

Witness Name: Professor Vaughan Bell

Statement No: WITN0272001

Dated: 26th November 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF PROFESSOR VAUGHAN BELL

I, Professor Vaughan Bell will say as follows:

INTRODUCTION

I am a professor of clinical psychology and cognitive neuropsychiatry and am a clinical psychologist working in NHS psychosis and neuropsychiatry services.

This witness statement is made to assist the Nottingham Inquiry (the “**Inquiry**”) with the matters set out in the Rule 9 Request Received 9th October 2025 (the “**Request**”) regarding the issue of online communities centred around “mind control experiences” and their relationship to psychosis.

BACKGROUND

I have been asked to set out an account of the online community of people sharing ‘mind control experiences’ and its relationship to psychosis.

Personal details

1. Professor Vaughan Bell

Career and role

2. I completed a BSc in Psychology and, later, an MSc in Cognitive Neuropsychology. I subsequently completed a PhD entitled “Delusions and Belief Formation: A Cognitive Neuropsychiatric Approach” focused on cognitive mechanisms of delusions in psychosis. After completing this I completed a DClinPsy in clinical psychology – a professional doctorate in clinical psychology that qualifies me as a practising clinical psychologist. I subsequently worked in a number of clinical services including acute and community neurorehabilitation, inpatient neuropsychiatry, community and emergency mental health, inpatient behavioural disorders and mental health in autism, and outpatient psychosis and neuropsychiatry services. I later obtained a part-time role as a senior clinical lecturer in clinical mental health sciences at University College London (UCL) while working as a clinical psychologist in NHS psychosis services. I later moved into a full-time clinical-academic role in as an associate professor of clinical psychology, while working in an adjunct clinical role in NHS neuropsychiatry and psychosis services. I am now a professor of clinical psychology and cognitive neuropsychiatry at University College London in a clinical-academic role, including clinical roles in NHS psychosis and neuropsychiatry services. I have completed research throughout this time, where I have largely focused on understanding psychosis, the mental health effects of neurological disorder, and the effects of armed conflict.

Research into 'Mind Control' experiences on the internet

3. The published study the inquiry has asked me to summarise is this one (Inquiry URN WITN0272002):

Bell, V., Maiden, C., Muñoz-Solomando, A. & Reddy, V. (2006) "Mind control experiences" on the internet: Implications for the psychiatric diagnosis of delusions. *Psychopathology*, 39, 87-91. <https://doi.org/10.1159/000090598>

Motivation for the research

4. This study was conducted as part of my PhD. It was motivated by an awareness of the growing use of the internet by individuals who were plausibly experiencing psychosis. I decided to conduct a study to understand a) to what extent individuals who published their experiences of perceived "mind control" online might be experiencing delusions; ii) to what extent individuals doing this could be considered as part of a community focused on these concerns; and iii) what implications this might have for the definition of delusions because the diagnostic criteria include the condition that delusions are beliefs that are not ones "accepted by other members of the person's culture or subculture" – something that likely made sense before the internet was created but may appear less tenable when the internet allows people with extremely rare or bizarre beliefs (including delusional beliefs) to find each other and form communities based around them.

How it was conducted

5. An important note of context was that this research was conducted in 2004/5 (published 2006) and so is based on the internet technology of the time.
6. We identified 10 online accounts of mind control experiences published on the web, which we identified through web searches, with the criteria that they must be authored by a single individual and must have been published independently (i.e. not be part of a group website or message board).
7. We also identified 10 accounts each of people describing their experiences of cancer, depression, and being stalked, to compare with experiences of serious illness, non-psychotic mental illness, and personal threat.
8. We then submitted these accounts to:
 - a) a test for the likely presence of symptoms of psychosis, including delusions. Three psychiatrist raters were provided with the plain text from each webpage as a Microsoft Word document which we had extracted from the webpage itself – meaning it did not include the web address, images, or formatting. They completed ratings independently, without conferring, for each of the 40 webpage texts (10 x mind control, 10 x cancer, 10 x depression, 10 x experience of being stalked) recording their responses on a rating form which asked “Based on your clinical judgment, does this person show signs of:” and were asked to indicate the presence of psychosis, delusion, hallucination, and passivity symptoms, and were additionally asked to “indicate which is the most likely diagnostic category which would fit the experiences described by the author of the text. If you feel that it is not possible to decide between a number of diagnoses based

on the information given, please provide three alternatives, in order of likelihood”.

- b) a test for the presence of social community – where we computationally analysed the links between the website using network analysis – a mathematical analysis based on graph theory – to identify to what extent links between websites reflected the properties of known social networks from established communities

Conclusions

9. The online accounts of mind control experiences were overwhelmingly classified as describing experiences likely to reflect delusions and psychotic disorder by the independent psychiatrist raters, whereas this was not the case for the other types of websites we examined. The raw data from these ratings is provided as Inquiry URN WITN0272003. This illustrates that 100% of the accounts of the mind control experiences from the web included in the study were unanimously rated as reflecting delusions and psychosis by the psychiatrist raters. Of the non-mind-control experiences from the web (10 x cancer, 10 x depression, 10 x experience of being stalked), a total count of two ratings indicating the presence of delusions or psychosis. Both emerged from a single rater and these ratings were not given by the two other raters. Agreement, tested statistically, between raters was very high. In addition, 7 of the 10 accounts of “mind control experiences” reported contact with mental health services, suggesting other mental health professionals may have considered their experiences as signs of mental ill health. This indicated a

high likelihood that the accounts of “mind control experiences” we examined reflected the experiences of delusional beliefs and psychosis. We specifically used the phrase “high likelihood” because the gold standard evaluation of whether someone is delusional would be an in-person clinical evaluation. As we were using assessments of written descriptions, we concluded it was “highly likely” they were delusional, rather than definitively so.

10. The network analysis showed that the links between pages showed a similar structure to known social networks, and dissimilar to a size-matched non-social network, indicating that individuals were likely part of an online social community based around these experiences.

11. We also noted that these findings did not demonstrate that all members of “mind control” and similar online communities are delusional or experiencing psychosis, but the results indicate that a high proportion are likely to be.

12. In terms of specific content of the websites on which people reported “mind control experiences”, “mind control” was frequently described as happening through various means, including “psychotronics” and other “surveillance and harassment technologies”. Authors frequently described how their thoughts and actions were being directly controlled by groups of people using unlikely technological methods. In the study, we briefly described this for each of the accounts. For each of the 10 accounts, these were:

- “Ex-military neighbours” and “husband’s cohorts” using ‘recently declassified technology’

- “Rings of sex deviates” (sic) using “high energy radiation” technology
- Royal Canadian Mounted Police using a “telepathic amplifier that works with microwaves”
- “Freemasonic intelligence agencies” using “frequency weapons”
- “Police” using a “brain implant”
- “Implantable controlling chip”
- “Dutch government” using a “network of transmitters”
- “Politicians and journalists” using “satellite surveillance and harassment technologies”
- “Bad Guys” using “psychotronics” and “microwaves”
- “Warsaw Pact Military Research” using “hypnosis and electromagnetic waves”

13. In terms of further research, I have not conducted any further empirical studies but I have discussed how ‘extreme communities’ form online, including formation of communities based on likely delusional or psychotic experiences, in this review paper (Inquiry URN WITN0272004):

Bell, V. (2007) Online information, extreme communities and internet therapy: Is the internet good for our mental health? *Journal of Mental Health*, 16 (4), 445-457. <https://doi.org/10.1080/09638230701482378>

14. In this paper I note that:

- The internet reduces the obstacles to finding other people who share rare and / or extreme beliefs and enables communication among like-minded niche groups
- These communities often provide a supportive alternative framework for people whose beliefs or behaviours are pathologised by mainstream medical or social systems. Instead of being excluded, members find validation and peer-support.
- The downside of this is that it also has the potential to reinforce the beliefs, and reinforce any harmful behaviour associated with the beliefs, within the norms of that particular group.

15. In terms of subsequent research, I am not aware of any additional specific research on online mind control communities and their association with psychosis. However, there is a small research literature on the “gang-stalking” community within which mind control experiences also strongly appear. People in the gang-stalking community frequently believe themselves to be subject to organised harassment and describe themselves as “targeted individuals” or “TIs”. They frequently describe unlikely technological methods as the mechanism through which this harassment takes places and often describe what we previous labelled as “mind control experiences”. It is likely that a high proportion of such individuals are describing experiences of psychosis. For example, in published studies that focused on analyses of the concerns of the gang-stalking community, mind control experiences appeared prominently:

- Inquiry URN WITN0272005: Sheridan, L. P., & James, D. V. (2015). Complaints of group-stalking ('gang-stalking'): An exploratory study of their nature and impact on complainants. *The Journal of Forensic Psychiatry & Psychology*, 26(5), 601-623.
<https://doi.org/10.1080/14789949.2015.1054857>
- Inquiry URN WITN0272006: Sheridan, L., James, D. V., & Roth, J. (2020). The phenomenology of group stalking ('gang-stalking'): A content analysis of subjective experiences. *International journal of environmental research and public health*, 17(7), 2506.
<https://doi.org/10.3390/ijerph17072506>
- Inquiry URN WITN0272007: Sarteschi, C. M. (2018). Mass murder, targeted individuals, and gang-stalking: Exploring the connection. *Violence and Gender*, 5(1), 45-54.
<https://doi.org/10.1089/vio.2017.0022>

16. In terms of risks relevant to people with psychosis, engagement with a community that validates or appears to validate delusional beliefs may discourage them from accessing treatment. For example, there are some specific narratives within such communities that argue that interpreting these experiences as a sign of mental ill health is itself part of a broader conspiracy to discredit the reality of these experiences.

17. However, some important nuance is needed here. The norms of any particular group, aside from the direct belief in the reality of "mind control" experiences are also likely to be important. For example, online communities of "targeted

individuals” appear to typically orient their concerns toward peaceful political campaigning – creating petitions, writing to political representatives, holding peaceful demonstrations, and so on. Participation in these groups may conceivably dissuade (explicitly or implicitly) an individual from violent behaviour if the group specifically rejects this as an acceptable response. Similarly, an alternative narrative in these groups is that the stress of being targeted by “mind control experiences” may cause mental ill health, and so while they may discourage individuals from understanding their experiences as psychosis, they may not entirely dissuade the person from engaging with mental health services per se. These mixed effects have not been systematically studied with regard to online “mind control” communities and related groups. However, in studies of online groups that centre around concerns influenced by mental ill health (e.g. pro-anorexia groups), a similar mixed-harms-and-benefits profile appears, in that they can encourage harmful eating behaviour as well as providing positive emotional support that may be protective in different ways.

18. If a patient with psychosis believed they were experiencing MCEs and had been researching their experiences, the impact of this would need to be assessed on an individual basis to understand the extent to which their research and / or participation in online groups was encouraging poor engagement, risk-related behaviours or vulnerabilities (e.g. violence, self-harm, victimisation from others, or accidental harm). It is not clear to me that participation in such groups is always a risk itself, and so this would need to

be assessed on an individual basis, as part of a comprehensive psychiatric assessment, to answer this question.

19. In terms of recommendations to the inquiry, my knowledge of this case is solely restricted to what has been discussed in the media and this request for a witness statement. Therefore, I don't feel I have enough information to make any well-informed recommendations regarding the prevention of similar attacks.

Statement of Truth

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

GRO-B

Dated: 26th November 2025

No.	Inquiry URN	Document Description
1	WITN0272002	Study titled: 'Mind Control' Experiences on the Internet: Implications for the Psychiatric Diagnosis of Delusions
2	WITN0272003	Article/ Study containing independent rating of the text by psychiatrists.
3	WITN0272004	Study titled: " <i>Online information, extreme communities and internet therapy: Is the internet good for our mental health?</i> ".
4	WITN0272005	Study titled: <i>Complaints of group-stalking ('gang-stalking'): An exploratory study of their nature and impact on complainants. The Journal of Forensic Psychiatry & Psychology.</i>
5	WITN0272006	Study titled: <i>The phenomenology of group stalking ('gang-stalking'): A content analysis of subjective experiences. International journal of environmental research and public health.</i>
6	WITN0272007	Study title: Mass Murder, Targeted Individuals, and Gang-Stalking: Exploring the Connection