SLEEP PARALYSIS:
WITNESSING THE TRANSFORMATIONS OF THE PSYCHE

by
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Abstract

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By Veronica Vargas

Dreams are the pathway to the unconscious and the portal to direct communication of the gods. Great mysteries are constantly at work in our psyche. Sleep is the venue for those great mysteries and profound experiences of transformation to occur. An individual whose sleep cycle is interrupted at the stage of REM atonia, or Sleep Paralysis, can witness the processes of the transforming psyche and experience images that appear frighteningly real. Utilizing hermeneutic methodology, this production thesis considers empirical studies of Sleep Paralysis, first-hand accounts of Sleep Paralysis in the literature of depth psychology, and the author’s personal experiences of the phenomenon.
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CHAPTER I
INTRODUCTION

My speech is imperfect. Not because I want to shine with words, but out of the impossibility of finding those words, I speak in images. With nothing else can I express the words from the depths.

Jung, 2009, p. 229

Overview

This production thesis explores the phenomenon referred to as Sleep Paralysis from a variety of perspectives. My hypothesis is that individuals experiencing Sleep Paralysis are witnessing the symbolic language of the psyche in its process of transformation.

In Chapter II, the literature review, I examine the phenomenon of Sleep Paralysis from spiritual, scientific, and depth psychological perspectives. I present research on Sleep Paralysis and the science of sleep, explore the nature of dream and the nature of consciousness, discuss religious and spiritual perspectives including Christian views and views from the healing arts, and also discuss research into altered states such as bardos, out-of-body-experiences, and lucid dreaming. The scientific perspective combines research on sleep cycles, REM, brain chemistry, and physiology all of which contribute to the experience of altered states of mind. Taking a depth psychological perspective, I discuss the symbolism inherent in the Sleep Paralysis experience and explore cultural interpretations through folklore and mythology, archetypal perspectives, and the concept of visionary spiritual experiences.
The order of perspectives explored in the literature review corresponds to the search for answers in my own personal journey. Thus, the qualitative method of research used in this study is hermeneutic. My personal experiences with Sleep Paralysis are discussed in Chapter III, my creative piece, as a memoir. The reason a memoir is the best way for me to explore my hypothesis is because it provided an opportunity for me to sort out the characteristics of my own personal experiences and to thus display an animation of what has been found in the research. In Chapter IV I conclude with a summary of my findings and some suggestions for coping with the experience of Sleep Paralysis.

Area of Interest

The aspect of Sleep Paralysis that most engages me concerns a specific feature of the phenomenon—the inability to distinguish dream imagery from reality in the midst of the experience. This inability to distinguish dream from reality may lead a person to question the existence of other realities, supernatural entities, and his or her own sanity.

Guiding Purpose

My guiding purpose is to promote understanding of the phenomenon of Sleep Paralysis and its features by providing information from a broad range of perspectives. The topic is worthy of exploration because it opens up discussions about the nature of reality—a subject that is profoundly meaningful to many individuals.

Rationale

In reviewing the literature I found it important to first explore the mystery of the dreaming mind, consciousness, and the nature of unconsciousness, and secondly to explore spiritual perspectives of psychic transformation. Understanding the nature, origins, and evolution of dreams, consciousness and the unconscious will assist depth
psychologists in therapeutically understanding the complex subjective experiences of Sleep Paralysis. For example, the experience of encounters with entities in Sleep Paralysis is often referred to scientifically as hypnagogic or hypnopompic hallucinations. For some individuals experiencing Sleep Paralysis, in addition to scientific explanations, understanding the spiritual perspectives of psychic transformation may provide symbolic language to frame the complex subjective experience.

In the following research, I explore the possibility that Sleep Paralysis may be in service of the spiritual (communication of beings from another dimension such as spirits, demons, and astral bodies); the psychological (archetypes, the process of transformation, stress, grief, processing the language of image); and the physiological (translation of illness, pain, and neural messages).
CHAPTER II
LITERATURE REVIEW

Sleep Paralysis?

How many of you have ever woken up, unable to move or cry out, can’t move a bit, can’t say anything? Sometimes it may happen just as you are about to fall asleep, but you are awake and you cannot move?

Barnes & Taitt, 2008

What is Sleep Paralysis? For the purposes of this thesis, Sleep Paralysis can be described as when a person is awakened from sleep and cannot move or speak and commonly experiences a sense of a threatening presence (Hufford, 1982). Alternatively, it can be described as the experience of being completely awake but dreaming and unable to move. As the waking mechanism begins to die down, the dreaming mechanism becomes active quickly even before we fall asleep so that we essentially begin to dream while we are still awake. Body paralysis, sometimes referred to as REM atonia, is a natural part of the sleep cycle that we undergo every night. We simply do not recognize it because we are asleep. However, conscious awareness during Sleep Paralysis can arise and it can feel like your mind is awake but your body is not. There are several existing explanations of the phenomenon based on spiritual, cultural, scientific and psychological perspectives.

Introduction

In what is referred to clinically as Sleep Paralysis has been a long standing disorder, and phenomenon. The name of the phenomenon continues to change over time, as do the transcultural descriptions and the mythology related to Sleep Paralysis. In the
research that follows, the names and etiologies are explored in depth from spiritual, biological, and depth psychological perspectives. Sleep Paralysis, like many aspects of the human condition, does not have a single explanation. The research presented in this chapter is not intended to prove or strengthen any specific theory, the intention is to acknowledge the existence of the phenomenon and validate the diverse experiences of the existing research.

This chapter reviews the work of the pioneer of American research on Sleep Paralysis, David Hufford (1982; 2005), Professor at Pennsylvania State University. Other researchers in the field include J. Allen Cheyne (2002), Professor at the University of Waterloo, Canada, and Jorge Conesa-Sevilla (2004), Associate Professor of Psychology at Northland College in Ashland Wisconsin, neurocognitive and biosemiotic researcher. Empirical studies have been conducted at Harvard School of Medicine and at Waterloo University utilizing human subjects in order to gain perspective on the experience of Sleep Paralysis and its characteristics (Cheyne, Newby-Clark & Rueffer, 1999; Hinton, Hufford & Kirmayer, 2005). Researchers and early thinkers such as: neurologist and founder of psychoanalytic school of psychology, Sigmund Freud (1900/1994); psychiatrist and founder of analytical psychology (Jungian psychology), Carl G. Jung (1948/1969); psychologist and founder of archetypal psychology, James Hillman (1979); professional diviner, Artermidorus (Artermidorus & White, 1975); mythologist, Joseph Campbell (1990, 2008); philosopher and researcher of religious studies, Mircea Eliade (1957/1960), and others have contributed to this particular body of research to provide an integration of ideas on aspects of dreams, psyche, the collective unconscious, and spirituality. These influential thinkers discussed the origins of dreams, the nature of
dreams, and the environment of the human psyche. These components cannot be neglected in the research and explanation of Sleep Paralysis.

Characteristics of Sleep Paralysis

Common characteristics of the experience itself include realization of paralysis, visualization of an image, pressing down of the body, bed or chest, vibration with gradual increased intensity, and an increased sense of fear (Hufford, 2005). Oftentimes there are desperate attempts to wake up in order to avoid contact with the fearful presence. It is said that resistance makes “it” stronger.

Sleep Paralysis is often accompanied by sounds such as high static, instruments, name calling, tone, beeping, footsteps, clock ticking, and laughter or evil sounding chuckle (Cheyne, Newby-Clark Rueffer, 1999). These sounds are often attributed to advanced alien technology or physiological experience. Psychologists J. Allen Cheyne, Ian Newby-Clark, and Steve Rueffer (1999) explained that during REM the middle ear’s hammer and stirrup actually vibrate as we dream, which may contribute to the audible sounds that one experiences during an episode of Sleep Paralysis.

At times Sleep Paralysis is accompanied by body movements and the sensation of being taken from one place to another or of floating. Cheyne, Newby-Clark, and Rueffer (1999) explained that this is related to the vestibular system that controls our sense of motion and balance. During REM, this area is activated and stimulates movement, hence the sense of floating, falling, spinning, surges of energy, and dragging.

Visual disturbances are characteristic of Sleep Paralysis. The images are often perceived to move in exaggerated motions. Cheyne (2002) explained that during visual disturbances, the amygdala, the body’s fear center in the brain, is wildly active. The
amygdala allows us to instinctively identify threatening predators. When unnaturally triggered, it causes the victim to experience uncanny fear with a sense of evil—absolute evil. Fear mode causes Sleep Paralysis sufferers to experience frightening human images, beyond ordinary experience.

For people who experience Sleep Paralysis, once they learn that the experience is normal, it can be an amazing experience. The individual potentially has access to the psyche, lucid dreaming, and can become aware that there is more to life than the physical realm. Sleep Paralysis can be a unique experience into the human mind and or spirit world.

The reason Sleep Paralysis is so terrifying is fear of the unknown and or fear of death. When a person experiences fear, the brain begins to search for the cause of the fear. Depending on one’s culture and belief structure, the brain will attribute the experience to various things such as aliens, demons, kanishibari, djinn, Old Hag, or doppelganger (Hufford, 2005). The experiences are interpreted according to a person’s particular beliefs.

The Nature of Dreams

A discussion of the nature of dreams may at first seem incompatible with the phenomenon of Sleep Paralysis. But the discussion is relevant to understanding how people distinguish between different realities. In the transitional states between wakefulness and sleep (hypnagogic or hypnopompic) that are characteristic of a typical Sleep Paralysis experience, one finds it difficult to differentiate what is actually happening in the immediate environment, thus finding it difficult to attach the commonly experienced intense sense of fear and danger objectively. In reference to the nature of
dreams, this raises the question: have humans always had the intelligence to know the difference between dream and waking (matter-real) experience?

An early documented researcher on the nature of dreams was Artemidorus, a Roman professional interpreter of dreams in the Second Century CE (Artemidorus & White, 1975). For his research, Artemidorus utilized Assur-bani-pal’s library at Nineveh which contained a collection of books on oneiromancy or dream interpretation (Lincoln, 1970). His focus was on hearing the messages that dreams (the sleeping mind) communicate to people during waking hours. He was one of the first documented dream interpreters whose writings have survived. It is documented that he consulted the dream as an oracular type of guidance. This idea of consulting the oracular by way of dreams laid the groundwork for several practices of dreamwork. The oracular, the gods, and the spirit realm are different names for the same concepts of what Jung (1954/1969) referred to as the collective unconscious, or for what philosopher Rudolph Steiner (1925/1969) referred to as the astral planes. These topics will be discussed further in the following sections.

What did Freud (1900/1994) mean when he described dreams as the “via regia” (p. 459) or royal road to the unconscious? The privileged access to the unseen, unheard, blind spots of human consciousness, perhaps? Freud also stated, “dreams are the guardians of sleep” (Freud, 1901/1989, p. 66). It is because of dreams that sleep is possible. Freud discussed the sleep guardians in terms of wish fulfillment. He theorized that an individual believes that wish fulfillment is actualized during sleep and does away with the wish itself therefore making sleep possible. Freud argued that dream images are believed in this way, for they are clothed in the physical appearance of perceptions. This
gives insight into why young children cannot distinguish hallucinations or fantasies from reality—they do not acquire this ability until later in their development. A benchmark of adulthood is having learned to make this distinction and to have also grasped the uselessness of wishing, and after long practice an adult knows how to postpone their desires until they can find satisfaction by the long and roundabout path of altering the external world.

Psychoanalyst Ernest Jones (1951) argued that the interest people, throughout the ages, have taken in dreams and the far-reaching significance attributed to them make it very probable that the phenomena experienced in dreams have greatly influenced the forming of waking thoughts. He stated, “if this, as I have shown elsewhere, can still happen among educated people, it must have done so on a far more extensive scale in past ages when the general importance attached to dreams was much greater than to-day” (p. 58). In addition, Jones argued that this difficulty in distinguishing dreams from the experiences of waking life is naturally greater in less tutored minds, such as those of children and savages, which suggests that more evolved people are more aware and more able to objectively distinguish realities. That being said, Jones also explained that at times the vividness of dreams is so intense that even educated people may find it hard to actually distinguish dreams from real events. In On the Nightmare (Jones, 1951), he gave the example of a physician who mistook a dream for a real memory and the disagreeable consequences that resulted from his mistake. The example strengthened his stance that regardless of a person’s developmental stage or intellectual ability, with vivid dreams, anyone can find it difficult to grasp reality. In fact, such confusion with reality
characterizes all intense emotional experiences, not only in dream, but also in other rarer expressions of the imagination such as ecstatic trances, visions and so on.

Transitioning into sleep and dream can be understood as the threshold between the world of the living and the world of the dead. A natural association between sleep and death has often been noted in different cultures and time periods. Some contemporary metaphorical expressions even convey a sense of this ancient association, such as when a sleeping person is described as being “dead to the world,” or when a deceased individual is referred to as having gone to his or her “eternal rest” (Burkert, 1996, p. 69).

In many respects the shamanic experience is close to dreams, another field parallel to narrative fantasy. Some thinkers, notably Jung and Jungians, perceive dreams and mythology as being closely connected. It should not be overlooked, however, that dreaming predates the advent of humanity. All higher animals seem to have dreams, though of course they lack verbalization (Burkert, 1996). Dreams appear to reproduce action and visualization patterns, and this brings them close to plays and tales. Dreams may add to the repertoire and mood of human narrative, as shamanism does, without having to be the origin of mythology.

The meaning and interpretation of dreams varied according to the mental spirit of the particular times (Lincoln, 1970). As far back as Babylon, the dream played an important part in life and religion, in the dream the deity was believed to reveal him or herself, declaring the will of heaven and predicting the future (p. 3). For example, answers to prayers were obtained by sleeping in the temple and invoking Makhir, the Babylonian Goddess (or God) of dreams (p. 3).
Dreams are sacred encounters with the gods. Eliade (1957/1960) discussed encounters with the “wholly other” (p. 125). He explained that the wholly other can be witnessed in some energy form or another and that the sacred may manifest itself in a tree or stone. Eliade defined the term hierophany as a manifestation of the sacred and defined the Supreme hierophany as the incarnation of God (Jesus Christ). He defined numinous as that which may be evoked by some aspect of the divine power. The numinous is distinguished by its being something “wholly other.” It is radically and totally different and resembles nothing either human or cosmic. In relation to the numinous, human beings have the feeling of their utter “nothing ness,” the feeling of being “no more than a creature.” (p. 124).

In *The Power of Myth*, mythologist Joseph Campbell stated, “The myth is the public dream and the dream is the private myth” (Campbell & Moyers, 1988, p. 48). Campbell explained dream-time as the time when you go to sleep and have a dream that talks about permanent conditions within your own psyche as they relate to the temporal conditions of your current life. In addition, Campbell stated, “at the bottom of the abyss comes the voice of salvation” (p. 46). This statement can provide an example for nearly any argument involving any organic dilemma in the universe. Dream, which embeds the terrain of unconscious stimuli, likely has several bottoms. To provide an example, a very common American saying when in the face of conflict is, “let’s get to the bottom of this.” The bottom of the abyss, the root of conflict, is where we find salvation. Salvation, transcendence, and transformation, commonly follow conflict in some form or another. Campbell further explained, “Dreams are manifestations in image form of the energies of
the body in conflict with each other‖ (p. 46). The inner conflict speaks to us in the form of image.

Campbell’s understanding of the nature of dreams can be applied to the experience of Sleep Paralysis. For example, in Sleep Paralysis the individual experiencing the phenomenon sometimes sees a threatening presence. This presence can be related to Campbell’s (2008) concept of the “threshold guardian” (p. 64). As stated in the Encyclopedia of Shamanism, “the threshold guardian is a spirit entity encountered in altered states, particularly those that occur spontaneously” (Pratt, 2007, p. 494). The threshold guardian is often (though not always) seen in a tall, elongated, dark humanoid form. The threshold guardian appears when an individual has reached the boundaries of his or her present sphere of awareness. Beyond the threshold guardian lies the Unknown and the danger of forces that will transform the individual.

The function of the threshold guardian is to keep the unprepared within the boundaries of their current awareness. If the presence of the threshold guardian alone does not frighten the unprepared back into ordinary consciousness, the first step beyond the boundary will typically inspire enough fear to cause retreat. The guardians that watch this boundary are dangerous. Dealing with them is risky for the incompetent, fearful, and unprepared. (Pratt, 2007, p. 494)

According to Campbell (2008), the Arcadian god Pan is the best known Classical example of this dangerous presence dwelling just beyond the protected zone of the village boundary.

In Transformations of Myth Through Time, Campbell (1990) described the Navaho myth of two twin heroes who were granted access to the world beyond the earth by the threshold guardian. The threshold guardian may also be what Sogyal Rinpoche (1992) called the ego-self whose function often is to disallow access to enlightenment, with the intention of protecting our human fear of losing control and of the unknown,
thus perceiving the archetype of the threshold guardian to have some sort of life
threatening component attached to it.

Although the nature of dreams does not explain what Sleep Paralysis is, it does
speak to the relationship between dreams and the experience of Sleep Paralysis. Those
who experience Sleep Paralysis will likely hesitate to proclaim their experience as “just a
dream.” There is too much going on to just reduce it to that. However, there must be a
reason why Sleep Paralysis and dreaming go hand in hand. With that in mind, the topics
of sleep, dream, and Sleep Paralysis require further exploration in order to follow the
common thread. Because of sleep, dream happens and arguably, vice versa. Because of
sleep and dream, Sleep Paralysis happens. Why is this happening? And what can we gain
from finding the answer? In the next section, the relationship between sleep, dream and
Sleep Paralysis will be explored with a view to answering such questions.

Spirituality: Religious Perspectives

_The Evolution of the Dream_

The literature on the topic of Sleep Paralysis starts where dream analysis first
began, in the realm of the spirit. Again, I explore the theme as pertaining to the question:
when did humans actually realize that dreams were dreams and how can exploring this
question assist in the research of Sleep Paralysis? One would imagine that since time
immemorial, dreams were considered coexisting realities, a realm designated for the
spirit bodies to live out their mythos. Jung was interested in looking at spirits in the
plural, as manifestations of complexes, and spirits as unconscious, archetypally based
entities (Hopcke, 1989). Marie-Louise von Franz (1986) stated,

> Although many people believe in four, five or more (up to thirteen) souls in man,
a partition into two is more noticeably widespread. The two are usually a spiritual,
free (not quite incarnated) soul and one more attached to the spiritual body. From the point of view of depth psychology, however, both kinds of soul are aspects of one psychic totality, the Self. It seems therefore as if the Self, the divine center in man, possesses two aspects, one non-incarnated, purely spiritual, timeless-eternal; the other demiurgical, manifesting itself in physical matter. (p. 115)

*Christianity*

In the Christian view, those who experience Sleep Paralysis may be under attack by demonic forces during their vulnerable stage of sleep. Satanic forces are at work and come to the Christian devotee in the vulnerable stage of sleep, as did they to Job in his vulnerable stages of grief, when God permitted, as described in the New Testament (Job 1: 6-12, English Standard Version). Although malicious, these attacks towards the individual provoked by the demonic forces may serve as a form of spiritual initiation and transformation of spiritual devotion. These trials serve to strengthen the spirit and purify the soul by literalizing the concept of facing one’s demons. What better time than when the ego-mind is most vulnerable and the conscious faculties are at rest? The individual is captured off guard. A person at that state can either deepen their devotion to the higher power or become estranged by the terror. A common Christian term for an individual who has been estranged is *fallen*. Either way, the purpose is for the individual to undergo a transformation at the root of their character. This is the test for them to strengthen the authenticity of their devotion to the Creator, which in turn is in service to the evolution of the human soul.

In response to the terrorizing experience, one must purify one’s soul and seek the counsel of a spiritual leader. It is very difficult to undergo a spiritual transformation alone and without guidance. The person needs to purify the mind of intruding images and temptations provoked by the messengers of Satan (often referred to as the enemy) intended to mislead the individual. The person needs to make life changes that serve the
greater purpose of his or her faith. In doing that, the person must become humble and authentically forgive others and forgive themselves. Aside from the story of Job, another good biblical example of struggling with the “unknown,” humbling oneself and coming to terms with the life experience is the Genesis story of Jacob. In this story, Jacob was literally wrestling with God and was forever changed by this experience (Genesis 32: 22-31, English Standard Version).

Energy Healing Arts

Chakra is a Sanskrit word that means “wheel of energy” (Torres-Ginard, 2000, p. 38). These centers of energy are located within seven areas in our body. It is believed that individual life is sustained through the sum total of the frequencies and flowing of chakra energy. Health is achieved by balancing the chakras. When there is an imbalance of chakra energy the individual can experience physical, psychological, and spiritual problems. The goal of the healing arts is to live harmoniously in mind, body and spirit.

The sixth chakra or ajna (third eye), located at the brow, may be the most relevant to the experience of Sleep Paralysis. To state a few interesting speculations about ajna: it is the center of intellect; it controls higher intuition, the ability to anticipate events and help the creative intelligence; when in balance it produces wisdom, and clear thinking; when unbalanced an individual is in danger of mental illness and intellectual stagnation; balance is achieved by becoming authentic, deep meditation, and with color therapy (Torres-Ginard, 2000).

When the sixth chakra experiences a blockage, one may suffer from frequent nightmares and headaches, poor eyesight, lack of concentration, and sometimes migraines (Torres-Ginard, 2000). Grief or personal pain may block this chakra.
Physically it influences the immune system, brain, pituitary gland, the eyes, nose and ears, the nervous system, pineal gland, and sinuses. Although much can be stated in reference to all the organs functioning with *ajna*, the pineal gland has a fascinating and mysterious function worth noting. Descartes (as cited in Strassman, 2001) referred to the pineal gland as the “seat of the soul” (p. 60). Meaning “the body and spirit meet there, each affecting the other, and the repercussions extended in both directions” (p. 60). The pineal gland is known for its regulation of a hormone called melatonin, which regulates modulation of the wake-sleep cycle and is also believed to secrete (n-dimethyltryptamine) (Strassman, 2001). *Ajna* is the gateway to enlightenment and higher awareness. It is associated with visions, clairvoyance, and out-of-body experiences. Psychophysiologist and leader in the scientific study of lucid dreaming, Stephen LaBerge stated that the ability to witness sleep as in lucid dreaming and Sleep Paralysis, is one of the signs that one is approaching enlightenment (although not everyone experiencing Sleep Paralysis is on the verge of becoming enlightened in the literal Buddhist sense) (2004, p. 79). Approaching the transcendental is seen by some as an honorable established system of physical discipline (Krishna & Hillman, 1971). The witnessed awakening of that energy could be psyche’s interpretation of an approaching transformation that is symbolically translated during that liminal state. It may not be intended that the individual waken during that stage of transformation. It is likely that these transformations occur during sleep for similar healing purposes that surgical procedures are done under heavy sedation and anesthesia.

Gopi Krishna explained that the function of Kundalini is “as natural and effective a device for the attainment of higher state of consciousness and for transcendental
experience as the reproductive system is an effective natural contrivance for the perpetuation of the race” (Krishna & Hillman, 1971, p. 79). It is a natural occurring life force. Kundalini is basically a healing force, and pain is only felt when it encounters tension and impurities that are not quite ready to be released (Judith, 2005). Therefore, the intensity often associated with Sleep Paralysis can be that life force energy is circulating at those moments of terrifying and vulnerable REM atonia awakenings.

On a supernatural level, the unprepared could come into contact with what is referred to in Buddhist traditions as rakshasas (Mack & Mack, 1998). It was believed within the movement of Kundalini rising, that rakshasas (Asian demons) might assail those making strides towards their own enlightenment and the good of all humankind. The rakshasas appear similar to the concept of a threshold guardian as mentioned previously (Campbell, 2008). The demons could be the embodiment of projected tensions and impurities (shadow in Jungian terms) with which the individual must come to terms.

Bardos

In an interview for Your Worst Nightmare, a documentary on Sleep Paralysis (Barnes & Taitt, 2008) Buddhist monk Ven Khon Sao, stated that the “Khmout Sukkot ghost is not always real, because the problem at times is with the physical in which it is not from outside, but from within our body. Not ghost, not spirit.” He continued, “another part is from spirit, from consciousness. From the spirits of the people who have passed away, or angels from heaven, or the people that have passed away, who are looking for a place to be reborn.”

In the Tibetan Book of Living and Dying (Sogyal, Gaffney & Harvey, 1992), bardos are described as different planes of existence. Sogyal Rinpoche defined a bardo as
a word that means a “transition” or a gap between the completion of one situation and the onset of another (p. 106). Bardo is also defined as the intermediate state between death and rebirth, but it has a much wider and deeper meaning.

It is in the bardo teachings perhaps more than anywhere else, that we can see just how profound and all-encompassing the buddhas’ knowledge of life and death is, and how inseparable what we have called “life” and what we have called “death” truly are, when seen and understood clearly from the perspective of enlightenment. (p. 107)

He explained that there is a distinct and exact relation, in the Buddhist traditions, between the bardo states and the levels of consciousness experienced throughout the cycle of life and death. As one moves from one bardo to another, both in life and death, there is a corresponding change in consciousness which, through spiritual practice, one can intimately acquaint oneself with, and in the end come completely to comprehend. He further explained that you do not have to be dead to experience the tumultuous confusing experience of a bardo state in our realm of existence. At many times in our life when things become unstable, as during those vulnerable moments of Sleep Paralysis, we can experience an intense period of deep uncertainty, characteristic of bardos. The bardo state of uncertainty is also characteristic of being out of touch and disconnected from oneself, one is anxious, restless, and often paranoid. Such bardo characteristics are consistent with the characteristic experiences of Sleep Paralysis as described in the numerous case examples presented in the documentary Your Worst Nightmare (Barnes & Taitt, 2008).

Based on many interviews in his research, Jorge Conesa-Sevilla (2004) also lists the transient or permanent dysfunction (similar to that of bardos) that often follows the experience of Sleep Paralysis based on the many interviews in his research (p. 134).
Since the process that unfolds in the bardos of death is embedded in the depths of our mind, it also manifests in life at many levels. There is, for example, a vivid correspondence between the degrees in subtlety of consciousness one moves through in sleep and dream, and the three bardos associated with death. Of the three here are the two that may give insight on the experiences of Sleep Paralysis:

1. Going to sleep is similar to the bardo of dying, where the elements and thought processes dissolve, opening into the experience of the Ground Luminosity. Dreaming is akin to the bardo of becoming, the intermediate state where one has a clairvoyant and highly mobile “mental body” that goes through all kinds of experiences. In the dream state too there is a similar kind of body, the dream body, in which one undergoes all the experiences of dream life.

2. In between the bardo of dying and the bardo of becoming is a very special state of luminosity or Clear Light called, as I have said, the “bardo of dharmata.” This is an experience that occurs for everyone, but there are very few who can even notice it, let alone experience it completely, as it can only be recognized by a trained practitioner. This bardo of dharmata corresponds to the period after falling asleep before dreams begin. (Sogyal, Gaffney & Harvey, 1992, pp. 111-112)

Of course, the bardos of death are much deeper states of consciousness than the sleep and dream states, and far more powerful moments, but their relative levels of subtlety correspond and show the kind of links and parallels that exist between all the different levels of consciousness. Masters often use the particular comparison to show just how difficult it is to maintain awareness during the bardo states. How many of us are aware of the change in consciousness when we fall asleep? Or of the moment of sleep before dreams begin? How many of us are aware even when we dream that we are dreaming? Imagine, then, how difficult it will be to remain aware during the turmoil of the bardos of death.

Rinpoche stated that, “in our minds, as we are now, wisdom and confusion arise simultaneously, or as we say, are ‘co-emergent’” (Sogyal, Gaffney & Harvey, 1992, p. 109). The benefit of understanding bardos as a perspective on Sleep Paralysis is that
eventually, like the bardo, with Sleep Paralysis one can face a continuous state of choice between the worlds of wisdom, confusion, consciousness and unconsciousness. Ideally, one can realize that everything depends on what one chooses to experience.

**Astral Projection**

What is astral travel? Some people believe that dreams are distorted memories of experiences in the astral kingdom in which we have wandered while our physical body was sleeping. Steiner (1925/1963) explained that different people can remain awake without being overcome by sleep for different periods of time. The astral planes are the supposed non-physical worlds that exist beyond time and space as we know it. Almost all esoteric traditions believe in the astral world in some form or another. Adept's can learn how to astral travel, or journey into this realm at will. The astral world is not regarded as an imaginary world in contrast to the physical reality of this one, but one that exists in parallel. In fact many spiritual traditions turn the argument on its head, saying that our present world that is illusory, and the astral world is our spiritual home (Craze, 2003, p. 48). In *Your Worst Nightmare* (Barnes & Taitt, 2008) some of the interviewees discussed the belief that Sleep Paralysis experiences can transition one into an astral projection. One of the interviewees was a spiritual consultant who described the astral planes as having no distance or measure from the existence we live in consciously, rather the astral planes exist all around us, whether we are aware of them or not. We are in the middle of this spiritual world. She stated, “the energy that cannot be destroyed [soul] can actually go to the other side” (Barnes & Taitt, 2008).

In the West, the concept of astral bodies largely originated with Paracelsus, the 16th-century alchemist and healer (Craze, 2003). Paracelsus was convinced that people
are influenced by the sun and moon and planetary constellations, but he was not sure how. He came to the conclusion that stellar influences were exerted through what he called the astral or invisible energy body that surrounds the physical body (Steiner, 1925/1963). The astral body is roughly the same size and shape as the earthly one, but can detach from it and move about independently. Psychics who are able to see the astral body maintain that it is connected to the physical body via a silver cord. When we die, it is theorized, this cord is finally broken and the dream body no longer unites with the physical body (Craze, 2003).

During sleep, the astral or dream body lifts away from the physical body to explore to other dimensions, but remains connected by the cord. The astral body can travel vast distances, but if the dream body strays too far, the physical body jerks it back again, which may register in sleep as a sense of falling, the sleeper sometimes abruptly waking from the jolt with feelings of disorientation and even physical symptoms, such as headaches and nausea. Some commentators believe that dreams of flying are related to psychic out-of-body experiences, the dream body floating weightless into the air, defying the laws of gravity. Such dreams are usually marked by a sense of euphoria and are rarely forgotten by those who have experienced them (Craze, 2003, p. 48). The experience of Sleep Paralysis leads some individuals to consider the existence of parallel universes and the potential dialogue with the entities that exist within those realms.

*Out of Body Experience*

What is an Out-of-Body Experience (OBE)? The OBE is the cognitive realization that there is a sort of dream-body that exists independently of the sleeping, physical body (Conesa-Sevilla, 2004). This is confirmed when the person experiencing the OBE sees
his or her own body lying in bed from the perception of within a floating entity (dream-body). The concept of the dream-body may help to explain what is happening in an OBE. There are many well-documented instances where people have described not being in their bodies, but outside them, having no physical sensation but otherwise being able to see and hear what is going on (Craze, 2003). Hufford in *Your Worst Nightmare* (Barnes & Taitt, 2008) explained that if Sleep Paralysis goes on for more than 10-15 minutes individuals can often transition into an OBE. Moreover, he explained that people actually induce Sleep Paralysis in order to achieve OBEs. In *Wrestling with Ghosts* (Conesa-Sevilla, 2004) Lucy Gillis, out-of-body and Sleep Paralysis experiencer, explained that those who experience Sleep Paralysis are one step ahead of those who do not and who want to experience lucid dreaming or OBEs. Lucid dreamers strive for an awareness during sleep characteristic of Sleep Paralysis. On the contrary, an individual who is experiencing an OBE could experience Sleep Paralysis on return to his or her body (Barnes & Taitt, 2008). The force upon re-entry to the body may contribute to the experience of pressure, heaviness, and fear.

Some people have reported OBEs at the edge of falling into or out of sleep, describing themselves as floating near the ceiling while seeing themselves in bed. There are also many instances where people have reported OBEs while under anesthesia. As they float above their physical body on the operating table, they are able to watch the proceedings and later are able to recount accurate details of what took place (Conesa-Sevilla, 2004).

Others have experienced OBEs as a result of a near death experience or shock (Craze, 2003). In *Your Worst Nightmare* (Barnes & Taitt, 2008) the unanimous
experience of most of the interviewees was a near death experience that resulted in a form of trauma, due to the perceived supernatural assault. Such experiences are generally life transforming and seem to indicate that there is a level of consciousness that exists independently from the physical condition. In Jorge Conesa-Sevilla’s (2004), *Wrestling with Ghosts*, Lucy Gillis stated,

> It is encouraging to know that some Sleep Paralysis feelings experienced in the dream state can go from strange and frightening to intriguing and fun, once you know what is happening, and that you can’t be hurt. It can be a great gateway to lucid dreaming or out-of-body adventures. (p. 112)

Gillis was able to eventually manifest positive imagery and scenarios by remaining calm and turning her attention away from negative or frightening thinking. In this way she was able to overcome or minimize her fear response, then carry over her awareness into the dream state, and utilize the opportunity to partake in OBEs and lucid dream adventures such as flying, walking on water, and acting out fantasies.

**Lucid Dreaming**

What is Lucid Dreaming? Lucid dreaming is falling asleep while maintaining consciousness (LaBerge, 2004). During lucid dreams, one can reason clearly, remember conditions of waking life, and act voluntarily within the dream upon reflection or in accordance with plans decided upon before sleep--all while remaining soundly asleep, vividly experiencing a dream world that can appear astonishingly real.

What are the benefits of lucid dreaming? If fully lucid, you would realize that the entire dream world was in your own mind, and with this awareness might come an exhilarating feeling of freedom. Nothing external, no laws of society or physics, would constrain your experience; you could do anything you could conceive, anything you believed you could do. You might face a situation that you have been fearfully avoiding,
you might enjoy an erotic encounter, you might discover what it would be like to visit once more a loved one who has passed beyond the world of the living, you might seek and find a measure of self-knowledge and wisdom (LaBerge, 2004). In the process, you will increase your enjoyment of your nightly dream journeys and deepen your understanding of yourself. By waking in your dreams, you can waken to life.

Since health means increased wholeness, psychological growth often requires the reintegration of neglected or rejected aspects of the personality, and this can be consciously and deliberately achieved through the symbolic encounters of lucid dreaming. The content of a healing dream often takes the form of an integration or union of images. “The self-image (or ego) is often unified with elements of what Jung called the Shadow” (LaBerge, 2004, p. 53).

How do you go from Sleep Paralysis to lucid dreaming? According to Conesa-Sevilla (2004), in order for an individual to achieve consciousness during dreaming while managing the features associated with Sleep Paralysis, one must achieve understanding of both Sleep Paralysis and of lucid dreaming. Conesa-Sevilla discussed this understanding in depth and described this process in terms of a shamanic initiation. He developed a shamanic map that he called the Dreaming Cube, for the beginner’s mind to develop a visual understanding of the internal dream states. He stated that, “the map is also a first step, an empirical shamanic device, on the way to conjuring or controlling lucid dreaming that ensues from the Sleep Paralysis experience.” (p. 141). These methods service self-awareness of an individual in order for them to transcend the frightening limitations of Sleep Paralysis and thus achieve lucid dreaming states.
Sleep Paralysis as Spiritual Experience: David Hufford

Starting his research in 1971, Hufford has traveled the world studying the phenomenon of Sleep Paralysis. He first studied the “Old Hag” (the nightmare experience where an old witch sits on one’s chest) phenomenon in Newfoundland. Hufford authored the book *The Terror that Comes in the Night* (1982), and the article “Sleep Paralysis as a Spiritual Experience” (2005). Hufford defined Sleep Paralysis as the experience of awakening unable to move, although sometimes it happens just as an individual is falling asleep. He agreed that it is produced by a physiological mechanism in the brain that is well understood. He argued that, “what is not understood is why at least somewhere around 80% of people with Sleep Paralysis have this very subjective strange experience that we have been discussing” (Barnes & Taitt, 2008).

Hufford’s research suggests that the study of Sleep Paralysis can provide an important guide to the study of spiritual experience in general (Hufford, 2005). He discussed the etiology of the phenomenon in terms of science, psychology, and spirituality. He also researched the historical and cultural perspectives in order to explore what happened to the knowledge of this phenomenon in American culture. He argued that three hundred to four hundred years ago, a spiritual advisor in our American culture would have known what to do with an individual experiencing Sleep Paralysis. Yet somehow this knowledge has been erased. Nowadays, one is left with the anxiety related to the taboo in even considering the existence of the supernatural or incorporeal beings. Hufford stated, “this is a level of social control that is impressive” (Barnes & Taitt, 2008).
As a dominant voice in the documentary *Your Worst Nightmare* (Barnes & Taitt, 2008), Hufford explained that he took care in how he asked questions regarding the experience of Sleep Paralysis, so that people were left to describe their experience of Sleep Paralysis in their own words without leading phrases that are suggestive of the features often associated with the experience. The features typically consist 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 (Hufford, 1982). With these features in mind he attempted to explain the difficulty in finding a conventional explanation for the phenomenon. He stated,

> Even if you want to use Jungian collective unconscious and archetypes, Jung never proposed that the archetypes would unfold subjective narratives of this length and complexity. He saw the archetypes as being expressed in very different ways in different settings. Even from a Jungian point of view, which would not be a conventional point of view anyway, we don't have explanations for this. (Barnes & Taitt, 2008)

**Cultural Perspectives**

*The Many Names of Sleep Paralysis*

“Across the world, one in five will experience Sleep Paralysis or Supernatural Assault. Victims have remained silent until now” (Barnes & Taitt, 2008). Hufford stated that, what we call Sleep Paralysis has some major advantages over other, better-known spiritual experiences for the investigation of this topic” (2005, p. 14). For example; the experience appears to occur in all populations, it is well known in some cultures but is practically absent from others(it may be experienced but absent from the language and cultural record), and quite a bit is now known about its neurophysiology.(p. 14).

Sleep Paralysis goes by a number of names. Conesa-Sevilla (2004) described the Hawaiian folklore of the *Night Marchers*. The Night Marchers are the souls of the ancient
warriors walking in the vicinity of the sleeper. In Newfoundland, the *Old Hag* is folklore about an old witch thought to sit on the chest of the paralyzed sleeper (Hufford, 1982). In the West Indies, *kokma* is the name for the ghost baby who jumps on the sleeper's chest and attacks the throat (Barnes & Taitt, 2008). In Japanese culture the ghost pressure that sits on and assaults the sleeper is referred to as *kanashibari* (Barnes & Taitt, 2008). In Chinese culture it is referred to as *gui ya*. In Zimbabwe (Shona culture) it is referred to as *Madzikirira*, and is believed to be the evil spirit pressing down (Barnes & Taitt, 2008). In Islamic culture they have the *Djinn* which is an invisible race similar to humans who inhabit the earth. (Barnes & Taitt, 2008) In Cambodia it is called *Khmout Sukkhot*, which is a ghostly figure holding you down (Barnes & Taitt, 2008). In Turkish culture it is known as *Karabasan* the dark presser (Barnes & Taitt, 2008). In Icelandic culture it is *Mara*, which translates to a devil sitting on your chest. (Barnes & Taitt, 2008)

**Scientific Explanations**

There are five distinct stages during sleep. Regarding the experience of Sleep Paralysis, the stage of REM sleep has been most frequently studied. During REM sleep the eyes dart about as if experiencing images, breathing and pulse rate slow and becoming less regular, and blood flows to the genital area creating a state of sexual arousal. As a self-imposed protective measure, acetylcholine is released and immobilizes our movement, to prevent us from acting out our dreams (Cheyne, 2002). The brain experiences sleep spindles and k-complexes when a person transitions from awake to asleep and the brain experiences sudden random increases in frequency and amplitude (Izac, 2006). If interrupted, as often the case in Sleep Paralysis, one can experience
auditory and visual hallucinations. These hallucinations are known as hypnagogic and hypnopompic hallucinations (Cheyne, Newby-Clark, & Rueffer, 1999).

Hypnagogic hallucinations and Sleep Paralysis have been described by psychoanalysts’s Aurthur A. Gray and Henry Kellerman (1987) and others as part of the tetrad of symptoms diagnostic of narcolepsy. The other symptoms of the tetrad are narcolepsy proper and cataplexy. However, the hypnagogic hallucination and Sleep Paralysis also appear in non-narcoleptics.

The term “hypnagogic hallucination” was first formally coined by Alfred Maury, a 17th Century French Physician (Gray & Kellerman, 1987, p. 232). It is only over the past three decades that much interest in this phenomenon has developed. Hypnagogic images are hallucinations which occur in a period of drowsiness between wakefulness and sleep. They can also occur in the period of awakening from sleep. In this latter condition, they are referred to as hypnopompic hallucinations. Whether before sleep onset or after sleep, the experience is one of seeing things that are not there. Hypnagogic hallucinations differ from nightmares in that there is a greater degree of waking consciousness present during the hallucination. The person experiencing the hypnagogic hallucination can still consciously look at the dreamlike imagery and is aware of this imagery, much as one by attending can be aware of one’s waking fantasies. The imagery seems real and is observed in great detail. Because of the unusual combination of being conscious yet in a dreamlike state, people can often momentarily confuse the hypnagogic experience with reality. This temporary confusion with reality can easily take place and in the hypnagogic experience can creep in subtly. There are times when this hypnagogic imagery can be frightening, such as when it occurs in the presence of Sleep Paralysis.
During Sleep Paralysis the subject’s mind is to some degree awake and therefore a sense of familiar waking consciousness exists. At the same time there is a dreaded sense of not being able to move physically—hence, the paralysis. The end of the attack can be achieved by the mere physical touch of another person. (Gray & Kellerman, 1987, p. 222)

According to Gray and Kellerman (1987), Sleep Paralysis differs from the nightmare. In Sleep Paralysis accompanying the hypnagogic hallucination “the definition of REM sleep is not conventionally satisfied; a suppression of muscle activity occurs but the REM pattern and low voltage frequency in the EEG are atypical” (p. 233). During waking this phenomenon of Sleep Paralysis emerges symptomatically as a cataleptic attack. There is a seizure-like loss of muscle control. In the process of waking from or going to sleep the phenomenon occurs as Sleep Paralysis. The hypnagogic hallucinations that accompany the Sleep Paralysis do not have the quality of sleepwalking, sleep talking, or night terrors, after which the persons in these states have no memory of them. It has been proposed that hypnagogic imagery is accessible to introspection. These are images of something physical taking place that an outside observer can verify as clearly not there.

The Diagnostic and Statistical Manual of Mental Disorders, the DSM-IV-TR, (American Psychiatric Association, 2000) explains that parasomnia, nightmare disorder, sleep terror disorder, and panic attack come close to meeting the criteria for the phenomena of Sleep Paralysis.

Parasomnias are disorders characterized by abnormal behavioral or physiological events occurring in association with sleep, specific sleep stages, or sleep-wake transition. Unlike dyssomnias, parasomnias do not involve abnormalities of mechanisms generating sleep-wake states, nor of the timing of sleep and wakefulness. Rather, parasomnias represent the activation of physiological systems at inappropriate times during the sleep-wake cycle. In particular, these
disorders involve activation of the autonomic nervous system motor system, or cognitive processes during sleep-wake transitions. Different parasomnias occur at different times during sleep, and specific parasomnias often occur during specific sleep stages. Individuals with parasomnias usually present with complaints of unusual behavior during sleep includes Nightmare disorder, Sleep Terror Disorder, and Parasomnia Not otherwise specified. (p. 631)

Nightmare-like phenomena have also occasionally been described as occurring at sleep onset (Hartmann, 1984). These seem to occur out of Stage 1 sleep—a time often characterized by somewhat dreamlike hypnagogic imagery, hypnagogic referring to a state between wakefulness and sleep. These sleep onset nightmares consist of frightening hypnagogic imagery leading to an awakening, or rather a pulling back from a not-quite-asleep state. These may be considered an intense form of an experience most of us have at times, called the “hypnagogic jerk” in which we are suddenly jerked back awake while falling asleep.

Nightmares of sleep onset can also be episodes of Sleep Paralysis—inaability to move while apparently awake—and of hypnagogic hallucinations, both of which are common in narcoleptic patients and occasionally occur in others. These episodes are not usually experienced as nightmares but as an especially intense hypnagogic hallucination, or a hallucination combined with the experience of paralysis, sometimes assuming a nightmare like quality. All these phenomena of falling asleep can also occur, though more rarely while waking up at the end of sleep (hypnopompic) (Hartmann, 1984). These states also can be described as conscious awareness that does not fit into a wake category or sleep category (Cheyne, Newby-Clark, & Rueffer, 1999).

What is the cause of the paralysis? What is meant by paralysis? Acetylcholine paralyzes the body to protect individuals from physically acting out their dreams (Izac, 2006). In order to prevent acting out dreams, that mechanism sends signals down the
spinal column to inhibit any kind of motor activity that might be generated in the dream. The paralysis is a self-imposed protective measure (Cheyne, 2002).

What about the somatic experience, such as being touched, moved, pressed down, and so on? REM sleep activates the vestibular system of the brain, which controls our sense of motion and balance. It can feel like floating, flying, falling (Cheyne, 2002). As for the noises people have reported, muscle spasms within the middle ear can produce random noises (Cheyne, Newby-Clark, & Reuffer, 1999).

How about the intense feelings of fear and terror? Another section of the brain that becomes wildly activated is the amygdala. Located deep within the temporal lobe of the brain, the amygdala is the body’s fear center. During the times we are awake it allows us to instinctively ferret out threatening predators. This fear mode caused by the amygdala causes Sleep Paralysis sufferers to hallucinate frightening human forms (Cheyne, Newby-Clark, Rueffer, 1999). The hallucinations tend to be familiar energies interpreted as life-like experiences (Cheyne, 2002).

As previously stated, Cheyne (2002) conducted a study on Sleep Paralysis at the University of Waterloo. His findings resulted in a deeper understanding of how hypnagogic and hypnopompic hallucinations frequently accompany Sleep Paralysis. Recent research has provided evidence that these hallucinoid experiences fall into three major categories:

1. Intruder experiences involve a numinous sense of a threatening presence followed or accompanied by visual, auditory and tactile hallucinations.
2. Incubus experiences include breathing difficulties, choking or smothering, bodily pressure, typically on the chest, and pain.
3. The third factor (Vestibular Motor) comprises a variety of spatial, temporal and orientational experiences of the body and includes feelings of floating, flying, out of body experiences, and autoscopic hallucinations. (p. 170)
Cheyne stated that the third factor is somewhat less strongly associated with first two factors though all three are positively correlated. He found that based on the foregoing considerations, it has been proposed that Sleep Paralysis with Intruder and Incubus hallucinations and high levels of fear implicates an amygdala threat activated vigilance system (TAVS). In light of the TAVS hypothesis, it is interesting to note that Sleep Paralysis also bears some resemblance to the tonic immobility (TI) emergency response to predation. Tonic immobility is a state of profound but temporary paralysis found in many animals as a response to handling life-threatening experiences (often in the supine position). These considerations lead to the prediction that more intense Intruder and Incubus hallucinations as well as greater fear will characterize Sleep Paralysis episodes experience in the supine positions (2002).

As previously mentioned, another aspect to consider regarding the imagery often associated with Sleep Paralysis is DMT (Dimethyltryptamine) a hallucinogenic tryptamine and neurotransmitter often referred to as “the spirit molecule” (Strassman, 2001, p. 48). In other words, this could explain the involuntary altered state of mind one enters during Sleep Paralysis. In the pineal gland, DMT is released causing us to dream whether awake or asleep. DMT is the first discovered endogenous psychedelic (endogenous meaning that it is a compound made within the human body).

Rick Strassman, psychiatrist and pioneering psychedelic researcher theorized that there is a spirit molecule (DMT) that leads people to spiritual realms (2001). His theory suggests that these worlds usually are invisible to humans and instruments (such as cameras) (p. 54). They are not accessible using normal human states of consciousness. However, just as likely as the theory that these worlds exist only in the mind is that they
are, in reality, outside of human consciousness and freestanding (p. 54). Strassman theorized that if humans simply change the brain’s receiving abilities, humans then can apprehend and interact with the spiritual realms (p. 54). One must be prepared for the spiritual realms to potentially include both heaven and hell, both fantasy and nightmare (p. 55). “It may be upon endogenous DMT’s wings that we experience other life-changing states of mind associated with birth, death, and near-death, entity or alien contact experiences, and mystical/spiritual consciousness” (p. 55).

The release of DMT can result in visual hallucinations that produce a sense of evil with ill intent, leaving one with a strong desire to move or wake up (Strassman, 2001). The individual, in the experience of Sleep Paralysis will project a fear of the unknown based on their particular cultural or religious beliefs. Strassman explained that when there is nothing specific to attribute the fear to, the brain searches for an explanation and projects it onto the sensed energy.

In some people, pineal DMT mediates the pivotal experiences of deep meditation, psychosis, and near-death experiences (Strassman, 2001). DMT may generate highly symbolic dreamlike images. Strassman theorized that DMT is released by the pineal gland when humans die, or nearly die (p. 221). He also stated that it is released at particularly stressful times in life (2001).

The science of Sleep Paralysis is extremely useful at exploring concrete, grounded, empirically studied explanations and etiology. In order to understand Sleep Paralysis entirely, one might benefit by looking beyond the spiritual and scientific and deepening one’s understanding of the psychology as well. One may find that the
explanations overlap, have redundancy, or are all encompassing of a higher function to human existence.

**Depth Psychological Perspectives**

*Ernest Jones: Incubus/Succubus*

In *On the Nightmare*, Jones (1951) described the medieval tradition of the lewd demon who visits women at night, lies heavily on their chests, and violates them against their will. For women this demon is called the Incubus and for men it is called the Succubus.

The Incubus and Succubus are figures from Medieval folklore and so are historically rooted in cultures that believed “Incubation” during sleep could form a union with a god (Jones, 1951, p. 82). This experience is historically rooted in the belief that sexual intercourse can occur between mortals and supernatural beings (Jones, 1951). It was considered a form of devotion for divine fertilization, a union of god and human, said to have been later replaced by prayer (p. 96). In other words, this ritual of incubation evolved over time into prayer.

Hufford (1982) stated that the overall somatic experience of Sleep Paralysis, such as the most commonly reported weight on the chest, bed weight/movement, touch, paralysis, stuckness, inability to speak, can be attributed to the experience of Incubus or Succubus abduction (p. 130). This provides yet another name for the experience. However to name it Incubus/Succubus specifically encompasses the component of sexual repression that may be characteristic of persons inclined to spiritual devotion. It gives this type of Sleep Paralysis a category, a specific type of Sleep Paralysis, with a specific essence. Fighting the paralysis and intense sense of doom is understood to be the viscous
fighting of the guilt from the repressed sexual wishes or the overwhelming experience of what an encounter of a divine deity would be like (the experience of pure, divine energy uniting with consciousness) (Jones, 1951).

Jones (1951) suggested that nightmares are the result of angst (internal conflict between real-self and false-self) and repressed sexual urges. He quoted Freud saying “that the religious beliefs prevailing in the environment must affect the form taken by manifestations of the unconscious, for example in hysterical symptoms” (as cited in Jones, 1951, p. 84). The variation between the pleasurable excitement of voluptuousness on the one hand and extreme terror and repulsion on the other, show again the intimate connection between libido and morbid dread. It forcibly reminds one of exactly the same gradation that can be observed clinically between erotic dreams and nightmares. He provided the following example:

During a sleepless night the demon “whose habit it was to invade hearts torn with grief” appeared in person and, though slumber had not yet closed her eyes, almost crushed her with his stifling weight. The poor lady could not move or grown or even breathe. The servants found their mistress blenched and trembling, and she told them of the danger she had been threatened by, the traces of which were all to plain. The description s of the opposite, pleasurable kind of visit are common in the accounts of Incubi and need not be related in detail’ as might be expected, the wooing Incubus often assumed the guise of the sleeper’s lover, or of the absent or missing mate. (p. 86)

Jones (1951) stated, the Incubus and Succubus can be understood as visitations of the Self as well. Manifestations of the Self as Mircea Eliade, historian of religion, would call “hierophany” (1957/1960, p. 124) or the manifestation of the wholly other. Based on an individuals culture and belief system, one projects psychic energy, primarily shadow energy, onto this experience of REM interruption or sleep interruption, viewing the hypnagogic hallucination (dream imagery/energy) as a demon, spirit, alien, the deceased,
lovers, or angels. At those moments, the unconscious stimuli meets the conscious and cannot compute the energy, therefore activating the survival instincts—fight, flight, or freeze.

*C. G. Jung*

If I speak in the spirit of this time, I must say: no one and nothing can justify what I must proclaim to you. Justification is superfluous to me, since I have no choice, but I must. I have learned that in addition to the spirit of this time there is still another spirit at work, namely that which rules the depths of everything contemporary. The spirit of this time would like to hear of use and value. (Jung, 2009, p. 229)

The Jungian perspective is rich and provides the research on Sleep Paralysis with several avenues to describe the intrapsychic experience of an individual. Of the many Jungian perspectives that could be discussed, this section will primarily explore the phenomenology of the Self and encounters of the Self.

Jung regarded dreams as communications from the unconscious. He theorized that dreams might be a display of potent symbolic language that express aspects of the individual which were neglected or unrealized, neurotic symptoms, or warnings of divergence from the individual’s proper path (Storr, 1983, p. 18). The source of the psyche’s symbols can be traced to the archetypes, which by way of symbols find more full expression (Samuels, Shorter, & Plaut, 1986).

Transformation, as defined by Jung (as cited in Samuels, Shorter, & Plaut, 1986), is a psychic transition involving regression and temporary loss of ego-hood in order to bring to consciousness and fulfill an unrecognized psychological need (p. 151). Transformation is a theme that runs throughout Jung’s work. His alchemical studies are an amplification of this basic psychic process.
In the *Red Book* Jung (2009) documented his personal encounters with the Self. The Self is the deep, largely unconscious pattern of psychological unity and the most fundamental architect of psychic wholeness and order (Stein, 1998). The Self is a symbol of the personality as a whole and also the image of humankind’s fullest potential. “Jung declared the Self to be the center of one’s personal myth and later conceived of the prime archetype (the One) from which all the other archetypes and archetypal images ultimately derive” (p. 156). Self is a transcendent non-psychological entity that acts on the psychic system to produce symbols of wholeness, often as quaternity or mandala images. The appearance of Self symbols means that the psyche is in need of unification. The Self’s goal is unity and holding a fragmented psyche together. Interventions of the Self may come by way of dream, holding the tension between two opposing forces, thus functioning in response to shadow material.

Jung wrote about the phenomenology of the Self in many places, including *Aion* (Jung 1958/1991). Jung stated that the archetype of wholeness, the Self, can be experienced in dreams, visions, and during active imagination (Jung, 1958/1969). The Self expresses a situation within which the ego is contained. Therefore, like every archetype, the Self cannot be localized in an individual ego-consciousness, but acts like a circumambient atmosphere to which no definite limits can be set, either in space or in time. Hence the synchronistic phenomena so often associated with activated archetypes (Jung, 1958/1991, p. 168).

Jung described how consciousness and unconsciousness work in tandem to correct and balance psychic imbalance (Jung, 1948/1969). The language of the psyche experiences this profoundly transformative psychic balance in the form of image.
The psyche is a self-regulating system that maintains its equilibrium just as the body does. The unconscious is not a demonical monster, but a natural entity that as far as moral sense, aesthetic taste, and intellectual judgment go, is completely neutral. That is why every dream is an organ of information and control, and why dreams are our most effective aid in building up personality. (p. 153)

Robert Johnson

Jung (1950/1969) said, “All that the mystery drama represents and brings about in the spectator may also occur in the form of a spontaneous, ecstatic, or visionary experience, without any ritual” (p. 118). In the last chapter of Inner Work, Jungian analyst Robert Johnson (1986) discussed the “visionary spiritual experience” (p. 216). Can the experience of Sleep Paralysis be in the service of a visionary spiritual experience? To address this question one must first explore Johnson’s use of the dream for the growth of an individual and then continue to the experience of visions and how these concepts play a role in the experience of Sleep Paralysis.

Johnson (1986) explained that the unconscious communicates to the conscious by way of imagination and dream. Jung theorized (as cited in Johnson, 1986) the unconscious is the real source of all our human consciousness and is the source of our human capacity for orderly thought, reasoning, human awareness, and feeling (p. 6). Furthermore, the unconscious plays an extremely significant role not only in the evolution of the individual consciousness but also in the evolution of the human race, with each individual psyche carrying forth the evolution of consciousness (p. 7).

Johnson (1986) recommended against seeking visionary spiritual experiences in order to humor consciousness. The experiencer will receive visitation of these visions hidden by the will of unconsciousness. They will come when they need the individual or when needed, not for thrilling confrontation servicing the individual. Seeking visionary
experiences is reminiscent of attempts to induce Sleep Paralysis in order to experience OBEs, lucid dreaming, astral projection or even utilization of hallucinogenics. Although Johnson (1986) does not address this specifically, he does say that these experiences happen to people and will come uninvited (p. 217). On the other hand, as mentioned in previous sections, exploration of induced OBEs, induced lucid dreaming, induced astral projection or experimentation with hallucinogenics may very well be in service of conscious evolution saying, “unconscious message, we welcome you!” Welcoming with intentions to bridge a barrier of communication rather than to overpower or exploit. Johnson (1986) warned: “One can be liable to manufacture ‘spiritual’ experiences and ego aggrandizement. Or you can be pulled off into occultism, which leads away from consciousness and into seeking these kinds of experiences for the thrill or the novelty of it” (p. 217).

Visions arrive uninvited and demand attention—very much like the experienced visitation of a presence during Sleep Paralysis. Unlike the complexes one would engage in active imagination, these experiences stand as they are and are not meant for being picked apart and converted into something practical (or that makes sense to the ego-mind) (Johnson, 1986). Through inner work one could approach or be approached by psychic energy with a diplomatic ego capable of mediation and negotiation and thus appear in imagination to be binding fragmented pieces of oneself to unity (p. 26).

*James Hillman*

In *Pan and the Nightmare* (Roscher & Hillman, 1972) archetypal psychologist James Hillman stated, “we become less psychopathological when we can restore the metaphorical appreciation of what is going on” (p. 49). What can be extracted from
Hillman’s teachings on Pan to find a metaphorical appreciation of the experience of Sleep Paralysis and its nightmarish qualities? Pan is known to be a demonized god of nature and archetype of the sacredness of the nature (Roscher & Hillman, 1972). What can knowing more about this castaway archetype explain in regards to the experience of Sleep Paralysis? What can be said about those who experience Sleep Paralysis? To understand the individual’s personal experience of the constellated archetype, one must first understand the mythology of Pan. Who is Pan? What are the most significant attributes in the mythology of Pan? What is his relationship to the human in the mythology?

Pan is said to have been the son of the Greek god Hermes and a wood-nymph, from a wild part of Greece called Arcadia (Roscher & Hillman, 1972). He is the god of the fields and woods. He has a head, legs, ears and horns of a goat and a torso of a man. In his mythology he was abandoned by his wood-nymph mother, so Hermes, the messenger of the gods, wrapped him in a hare’s pelt and presented him to be welcomed by the gods of Olympus. It is said that he was particularly favored by Dionysus (god of wine). He is also said to be responsible for irrational bouts of fear and distress among crowds and herd animals, along with solitary individuals. In fact, the modern English word “panic” is rooted in Pan (p. 49). “The emotions he instilled in human beings who by accident adventured into his domain was ‘panic’ fear: a sudden, groundless fright” (Campbell, 2008, p. 66).

According to Hillman, everything about Pan’s mythology is significant to the individual psyche (Roscher & Hillman, 1972). Each god related to and each attribute of Pan mentioned in his mythology (abandoned child, half animal/half-man, son of Hermes
and unknown wood nymph, favored by Dionysus and so on) provides the archetypal cluster into which Pan fits and where one may most expect him to be constellated.

Pan’s relationship to the human condition is archetypal. What is an archetype? In classical Jungian terms, “archetypes are contents of the collective unconscious and are essentially unconscious content that are altered by becoming conscious and by being perceived, and takes its color from the individual consciousness in which it happens to appear” (Jung, 1954/1969, p. 5). In *Archetypes of the Collective Unconscious*, Jung described the impact of Pan like archetypal energy by sharing a dream of a Protestant Theologian. He explained,

> But the breath of the spirit rushing over that dark water is uncanny, like everything whose cause we do not know—since it is not ourselves. It hints at an unseen presence, a numen to which neither human expectations nor the machinations of the will have given life. It lives of itself, and a shudder runs through the man who though that “spirit” was merely what he believes, what he makes himself, what is said in books, or what people talk about. But when it happens spontaneously it is a spookish thing, and *primitive fear* ‘seizes’ the naïve mind. (1954/1969, p. 17)

Jung heard identical stories of the primitive fear that can place one in the state of shock or panic from elders of the Elgonyi tribe of Kenya. The archetype that Jung spoke of is Pan, “the nocturnal god of nature whom comes to an individual like a cold gust of wind, gliding among the reeds in the haunted noontide hour” (p. 17). The archetype of Pan personifies that which is all or only natural (Roscher & Hillman, 1972). Hillman said,

> In the nightmare repressed nature returns, so close, so real that we cannot but react to it naturally, that is we become wholly physical, possessed by Pan, screaming out, asking for light, comfort contact. The immediate reaction is demonic emotion. (p. 27)

He defined the nightmare as “a dreadful visitation by a demon who forcibly oppresses the dreamer into paralysis, cuts off his breath and release only comes through movement” (p.
32). Hillman posited that “the behaviour that is nature-bound is divine in a sense” (p. 18). It is natural for individuals to dream. The dream behavior (that is nature bound) has everything to do with the experience of the human condition. The divine representation of the archetype attributes to the experience of Sleep Paralysis and contacts the individual in a way that consciousness oftentimes cannot yet interpret.

Conclusion

The understandings of Sleep Paralysis are still and will continue to develop, as do many other empirically studied phenomena that hold great existential components and explore forces of nature. The intention of the research is to open the channels of communication further, thus finding language for each individual to discuss Sleep Paralysis openly and confidently. The hope is that eventually future research will branch off specifically toward the development of methods for working with individuals who experience Sleep Paralysis, whether the resonance is with the spiritual, scientific, or depth psychological. In the memoir that follows in Chapter III, the author’s personal journey toward understanding the experience of Sleep Paralysis and its role in her spiritual development are explored in relation to the research.
CHAPTER III
MY PERSONAL EXPERIENCES WITH SLEEP PARALYSIS

I have crossed many stepping-stones on the journey towards my Opus. Although many factors have contributed to my individuation process, the journey eventually led me back to the sleep disturbances that climaxed during my adolescence. I am strongly drawn to the vivid dream imagery and experiences. I believe they are relevant to who I am as a person, who I was and who I will become in the inner and outer world.

I was open to discussing dreams because of my Latin culture. My family and circle of friends often shared dreams with each other, hanging on to whatever sense of primitive wisdom as we attempted to progress and evolve into the new American culture. We often discussed the mystical realms and especially noticed the synchronicities revolving and dancing and weaving around and through us. This was what we believed in. This gave us meaning and connected us to joy and purpose. This gave us direction. Consulting one another was vital and energizing.

This brings me to what Hufford (2005), said in his article on Sleep Paralysis and spirituality about how spirituality justifies spiritual experience, thus justifying spirituality—a kind of circular reasoning and self-fulfilling prophecy. We believed that the dream had a message, therefore we dreamt with an awareness that the dream was intended to be shared. The message resonated most times, therefore justifying our belief in the oracular component of dream activity. In other words, I believed that dreams had
significant meaning, therefore I dreamed significantly and meaningfully. I believed in
spiritual engagement, therefore spirits engaged me. It is that old saying, “If you believe it,
it will be true.” In my adolescence, there were major life forces in the process of
transformation that may very well have attributed to my numinous experiences, which at
the time were translated into experiences with the spirits.

Hormonally and physically in adolescence I was going through a developmental
transformation of leaving the child suit and trying on new woman suits. I was developing
into the me that I am today.

Now my mind suffers the pain of trying to glue these pieces together—knowing
they are all not a perfect fit. The glue is this question: At what point did humans develop
the ability to distinguish between dream reality and matter-real reality? As a young child,
some of my first dreams were not clearly oneiric. For years in my childhood I was
confused between what were real life experiences and memories and what were dream
experiences. For example, I thought for the longest time that I knew my grandmother,
when in my lifetime, it is not certain if I ever met her in this physical world. What it
always comes down to is spirituality. Will I know the answer tonight next week or next
month? Not likely. This is a big question that I am obviously not prepared to answer, but
is one that is circulating in my reality and very well may be interfering with the clarity of
my thought process. Are there spirits? Or are they merely projections of our unconscious?
Is there a God or gods? Or did we make this up so that we can understand concepts,
ethics, morals, and so forth? Is religion stunting our growth and preventing
evolution/enlightenment? Is it mind control? Does prayer work toward materializing
wishes to the divine?
Psychologist and Jungian analyst Lionel Corbett (1996), explained that symbolic experience, relationships, authentic mystical experiences, and synchronicities have the potential to place personal consciousness in relationship to the numinous Other, thus relativizing and de-centering the self. The truth and meaning of these experiences are discernible by means of the particular quality of feeling they produce, which produces and enhances a sense of the reality, groundedness, and integrity of the Self. This quality confirms the sense that one exists in relation to another, larger life. The truth produced by authentic contact with the numinosum is affectively based, felt in the body at a level that produces states such as calm, joy, or abject terror (p. 169).

The earliest memories I have of abnormal sleep activity are with reoccurring images of being smothered in between couch cushions and almost suffocated (I am not sure if this actually happened). I must have been an infant or toddler. Between the ages of three and five, I had terrible recurring dreams of a monster attacking my town and eventually eating my mother’s breasts.

I had a nightmare after watching Michael Jackson’s *Thriller* (Jackson, Landis, & Folsey, 1983) music video in the 1980’s. I then developed an unnatural hatred and fear of that musician and all music during my childhood. The music video had zombies, werewolves, and other ghoulish entities. My reaction was extremely odd, because I clearly remember my love for music and dancing. I also enjoyed watching horror films of that time, even at that young age.

During that same time frame, I had an imaginary friend I called the Tickle Ghost. He came to me only at night and only when I was asleep. He did not frighten me and I spoke about him with my family. When my family and I moved from Monterey Bay,
California to Germany the Tickle Ghost did not follow me. I missed him and continued to talk about him to some people at different times during my childhood.

In Germany I became extremely afraid of the dark. I surrounded myself with stuffed animals, from head to toe, whenever I would go to sleep. I vaguely remember something hitting up against my bed at times. I had an overwhelming fear that something would touch my feet as I slept. During those years I had recurring moments where I would feel myself falling, followed by a jolt, then an abrupt waking up and out of that state with fear. I also realized that if I thought of the word *breath*, I would have a hard time breathing naturally, I would get anxious and frustrated and often lose sleep over this. If I thought of how my teeth were positioned, or about saliva production, a similar thing would happen where I would lose sleep over the pain in my jaw from trying to control my teeth, or my throat would hurt from trying to control my saliva. If I heard the words, *devil*, *Satan*, or *Lucifer*, I would not be able to fall asleep either.

Although terrified, I was very interested in understanding mythology of vampires, witches, magic, divination/oracles and the paranormal. The interest is significant to note because my interpretation of the intense fear very well may have been influenced by what these archetypes represent, as Hufford (2005) explained.

My parents separated when I was 10 years old and filed for divorce when I was 12. The ideology of family and of love was so strongly rooted to the foundation of my identity and the way I perceived the world that afterwards, I became much more vigilant of the dark and evil humor of life. During that time of complex adjustment, I experienced nightmares, insomnia, fear of robberies, fear of spirits and feeling unsafe. I actually began to realize how unsafe the world is. I heard stories of Satan worshipers who lived
near and partook in human sacrifice. I heard stories of ruthless gang members who lived near and raped, murdered and robbed ruthlessly even killing babies. My older sister was receiving obscene phone calls from a man who identified himself as working for an educational surveying company. Being daring and curious, I experimented with the Ouija board and played a game that was similar to a game called ‘light as a feather stiff as a board.’

When I was 13, I went on my first and only acid trip. It was terrible!

The first big dream I can recall happened when I was in 11th grade. I dreamt about a girl who was doing witchcraft on the youth church I went too. The dream ended up with me in a dark stonewalled room with a stain glass window, which was the only source of light. I heard demon laughter surrounding me and I felt unsafe. I feared I would die or even worse in my opinion, lose myself to demon possession. The girl, who I had never met in my reality, actually walked into view at the moment when I was sharing this dream with an old friend. I was terrified and confused from the synchronicity.

Another experience first started as a dream of a ritual, taking place around a campfire. The people there were dancing around the fire and screaming. They had what looked like buffalo masks on their heads. A mask was placed over my head. It was my turn to scream and a person was there, urging me to scream loud now! I screamed and woke up in my bed. I was awake in a different way. I was frozen in my body and a buffalo was smothering my face and my body. I tried to scream and call for help, but the words would not leave my mouth and I could not move. I felt the breath of the buffalo and its snarl. I felt its fur. When I was released from that state, I put the covers over my head and was breathing heavy and fast. I didn’t want to see or feel anymore. I was too
frightened of what I may find in the darkness of the night. I am not sure what I did, but I may have built enough courage to run to my mother’s room. I was screaming within myself, but simultaneously witnessed that I was actually moaning. My younger sister witnessed the moans on occasion, since we shared the same room for a few years.

Another one happened a few years later. It was a daytime nap. I was lying in bed and entered hypnagogia. I don’t remember if I had a dream, but I woke up paralyzed and eyes wide open in terror. I opened and closed my eyes, hoping what I saw would vanish. It was a native man. He looked South American or Amazonian. I sensed he was an indigenous male from Columbia. He had tan skin and a toned body, painted in different areas, and shoulder length black hair. He was hovering over me with a knife, looking at me with curiosity and fear. I thought he was going to kill me. I cried out to Jesus again and again. I awoke out of the hypnagogic state.

In *Pan and the Nightmare* (Roscher & Hillman, 1972), Hillman noted that Pan was declared dead during the same era Jesus arrived. Similarly, when I called out to Jesus during a Sleep Paralysis experience, the presences would vanish thus releasing me from their hold and blocking any type of understanding and engagement. My Christian blinders went up. More like a Christian panic emergency response unit. No otherworldly beings were to engage with me. And yes, my life depended on it at those moments. The research clearly reiterates again and again the intolerable fear that one experiences in those moments of terror.

There was another daytime incident where I do not remember the dream. I awoke with a whisper or a sense. My eyes just knew to look at the closet on my left. There was a male dressed in drag. He reminded me of the Rocky Horror Picture Show’s Dr. Frank-N-
Furter (Sharman & White, 1975), although I had never watched this film. I knew for certain it was the devil dressed in drag. He was taunting me. He knew I was frozen and could not move nor scream. I called out to Jesus as I was taught to.

I was taking a daytime nap in my bed. And I awoke to the sound of keys and the front door closing. I felt strange and was kind of half in a daze and half aware. I heard someone walking down the hall in the direction of the bedrooms. I can hear that they were carrying with them a paper bag. The person spoke. It was my younger sister Rosa’s voice saying, “Roni, I got you something to eat.” I was in that half/half state and may have said “thank you.” The person stopped in the hallway between my older sister, Jasmin’s old room (now Rosa’s room) and my room. This filled me with terror, because I was vulnerable in my daze and was wondering why the person just stopped there. The person began to speak in a taunting, demonic voice and began to walk closer. I don’t remember what the person was saying. I panicked and stuttered the words, “Jesus,” my voice was struggling and I was frozen to my bed.

In my early twenties, I moved to the rental unit of the home I grew up in. I was resting and did not fall asleep or doze off. I lay there on my stomach and I saw green waves of energy over my bed, like a layer of smoke that resembled sheer material. I moved my head and my eyes to see if it was an illusion from how my head and eyes were positioned. It did not disappear until I sat up in my bed.

I was lying in my bed, in that same rental room, with my boyfriend at the time. Something was going on with him that he could not describe. He was clammy and not himself. He fell asleep as I prayed for him and I sent loving affirmations to him with and strongly rebuked whatever it was that came over him. I fell asleep at some point. I awoke
to an odd breathy voice. My voice was not my own. It was beyond my control, but I screamed “GET OUT!” And a black shadowy figure left my body and quickly fled.

At age 24 I had one of the most profound Sleep Paralysis experiences. I was exhausted and fell asleep on the couch in my living room. I awoke in a panic. I do not remember what woke me, but I think it was because cold air was blowing on me. When I awoke, there was a young black slave boy standing about two yards from me blowing the cold air from his mouth. The air was ice cold. He was filthy with wore torn clothing and had a cage over his head with a chain hanging from the top. He must have been somewhere between 13-15 years old. As soon as I got out of the state, after what seemed to be a huge fight, I quickly grabbed my keys and ran to my friend’s house who lived down the street. It was about three o’clock in the morning. Her and her mother woke up to comfort me. They called a spiritual advisor. She spoke to me and said that I needed to go through a cathartic experience and advised a spiritual cleansing ritual. She advised me to stop fighting it and the answers will come when I am ready. I was the most desperate I have ever been. And I confessed that I just wanted the presences to leave me alone. I didn’t sleep in my house for a few days.

They (the presences) did as I requested for a while. Coming to me in the experience of Sleep Paralysis, speaking in my sleep, moaning, stickness, but with no images for a couple years. Sometime during those two years, I lived with a man who helped wake me from my paralysis. He would wake me and comfort me. No one had ever done that for me before. I cannot recall seeing any presences, but I remember feeling them at times. My assumption is that they hid in the shadows, neglected, rebuked, hated, feared and not welcomed by me.
In 2007, when I was living with my father in Maryland, I had a few nights that shook me up. A few were just the sense of a presence before sleeping or after waking. I felt the strong sense of evil one night when my step-grandfather was visiting and sleeping down the hall. Nothing held me hostage. I noticed them before they could grab a hold of me. I prayed, and did some self-soothing rituals, such as slow deep breathing, and adjusting my eyes to night vision. I fought the urge to put the light on, so that I could start working through the fear.

There was another time in 2007 when living in Maryland, when I started Dyad exercises for my Process of Psychotherapy classes in graduate school. During a dyad with my friend, T, he discussed the death of his father. I did not sense residue from this practice. It felt no different from any friend telling me about a difficult time in his life. But the terror I felt that evening felt connected to an energy of my experience of his disclosure. I was lying in bed, when I strongly sensed a presence. I was more awake than any other night terror. I did not feel as if I was in hypnagogia. I was lying on my stomach and I froze. I actually had control of my body, but refused to engage the presence to confirm whether or not my mind was indeed playing tricks on me, or if I was engaging the paranormal. I felt the bed compress where my shoulders lie, as if someone was leaning over me with each hand placed on the bed by each shoulder. I felt the presence come closer to me and kiss my back between my shoulders, then slowly get up and walk out of the room. I remember the diffuse sense of terror, unlike any other. I felt exhausted and was able to fall asleep without the worry of another abduction.

The experience of being pressed down is characteristic of Sleep Paralysis. How might this be understood symbolically? Perhaps the pressured stream of psychic energy
traveling from the unconscious rattles the bridge of communication between unconsciousness and consciousness. Psychic energy pressing the issue before consciousness is ready for it in terms of comprehending the significantly profound messages the unconscious is broadcasting forward at this point. The symbolism in the physical experience of pressing could be attributed to the unconscious pressing forward or the ego-defenses pressing back. Two forces communicating ferociously: one (unconscious) saying, “Attend this! You must evolve!” the other (ego) saying, “Not now! This is painful! I am not ready! The human race is not ready!” The tension of the opposites thus Presses the individual Sleep Paralysis experiencer and holds them hostage in their own human vessel. The individual is then left waking up to the intense fear of the unknown.

After an interlude in my adolescence and early twenties, the experiences gradually returned. In 2007 when I was a first year graduate student at Pacifica Graduate Institute, I had an experience in the school dorms. I experienced Sleep Paralysis accompanied by a sense of a presence. A little over a year ago, in 2008, the kiss on my back experience happened again in Santa Barbara when I lived in a studio apartment. I had one experience when I went to Mexico for Dia de Muertos in 2008. I saw energy and colors. I heard voices and sounds. I had Sleep Paralysis. I saw images and had a night terror. My roommate witnessed me and said it sounded like I was moaning a song. In my terror, I was actually thinking of a lullaby that my grandmother used to sing to me in dreams when I was an infant.

In March 2009, I had a night terror with Sleep Paralysis while at a sleepover with a friend. I had two experiences in one night. While I was struggling to wake, I felt my
friend’s presence near and was desperately trying to reach for her. When I woke up the 
next morning, my friend admitted to actually standing near me and witnessing my 
struggle. She also explained that working with children, she was trained not to wake them 
if they were experiencing nightmares or night terrors and that is why she did not wake me up.

I had a night terror the night of Tuesday, October 13, 2009. In my dream, a man 
was smothering me while I was in Sleep Paralysis in a dorm at Pacifica. I woke up 
screaming. It was a dream within a dream. It was a night terror with a dream of me 
experiencing a presence and Sleep Paralysis.

These experiences happened often. Sometimes I can remember the images and 
sounds sometimes all I can remember is being trapped in my body and my voice only in 
my head. There were nights when it would start with a movement of my bed as if 
someone ran into it. That happened often and still happens.

I slept with the lights on. I kissed my rosary that hung at the head of my bed every 
night. Sometimes I placed it under my pillow when I was feeling extremely unsafe and 
vulnerable. I prayed and prayed for God’s protection. I closed all closet doors. I 
experimented with closing my bedroom door to see if the terrors happened more or less 
often with the door closed or open and also depending on whether I wanted to feel as if I 
could escape easier or if I wanted to keep them out. My mother placed a clear glass of 
water under my bed for protection. In her culture, placing a glass of water under the bed 
is a tradition practiced in order to protect an individual from either evil spirits or from 
having bad dreams. My feet always needed to be covered. I tried to sleep on my side and 
not on my back. My friend advised me not to place my mirror at the end of the room that
faced my bed from the feet, because the soul escapes that way. I was taught to call out to
Jesus and rebuke the spirits and demons to leave me alone. I was advised not to sleep on
my back. I was advised to take care as to whom I shared these experiences with and to try
not to speak about them, because that calls them to come back. A Santera once told me
that my spirit guides came while I was vulnerable to make love to me. The visitation of
an entity with intentions to make love to the individual seems similar to the experience of
the Incubus, described by Ernest Jones (1951).

I always believed I had a relationship with the spirit world, but never had a
spiritual mentor to guide me through the process. I was skeptical, untrusting and I did not
know Spanish fluently, so I was bashful at approaching my mother’s spiritualist circle of
friends for guidance. I also did not know whom to trust. Even though I lived in terror and
did not sleep well, I felt as if these experiences were gifts. Today I feel as if they are a
key into my purpose in this life. In this research and in my life journey, I want to hold the
sacredness of them without completely losing my step in the mainstream. In other words,
in sharing these experiences, I have feared losing my sanity, rights, status, and credibility
as a functional human being in this society.

I often wondered, why do these presences come and see me when I sleep? Why
when I cannot engage them in a way that I would engage anybody else? When I am
vulnerable and consumed with fear, distrust, and terror. What did they want from me?
Why does it not happen with the frequency of when I was age 11-24? I did not have them
for months at a time. What happened? These experiences are terrifying but exciting! My
sense is that I need to nurture a transformation of the terror in order for me to receive the
messages, whether it is from psyche or the paranormal.
After reviewing these experiences with a colleague, she recalled a Native American story that she heard during her childhood. She did not recall the title or the author, but she remembered that it was about a Buffalo Woman:

A man from one tribe finds an extremely beautiful woman getting water and they have a child. The tribe sends her away with her son. The father seeks them out and finds that they are part of a buffalo tribe. In order to be with them again he has to go through an initiation and join the tribe. The initiation involved throwing buffalo skin over him and allowing the rest of the tribe to stampede him. He was then transformed into a buffalo and reunited with his wife and child. (Anonymous, n.d)
CHAPTER IV
CONCLUSION

What I found most satisfying about the Sleep Paralysis research was that others have had experiences that were exactly the same, or very similar to my own. How an individual copes with this phenomenon varies but the general message given was not to resist the experience, to just let it be. When I think of this, I immediately react defensively—how can I be welcoming of demons, savage men, devils, cold air blowing apparitions, and smothering animals? Despite the knee jerk reaction, I realize now that this was my psyche’s attempt at “facing my own demons” or acknowledging my shadow, as Jungians would say. Facing the dark side of the moon that orbits my psychic universe.

The research added validity to my own personal experiences. I realize now that I am not crazy or strange because I experience Sleep Paralysis. The research supports my hypothesis that Sleep Paralysis is an organic occurrence that provides witness to the symbolic language of the psyche. The symbolic language is often times intolerable and has numinous aspects to it that may leave a person frozen, fearful, and in awe of the divine (archetypal) intervention. When I knew very little of the commonality of these experiences I isolated and I minimized the effect they had on me. Writing this production thesis was my opportunity to open the locked treasures of my sleep experiences. In my exploration I found more then what I was expecting. It was healing for me to discover that several people across the world experience Sleep Paralysis, and that researchers acknowledge the specific features of it in detail. Writing this production was my
opportunity to share my story with others who also may be seeking liberation, validation, and understanding, whether they experience the terrors of Sleep Paralysis or not.

Writing memoir of these encounters in relation to the research gave me peace of mind to say the least. It also facilitated a way for me to engage the mystery of my past in a manner that is safe, therapeutic, and may offer legitimate material to the therapeutic community.

Clinical Implications

Psychotherapists need to understand that Sleep Paralysis is a common, organically occurring experience that happens in response to dynamics involving components of the human psyche. To the individual experiencing Sleep Paralysis, rather than attempting to validate or reject the possibility that there are outer forces involved such as spirits, ghosts, demons, or aliens, and so on, transformation would be better served by making it clear that it is not certain of what came to visit the client. Psychotherapists may not be able to work with the presences as in active imagination (although it is an option). Based on my own personal experiences provided in Chapter III, mediating communication with the presences would be better facilitated with an experienced spiritualist. Instead, therapists can work on what may be contributing to the individual’s inner conflict. Lionel Corbett (1996) stated, “It is common for the therapist to see (or sometime even suggest) defensive or personal-restoring solutions, which may masquerade as ‘transcendence’ of the problem” (p. 171).

Practically, therapists and loved ones can assist people by providing tools that can be used during those moments of confusion and terror. For example, it may be helpful for the individual to utilize ritual before going to sleep. Performing such a ritual may help the
person feel calm and safe. It may also be helpful to establish a safety plan with the person. For example, the individual may discuss their experiences with a loved-one and together they may create a plan intervention, if appropriate. An example of an intervention could simply be a hug. The use of interventions during these experiences is a topic of much debate. For some people it may be a positive experience but others may view an intervention as a hindrance to their growth. Therefore, the use of interventions should be left to the discretion of the individual and his or her circle of care.

Nevertheless, many of those who have experienced Sleep Paralysis agree that during those moments of terror, they want nothing more than to be released from that state and be comforted. In other words, there are two things the support system can do about Sleep Paralysis:

1. Normalize and validate the individual’s experience of extreme terror and set up a reasonable plan for them to take care of themselves during those moments.

2. Recognize the individual is experiencing inner conflict that needs to be processed in some way. The person may seek support from a psychotherapist, a spiritual counselor, and/or journal in order to process and explore the source of inner conflict.

My work suggests that there are other energies that encounter individuals in altered states, such as REM sleep. Humans have interpreted these energies in various ways depending on the available knowledge, culture, belief structure, and philosophy of the time. When certain people susceptible to Sleep Paralysis enter the specific state, they have the opportunity to travel between worlds. On the one hand, they have the opportunity to travel a world within their own personal psyche, and on the other hand, a
world within the psyche of the collective. Either way, there are lessons, messages, and communications from the “other.” What the “other” is, is conditional on the individual (the one being visited).

**Contribution to the Field of Counseling Psychology**

My approach contributes to the field of psychology in that it bridges a communication gap between the various schools of thought. I have compiled the existing research with an emphasis on the depth psychological perspective, a previously underemphasized perspective. This work may also contribute to the initiation and the development of depth-oriented methodologies for the treatment of sleep paralysis.

Writing memoir has proven to be therapeutic in my own personal experience as demonstrated in Chapter III. Utilization of my own material provides an example for the readers to relate the research too.

**Further Work**

In reference to the ramifications of my argument: my research is intentionally broad and will need specification in the future. My aim was to provide an overview and raise awareness among clinicians about this complex and little known phenomenon. One area where further work is required is research into treatment methodology and guidance. Other avenues for further exploration and study include the relationship between Sleep Paralysis and psychosis and encounters with the paranormal, and also the development of methods to work through the primal fear associated with the experience of Sleep Paralysis.
References


Autobiographical Sketch

Dreams and encounters of the paranormal have been a fascination of mine from as far back as my memory can take me into childhood. Doing this research has assisted me in understanding at least one phenomenon that has been a great mystery to me for years.