

UFO and Abduction Reports Treated as Evidence of Mental Illness: How Courts, Counsel, and Evaluators Should Handle Them Now

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Question. Courts, agencies, police, and clinicians have often treated a person's report of seeing a UFO, of contact, or of abduction as a sign of delusion, incompetence, or unreliability. Congress, the intelligence community, and NASA now describe UAP as real objects that deserve study and identify stigma as an obstacle to reporting them. How should such reports be handled in criminal cases, civil commitment, family law, benefits, employment, security clearances, and witness credibility?

Key points

- In the reported cases, a UFO or abduction statement usually appears beside other evidence of illness: drug use, violence, disorganized thinking, other fixed beliefs, or a clinical diagnosis. The decisions turn on that other evidence. The risk for an experiencer is that the UFO content is read as the illness itself, or colors how everything else is read.
- The best authority is *State v. Fichera* (N.H. 2006): a witness's belief in UFOs and spirits could not be used to impeach her as mentally ill without an evidentiary foundation that the beliefs were symptoms of an illness affecting her ability to perceive and relate the truth. A Maryland appellate court followed the foundation rule in 2026.
- The clinical definition of a delusion excludes a belief ordinarily accepted by others in the person's culture or subculture. Official statements since 2021 that UAP are real and that stigma has suppressed reports move a sincere report of a sighting, and belief that NHI exist, toward ordinary belief.
- Courts should require the same foundation in every setting: competency, commitment, custody, and benefits decisions should rest on evidence of impaired functioning, danger, or harm, and the content of an unusual experience should not substitute for that evidence.
- Custody law already applies this rule to religious belief, which counts only on proof of harm to the child; where an experiencer's beliefs are religious or spiritual, strict scrutiny can apply (*Kingston v. Kingston*, Utah 2022).
- A lawyer who ridicules a client's account can destroy the relationship; in *State v. Moody* (Ariz. 1998) counsel called his client "crazy" for an alien-control claim, and the resulting breakdown contributed to reversal.

- Records that label a report as a delusion can be challenged through HIPAA amendment requests, statements of disagreement, and Privacy Act amendment for federal records.
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1. The case law

A Westlaw survey in October 2026 found no reported case that treats an abduction by NHI as fact. The cases fall into six groups.

The stock example of the incredible. Courts use abduction by a UFO as their example of an unbelievable claim (*Bartley v. Euclid, Inc.*, 158 F.3d 261 (5th Cir. 1998), vacated on reh’g en banc, 169 F.3d 215 (5th Cir. 1999); *California Federal Bank v. United States*, 39 Fed. Cl. 753 (1997), rev’d in part on other grounds sub nom. *Suess v. United States*, 535 F.3d 1348 (Fed. Cir. 2008)). Both remarks remain useful as illustrations, but neither opinion is precedent for its remark about UFOs. Kansas appellate courts have tolerated prosecutors’ “abducted by a UFO” sarcasm in argument and voir dire (*State v. Foster*, 60 Kan. App. 2d 243, 493 P.3d 283 (2021); *State v. Longoria*, 301 Kan. 489, 343 P.3d 1128 (2015)).

Witness credibility. In *State v. Fichera*, 153 N.H. 588, 903 A.2d 1030 (2006), the defense in an attempted-murder trial sought to cross-examine the victim about a past bipolar diagnosis and her “unusual beliefs”: she believed in UFOs, believed she had shamanic powers, and heard spirits. The trial judge observed that the beliefs “don’t really go to mental illness.” The New Hampshire Supreme Court affirmed the limits on cross-examination. A witness’s mental condition is a proper subject of impeachment only on an evidentiary foundation that the condition affected the witness’s ability to comprehend, know, and correctly relate the truth, and the offer of proof did not show that the beliefs were symptoms of an illness causing her to lie or hallucinate. *Id.* at 597-601, 903 A.2d at 1037-41. The court reached the same result under the Confrontation Clause. *Nensala v. State*, 268 Md. App. 519, 351 A.3d 86 (2026), followed the foundation rule for a witness’s bipolar diagnosis. In other cases a party’s UFO beliefs were explored at trial without a ruling on their admissibility (*Parks v. City of Horseshoe Bend*, 480 F.3d 837 (8th Cir. 2007)).

Defendants: mental state, competency, and counsel. In *State v. Moody*, 192 Ariz. 505, 968 P.2d 578 (1998), a capital defendant claimed that space aliens controlled his body during the killings. His appointed lawyer called him “crazy,” to his face and to the press. The Arizona Supreme Court held that the conflict was irreconcilable and required new counsel, and that his waiver of counsel was not voluntary. *Id.* ¶¶ 13-19. It also held that the alien-control defense was properly rejected as a matter of law. *Id.* ¶¶ 25-26. In *People v. Kelley*, 2002 WL 501651 (Cal. Ct. App. 2002) (unpublished; not citable in California courts, Cal. R. Ct. 8.1115(a)), an evaluator concluded that the defendant’s talk of UFOs, abductions, and the paranormal reflected an interest in unusual subjects and showed no delusion or psychosis. In *State v. Rice*, 110 Wash. 2d 577, 757 P.2d 889 (1988) (later history on unrelated issues: habeas relief granted, *Rice v. Wood*, 44 F.3d 1396 (9th Cir. 1995), vacated in part on reh’g en banc, 77 F.3d 1138 (9th Cir. 1996)), the defendant’s belief system was described as coherent except for the extraterrestrial communication.

Commitment, forced medication, and benefits. Statements about flying saucers appear among the listed delusions in commitment and medication cases that rest on broader evidence of illness and danger (*In re B.D.K.*, 2007 ND 186, 742 N.W.2d 41; *Batts v. Boganoff*, 2005 WL 3543774 (D. Conn.

2005)), and in VA and Social Security records (*Davis v. Principi*, 276 F.3d 1341 (Fed. Cir. 2002); *G.B. v. Lackner*, 80 Cal. App. 3d 64 (1978)).

Family law. In *In re F.P.*, 61 Cal. App. 5th 966 (2021), police took a child into protective custody after the mother appeared paranoid and said she saw UFOs; the dependency findings also rested on physical abuse and suicide threats. Other custody and termination cases mention UFO beliefs alongside conduct that harmed or endangered the child.

Claims of covert government harm screened out as frivolous. Courts dismiss complaints by people who describe themselves as targets of covert government surveillance and harassment (*Targeted Justice, Inc. v. Garland*, 2023 WL 4471553 (S.D. Tex. 2023)). Complaints alleging injury from MKULTRA have been dismissed at the screening stage (*Mander v. CIA*, 2024 WL 2114301 (E.D. Pa. 2024); *Jankowski v. CIA*, 2024 WL 5077740 (D. Neb. 2024)), although the government has admitted that MKULTRA dosed people without their knowledge ([Issue H2 §2](#)). A careful complaint separates the documented facts from inference and leads with the documents.

2. The official record since 2021

The intelligence community, Congress, and NASA have each described stigma as a cause of underreporting.

- “Sociocultural stigmas and sensor limitations remain obstacles to collecting data on UAP.” Aviators and analysts “describe disparagement associated with observing UAP, reporting it, or attempting to discuss it with colleagues,” and “reputational risk may keep many observers silent.” Office of the Director of National Intelligence, *Preliminary Assessment: Unidentified Aerial Phenomena* 4 (June 25, 2021).
- “For too long the stigma associated with UAPs has gotten in the way of good intelligence analysis. Pilots avoided reporting or were laughed at when they did.” Rep. André Carson, Chairman, opening statement, hearing of the House Permanent Select Committee on Intelligence, Subcommittee on Counterterrorism, Counterintelligence, and Counterproliferation (May 17, 2022).
- “[T]here remains a stigma attached to these phenomenon.” Sen. Kirsten Gillibrand, Chair, opening statement, hearing of the Senate Armed Services Subcommittee on Emerging Threats and Capabilities (Apr. 19, 2023).
- Whistleblowers “suffer because of stigma, a code of silence, and concerns about retaliation.” Statement of Luis Elizondo; and “[t]he stigma associated with UAP hampers the number of pilots that would report such phenomena.” Statement of Michael Gold, member of NASA’s UAP independent study team. *Unidentified Anomalous Phenomena: Exposing the Truth*, joint hearing of House Oversight subcommittees (Nov. 13, 2024).
- Congress established reporting channels and protections for people who report UAP and related programs. 50 U.S.C. §§3373, 3373b (Issues A3 and C1).

These statements concern sightings by pilots and service members. They do not say that abductions occur. They do establish that a report of an unexplained aerial object is the kind of report credible

people make, that the government now asks for such reports, and that ridicule of reporters is a recognized problem.

3. The clinical question

The American Psychiatric Association's glossary defines a delusion as a false belief based on incorrect inference about external reality, firmly held despite what almost everyone else believes and despite clear evidence to the contrary, and excludes a belief "ordinarily accepted by other members of the person's culture or subculture." American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013), Glossary of Technical Terms. Belief that UAP exist, and that some are of nonhuman origin, is now held by large parts of the public and is treated as a serious question by Congress. A report of a sighting cannot be classed as a delusion on its content alone.

Abduction reports are harder. The clinical literature on anomalous experiences describes sleep paralysis, hypnopompic imagery, and false memory as explanations for many abduction accounts, and some patients with psychotic disorders do describe alien control. The legally relevant question is the same in each case: does the person show the features of a disorder (disorganized thinking, hallucinations in other settings, functional decline, inability to consider alternatives, danger to self or others), or only an unusual experience reported by a person who functions normally? An evaluator who records the content of the experience as the diagnosis, without that inquiry, has given the court an opinion without a foundation.

4. How each kind of proceeding should handle the report

4.1 Witness credibility

Apply *Fichera*. A party who wants to cross-examine a witness about UFO or abduction experiences as evidence of mental illness should be required to make an offer of proof, through a qualified expert, that the experience is a symptom of a disorder that affects the witness's perception or truthfulness. Without it, the evidence fails Federal Rule of Evidence 403 and its state counterparts, and inquiry into character for truthfulness under Rule 608 does not reach sincerely held beliefs. Rule 610 bars evidence of a witness's religious beliefs to attack or support credibility; where a witness's beliefs about NHI are religious or spiritual, Rule 610 applies directly, and in other cases its reasoning supports exclusion. Counsel should move in limine (§6) and object to argument that invites the jury to discount a witness because of the subject matter of an experience.

4.2 Competency, waiver of counsel, and forced medication

Competency asks whether the defendant has a rational and factual understanding of the proceedings and can consult with counsel. *Dusky v. United States*, 362 U.S. 402 (1960); *Drope v. Missouri*, 420 U.S. 162 (1975). A defendant who believes in UFOs, or reports an abduction, can satisfy both. States may require counsel for a defendant competent to stand trial but not to conduct the defense. *Indiana v. Edwards*, 554 U.S. 164 (2008). Involuntary medication to restore competency requires the findings in *Sell v. United States*, 539 U.S. 166 (2003). In each setting the evaluator should

address functional capacity. *Moody* adds a point for defense counsel: a client's account must be handled with respect even where it cannot be used as a defense, because ridicule can break the relationship (Model Rule 1.14 and California Rule of Professional Conduct 1.14 govern clients with diminished capacity).

4.3 Civil commitment

A state may not confine a nondangerous person who can live safely in freedom. *O'Connor v. Donaldson*, 422 U.S. 563 (1975). Commitment requires clear and convincing evidence. *Addington v. Texas*, 441 U.S. 418 (1979). A report of a sighting or an abduction, without danger to self or others or inability to meet basic needs, does not meet those standards. A federal firearms disability follows only an adjudication or involuntary commitment, 18 U.S.C. §922(g)(4), which makes the commitment decision consequential beyond the hospital stay.

4.4 Custody and dependency

Custody law asks about harm to the child. Courts consider a parent's religious beliefs only on proof that the beliefs or practices harm the child (*Harrison v. Tauheed*, 44 Kan. App. 2d 235, 235 P.3d 547 (2010); *Garrett v. Garrett*, 3 Neb. App. 384, 527 N.W.2d 213 (1995)). The Utah Supreme Court held that a parent's right to encourage children in religious practice survives an award of sole legal custody to the other parent and that restrictions on it are reviewed under strict scrutiny. *Kingston v. Kingston*, 2022 UT 43, ¶¶ 24-25, 532 P.3d 958. Courts may not give effect to private biases in custody decisions. *Palmore v. Sidoti*, 466 U.S. 429 (1984). A parent's report of a sighting or contact, or belief in NHI, should count only on evidence that it has led to conduct harming the child. *In re F.P.* shows the kind of additional evidence that supports intervention.

4.5 Benefits and employment

Social Security evaluates psychotic disorders under listing 12.03 by functional limitations, 20 C.F.R. pt. 404, subpt. P, app. 1, §12.03. An employer that treats an employee's UAP report as a sign of mental illness may "regard" the employee as disabled under the ADA, 42 U.S.C. §12102(1)(C), (3)(A), and a medical examination of a current employee must be job-related and consistent with business necessity, 29 C.F.R. §1630.14(c). Pilots face the aviation medical standards discussed in [Issue D7](#), and cleared employees face the Guideline I analysis in [Issue C5](#) §4.1, which states that reporting an observation the person cannot explain is not "bizarre behavior."

4.6 Records

A person may ask a covered health care provider to amend a record, and if the request is denied, may submit a statement of disagreement that must be included with future disclosures. 45 C.F.R. §164.526. Federal agency records can be amended under the Privacy Act, 5 U.S.C. §552a(d)(2). A request should ask that a report be recorded as the patient's account of an experience, with any clinical findings stated separately, and should not ask the provider to record the experience as fact.

4.7 Public labeling

Calling a UFO witness or researcher "delusional" or "schizophrenic" can be defamatory where it implies a false assertion of fact, such as a diagnosis. *Milkovich v. Lorain Journal Co.*, 497 U.S. 1 (1990). See *Feuerstein v. Simpson*, 582 F. App'x 93 (3d Cir. 2014) (defendant called a researcher of

extraterrestrial contact a “hallucinating lunatic” and “schizophrenic”). [Issue G1](#) covers the risks for publishers.

5. Limits of the argument

Some people who report alien contact are ill, and some abduction accounts are products of sleep phenomena, suggestion, or false memory. Counsel’s argument is about evidence: the content of an experience is not proof of illness, and a decision that affects liberty, children, or livelihood must rest on evidence of impaired functioning, danger, or harm. Where that evidence exists, the UFO content does not make it less weighty.

6. Tools

- **Motion in limine** (criminal or family court) to exclude or limit evidence and argument that a witness’s or party’s UAP report or belief shows mental illness, built on *Fichera*, Rules 403, 608, and 610, and the official record in §2 ([Form H4-1](#)).
 - **Letter to an evaluator** asking that the evaluation address functional capacity, danger, and the presence of other symptoms, and that the report record the experience as the person’s account ([Form H4-2](#), Part A).
 - **HIPAA amendment request** and statement of disagreement for records that label a report as a delusion without clinical findings ([Form H4-2](#), Part B).
 - **Practice checklist** for counsel: separate the report from the diagnosis; retain an evaluator familiar with the literature on anomalous experiences; prepare the client to describe the experience factually; object to ridicule; build the record of the client’s ordinary functioning (work, family, finances).
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