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Book Author(s): SHELLEY R. ADLER

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Consistencies

Cross-cultural Patterns

I lay me down to sleep;
No night-mare shall plague me
Until they swim all the waters that flow upon the earth
And count all the stars that shine in the sky.

—German charm against night-mares (Kuhn 1859)

Imagine feeling very tired, going to bed, and quickly falling asleep. Your rest is soon disturbed, though, by some sort of rustling noise. You open your eyes and recognize the normal features of your bedroom in the shadowy darkness, but, when you try to sit up, you realize that you are paralyzed; you are unable to move your arms or legs, or even turn your head. With sudden, sickening dread and overwhelming terror, you sense an evil presence approaching. You struggle and try to scream for help, but you still cannot move or make a sound. The sinister being looms over you for a moment, then climbs onto your bed and settles heavily on your chest, crushing the breath out of you.

This experience is the night-mare¹ and its key features are the same the world over: knowing that you are awake, perceiving your surroundings realistically, being unable to move, feeling overwhelmed by intense terror and anxiety, sensing an evil presence, feeling crushing pressure on your chest, trying desperately to breathe, and lying helplessly on your back. These elements are easy to identify in the following account:

I am 52 years old. My [night-mares] started in my mid 20s. I remember the first time it happened. I had a new baby and was napping in the afternoon because I also worked in the evenings. Suddenly, I was wide awake except for the fact that my eyes were still closed and I was completely paralyzed. I have never been so terrified in my life. I KNEW someone else was in the room. I could hear them moving around. I felt like I was in grave danger. Then I KNOW I felt someone sit down on the bed right next to me! I tried to scream. . . . I was struggling and struggling but I couldn't even move a

finger. Finally, the episode passed and I woke up perfectly fine. I thought I was going crazy and never mentioned it to anyone. I still don't bring it up much because I get THAT LOOK from people who don't know what you're talking about. I have had several episodes since then. . . . I have never opened my eyes . . . and that is a blessing because if I ever did and saw something looking back at me I would probably die in my sleep. (Internet posting, Awareness during Sleep Paralysis Listserv [ASP-L])²

The Consistent Features of the Night-mare

The underlying structure of night-mares is strikingly similar around the globe, even in societies with no commonly accepted beliefs or traditions to offer cultural models for the experience. This similarity of night-mare accounts in vastly different contexts suggests that there is a uniform, core experience: the classic elements of the night-mare encounter are present regardless of cultural setting. I will describe these key characteristics individually, but they typically occur in clusters: (1) a sense of an evil presence accompanied by various sounds (foot-steps, whispering); (2) breathing difficulties, feelings of suffocation, bodily pressure, sense of doom; and (3) sensations of floating, flying, and falling (including out-of-body experiences and viewing one's body from an external perspective). The first two clusters, which often co-occur, are characterized by intense terror and the third, although sometimes associated with fear, tends to be correlated with feelings of bliss (Cheyne 2005).

Being "Awake"

In recounting a night-mare experience, individuals go out of their way to emphasize that they were not sleeping during the attack: "I have suffered from sleep paralysis and it was the most scary thing in my life. The first time it happened I thought it was a dream but I know I was awake" (Internet posting, www.videojug.com). The terror of the event is heightened because it cannot be explained away as merely a frightening dream—it is experienced as a part of waking consciousness. Even after repeated episodes, the conviction of wakefulness cannot be shaken: "Each time is terrifying. I suddenly am awake and aware of the bed and my situation, but realize I cannot move. It is not a dream" (Internet posting, www.lakesidepress.com); "I am 'awake' during these attacks and even though at some point I can remind myself that it is [sleep paralysis], I CAN NOT talk myself down from the terror and panic I feel" (Internet posting, ASP-L).

Realistic Perception of Environment

Whether or not the victim remembers having his or her eyes open during a night-mare, the immediate environment is often realistically perceived: "I was

aware of what was in the room . . . my memory is that I was awake and not asleep, not dreaming this with my eyes closed” (Adler, unpublished transcript); “I can sometimes see when having an episode. I can observe my dog sleeping on the floor. My husband lying beside me. My bedroom in general” (Internet posting, ASP-L). Perceiving “normal” surroundings realistically seems to add to the terror of the night-mare by confirming a waking state, and thus ruling out the possibility that the victim is merely dreaming and that the events are not “real.”

Inability to Move

The sense of paralysis is often one of the first night-mare features noted in an episode: “I would wake up and I couldn’t move and I couldn’t breathe and there would be this terrifying struggle where I’d be trying to pull my arm up to my mouth to open my mouth, ’cause I’d think at the time that if I could just get my mouth open, I could breathe and I’d think that I would die if I could not do this” (Adler, unpublished transcript). The inability to move is sometimes attributed to an outside force: “I woke up, but I couldn’t move for a while. I remember seeing my friend and his girlfriend and trying to say to them, ‘I can’t get up, someone is holding me down.’ This was scary; I tried so hard to get up” (Internet posting, ASP-L); “I could feel something gripping me tighter and tighter and the more I resisted the tighter it became. I forced myself to try to move and, while being gripped, I could open my eyes and see, but could not move a muscle” (Internet posting, ASP-L).³

Overwhelming Fear and Dread

Another disturbing feature of the night-mare is the “overwhelming sense of dread/evil closing in.” One victim describes having awakened many times in past years with a sense of “black horror”: “[I] don’t know any other way to describe it. I hate waking up at night, always afraid the figure will be back.” In recounting the experience, people often have difficulty articulating the intensity of the horror they felt (“The fear progressed from foreboding to absolute panic”) and may resort to descriptions of composite emotions (“Feelings of dread/bad/evil”). The emotion is “beyond” fear or terror, “like the evil is trying to reach my soul” (Internet postings, ASP-L).

Sensed Presence

The victim’s feelings of horror/dread can be compounded by the awareness of an evil “presence,” the sense that there is a watchful and malicious entity close by: “I just knew this presence was there. An ominous presence. And I was paralyzed—not only couldn’t I—could I not see it, but I couldn’t defend myself, I couldn’t do anything, because I was paralyzed” (Adler, unpublished transcript).⁴ When the sense of fear and the awareness of an entity co-occur, it is unclear

whether the emotions of fear precede or result from the awareness of an evil presence, or whether they are inseparable.

Many years back, I gathered some info on [sleep paralysis] . . . to show my father, who also suffers from [sleep paralysis]. (By the way, he is not an open minded person, whatsoever!) I had just learned of his experiences, and I wasn't aware that anyone else in my family had [sleep paralysis]. While sharing my new-found discoveries, my older brother (who far outweighs my father in disbelieving) relayed how as a child "he imagined" a "dark evil shadow" who would move throughout his room causing him great fear; so much so, that he was frozen and unable to move. I had never discussed this with my family prior to that day, or any other day thereafter. Sometimes, some subjects are best left alone and this was one of them. My point: there is something to this "dark presence." (Internet posting, ASP-L)

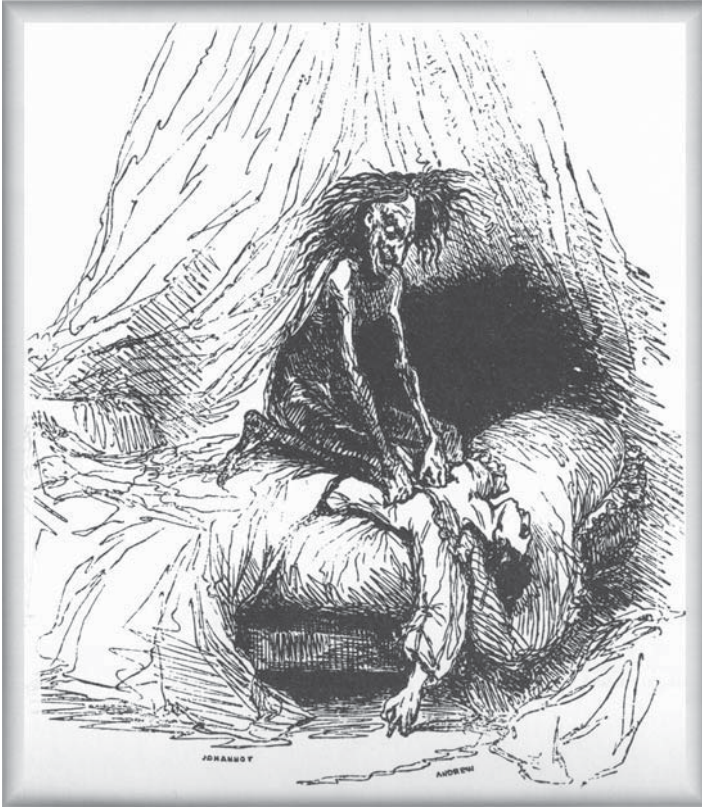
Chest Pressure

Just as paralysis can either be experienced discretely or understood as the result of restraint, chest pressure can be experienced as a decontextualized physical sensation of weight or understood to be caused by an entity crushing or pressing on the victim's chest. A typical account of the agent-free experience is a straightforward description of sensations: "I would wake up and feel this amazing pressure on my chest . . . and it was the sort—it was the sort of thing where it was so—it was so strong that I couldn't breathe" (Adler, unpublished transcript). When there is a crushing entity present, it may appear as a witch or other malevolent being (see illustration 1.1), but it may also manifest as a pressing force: "something invisible was trying to suffocate me" (Internet posting, ASP-L).

Difficulty Breathing

The sense of pressure on the chest is typically accompanied by difficulty breathing, although labored respiration can also occur without chest pressure.

I was in the front passenger seat of my friend's truck, and we were wrapping up an 8 hour drive . . . the culmination of a 3-day ski weekend during which I skied hard, and slept little. So of course I was dozing on and off the whole way back. We stopped at our work, because he needed to run in and do some quick maintenance. So I stayed out in the truck to doze a bit. Judging by how I felt the last couple of short nods, I knew an episode was coming on, but I couldn't stop falling asleep. So it happened . . . and I could not move anything, breathing was either impossible or came in very short gasps that I could hear, and . . . I was aware of my surroundings, and was trying to claw my way out like I usually do. . . . The non-breathing is always the greatest fear, and the only reason I won't explore just letting



1.1. “Cauchemar,” c. 1830. Engraving after Tony Johannot. Oxford, F. Haskell collection.

these happen. Eventually after 10 seconds or so, I clawed my way out and moved. I felt exhausted and out of breath. (Internet posting, ASP-L)

Supine Position

The majority of night-mares occur when the victim is sleeping on his or her back: “Mine happens when I’m in a supine position. After the event is over I’ll usually turn and sleep on my side” (Internet posting, ASP-L). Although some sleep studies have shown that most people do not fall asleep on their backs, the majority of night-mares are experienced in that position (Cheyne 2002).

I was asleep, on my back—I hardly ever sleep on my back—when it felt like something really heavy was on my chest and these really big hands were choking me. I couldn’t breathe so I started struggling with it. My spouse reached over and began gently shaking me, asking if I was all right. When I opened my eyes this thing was ripping his hands off me. He looked like a gray, short, squatty gargoyle. I looked at my husband and back down

next to our bed and he was gone. This is the 1st time I have seen what was my attacker. And I was afraid to go back to sleep. When I did sleep it was in heavy short intervals. (Internet posting, ASP-L)

Additional Unusual Sensations

The victim of a night-mare may become aware of a range of unusual auditory, olfactory, or physical sensations. Examples of sounds include a door opening or closing, bedsprings creaking, an animal growling, approaching footsteps, rustling, or scratching. There may also be buzzing or beeping noises: “[My experience was] accompanied by a vibration or electric sound in my head that is like a humming or static (not sure if it is a noise or a feeling, maybe both?)” The individual may distinctly hear his or her name being called or may only be able to discern unintelligible—but clearly malevolent—whispering. Strange smells may also be a part of the experience, although they are much less common: “It smelled of death and decay or sorta like when a rat is dead in the attic or when cardboard gets wet and remains in a closed area”; “I could feel a cold, cold feeling running through me and a wicked smell, stench in the room.” Finally, the “sleeper” may experience different types of motion, from the bed being lifted or covers being pulled off to bodily sensations of drifting, falling, or rolling: “[I] sometimes feel like I’m lying down on a roller coaster”; “I went flying down a tunnel really fast and wound up in a room just floating around it”; “I would feel my body rising up above my bed, and I would float there” (Internet postings, ASP-L).

The Night-mare in Language

The identifying features of the night-mare are evident in the terms used to refer to it. The etymology of the English word *nightmare*, for example, reveals a great deal about the experience itself. “Mare” comes from the same root as the German *mahr* and Old Norse *mara*, a supernatural being—usually female—who lay on people’s chests at night, suffocating them (Kiessling 1968). The specific terms for night-mare that are used in many contemporary cultures are etymologically related to words for “weight” and “pressing.” *Mare* appears to be of Indo-European origin, although its initial meaning is not clear. Linguists propose three possible roots of the word: *móros* (“death”), *mer* (“drive out”), and, perhaps the most likely source, *mar* (“to pound, bruise, crush”) (Simpson and Weiner 1989). Because the sense of pressure or weight is prominent in the night-mare experience, it is not surprising that it is also a key element in the historical development of its linguistic forms. The idea of pressure is also present in other terms for the night-mare experience that do not share the *mare* linguistic root (see table 1.1). The medieval French *appesart* and the Spanish *pesadilla*, for example, are both derived from the verb *peser*, meaning “to press down upon” (Lecouteux 1987, cited in Davies 1996).

TABLE 1.1
Examples of Local, Cultural Terms for the Night-mare

<i>Country</i>	<i>Local Term</i>
Aceh (Indonesia) (Grayman, Good, and Good 2009)	<i>digeunton</i> (“pressed on”); <i>dicekek</i> (“choked or strangled”)
Arctic regions of Alaska, Canada, Greenland (Inuit) (Law and Kirmayer 2005)	<i>uqumangirniq</i> ; <i>aqtuqsinniq</i>
Botswana (Mdlalani 2009)	<i>sebeteledi</i> (“someone who exerts pressure or force”); <i>setshitshama</i> (“that which paralyzes”)
Cambodia (Hinton et al. 2005; Hinton et al. 2009)	<i>khmaoch sângkât</i> (“the ghost pushes you down”)
China (Emmons 1982; Kingston 1989; Wing, Lee, and Chen 1994; Wing et al. 1999)	<i>bei guai chaak</i> (“being pressed by a ghost”); <i>bei gui ya</i> (“held by a ghost”)
Czech Republic (Boiadjiev and Müller 2003)	<i>muera</i>
Egypt (Mandhur 2006; Sayce 1900)	<i>al-Jathoom</i> (<yajthum, “sits”); <i>kabus</i> (<incubus)
Estonia (Davies 2003)	<i>luupainaja</i> (“the one who presses your bones”)
Finland (Davies 2003)	<i>painajainen</i> (<painaa, “to press or apply pressure”)
France (Rickels 1961; Roberts 1998)	<i>cauchemar</i> (<caucher, “to tread on”)
Germany (Boiadjiev and Müller 2003; Ward 1977, 1981)	<i>Alpdruck</i> (“elf pressure”); <i>Hexendrucken</i> (“witch pressing”); <i>Nachtmahr</i>
Hungary (Davies 2003; Schonberger 1946)	<i>boszorkany-nyomas</i> (“witches’ pressure”); <i>lidércnyomás</i> (<i>nyomás</i> = “pressing”)
Iceland (Davies 2003)	<i>martröd</i> (<tröda, “to squeeze, press, ride”)
Ireland (Dolan 2006)	<i>tromluí</i> ; <i>tromlaige</i> (“being pressed upon”)

(Continued)

TABLE 1.1
(Continued)

<i>Country</i>	<i>Local Term</i>
Italy (Boiadjiev and Müller 2003)	<i>pesuarole</i> (< <i>pesante</i> = “weight”); <i>incubo</i>
Japan (Arikawa et al. 1999; Fukuda et al. 1998; Schegoleva 2002)	<i>kanashibari</i> (“bound or fastened by metal”)
Korea (Firestone 1985)	<i>ka-wi-nulita</i> (“scissors pressed”)
Laos (Lao PDR) (Heimbach 1979), United States (Adler 1991, 1994; Bliatout 2003)	<i>dab tsog, tsog tsuam</i> (“to crush, press, or smother”)
Mexico (Foster 1973; Jacobson 2009; Jiménez-Genchi et al. 2009)	<i>pesadilla</i>
Morocco (de Jong 2005)	<i>boratat</i> (“someone who presses on you”)
Netherlands (Bremmer, Johnston, and Vries 1998; Davies 2003)	<i>nachtmerrie</i>
Newfoundland (Hufford 1982; Ness 1978)	<i>Old Hag, ag rog</i> (“hag ridden”)
Norway (Davies 2003)	<i>mareritt</i>
Poland (Boiadjiev and Müller 2003; Kiessling 1968)	<i>zmora</i>
Portugal (de Jong 2005)	<i>pesadelo</i> (< <i>pesado</i> , “heavy”)
Republic of Croatia (Davies 2003)	<i>morica</i>
Russia (Hufford 1982; Montagu-Nathan 1917)	<i>kikimora</i>
Thailand (Firestone 1985)	<i>phi um</i> (“ghost covered”); <i>phi kau</i> (“ghost possessed”)

(Continued)

TABLE 1.1
(Continued)

Country	Local Term
Turkey (Rønnevig 2007)	<i>karabasan</i> (“dark presser”)
West Indies (Ness 1978)	<i>kokma</i>
Zanzibar (Walsh 2009)	<i>popobawa</i> (“bat wing”—from dark shadow cast by the spirit when it attacks)

Three Examples of the Night-mare
in Contemporary Cultural Settings

The core night-mare phenomenon is stable across cultures, although, as a consequence of variations in experience and context, its significance and impact vary considerably: despite the remarkable stability of the night-mare syndrome and its universal distribution, culture-specific elaborations do exist. In most instances, cultural factors appear to shape the encounter, as well as the experience and interpretation of it (Hufford 1982). There are myriad examples of contemporary night-mare traditions. I will present three brief “case studies”—Newfoundlander, Inuit, and Japanese—in order to illustrate the night-mare’s widespread geographical and cultural distribution.

The Old Hag of Newfoundland

In the early 1970s, David J. Hufford became a faculty member of the Folklore Department at Memorial University of Newfoundland. At that time, Newfoundland had a small population for whom “the conservative influences of isolation . . . left intact . . . elements of traditional culture no longer functioning in most of the English-speaking world” (Hufford 1982, 1). Hufford was primarily interested in folk belief and was able, through his archival duties and subsequent fieldwork, to study accounts of ghosts, fairies, and omens of death. He first encountered the Newfoundland night-mare, “the Old Hag,” while investigating these traditions. Hufford eventually collected hundreds of examples of Old Hag attacks, all of which share the same basic features. As one twenty-year-old university student described the phenomenon: “You are dreaming and you feel as if someone is holding you down. You can do

nothing, only cry out. People believe that you will die if you're not awakened" (Hufford 1982, 2).

Through a survey conducted at Memorial University in 1971, Hufford found that about 15 percent of students were familiar with the tradition that described the Old Hag. The experience was considered to include the features of awakening, hearing and/or seeing something come into the room and approach the bed, being pressed on the chest or strangled, and being unable to move or cry out (1982, 10–11). Newfoundlanders referred to the victim of an Old Hag attack as having been "hag rid," that is, ridden by the Hag (which causes the pressure or crushing sensation on the chest). Hufford draws an intriguing connection between the pronunciation of "hag rid" and "haggard" and explains that the Newfoundland usage may represent one step in the etymology of the word, since *haggard* is now used generally to refer to someone who appears worried and fatigued (Hufford 1982, 54–55)—precisely the way one would expect someone who had been ridden by the Old Hag to look.

In addition to the systematic documentation of the Old Hag as a common and living tradition in Newfoundland, perhaps Hufford's greatest contribution to the study of the night-mare is his explanation of the experience's potential source.

I immediately knew that "the Old Hag" broke the conventional rules about cultural shaping. In 1967, before ever visiting Newfoundland, I had heard the footsteps, sensed the terrifying presence and felt it climb onto *my* chest, all the while unable to move or cry out. I didn't talk with anyone about it. . . . I had no idea that it had ever happened to anyone else. Now I found that Newfoundlanders knew all about "my experience." Sleep paralysis incorporating a threatening spiritual presence could not reflect simple cultural loading, because I lacked the cultural background to produce the "traditional" details that I had experienced. My experience in 1967 had felt "spiritual," although I had not believed in malevolent spirits. . . . Meeting the Old Hag in Newfoundland several years after my own encounter felt like independent confirmation of my unwilling "observations." (Hufford 2005, 19)

At the time of Hufford's Newfoundland research, sleep paralysis and hypnagogic hallucinations were both little studied and poorly understood sleep disorders (Chambers 1999). In the quarter century since the publication of Hufford's seminal work, *The Terror That Comes in the Night*, much more has been learned about these parasomnias, and many people—myself included—are convinced that Hufford is correct in identifying Old Hag attacks with them. Hufford's research in Newfoundland laid the foundation for thinking of the night-mare as truly universal and experience-centered, rather than merely the result of a culture-based phenomenon that arises independently in different parts of the world.

The Uqumangirniq of Canada

Just before I fall asleep I get paralyzed. Sometimes it starts with a humming sound. Sometimes I can hardly see and I get scared. My grandparents told me it was a ghost trying to get hold of me and they said I should fight against it. After the humming sound I cannot move anymore. Sometimes it feels as if I am not inside but outside my body, as if I have to fight to get back in. When I do not return immediately I do not manage to go back any more and it feels like I could die. At those times, I really panic. Sometimes it feels like an eternity before I can move again. I finally wake up with a pounding heart and I feel all shaken up and I'm frightened. (Bloom and Gelardin 1976, 21)

The Inuit of Canada have a rich set of concepts and vocabulary to describe night-mare phenomena, and the terms for the experience vary across the region. In the Baffin dialect, the night-mare is called *uqumangirniq*; in the Kivalliq region, the term is *aqtuqsinniq*: "When you are sleeping and you are unable to move. You can't stand up. You can't move. That's what we mean by *aqtuqsinniq*. It is the same thing as *uqumangirniq*. They say that some people do not wake up from *aqtuqsinniq*" (Kolb and Law 2001, 190).

In the late 1990s, the Inuit-led Nunavut Arctic College sponsored a project designed to preserve traditional Inuit cultural knowledge. As part of this endeavor, anthropologist Stephane Kolb and psychiatrist Samuel Law interviewed Inuit elders, adults, and young people in order to record and study their collective oral history. Dreams and their interpretations were a prominent theme in the interviews and a source of fascination for many of the college's faculty and students. Kolb and Law learned that there is a widespread belief that *siniktuq* ("sleep") is a state in which people make contact with the invisible spirit world, the world of the dead. *Uqumangirniq* is part of this shamanistic cosmology.

In Inuit tradition, people are comprised of three souls: the *tarniq*, which is indestructible (and sometimes described as a bubble that floats within the body but can exist free of the body); the breath soul, which animates the body and disappears at death; and the name soul, which is carried in the name and bestowed on someone through the act of naming. The *tarniq* of the living, especially children, is considered delicate: Inuit elders believe that when the *tarniq* is in a vulnerable state, *uqumangirniq* can result from an attack by a shaman or malevolent spirit. In sleep and dreams, the relationship between an individual and his or her *tarniq* becomes weak and fragile. Sickness can result from a person's *tarniq* straying too far from his or her physical body: "If a person's *tarniq* were to leave the body while the person was sleeping, the *tarniq* would be able to see the body it had just left behind. The body would appear hollow, as if it had no insides. . . . If the *tarniq* had really left the body behind the person would die.

Our body is just a casing for our *tarniq*" (Kolb and Law 2001, 35). As an Inuit elder describes:

There was one time I was in bed with my wife and I couldn't wake up at all. There was an old man wearing caribou clothing. . . . This old man was standing between us and was smiling at me and reaching towards me. His face was healthy and handsome but it started to become older. He became ugly and he seemed to have lots of hair. Because I remembered what my grandmother had told me to do, I stuck my finger up at him. I seemed to feel him, and then he fell backwards and disappeared. I thought this had come from someone and I didn't want to die. I started wondering, "Why are Tautunngi and Qabluittug's [acquaintances] son doing this to me?" Then I thought, "I have hit his *tarniq*. Maybe he won't live." (Kolb and Law 2001, 189)

Uqumangirniq is a state of awareness experienced when one awakens, but is paralyzed. People commonly hear hissing, roaring, or humming sounds preceding or during this paralysis: "To me, it is never going to stop being scary. I think when you experience this you are scared every time. It is scarier when your ears hiss, as this means there is something very close to you. When I was still a child, I thought I was going to die. I really wanted to move my body but I couldn't" (Kolb and Law 2001, 192). Unusual visual perceptions during *uqumangirniq* are also reported, sometimes with a sense of someone approaching: "He was wearing a very thin sinew belt. He was not wearing his *kamiik* [sealskin boots]. He was wearing mitts made out of caribou foreleg. I thought maybe he had been sent to me. I was lying in bed and his face became uglier and uglier and he seemed to get closer and closer" (Kolb and Law 2001, 192).

Despite the range of details, the terror associated with *uqumangirniq* is unmistakable; the greatest fear is that one will never awaken again. Although Kolb and Law did not attempt to determine the incidence of *uqumangirniq*, it appeared to be well-known and easily recognized. Inuit elders, however, expressed concern that this knowledge was being lost and the information threatened by the profound shift in Inuit beliefs during their lifetime. The elders lamented the passing of the time when shamans were able to help and protect their communities.

In contrast to Inuit elders' understandings of *uqumangirniq* from within a traditional Inuit religious context, younger Inuit invoked Christian beliefs, particularly the notion of the "devil." One woman related: "When I was 14, I had my first *uqumangirniq*. . . . The devil tried to get to me. It had no face, no shape. Evil. I couldn't move, couldn't run, like I was in a weakened state. I prayed: 'Leave me, in the name of Jesus.' It really worked. My words came out slowly" (Kolb and Law 2001, 208–209). Although some *uqumangirniq* accounts contained mixed references to both Christian "devils" and shamanistic entities, there was a nearly

complete shift from the elders' shamanistic cosmology to the younger generations' Christian references to satanic entities.

This new trend in understanding and interpretation is not surprising, given the profound influence Christianity has had in Arctic Canada in the last century (Dorais 1997; Fletcher and Kirmayer 1997). Kolb and Law note that, in the early 1990s, members of Inuit communities were reluctant to talk about shamanism because it was associated with pre-Christian traditions they had come to disavow as part of their Christian identities. Some missionaries explained that traditional Inuit beliefs were not so much untrue as they were evidence of the workings of the devil. "Beneath this discourse on demonic possession and the actions of the devil it is possible to discern traces of older shamanistic tradition but this was not actively endorsed as such by most Inuit interviewed" (Fletcher and Kirmayer 1997, 202). It is only in the last decade that there has been "renewed interest and pride among younger Inuit in recovering traditional knowledge including shamanic tradition" (Law and Kirmayer 2005, 109). Traditional knowledge still plays a role in contemporary interpretations, but, for younger Inuit, traditional interpretations have been almost entirely supplanted by Christian, secular, and scientific accounts. Despite the fact that shamanism is no longer practiced widely, it still serves as a powerful explanatory model for some segments of Inuit society (Kolb and Law 2001).

The Kanashibari of Japan

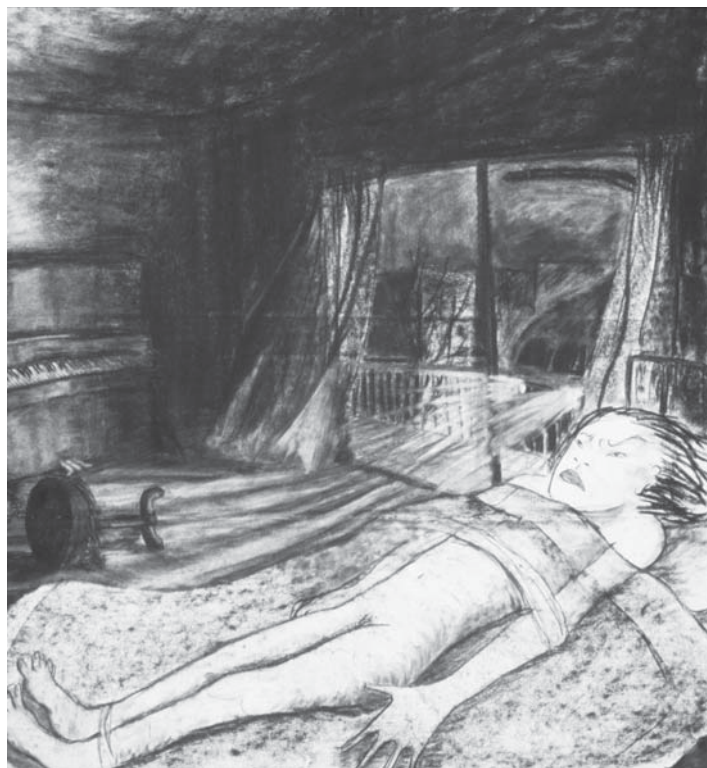
The night-mare is a well-known phenomenon in Japan; it has been experienced by at least one-third of the population, and most people are familiar with the Japanese term for the encounter, *kanashibari* (Arikawa et al. 1999; Fukuda et al. 1998). During an attack, victims of *kanashibari* cannot move and often see an intruder entering their room and sitting or lying on top of them; the experience is typically accompanied by intense fear or anxiety (see illustration 1.2). *Kanashibari* literally means "bound (or fastened) in metal" (*kana* = "metal"; *shibaru* = "to bind, tie, fasten") and refers to the victim's paralysis. In 2001, researcher Anna Schegoleva interviewed ten- to twelve-year-old Japanese school-children about the night-mare phenomenon. The children she interviewed knew the term *kanashibari* from computer games, television programs, books, friends, and (much less frequently) family members.

It happened when I was five. I remember lying in my bed, my body being pressed by someone in long white clothes. I could see my brother sleeping but could not move to free myself or scream for help.

Was it a male or female figure?

I immediately decided that it was a female. I don't know why.

You remember it quite well. How did it end?



1.2. “Kanashibari,” 1986. Charcoal on paper, by Kazumi Honda.

I felt that I could move my toes, and the same moment the ghost disappeared.

Do you think it was a ghost?

My brother told me next morning: so you had *kanashibari* and saw a ghost! (Schegoleva 2002, 31)

Schegoleva found that the physical experiences of the children were consistent: pressure on the chest (or all over the body), immobility, and breathing difficulties. Variations are restricted to sounds and visual manifestations. The most common night-mare intruders include: Sadako (from the *Ringu* book and movie—a female figure in white clothes, limping up to the sleeper, with long, dark hair concealing her face), ghosts, and unfamiliar people. Some children see the same figure every time, but others see different people (for example, “strangers” who come through their bedroom windows and then stare at them as they lie in bed, paralyzed with fear).

Unlike other industrialized societies, including the United States, the medical term “sleep paralysis” is well known in Japan. Even so, night-mare entities

are widely believed to be the spirits of the dead, the most feared of which is the *kanashibari*. As a Japanese college student describes:

In the middle of the night, I suddenly found out that something or someone was upon me, on my bed. Every time I tried to get up, he pushed me down. And I couldn't move an inch and I couldn't cry for help, because, somehow, my voice didn't come. I felt that the thing tried to absorb my strength. I even felt the face of the thing just in front of me. And, still, I was completely awake. So I don't think any scientific explanation explains that kind of experience, that fear. (Gray and Gray 2008)

Schoolchildren report different causes for *kanashibari*. It can be nighttime punishment for behaving unkindly toward others during the day, but it can also be caused by studying too much at night so that one's usual sleep patterns are disrupted. Attacks can happen during daytime naps as well. In contrast to Newfoundlander and Inuit night-mare traditions, experiencing *kanashibari* and subsequently sharing the terrifying details of the encounter are seen as desirable by many Japanese children (and college students). Some devise strategies and techniques for luring *kanashibari*. Children generally understand that sleeping in a supine position is a prerequisite for the attacks. They believe that falling asleep while clutching a favorite toy or going to bed crying are also likely to cause *kanashibari*. When Schegoleva inquired into means for avoiding *kanashibari*, her young interviewees were too eager to experience the night-mare to devise means for staying away from it. (Some Japanese college students' Web logs include descriptions of their *kanashibari* experiences as a part of their everyday lives. Visitors describe how much they enjoy the horror of the experience.)

In Japan, both children and adults experience *kanashibari* in the context of a strong mass media influence. The night-mare experience is so widely recognized that it is the subject of television programs and *manga* (Japanese graphic novels). In one television program about *kanashibari*, celebrity Kitano Takeshi was comically tied to a chair with metal chains while he cried for help; similar representations are sometimes used in both television dramas and comedies (Schegoleva 2002; Terrillon and Marques-Bonham 2001).

Preventing and Escaping Night-mare Attacks

Across cultures, night-mare attacks are variously attributed to supernatural causes (e.g., evil spirits, spirits of the dead, envious or malicious living people, supernatural animals); natural causes (overindulging in food or drink before bed, indigestion, fatigue, stress, poor circulation, sleeping on one's back);⁵ or any combination of these factors. In all three sample cases of contemporary night-mare manifestations—Newfoundlander, Inuit, and Japanese—as well as in

many other cultural settings, naturalistic and supernatural explanations for night-mare causes coexist.

Where there is a shared tradition of the night-mare assault, there are not only widely known explanations regarding its cause, but also means of preventing or escaping its clutches. These strategies are not always successful, but, at a minimum, they serve to contextualize and give meaning to the experience. Making an effort not to sleep on one's back is perhaps the most universal of the prophylactic measures. In Sweden, there is also a custom of not peering through a keyhole or knot-hole before retiring to bed, since the night-mare spirit usually enters through these types of openings. For the same reason, closing every possible opening to the bedroom is desirable (Tillhagen 1969, 318, 326). There is an Afro-Caribbean practice of putting a broom in the bedroom at night, because the night-mare witch (*kokma*) will be compelled to count the straws and thus unable to "ride" the sleeper (Paradis and Friedman 2005). In order to prevent *uqumangirniq*, Inuit elders emphasize the importance of avoiding conflicts—especially with shamans—confessing wrongdoing, and being respectful and kind to others. In addition, it is important to talk to children about *uqumangirniq* in order to transmit knowledge of its meaning and the methods of self-protection. Some younger Inuit advocate additional forms of prevention, including telling others about *uqumangirniq* attacks as soon as possible, changing sleep positions, praying, putting a Bible under the pillow, putting an *ulu* (knife) under the pillow, going to confession and receiving blessings at church, and talking to elders.

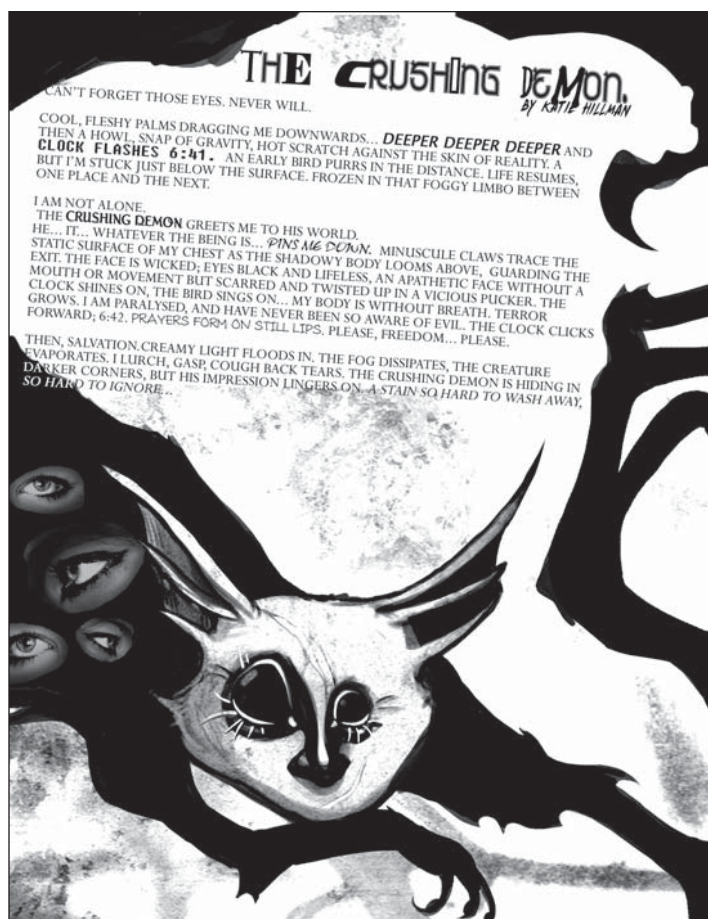
In the event that avoidance maneuvers are unsuccessful (or could not be attempted), there are several strategies for escaping the night-mare. One apparently universal belief is that, by making the smallest motion with a finger or toe, the victim can put an end to the attack. Accomplishing even the slightest movement drives the night-mare away and allows the "sleeper" to recover immediately. Among people who consider a night-mare to be a bewitched person, there is the belief that it is possible to escape by rattling names off quickly; when the correct name is mentioned, the night-mare is forced to adopt human form (Tillhagen 1969). When the night-mare is caused by a malicious human being, identifying the true identity of the spirit will destroy its power. There are also specific charms that, if spoken to a night-mare spirit during an attack, will end the ordeal: "If one can say to the Night-mare, '*Trud*, come in the morrow/for something to borrow,' then the spirit will have to flee, but it will return in the morning in the shape of a human in order to borrow something" (Ward 1981, 1, 91). As a last resort, there are traditional instructions to be carried out when a person becomes aware of a night-mare attack on someone nearby. With the Inuit, a person who witnesses another experiencing *uqumangirniq* is expected to help. In Newfoundland, people who have observed Old Hag attacks report that "touching or shaking the victim would bring them out of it" (Ness 1978).

The Night-mare Outside of a Shared Tradition

The basic features of the night-mare are remarkably consistent around the world, although various groups interpret and describe their similar experiences in different ways. Researchers have come to believe that because the fundamental experience of the night-mare is consistent across time and locale, cultural accounts of the night-mare are grounded in actual events. In other words, the night-mare encounter may be culturally elaborated upon before, during, and after the experience, but culture is not the source of the event. If cultural models provided all of the content for night-mare encounters, members of a socio-cultural group might be expected to share similar experiences, but it does not follow that people with different (or no) cultural traditions of the night-mare would encounter the same phenomenon randomly.

In spite of the clear universality of the night-mare, before Hufford and others began to focus on its experiential core, researchers looking at individual or local instances of attacks assumed that they were culture-specific; night-mares were considered to be a recognizable “syndrome” only within a specific society or culture. The American Psychiatric Association characterizes this type of disorder as a “culture-bound syndrome” (a concept that remains highly controversial): “Generally limited to specific societies or culture areas,” these “are localized, folk, diagnostic categories that have coherent meanings for certain repetitive, patterned, and troubling sets of experiences and observations” (1994, 844). Although the night-mare manifests locally, neither the distribution nor the subjective content of night-mare attacks depend on cultural knowledge of the phenomenon. The basic features of accounts given by men and women from Newfoundland, for example, are indistinguishable from Inuit or Japanese retellings. Only the specifics of interpretation (such as the nature and the cultural details of the entity) vary substantially. Night-mares also appear with similar frequency in different settings, although they are reported much less freely in the absence of cultural explanatory frameworks. For these reasons, the night-mare does not comprise a culture-bound syndrome.

Although culture is not the source of the experience, cultural beliefs do play an important role in determining the degree of salience of the night-mare. In the absence of an explanatory framework, many night-mare sufferers have no idea that others report such encounters and are, understandably, hesitant to share their own experiences. Yet, despite the fact that these individuals have no ancient or widely shared tradition to draw on, their accounts can be readily identified by anyone familiar with one of those traditions (see illustration 1.3). This is precisely what has occurred in my own experience. I had four or five episodes of sleep paralysis in my early twenties—all limited to a sense of paralysis, difficulty breathing, and a sort of “creepy” feeling. I had no cultural framework



1.3. "The Crushing Demon," 2008. Digital art, by Katie Hillman.

for the experience, including no readily available explanation for the event, and subsequently interpreted the night-mare as an extremely unpleasant but "natural" occurrence.

In the summer of 1987, I was staying with my aunt in Jerusalem, preparing to begin fieldwork on local night-mare experiences. Late one night, I was startled awake, not by a night-mare, but by a human intruder—a police officer who had mistaken my sleeping form for that of an elusive suspect he was in the process of tracking from house to house. For obvious reasons, I had difficulty falling back asleep after his departure. I soon found myself unable to move or breathe, and this one time I sensed an entity: a clearly evil presence that, after a few moments, transformed visually into a figure (bearing an uncanny resemblance to *Mad* magazine's Alfred E. Neuman). Both the "entity" and paralysis

disappeared after a few seconds, but—despite my immersion in sleep paralysis research—they left a strong and disturbing impression.

The project I was conducting in Israel in the late 1980s was an interview study with recent immigrants on the topic of sleep experiences. Out of forty people with whom I spoke, seven had experienced at least one night-mare, yet none of the participants was familiar with any cultural traditions regarding the experience. My exploratory study focused on representations of the night-mare in this absence of explicit cultural models. The seven participants characterized their experiences in a variety of ways: one man explained that the event felt like breathing exercises (to warm up before singing) that had gone awry, leaving him helpless and gasping for air; one woman felt that her cat had climbed up on her chest while she was sleeping and prevented normal respiration; another man believed that there was a potential murderer in the room; and four people (one man and three women) who were living near Gaza at the time of the beginning of the first Intifada (1987), visualized the night-mare as a Palestinian intruder. From conversations with Palestinian men and women who described the night-mares of relatives living in refugee camps, it was clear that—in the visualization of night-mare intruders—the reverse was also true: some Palestinians, especially adolescent boys, visualized night-mare attacks as intrusions by Israeli soldiers. Under certain conditions, it seems, the mind of an individual trapped in this terrifying waking/sleeping state struggles to make sense of the dilemma by postulating an attacker consistent with readily available alternatives.

Cultural elaboration, although driven by the phenomenology of sleep paralysis, clearly follows preexisting models. Thus, in Japan, *kanashibari* provides evidence of the presence of the spirit world. In the United States, however, the night-mare is often experienced apart from a shared cultural tradition and outside of a readily identifiable explanatory framework. Since the strange and compelling nature of sleep paralysis demands explanation, the experience “may encourage interpretations in terms of the extraordinary or uncanny and lend conviction to accounts that would otherwise seem far-fetched” (Hinton, Hufford, and Kirmayer 2005, 9). People who experience the night-mare in environments that do not provide traditional cultural explanations rely on a variety of alternative strategies to make sense of the encounter. In order to learn how people understand their night-mares in the contemporary United States, I have closely followed Internet postings and discussions for the past several years. It is clear that people who have night-mares outside of a cultural framework of understanding draw upon a contemporary narrative in interpreting their experiences—such as one derived from medicine or psychiatry (for example, heart disease or mental illness), religion (demons), or the paranormal (including alien abductions)—or they construct their own personal narrative. Perhaps equally intriguing is the fact that many people who experience sleep paralysis find that the condition holds no great significance for them.⁶

Fears of Physical or Mental Illness

In societies in which the night-mare is not widely acknowledged or discussed, its dramatic symptoms are sometimes mistaken for evidence of physical or mental illness. The absence of shared personal accounts of these experiences can be misleading, giving the impression that they do not occur in the mainstream, “normal” American population. Forty years ago, for example, a physician reported that “people, especially after they have had several attacks, are afraid it’s a premonitory sign of some dreadful brain disease, maybe a tumor or a stroke. One man came to me with the complaint, ‘I have seizures in my sleep.’ He had classical attacks of postdormital paralysis and he thought it was epilepsy” (Levin 1967, 1229). Today, general ignorance of the symptoms of sleep paralysis is still evident among both night-mare sufferers and the medical community: “My doctor was of no help to me and she referred me to a neurologist and neither of them had ever heard of [sleep paralysis]. I had a CAT scan done and my brain was normal—I was afraid I had a brain tumor” (Internet posting, ASP-L). People’s concerns are not limited to “physical disease,” however; the most frequently reported fear is that the nocturnal experiences are symptoms of mental illness: “I feel like I am going crazy, plain and simple”; “[I’m] just wondering if any of these occurrences with the dark side have anything to do with mental illness. I see my meetings with the invisible, paralyzing man that tortures me as possible bipolar hallucinations” (Internet postings, ASP-L). These concerns are only intensified when physicians are unfamiliar with sleep paralysis symptoms. One night-mare sufferer urged patients to be prepared to educate their health care practitioners: “Go armed with info, as my doctor referred me to a psychiatrist” (Internet posting, ASP-L).

When personal accounts of night-mare attacks are not widely shared, enormous relief comes with the realization that others recognize one’s experience. The easing of night-mare sufferers’ distress upon hearing of others’ accounts is so great that it forms a motif in almost all initial disclosures. It is very common to hear, “I thought I was the only person in the world that this happened to” (Adler, unpublished transcript). The discovery of shared experiences is especially powerful in contemporary American society because the lack of general acknowledgment of night-mares increases the impact of “corroborating” accounts. The following exchange, on a sleep paralysis listserv, exemplifies both the isolation felt by night-mare sufferers and their related fears of mental illness:

[Initial posting] I have told my parents about all of them but they don’t believe me and I have no idea what any of this means. I’m still confused about [sleep paralysis] and the whole paralysis thing. I just know I’ve seen some crazy things and I have no idea what they mean. I just now read about this and it seems pretty close to what I’ve seen but I dunno. They might just be made up in my head and that’s what I’m trying to find out.

[Reply] I understand this one. I was probably a bit older than you when my [sleep paralysis] started (I was 23) and when I told my mum she freaked out and said I was being punished for some kind of wrongdoing in the past. I didn't find out until nearly 20 years later that my dad, my grandmother, and one of my uncles had it, too, but the family had been keeping it secret because they thought it was a sign of insanity!

I know it's hard when your parents don't believe you, but you have to try and see it from their point of view. If you'd heard about [sleep paralysis] before it started happening to you, you probably wouldn't have believed it either! You're going to have to be very adult about this and try to protect them for the time being, or they'll end up getting worried about you and that won't help anyone. There's at least 200 of us on this list, all of whom you can talk to, either in public or offlist. Read all the posts, ask as many questions as you like, and once you've got it straight in your own head, you'll find it easier to talk to your parents about it. And don't worry about those "crazy things" you're seeing. They're hallucinations, they can't hurt you, and it doesn't mean *you're* crazy. Almost everyone on this list sees, hears, or feels crazy things when they're paralysed and we're all still here and still sane! (Internet posting, ASP-L)

This discussion also illustrates the central role of experience, rather than culture, in the core features. Since the young man who began this thread did not realize, at the time of his first night-mare, that others have similar attacks, he was not culturally predisposed to believe in them.

Religious and Spiritual Interpretations

It must be more than the lack of common terminology or acknowledgment of shared experience that account for the fact that the night-mare is not more widely recognized in a society like that of the United States. Since other groups of people, with similar rates of sleep paralysis, continue to maintain an explanatory context for the night-mare, one possible explanation is that, while there is a "strong tendency for sleep paralysis to be experienced as a kind of spiritual experience," there is a "tension between spiritual experience and modern medicine, and modern views of spirituality and religion in general" (Hufford 2005, 12). The biomedical premise that direct spiritual experiences are psychopathological, as well as the mainstream religious view that they are heretical, suppresses the reporting and discussing of night-mare encounters. Louis Proud, an Australian writer and researcher of paranormal and occult phenomena, writes of his first sleep paralysis attack:

When I was seventeen years old something changed within my mind; a shift of awareness occurred, and I became receptive to the presence of invisible beings—and I still am. Call them spirits if you like. Whenever I

hear, feel, see, and sense these beings, I am always in an altered state of consciousness. Never am I fully awake. I do not have, and have never had, any kind of mental illness, nor am I on medication for any reason whatsoever; nor do I take recreational drugs. (Proud 2009, 15)

The author's need to establish his experiences as unrelated to either a psychological disorder or psychoactive substance is evidence of the marginalization of "nonstandard" scientific or religious interpretations. Yet many, if not most, night-mare sufferers in the United States interpret their experiences as having at least a spiritual component. The following account of a demonic night-mare attack was posted on a Web site "where you can find all kinds of resources regarding real ghosts and true haunting cases, but more importantly, it is a site for publishing, sharing, and reading real ghost stories from real people like you."⁷

One Saturday morning, I woke up tired, cranky, irritable and just did not want to work. I did not feel like packing any boxes [to help my sister move] or cleaning or sweeping, I just didn't. . . . So as I'm laying there on the bed (it was about 10:30 am) I suddenly could not move. I could not scream and I could not think. One thing I could do was HEAR and I heard two distinct voices: one was a demonic woman that said "We should have never let you get away from us"—then a demonic man's voice that said "This time you will not get away from us." I struggled and struggled and felt my mouth moving and calling my sister—actually I know I was screaming her name—but she was downstairs in the garage and could in no way hear me. After what seemed like an eternity, the pressure suddenly left and I got up. I ran downstairs and asked [my sister] if she could hear me calling her name, she said No. I told her what happened and she said why didn't you pray to God? I said that I couldn't think, I was just too scared and it caught me off guard. To this day I wonder who the heck those demons were and what they meant by "we should have never let you get away from us." . . . [Now] I actually talk down the demons that are attacking me and act like some sort of super hero. I rebuke them in the name of Jesus Christ and it always works, they are defeated. For all of you who have been having this happen to you, I notice that none of you rebuke the demons but instead try to fight them off or scream. Rebuking them in the name of Jesus Christ will send them fleeing, trust me, they are powerful words. I've always felt that there is some kind of power struggle going on for my soul. . . . Remember the words "I rebuke you in the name of Jesus Christ." . . . Say it over and over and say it loudly even if you can only say it in your head . . . People, please put on your suit of armor and don't be demon doormats anymore. (Internet posting, www.yourghoststories.com)

This young woman's description of her encounters is part of a distinctly Christian subset of night-mare experiences. Although these encounters are experienced outside of a cultural tradition of night-mares, they do fit well within an evangelical Christian worldview. A young man similarly describes nocturnal attacks by demons:

I'm glad to hear that others experience this. It started when I was in my mid teens. I had recently become a Christian when I woke up one night paralyzed with fear. I just know that there was a demon in my room even though I hadn't seen anything. When I started praying I noticed that the presence diminished. I quickly learned that whenever this happened, praying was the best weapon. A few years back this became very frequent, almost nightly. One time I even felt something jump on me, then jump off. It was not heavy. It reminded me of a cat jumping on me. At that point, I said "That's IT!" I got out of bed and prayed audibly, casting out the demons from my home and told them they were not welcome to come back. It was almost a comical sight. Guess what? It stopped that very night. Some people think this is medical. I'm not so sure! (Internet posting, www.websciences.org)

Interestingly, although these attacks have clear religious implications, the accounts—and many others like them—were not posted on religious Web sites; they were described on discussion boards devoted to ghost stories or sleep phenomena. Knowing that the event is considered by some to be sleep paralysis was interesting to these writers, but did not change their religious interpretation of the encounters. The tension between religious experience and biomedicine is recognized, but it is not sufficiently compelling—when compared to the actual experience of the night-mare—to challenge the perception that the experiences are demon driven. Similarly, the fact that sleep paralysis is becoming more widely known does not diminish the spiritual impact of night-mares for many people. As Louis Proud writes:

I've thought long and hard about the importance of . . . the sleep paralysis phenomenon. . . . There exists another reality—a "spirit realm"—impinging upon our own, whose inhabitants influence us profoundly and play a much larger role in our lives than we care to imagine—or are able to comprehend. Being a sleep paralysis sufferer has enabled me to become aware of this reality, not in an abstract sense, but in a factual sense. It has also enabled me to realize that the soul exists and can be understood. . . . I realize, of course, that many of us—perhaps most of the world's population—believe in some kind of spirit realm or afterlife and also accept the existence of the soul. However, when I say that the sleep

paralysis phenomenon has enabled me to find my soul, I'm doing much more than simply acknowledging my spirituality, or implying that I've had a "spiritual awakening." You could have a "spiritual awakening" as a result of frolicking naked through a field of poppies on a spring morning. I'm using the word "soul" in a very literal sense. As I'm sure many sleep paralysis sufferers would agree, the sleep paralysis state puts you in direct contact with your soul, allowing you to experience the spirit realm first-hand. This is immensely significant—even revolutionary. (Proud 2009, 268)

For some people, the terror of the encounter can thus occasionally be ameliorated by what is considered to be an opportunity for spiritual growth.

Paranormal Interpretations

The term "alien abduction" refers to the kidnapping of human beings by extra-terrestrial creatures and the temporary removal of the victims from their earthly surroundings. There is considerable variation among alien abduction accounts, but many fit a common pattern. The experience often begins at night, when the person is at home in bed (Spanos et al. 1993; Spanos et al. 1995; Wright 1994), though sometimes abductions occur from a car or outdoors. The abductee awakens from sleep with a feeling of dread or a sense of a presence in the room. The bedroom may be flooded with light that is often accompanied by a buzzing or humming sound. The aliens either come to get the abductee or the victim is transported or "floated" to a spacecraft. Once inside the craft, the person may be subjected to various medical procedures that typically involve the removal of eggs or sperm. (The aliens' purpose in abducting human beings varies in different accounts, but it often involves the creation of a breeding program—necessitating the extraction of human gametes in order to produce alien-human hybrids.) The human victim feels helpless and is often restrained or partially or completely paralyzed during the encounter (Blackmore 1998; Chambers 1999).

Once I was conscious, and I saw a kind of "nurse" very near my face, like looking at something, or maybe inducing a kind of mental order. I was so mad cause I couldn't move. It was not a dream, even if it seems a dream. I was fighting a lot to move my arm, and with all my strength I could raise it. Then the "nurse" moved backwards, but I was so weak, it took a tremendous effort to just move my arm. I felt like a puppet, controlled by these beings. But not all aliens do this kind of thing, and it was not an [out-of-body experience], cause the "nurse" moved backwards when I raised my arm, as if astonished because I could move. (Internet posting, ASP-L)

Not all aliens are viewed as evil; sometimes the encounters are quite benign, with the entities, for example, warning against harm to the environment. Some people view these experiences as pleasant or even transformative.

I've had a similar experience with 'Grays' [humanoid extraterrestrials]. I had them all around my bed. Interestingly enough, when I sat up they all jumped backwards in unison. That did not stop them on the other hand transporting through the wall of the apartment and up into a spacecraft that must have been, by my reckoning, about a mile in diameter. I remember I could see the city lights of Melbourne and the outlying coast, so I'd say I was at about 3000 ft before entering the craft. Not frightened from what I can remember, more in awe at the time. Such a wonderful experience. (Internet posting, ASP-L)

The majority of abductees, however, describe their experiences as terrifying. In her book, *How to Defend Yourself against Alien Abduction*, Ann Druffel writes:

There are . . . various stages in the abduction process, which differ somewhat from witness to witness. Some abductees sense the approach of intruding entities before any physiological effects are noted. Usually general paralysis abruptly sets in, rendering the human being unable to move except for slight head and eye movements. Many experiencers, awakening already paralyzed, sense unseen presences around their bed. Although unseen, the presences cause overwhelming terror. Other experiencers awake already paralyzed and terrified to see the entities materialized, fully or partially. (Druffel 1998, 16)

The typical description of the "bedroom alien abduction" will by now seem quite familiar; even the strategy for escaping aliens recalls the night-mare tradition.

Mental Struggle is an effective technique to use when the witness still feels free to use his or her mind to protest against the invasion, even though the witness is paralyzed and terrified. To describe it briefly, Mental Struggle involves sustained willpower while attempting to move some small part of the body, such as a finger or toe. When the witness succeeds in making that slight movement, the paralysis generally breaks abruptly, and the entities immediately vanish. (Druffel 1998, 21)

More than thirty years ago, Hufford noted a connection between sleep paralysis and certain types of alien abductions (1976). The accounts given by abductees or "experiencers" are believed by many to be explained by sleep paralysis (Blackmore 1994; Newman and Baumeister 1996; Randle, Estes, and Cone 1999; Rønnevig 2007). Some characteristics of alien abduction experiences, such as paralysis, terror, images of frightening intruders, and levitation, do bear a striking resemblance to the experiences reported by people who suffer

from night-mares. Differences do remain, though, between sleep paralysis and certain alien abductions (particularly those that occur during the day, take place outside, and are unrelated to sleep) and for this reason some have claimed that a direct link between sleep paralysis and alien abduction experiences has yet to be firmly established (Appelle 2000). In research conducted at the University of California, Los Angeles, for example, physicists Jean-Christophe Terrillon and Sirley Marques-Bonham found that, although about half of the respondents they recruited from a sleep Web site invoked a paranormal cause to explain their nocturnal paralyses, none interpreted their experiences as alien abductions: “Either individuals who report alien abductions have chosen not to post messages, or the association between [sleep paralysis] and alien abductions is not as strong as it is generally thought” (2001, 115). A third possibility, however, is that self-identified abductees are unlikely to visit a sleep-related Web site, since they do not attribute their encounters to a parasomnia.

If we accept the assertion that a significant number of alien abduction accounts parallel night-mare experiences, what is the reason for this similarity? Psychologists Richard McNally and Susan Clancy explain that alien abduction is a “culturally available script” for night-mare sufferers.⁸ As a result of representations of extraterrestrials on television and in films, few people in the United States are unaware of “what aliens look like” or how they are supposed to behave: “Why do some people come to believe that their sleep paralysis experiences . . . are caused by extraterrestrials? The answer is that their symptoms, feelings, and experiences are consistent with what they already know—or “know”—about alien abduction” (Clancy 2005, 37).⁹ Clancy interviewed “approximately 50 abductees” who had been recruited through newspaper ads that read, in part: “Seeking people who may have been contacted or abducted by aliens, to participate in a memory study” (2005, 107). Describing a weekend which she subsequently spent with people who self-identified as alien abductees, Clancy wrote: “Well, this wasn’t a crowd of graduate students in science. Like most people in the world they hadn’t been drilled in the application of logic, argument, rigorous thinking” (2005, 28). Clancy viewed the abductees as “people who had developed memories of a traumatic event that I could be fairly certain had never occurred” (2005, 20). Later, she revealed her skepticism regarding the aliens themselves:

Wouldn’t you think these mentally and technologically superior beings would have something more interesting to do . . . than hang around North America kidnapping its more creative and intuitive inhabitants, in order to do the same experiments over and over again? Why are these genius aliens so dim? After 50 years of abducting us, why are they still taking the same bits and pieces? Don’t they have freezers? (Clancy 2005, 105)

I share with Clancy a worldview that does not include current extraterrestrial visitation, but, as an anthropologist and folklorist, and in order to try to

understand these phenomena from the experiencers' perspective, I undertook my research into the night-mare and, later, the mystery of the Hmong sudden nocturnal deaths, without starting from the premise that certain beliefs or interpretations of personal experiences are unfounded. This seems no more scientific than "knowing" the experience is real.¹⁰

Those who believe in the possibility of alien abductions disagree, equally vehemently, with the idea that sleep paralysis sufficiently explains reported experiences. John E. Mack, a psychiatrist at Harvard University Medical School, was the most prominent defender of the possibility of abductions (before his untimely death in 2004). Mack argued that sleep paralysis does not fit the evidence, noting that at least a few abduction reports come from remote places where people are not exposed to movies or other mass media tales of UFOs, and that many abductions occur in daylight and involve people who seem to have been awake and alert (Mack 1994). Some experiencers offer a different challenge, suggesting that aliens may be clever enough to use sleep paralysis as a strategy in carrying out their kidnappings: "Did you ever think that it's possible that the aliens can induce [sleep paralysis]? After all, they have to have a way to subdue their victims to begin with" (Internet posting, rebeldocor.blogspot.com); "I have had [sleep paralysis] and I know that there are some aliens that like to do those things (grays)" (Internet posting, ASP-L).

There is clearly a connection between some sleep paralysis and some alien abduction accounts. How that connection should be interpreted, however, is less obvious. Folklorist Thomas E. Bullard studies alien abduction accounts as constituting "an unusually well-structured legend type" (1989, 147). He writes that "these accounts share many motifs with legends of supernatural encounters as otherworldly journeys, but reconcile the fantastic elements with a supposedly alien technology to settle comfortably among the rest of UFO lore" (1989, 147). Clancy asserts that "alien-abduction memories are best understood as resulting from a blend of fantasy-proneness, memory distortion, culturally available scripts, sleep hallucinations, and scientific illiteracy, aided and abetted by the suggestions and reinforcement of hypnotherapy" (Clancy 2005, 138).¹¹ She notes that while her subjects weren't "seriously psychologically impaired," they displayed personalities that were "particularly imaginative and prone to fantasy" (2005, 132). The abductees she spoke to "appear to have trouble with source monitoring . . . they were likely to confuse things they had thought about and imagined with things they had actually seen, read, and heard in movies, books, or TV shows" (2005, 133). In summarizing the common features of the people she interviewed, though, Clancy writes: "What can we say conclusively about this diverse group of abductees? In the end, not much" (2005, 134).

J. Allan Cheyne, a psychologist at the University of Waterloo who has done groundbreaking psychological research on the features of sleep paralysis,

summarizes the relevance of the alien abduction controversy for sleep paralysis research:

The present argument is not that accounts of UFO abductions are false memories, although it is not inconsistent with that view or with the possibility that what we have are often badly reconstructed, misinterpreted, and misattributed accounts (Clark and Loftus 1996). Rather the present view is that they are often vivid and accurate memories of real and often truly bizarre experiences for which most members of industrialized societies have no immediate and convincing conventional explanation. The experiences are entirely consistent with nocturnal assault and abduction. Many elect to deny the evidence of their senses and accept mainstream scientific explanations having to do with psychological suggestion or brain functioning. A few, however, take their experiences at face value and continue to describe their experiences in narratively rich terms with incursions of cultural elements consistent with alien abduction. (Cheyne n.d., 23)

(Re)Building Community

The lack of information that results from the absence of a shared night-mare tradition causes confusion, misdiagnosis, and suffering. In recent years, though, people who experience night-mares have turned increasingly to information technology for assistance. The Internet is playing a major role in reintroducing the night-mare to American society and providing a forum in which people who experience sleep paralysis can find, learn from, and comfort one another. (The option of anonymity is no doubt an attractive aspect of online communication.) If you search the Internet for “sleep paralysis,” you will retrieve hundreds of thousands of results (527,000 hits from Google on April 21, 2010). Searching on YouTube yields 910 video results for “sleep paralysis,” ranging from lectures and slide presentations to individual video logs describing personal encounters to footage of people in the throes of night-mare attacks.

One of the most active and popular sites for discussions of night-mare attacks is the Awareness during Sleep Paralysis Listserv (ASP-L). Over 900 group members regularly exchange descriptions of encounters, share advice and interpretations, and disseminate findings from recent sleep paralysis research. The following introduction greets visitors to the Web site:

ASP, the Awareness during Sleep Paralysis list is an experience oriented forum for discussing ASP in relation to Lucid Dreams, Alien Abductions, Out of Body Experiences, Incubus/Succubus Encounters, Old Hag Attacks, Supernatural Assaults or Attacks by demonic entities and energy vampires, Psychic Attacks, and their equivalents in other cultures; sharing

experiences of Awareness during Sleep Paralysis; and supporting experiencers who might otherwise be engulfed in fear to take control of their experiences by banishing bothersome entities, resisting/preventing alien abduction, establishing a positive relationship to non-human intelligences or transforming the experience into a Lucid Dream or Out-of-Body Experience—possibly one with transforming spiritual significance. By ‘Experiencer Oriented’ I mean that the list is moderated to provide a safe place to share experiences. Our concern is not so much the reality status of alien beings as it is with evaluating techniques for transforming negative experiences into positive ones.

While not all list members share the paranormal/spiritual view of sleep paralysis stated on the home page, many do, and the same is true for members of other virtual communities that have formed using social media resources such as Facebook or Twitter. Although these online communities are exposed to current developments in sleep research (through informational postings and news updates), scientific knowledge about sleep paralysis has not displaced spiritual, religious, or paranormal interpretations. “Current scientific knowledge about the night-mare, and the acceptance of that knowledge, does not impede spiritual interpretations; and the discovery of a large number of other experiencers, with complex and similar subjective experiences, tends to be perceived as confirmation of the reality—that is, the nonimaginary nature—of sleep paralysis” (Hufford 2005, 30). It is unclear why or how one interpretation of a night-mare experience is favored over another. Some people understand the events as alien abductions, encounters with ancestors’ spirits, or attacks by demons; others seek no explanation at all. Although the exact nature of the relationship remains unclear, the night-mare experience clearly contributes to broader cultural ideas about the spiritual and supernatural world.