

## Sleepless in Japan: the *kanashibari* phenomenon

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I remember with perfect clarity that first night I lost the ability to sleep. I was having a repulsive dream - a dark, slimy dream. I do not remember what it was about, but I do remember how it felt: ominous and terrifying. I woke up at the climactic moment - came fully awake from the start, as if something had dragged me back at the last moment from a fatal turning point. Had I remained immersed in the dream for another second, I would have been lost forever. After I awoke, my breath came in painful gasps for a time. My arms and legs felt paralysed. I lay there immobilized, listening to my own laboured breathing, as if I were stretched out full-length on the floor of a huge cavern.

~ Murakami Haruki, *Sleep*

People have always been afraid of the dark. In Japan (as in many other countries), a place where the dead people would leave this world appears as 'a country of darkness' (*yumi no kuni*) in the earliest chronicles. The moments when day turns into night and daylight becomes darkness have been considered the time for strange creatures to come on stage. It is the time when spooky stories are told, a time for fairy tales to be told and lullabies sung in order to calm children. The stories told on these occasions in Japan have always fascinated me for the way that they are not exactly sweet or moralistic but are quite bizarre and even brutal. Kawai Hayao insists that Japanese fairy tales contain more aesthetic than ethical features (Kawai 1995: 11, 99-121). Still I am wondering how children are expected to get to sleep having just heard stories with names like 'Tongue-cut sparrow' or 'Monkey's liver'. In my opinion, Japan seems to show a certain affection for the horror genre. Indeed, the old tradition of *kaidan* (ghost stories) still has a considerable influence on popular culture: horror books, movies, *manga* comics and television programmes are full of ghost stories and widely consumed. Popular horror movies include the recent *Ringu* ('The Ring') hit, a film in which a haunted video tape takes the place of forbidden knowledge and everyone who watches it dies a week later. It was in fact a typical *yūrei* (ghost) story with one of the characters called Sadako coming out of her grave to reveal the truth about her death and revenge. Sadako appears only a few times in short cuts made in amateur video style, although this was enough for her to become a cult horror figure in contemporary culture.

This year I went to Japan with the intention of investigating and collecting contemporary ghost stories.<sup>1</sup> Collections of school ghost stories, collected and published by Japanese folklorists and later on made into movies, are full of newly created ghostly creatures and miraculous tales. One of my main interests was to investigate the way that ghosts and fear of the supernatural are consumed in Japanese society.

During one of these improvised parties devoted to horror stories - a *kowai hanashi* (scary story) night with a group of students - I was told 'the most frightening tale'. A 3<sup>rd</sup> year student described how he got *kanashibari*: having woken up at night with a feeling of pressure on his chest, he was unable to move or cry for help, and suddenly saw a figure on his bed. Petrified with fear, he closed his eyes and realised that this strange creature was pressing on his chest preventing him from breathing. It was over in some minutes when he finally managed to move one of his fingers; there was no one else in his room. It happened when he was 19 and he remembers very well that could not get back to sleep for some time after that. The ensuing discussion revealed that half of the young people present had had similar experiences at least once in their lives. Most of them admitted that they saw something or someone in their rooms and, being paralysed with fear, could do nothing about the frightening presence.

### **Sleep terror in Japan**

Since then I have been asking as many people as possible about their *kanashibari* experiences. The stories I have heard differ greatly: from short and simple - 'this happened to me just like it normally happens'; funny - 'I turned on the light and realised that I was speaking to the new poster on my wall'; to some stories that were so terrifying that informants sometimes refused to speak about them.

I decided to compile a questionnaire to take to schools, starting with usual questions on relationships in family and class, home chores and school folklore. The questionnaire included questions about the children's attitude towards class, homework and classmates, and I also included questions asking whether they were sleeping well, saw bad dreams and how they got over their nightmares. Finally, I asked whether respondents knew the word *kanashibari*, whether they themselves had experienced it, how often it had occurred to them, and what seemed unique about their experience (visions, sounds, smells etc.). Children seemed to be very excited to entrust their secrets to the foreign *sensei*. Even while I was passing the questionnaire around the class, some would come up to me and say: "May I tell you right away?"

I decided to go to school mostly to get some data and chose primary school students in the 4<sup>th</sup> to 6<sup>th</sup> years of study, mostly because this age group (10 to 12) is considered to be the most important for transmitting school ghost stories. That is how I received the following results. Children do not sleep very well, because they are worried about their school tasks or feel frightened of the darkness in the room, or after reading horror books and watching TV programmes that present a variety of shocking stories. They all knew the expression *kanashibari* (except one girl, who was not sure) and learnt the word from computer games, TV programmes, books, sometimes from friends and in the rarest cases from family members. One-third of the respondents admitted having had this experience, with two-percent unsure whether or not it was *kanashibari*. Interestingly, there was no significant difference in the

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<sup>1</sup> I wish to express my gratitude to the Toshiba International Foundation and EAJS Council for their generous assistance in making this visit possible.

answers of boys and girls although it is usually thought that girls are more susceptible to *kanashibari* (Matsutani 1999: 48).

At an early stage I realised that the children were not writing much, and there were also interviews organised afterwards. First of all I was interested in reasons: what reasons people would give for experiencing *kanashibari*. Detailed description of experiences was also highly desirable, but in a great majority of cases informants would just answer that it happened as 'it normally happens'. It is rather unfortunate that *kanashibari* has become such a topic of discussion these days; people tend to think that their personal experiences can not add much to what has already been investigated. Further on I quote one of my interviews with an 11-year old boy:

- 'So you wanted to tell me about your *kanashibari* experience.'
- 'Yes, 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?'
- '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!'
- 'Did you tell the other members of your family what had happened?'
- 'No, but a few years later my mother asked if I had had *kanashibari*, and I said yes, and told her about it.'
- 'Has it happened to you just once?'
- 'In fact, the second time it happened soon after I spoke to my mother about *kanashibari*.' [Laughs.]
- 'How old were you?'
- 'Well, it was about two years ago, so I was nine, I think. But I did not see anything, there was just this strange annoying noise, like a glass breaking.'
- 'Like glass breaking? Was there actually anything like glass around?'
- 'No, and the noise was constant, not real, like glass broken into pieces - crrraassshhhh, as if something big and fragile was being dropped on the floor.'
- 'Were you frightened?'
- 'No, the second time I knew what was happening and even found it funny, though the noise was ... bothering me.'
- 'And the first time, when you were five?'
- 'I do not remember very well, but I think I should have been afraid.'
- 'Do you know why people get *kanashibari*? Or how to get *kanashibari*?'
- 'I am not sure, but some of my classmates should know, ask them.'

Of course, I ask his classmates. Their physical experiences do not vary: pressure in the chest area (or all over the body), immobility, breathing difficulties. Is it possible to call this state 'immobility' when you can see and move your eyes (in a great majority of cases) or turn your head (in some cases)? Variations were represented in visions and sounds. Most common visions include: Sadako, ghosts (*obake*), unfamiliar people. Some other examples: spiritual photographs, suicides, zombies, burglars, frightening things seen on TV. One of the girls (aged 10) saw sleeping pills falling down from the ceiling; there were so many she could hardly stand the weight. The most impressive is Sadako, the one from the *Ringu* movie. A female figure in white clothes, limping up to the sleeper, with her face enclosed by long hair hanging down from her head, or another cut when we see Sadako doing her hair and smiling in Mona Lisa style in her reflection in the mirror. Just a few seconds later she appears on the screen leaving such a subliminal influence on spectators that they see her in their nightmares and experience *kanashibari*. Another visual representation of *kanashibari* experience - unfamiliar people in the bedroom - calls for thorough psychological research. Some interviewees see the same figure every time, others see completely different people who come through their window and stare at the sufferer paralysed with fear. I do not regard my task as one of finding an explanation for these 'hallucinations', but the mass media influence on the

way these experiences takes place is obvious. Some informants even say that the first time they got *kanashibari* was after watching a TV programme with a detailed explanation of the experiences. One of the famous TV programmes on *kanashibari*, which was repeated a number of times, was Kitano Takeshi's 'Unbiribabo',<sup>2</sup> where serious investigation followed jokes on the subject. Celebrity Takeshi was tied to his chair with metal chains crying for help, and similar jokes are sometimes used in TV dramas and comedy programmes. Thus, the mass media actively participate in the formation of popular attitudes toward *kanashibari* and even influence the manner in which *kanashibari* happens to sufferers.

Another aspect of perceptions of *kanashibari* is a strange irritating sound. The sound heard during *kanashibari* experience (and sometimes claimed to be the spur to wake up) can be something casual, like breaking glass as mentioned in the interview above, footsteps, slamming doors, laughter, but with a majority of descriptions I even have trouble finding English equivalents for these onomatopoeic expressions, e.g. *pi:do:n*, *ga:ga:pi:*, *kiikii* (screech), *pi:pi:pi:* (peep), *ihihihii* etc.

From school children I learnt about different ways to experience *kanashibari*: it is either by doing evil to others all day, and then punishment in the form of *kanashibari* comes at night, or by studying too much at nights so that your usual regime is violated. It is said to happen during daytime naps as well. Among youngsters it is almost a fashion to get *kanashibari* and describe it. At school they try to think of ways and techniques for getting *kanashibari*. To start with, it is understood that you have to sleep on your back. Some children say that they believe that they can get *kanashibari* the coming night just by writing the words 'Get lost!' (*Usero!*) on a piece of paper and then tearing it up and throwing it away. One of the boys told me that he tried this but never succeeded. Another time I was told that you have to sleep holding your favourite toy very tight in bed with you. If you go to bed crying there is also a possibility that you will get *kanashibari*. When I ask about how they avoid *kanashibari*, my young informants are too enthusiastic to get *kanashibari* to think of avoiding it. If you try to look for the term *kanashibari* in Japanese websites, there are a surprising number of students' homepages which include descriptions of their *kanashibari* experiences as a part of their everyday lives. There was a homepage of a *kanashibari* fan club where visitors discussed how much they enjoyed the horror of the experience.<sup>3</sup>

What is the background to the *kanashibari* phenomenon? Compared with the mass media, there is surprisingly little mention of it in the academic literature. There are certainly short chapters devoted to *kanashibari* in works on dream psychology, mostly explaining it in terms of narcolepsy (e.g. Kitahama 2000). Most probably, the word *kanashibari*<sup>4</sup> goes back to *shugendō*:<sup>5</sup> *kanashibari* may have been a special technique used to paralyse enemies, but it is hard to say when the expression came into wider use.

We find a detailed description in Murakami Haruki's novella *Sleep*, part of which served as a prologue to the current article. The main heroine is said to have suffered of insomnia in her school years, and is now happily married to the dentist with a son of school age. One night she gets *kanashibari* and starts to suffer from insomnia sleep again (Murakami 1994: 83).

I wanted to look at the clock by my pillow, but I couldn't turn my head far enough. Just then, I deemed to catch a glimpse of something at the foot of the bed, something like a vague, black shadow. ... It was

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<sup>2</sup> 'Unbiribabo' (English 'unbelievable'), first broadcast on 8<sup>th</sup> August, 1988, Kansai TV, Japan.

<sup>3</sup> <http://geocities.co.jp/Milkyway-Orion/5877/club.htm>. Last visited in March 2000, and thereafter the page became unavailable.

<sup>4</sup> *Kanashibari* literally means 'bound (or fastened) in metal': *kana*, metal, *shibaru*, to bind, tie, fasten. Probably a metaphor for *samurai* armour, in which it was difficult to move.

<sup>5</sup> *Shugendō*: 'the way of cultivating spiritual powers' through ascetic practices in the mountains; a syncretistic religious tradition.

a gaunt old man wearing a skintight black shirt. His hair was black and short. He stood at my bed, perfectly still. He said nothing, but his piercing eye stared at me. ... This was no longer a dream, I knew. From that I had already awakened. ... And in reality an old man I had never seen before was standing at the foot of my bed. I had to do something - turn on the light, wake my husband, scream. I tried to move. I fought to make my limbs work, but it did no good. I couldn't move a finger. When it became clear to me that I would never be able to move, I was filled with a hopeless terror, a primal fear such as I had never experienced before, like a chill that rises silently from the bottomless well of memory. I tried to scream, but I was incapable of producing a sound or even moving my tongue. All I could do was look at the old man.

Later on this unknown old man turns out to hold a pitcher and he starts pouring water from it on a poor woman's feet. She sees and hears the water, but can not feel it, and believes her feet will rot and melt away. She closes her eyes and lets out a scream which has remained trapped in her body, but when she opens her eyes the old man is gone. Gradually she becomes able to move again but is too terrified to sleep.

### **What the doctors say**

Medical scientists differentiate sleep terrors (which include incubus attacks) from REM (rapid eye movement) sleep disorders. Sleep terror sufferers sit up suddenly during sleep and emit a scream. The expression 'sleep terror' has replaced 'night terror' since attacks also occur during daytime naps (Chokroverty 1999: 640).

Nightmares occur mainly in the second half of the night within REM sleep.<sup>6</sup> During REM sleep (the period when rapid eye movement takes place) the body 'turns itself off' and disconnects from the brain. This is a safety measure, so that people do not physically act out their dreams, and it means that people are effectively paralyzed during part of their sleep. Even automatic reflexes, like kicking when the knee is tapped, do not function during REM sleep.

Sleep paralysis seems to occur when the body is in REM sleep and so is paralyzed and disconnected from the brain, while the brain has emerged from sleep and is either awake or half awake. Usually after a minute or two the spell is broken and the person is able to move again, as the brain and body reestablish their connection. Just what is going on in the brain during sleep paralysis is unclear.

According to positive science, sleep paralysis used to be considered a form of narcolepsy. Since the connection between narcolepsy and *kanashibari* is not clear and in many cases *kanashibari* sufferers do not have narcolepsy, it came to be called isolated sleep paralysis.

The fact that the term *kanashibari* is so widespread in Japan - and it would be absurd to claim that almost half of the population was sick - has roused academic interest. Not surprisingly, these are mainly Japanese scholars. Fukuda's research (1991) has shown that 'the phenomenon is apparently more common (about 40% of normal respondents) than previously appreciated.' Fukuda also suggests that sleep paralysis is related more to disturbed sleep and waking cycles than to narcolepsy and should be considered as a physiological phenomenon rather than a pathological one, due to its high prevalence in the normal population (Fukuda 1991: 956). They also found no significant gender differences with regard to the phenomenon, and so further analyses were done using scores for the sexes combined. In addition, research was carried out with the aim of finding personality differences between groups of people with

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<sup>6</sup> REM (rapid eye movement) sleep - sleep stage, characterised by suppression of muscle activity and the presence, by definition, of rapid eye movements. Because of the combination of intense central nervous system excitation and inhibition of motor activity, this stage has at times been called 'paradoxical sleep'. It normally accounts for 20 to 25 percent of total sleep time.

and without *kanashibari* experience. Again, no significant differences were found except a slight tendency for paranoia among those who have had the experience. The scientists suggested that these psychopathological traits might be reactions to the disorder and its effects (ibid.: 960).

The case has been investigated in scientific circles for more than two decades but neither medical specialists nor psychologists have reached any straightforward conclusions. It is still unknown, for example, whether this state can be referred to as being asleep or awake. The visions patients have are called hypnagogic hallucinations. In fact, the label 'patients' might be misleading since they do not seem to have any anomalies. All in all, *kanashibari* does not seem to be associated with any serious psychopathology. However, this probability should not be taken as an indication that *kanashibari* is of little consequence and does not deserve attention; the anguish of the sufferers is great and speaks of the need for research on etiology and treatment (Arikawa 1999: 373). Experts have trouble even saying definitively whether a person is asleep or awake during sleep paralysis.

What interest can there be in an investigation that seems to yield so few results? Is there any logic in what the sufferers are complaining about: hallucinations, feeling of presence, and fear?

A process of rather intense research of the phenomenon has led scientists to the question of whether the experience has to do with cultural background or folklore. Thus, they hope to find a correlation of sleep paralysis with cases of alien abduction, which mainly happen during sleep. Al Cheyne, a professor of psychology at Waterloo University in Ontario, Canada, argues that people refer to 'the most plausible account in their repertoire to explain their experience.' According to Cheyne, since trolls or witches are old-fashioned, aliens from outer space are more appropriate to the modern mind, and 'so a light on a broomstick is replaced by a teleportation to a waiting spaceship.'

Sleep paralysis researchers say that as many as sixty-percent of intense abduction experiences are linked to sleep, and some of the reported symptoms - noises, smells, paralysis, levitation, terror, images of frightening intruders - are very similar to those of sleep paralysis. The person experiencing the paralysis certainly feels completely awake and 'sees' the room clearly, but laboratory experiments in Japan show that sometimes people experiencing sleep paralysis do not even open their eyes.

Sleep paralysis sometimes runs in families and appears to have a genetic component. Although it is normally harmless, some scholars believe it may be linked to a pattern of unexplained deaths among the Hmong and other groups in Southeast Asia. The victims are usually healthy young people who die in their sleep, sometimes after fighting for breath but without thrashing around, and their faces show grimaces of terror.

### ***Kanashibari* outside Japan**

Sleep paralysis was once thought to be very rare, but recent studies in Canada, Japan, China and the United States have suggested that it may strike at least 40 or 50 percent of all people at least once in their lives, and a study in Newfoundland, Canada, found that more than 60 percent had experienced it. There, as in Japan, people have a name for the condition and some scholars believe that people are therefore more likely to identify it when it happens to them. In Newfoundland, it is called 'old hag' because it is associated with visions of an old witch sitting on the chest of a paralysed sleeper, sometimes throttling the neck with her hands.

An experience that I initially considered unique to Japan is in fact worldwide. The uniqueness of the Japanese case is basically in the existence of verbal expressions for the experience. The use of the word *kanashibari* has even been welcomed by some foreign residents in Japan. Only on coming to Japan have they found that they are not alone in their suffering. Relieved, they discuss their experiences on the Internet, and there are Japanese websites for *kanashibari* fans, where you can sometimes learn about dangerous experiments for bringing on *kanashibari* in sleep.

Interestingly enough, I could not find many Japanese sources on the subject, which was quite surprising because the *kanashibari* case itself is quite common and being widely discussed in Japan. In this respect, I did not have problems with identifying my subject, unlike Hufford's research on the 'old hag' phenomenon in Newfoundland (Hufford 1982). His book contains interviews, theoretical work and archival material, regarded as pioneering research on the subject.

In China, the experience is called *bei guai chaak* ('being pressed by a ghost'). Charles Emmons, who did research in Hong Kong on so called 'paranormal experiences', observes (Emmons 1982: 144-56):

Although I have not seen anything on this in description of traditional Chinese culture, several people in Hong Kong told me about the concept of *bei guai chaak*. Others who did not use the phrase itself nevertheless reported experiences of a similar nature. *Bei guai chaak* involves a feeling of immobility, as if a weight were pressing down on the body. People sometimes say that they actually see a ghost on top of them.

Recently, during a Japan Research Centre seminar at the School of Oriental and African Studies, the similarity between *kanashibari* and shamanic trances occurred to me. Thus, the description of so-called shamanic disease in Korea resembled some features of *kanashibari*: pressure in the chest area, immobilisation, breathing difficulties (Park 2000). It is useful to compare these with three cardinal features of the malady (nightmare), which J. A. Hadfield (1954:177) quotes from Ernest Jones (1930): (a) agonizing dread, (b) a sense of oppression or weight at the chest which interferes alarmingly with respiration, (c) conviction of helpless paralysis, together with other subsidiary symptoms such as palpitation. Is it possibly something in common with paranormal events and these physical features of *kanashibari*? Don't we refer to the experience mostly in terms that we already know?

What strikes me is the way that people having similar physical experiences have quite different visions and interpret them according to their cultural backgrounds. Haunted houses in medieval Europe, a witch sitting on a sleeper's body in Newfoundland, alien abductions all around the world causing (or caused by?) the UFO boom in the 1980s, shamanic trances, the prevalence of *kanashibari* in Japan. Do all these features belong to the same category of experience, or are we again trying to explain something 'mystical' from a rational point of view?

*Kanashibari* in contemporary Japanese society is sometimes formed and even caused by mass media culture. Considered to be common and sometimes appealing these days, it remains one of the most frightening phenomena people can experience. Imagine waking up to see an unknown person (or people) in your bedroom and being absolutely helpless to do anything about this disturbing presence. Patients reporting these symptoms to their doctors would have been put in a mental hospital a few decades ago, whereas nowadays the experience might be explained away as spirit possession.

One of the important questions to emerge is whether the experience formulates or influences belief or whether it is belief which creates the experience? My feeling is that as the experience

has become well-known through the popularisation of the word *kanashibari*, it has entered culture as a folk belief, and so the culture has itself come to shape the experience in a rather unique way. Further investigations on the subject, started with Japanese scholarship on the illusory world of sleep, might lead to discoveries about the reality we live in.

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<sup>7</sup> Japanese translation by Fukuda Kazuhiko (1998) *Yoru ni tazunareru kyofu / Kitabei no kanashibari taiken ni kansuru jissshoteki kenkyu*. Tokyo: Kawajima shoten. I have used the Japanese version in my research, although the footnotes refer to the original publication.