network of therapists and engagement with professional bodies around support for experiencers.

Community Groups

We are cautious about setting up 'experiencer groups' as this may lead to reinforcement of ideas of the reality of the experience amongst participants. Rather, we may prefer to run groups that support open conversations about UAPs, open to everyone (experiencers and non-experiencers alike). See Slide 5 for more information on this.

Research project #7 – development and trialling of methodology for 'conversation groups' to support more open and 'safe' conversations about UAPs.

Technology

We are very nervous about the use of technology (i.e. machine learning/AI) in this area. First, we question whether it is likely to be effective. (Will a LLM really be able to support an experiencer in a meaningful way?) But, secondly, we need to be very cautious and careful about data – and its use and availability. Less data = more trust.

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Summary of the seven research projects

Research Project #1
Research on the development of a proper toolkit on how to have better conversations about UAPs, especially with people who are new to the topic.

Research Project #2
Research on which groups in society might be most affected by ontological shock – and why. People most affected my exceptional experiences could be a good proxy for this, but this should be tested.

Research project #3
To establish the "need" of (a) experiencers and (b) people affected by ontological shock in terms of support (and the link between the two).

Research project #4
To consider the rationale, efficacy and mechanism for a triage screening step for entry into the support programme below.).

Research project #5
To consider which self-help tools are most appropriate, what other tools are needed and how they can be assembled and shared in an effective way.

Research project #6
How to develop an assured network of therapists and engagement with professional bodies around support for experiencers.

Research project #7
To develop and trial methodology for 'conversation groups' to support more open and 'safe' conversations about UAPs.