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The Effects of Culture on Sleep Paralysis Experiences

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Introduction

Literature on sleep paralysis in the anthropological world is surprisingly hard to find. There is a small group of authors who have studied the phenomenon in depth, and so the amount of differing perspectives and hypothesis are limited in the academic world. Because these episodes are so easily explained away as superstition or folklore, they are often skimmed over in many ethnographic studies. Unfortunately, this also holds true in the western world. Sleep paralysis is often interpreted by sufferers as a spiritual experience, but because of preexisting concepts influenced by the prevalence of western protestant ideas, many do not share these experiences due to a fear of being categorized as mentally ill. The United States also has no traditional culture term for the experience of sleep paralysis, which, when combined with the fear of being labelled as ‘crazy,’ leads to a significant drop in reported incidence rate. In countries in which there are established cultural terms and often folklore surrounding these experiences, they are common knowledge and part of the fabric of everyday life. This does not make them any less traumatizing when the episodes do occur. In many cases, these episodes are explained as supernatural intervention in the lives of humans. Demons, spirits, and night hags are the most common culprits, and these are cemented with strongly held beliefs that the supernatural exists in our own reality.

It cannot be argued that sleep paralysis is definitely influenced by the culture of the experienter, but there is some disagreement among anthropologists, psychologists, and others studying the phenomenon as to how much one’s cultural background may shape their experiences. In most studies, preliminary research is done on what the local folkloric background is related to sleep paralysis. These almost always identify a set pattern of symptoms associated with the sleep disorder. While some have argued in the past that these episodes are part of a culture bound illness, many researchers believe that although many cultures have different understandings of these biological processes, they are all experiencing the same event with the same symptoms. Once it became more accepted that this sleep disorder was common worldwide, it was hypothesized that the differences in sensation, hallucination, and feelings could be explained by ingrained cultural concepts which are projected during the episode. For example, if someone had been raised in a specific rural area in Brazil, listening to stories about the Pisadeira their entire lives, they may experience the Pisadeira attacking them during their sleep paralysis episode. This hypothesis seems straight forward and makes sense, until you factor in Hufford’s observations, which point out that- even though some sleep paralysis episodes do seem to work this way- it does not explain how Americans with no cultural knowledge or explanation of sleep paralysis and no religious affiliations are experiencing sleep paralysis and interpreting the episodes as spiritual experiences. Hufford also observes that, rather than this biological event becoming inspired by the culture around the person and their previously held beliefs, these events lead people to create their own spiritual beliefs afterwards. Instead of a product of religion and spiritualism, these events inspire them.

It is also observed that individuals who know how sleep paralysis works physiologically and understand the phenomenon from a scientific aspect can still hold spiritual beliefs surrounding their experience at the same time. This leads to the theory that how we perceive and conceptualize pertaining to science and spirituality may not necessarily be the way we have always assumed- as opposites. The study of this phenomenon in relation to culture, psychology, and how humans understand otherworldly experiences may teach us much more about how our own minds work.

Bibliography Entries

De Sá José F. R, and Mota-Rolim Sérgio A. “Sleep Paralysis in Brazilian Folklore and Other Cultures: A Brief Review.” *Frontiers in Psychology*, vol. 7, 2016.

This article analyzes the connection between culture and the sleep paralysis phenomenon. The authors, posit that folklore is used as a way to explain these occurrences, rooting them in the real world. The interaction between folklore in cultures and sleep paralysis is valuable to understanding how the disorder affects those who experience it. The authors explain that there is a severe lack of sociocultural research on this phenomenon and wish to contribute cross cultural data to the body of research as a whole. The authors explain that experiences can be sorted into 3 categories, known as (A) the Intruder, (B) Unusual Bodily Experiences, and (C) Incubus. Each are associated with their own identifying symptoms. They then describe the Pisadeira, a figure in Brazilian folklore that steps on the chests of those who are sleeping. This figure varies throughout different areas in Brazil, and even takes on Afro-Brazilian characteristics, depending on the region of the storyteller. The authors support their argument for a sociocultural review of sleep paralysis by then outlining the history of the disorder’s interpretation.

In the western world, the explanation for this disorder was heavily influenced by Christianity, leading to the concepts of the ‘Incubus’ and ‘Succubus’ encounter. These are gendered entities that prey on Christians who are having sexual dreams, a “Christianity that first negatively associated nightmares with erotic dreams, as its tenets were built upon the strict control of sexual instincts”. Many times, these episodes were interpreted as spiritual attacks. Modern day sleep paralysis episodes can often take the shape of alien abductions. When ‘abductees’ are interviewed, they often recount symptoms that can be explained through sleep paralysis, such as strange lights or figures, the feeling of levitation or touch, and the sense of pain, which, although rare, is found among those who have sleep paralysis. De Sá José and Mota-Rolim include a detailed description of cultures worldwide that feature their own sleep paralysis related folklore. Regional and community variances greatly influence how sleep paralysis manifests in cultures worldwide. The authors also note that these spiritual interpretations are found regardless of education or class and are valuable for further psychological study among those who experience sleep paralysis.

This article relates to the corpus of sleep paralysis research by furthering the documentation of how different cultures influence and interpret narratives surrounding the experience. It gives an overview of the pattern found worldwide, including the strange theme of alien abduction among Americans. These events not only bring us to a new understanding of the physiological body, but also lead skeptics to believe in the supernatural. De Sá José and Mota-Rolim wish for further comparative research on the intersection of dreams, culture, and sleeping disorders. The short overview leads the reader to share the author’s mission to learn more.

Edgar, Iain. “Encountering the Dream: Intersecting Anthropological and Psychoanalytical Approaches.” *Counselling and Psychotherapy Research*, vol. 3, no. 2, 2003, pp. 95–101.

In this article, the author views the dream through a four-field approach, “as therapeutic and existential encounter; as potential social knowledge; as cultural template; and finally, as reflexive opportunity” (Iain, 95). The author begins by describing how crucial the dream is to most cultures and how it is looked upon as not only an authority, but as a way to further one’s experiences. Throughout anthropological history, the dream has been a challenge in ethnography and interpretation. The reason for this is the distinction between dreaming as either objective or subjective reality and how it shapes a culture’s worldview. Many anthropologists chose to interpret dreams as the basis of myth, as both are narratives. Tylor believed that many native groups had an inability to distinguish between reality and illusion, leading to a belief in animism. Many of these early theories surrounding dreaming were ethnocentric but became the foundation of studying and interpreting dreams.

As ethnopsychiatry was introduced by Devereux in the 1950s as a way to apply Freudian psychology to native populations. It was used to properly analyze the worldviews of populations in relation to dreaming. This has been criticized by later anthropologists as the manipulation of key cultural symbols. These issues led to the introduction of the ‘dream report’ and the communicative theory of meaning. This theory, developed by

Tedlock, is described in three parts: the aspect of narration involved in the retelling of the dream, the psychodynamics of narration, and the interpretive framework of the culture group. This has become valuable to fieldworkers as a way to grow closer to their culture groups and therefore learn more about the innerworkings of the society in question. As research has continued, the nature of how the dream is interpreted, the level of connection and influence it has over daily life, and its perceived level of reality has become crucial to dream reports and ethnographies as a whole.

This article, while not focused on sleep paralysis, interacts with other research by providing a historical basis for the analysis of sleep and dreaming from an anthropological perspective. The prevalence of ethnocentric thought has complicated the study of non-western peoples as long as anthropology has existed, but there are valuable concepts that can be salvaged from early anthropologists, such as the connection of psychology and culture. The multidisciplinary approach that fieldwork often applies enables analysis from multiple perspectives allowing a bigger picture.

Hufford, David J. et al. "Culture and Sleep Paralysis." *Transcultural Psychiatry*, vol. 42, no. 1, 2005, pp. 5-10.

This article begins by listing several nightmare related sleep disorders and claiming that sleep paralysis is set apart by these through its unique physiological symptoms. While many nightmares are easily confused with sleep paralysis to the untrained eye, the disorder itself is much more complex, following a rigid pattern of events as it progresses. Even though different experiences manifest in a myriad of ways, all episodes have commonalities involved in their symptoms. These commonalities are characterized by the paralysis of the body upon falling asleep or waking up, the experience of visual or auditory hallucinations during these episodes, the sense of an intruder in the room, and sometimes the sensation of touch or pressure. While not all of these may be present, sleep paralysis is defined by the inability to move the body.

The authors list the various questions that come to mind when considering how culture and the psychology of sleep paralysis intersect. These questions often concern how sleep paralysis manifests, how it is studied and in what field, and how it is seen as an illness related to other mental health issues as a culturally influenced process. Because sleep paralysis is so influenced by culture, the authors question the cultural frames provided by some groups enable the reporting of episodes and the absence of these frames diminishes available data. The authors conducted a study on Cambodian refugees who have reported sleep paralysis at very high rates. It is believed that this high rate is due to the trauma and stress prevalent in their daily lives. These Cambodian cultural groups tie their sleep paralysis experiences to the interferences by the dead, leaving them vulnerable to feelings of survivor's guilt and the reliving of trauma. It is widely observed that the interpretation of these experiences differs due to culture and perceived cause, which affect the treatment. The article includes a section explaining the American tendency to exoticize international reports of sleep paralysis, even though the U.S. has had its own extraordinary sleep paralysis related culture trend materialize in the last 30 years. The alien abduction phenomenon, the authors argue, is largely due to misinterpreted sleep paralysis episodes. These episodes cause such trauma in the patient's memory that they can easily recall the events of the 'abduction.'

In relation to psychopathology, sleep paralysis provides a model of how culture interacts with biological processes throughout the experience. It also provides room for error in diagnosis, as it could be caused by extreme stresses or even the root of a delusion in the patient. This article provides additional analysis of how culture and sleep paralysis intersect, and how this may cause issues in diagnosis.

Hufford, David. "Sleep Paralysis As Spiritual Experience." *Transcultural Psychiatry*, vol. 42, no. 1, 2005, pp. 11-45.

This article focuses on the interpretation of sleep paralysis as a spiritual experience. Hufford disagrees with the idea that a cultural model, or the Cultural Source Hypothesis, can explain accounts of people who have had sleep paralysis. Many have argued that "Old Hag" and similar phenomenon are culture-bound illnesses, but Hufford disagrees with this conclusion due to both his own experience with sleep paralysis and the accounts he has documented from others. Hufford begins the article by discussing the difficulty with which sleep paralysis is diagnosed and treated in modern medicine. This is because of the modern enlightenment view that

spiritual experiences are emotional and not physical. Spiritual experiences are also believed to be caused by previously existing spiritual beliefs which inspire and fuel them. Hufford, however, believes that sleep paralysis provides an interesting context to view how spirituality is cultivated and maintained in modern society. Events which people describe and interpret as spiritual encounters are quickly disregarded as the misunderstandings of scientific phenomena or the symptoms of a mental illness. This discourages people from ever sharing their experiences, creating not only a gap in the data that could be available but also breeding fear and helplessness for those who have no clue what they went through or how to process it.

Hufford observed that many sleep paralysis experiencers came to similar conclusions- that the sensations or figures they were seeing were ghosts or demons. This led him to question the common theory that these events are influenced by preexisting cultural patterns or mental illnesses. He believes that the seemingly random spiritual connections experiencers make to sleep paralysis episodes could provide more context as to how humans understand and practice spiritual belief. The author collected various sleep paralysis accounts from people worldwide, first focusing on the “Old Hag” phenomenon. He soon realized that the symptoms of Old Hag exactly matched those of sleep paralysis. Rather than being a culture-bound illness, it was another term for the parasomnia. The only observed difference was the prevalence of sleep paralysis was much higher in this culture which had a name and a folkloric explanation for the phenomenon, without social backlash for sharing the experience. Hufford continued to collect accounts from other cultures and found that almost all of these experiences fit a pattern of symptoms and thought processes which followed them. The Cultural Source Hypothesis theory posits that sleep paralysis creates a state of consciousness in which “cultural loading and personal belief could be expected to produce images that conform to the subjects expectations” (Hufford, 18). Hufford argues against this idea, claiming that data is present which suggests that individuals with no previous knowledge of this condition and no previous belief in the supernatural will become believers after having experienced it. He also observes that when people do hold supernatural beliefs surrounding these episodes, the knowledge of a scientific explanation does not necessarily disprove their beliefs. The author interpreted this to mean that the line between science and the supernatural in the western world may not be as simple as we think. Rather than functioning as opposite in our subconscious, these are two realms which can simultaneously exist in cooperation. Hufford backs this hypothesis up through his own experience: “SP incorporating a threatening spiritual presence could not reflect simple cultural loading, because I had lacked the cultural background to product the ‘traditional’ details that I had experienced.” (Hufford, 19). Rather than supernatural beliefs causing sleep paralysis, sleep paralysis is actually causing supernatural and religious beliefs to form. This leads Hufford to an additional hypothesis that rather than being based off of folk traditions, these experiences create the folk traditions which are laden with sleep paralysis characteristics and highlight the core pattern of symptoms.

The content of this article disagrees with most of the body of work of sleep paralysis research by pointing out that culture does not completely shape the process and interpretation of episodes. Hufford points out that using culture as a crutch to explain the spiritual experience aspect that many sufferers go through does not take into account those who have no previous ideas surrounding spirituality. This contradicts the assumptions of many other researchers.

Kompanje, Erwin. “‘The Devil Lay Upon Her and Held Her Down’ Hypnagogic Hallucinations and Sleep Paralysis Described by the Dutch Physician Isbrand Van Diemerbroeck (1609-1674) in 1664.” *Journal of Sleep Research*, vol. 17, no. 4, 2008, pp. 464–467.

Kompanje begins this article by describing the average experiences people have with Sleep Paralysis and the phenomenon’s link with hypnopompic and hypnagogic hallucinations. The common symptoms are included in a detailed list, along with the observation: “Most often there is pervasive fear, sometimes so strong that people are sure they are about to die and are afraid to go to sleep again,” (Kompanje). Many of these encounters included the impression or feeling of being trapped and helpless as intruders entered their homes or bedrooms and assaulted them. The author then reviews a history of studies focusing on these sleep-related hallucinations, the earliest taking place in 1664. This account, recorded by Doctor Isbrand Van Diemerbroeck, described the experiences of a Dutch woman with sleep paralysis. Van Diemerbroeck’s medical understanding of the issue was similar to ours today, suggesting that it was caused by a problem with the movement of the body, and that

the intruders and threats the woman perceived were not real. The only similarity concerning the treatment, however, was advising the woman not to sleep on her back. Van Diemberbroeck, like many doctors of his time, focused on balancing the humors as a way to control illnesses.

This article provides a historical basis for the reporting of sleep paralysis. The content proves that there has been Western knowledge surrounding the phenomenon and even a vague understanding of the physiological processes which cause it.