

# **Managing the Phenomenology of Sleep Paralysis: Re-evaluating Theories and Challenging Conventional Understanding**

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## **Abstract**

This qualitative study investigates how individuals navigate and interpret their sleep paralysis (SP) experiences from a lived experience perspective. The research aims to deepen understanding of these experiences, examining sociological themes such as stigma, disclosure, and the impact on identity to enrich our conceptualisation of the phenomenon from the viewpoint of those directly affected.

There are no conclusive reasons why SP happens. Most research frames it as a neurological disorder, and scholarly work on SP from a spiritual perspective is limited. This poses a challenge for individuals whose experiences fall outside the scientific framework, encompassing phenomena that are metaphysical, supernatural, and otherworldly. Such a mismatch impacts individuals who are without support, reluctant to disclose their SP and experience stigma whilst their health and well-being are affected.

The research used a combined methodological approach beginning with an autoethnographic study grounded in my own long-term experiences. This provided the foundation for the study. I then conducted semi-structured and in-depth interviews with 29 men and women aged 18 and above who experience SP, to examine how these experiences are made sense of, managed and negotiated. The autoethnographic and interview data were analysed in parallel to identify both individual and collective themes.

The study found that the conventional term 'sleep paralysis' no longer sufficiently encapsulates the phenomenon's complexity, as it narrowly addresses only the physiological and scientific elements, namely 'sleep' and 'paralysis'. This has led to the proposal of a revised and more robust, inclusive terminology, Extraordinary Sleep Phenomena (ESP), to more accurately capture the breadth and complexity of the experience. Additionally, an extensive and consistent list of features and characteristics has been identified that offer a more comprehensive phenomenological understanding of the experience. The study also highlights the detrimental effects of SP on individuals' lives, with many experiencers facing impacts on identity and well-being. These findings demonstrate an urgent need to expand the contemporary phenomenology of SP and the framework in which it is understood.

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## **Declaration of Originality**

I declare that this thesis is a presentation of original work, and I am the sole author. This work has not previously been presented for a degree or other qualification at this University or elsewhere. All sources are acknowledged as references.

## **Chapter One: Introduction**

There must have been some light coming in from somewhere, as I could make out the shadows and the shifting movement that was taking place around me. I was the object of 'their' attention. 'They' were watching me, and I knew it. I could also sense that they knew that I knew, and that 'they' were not perturbed by it. And then, from nowhere, 'it' would land on my chest like a huge monstrous weight. It was a hunched, grotesque creature, covered in coarse, dark hair, like a massive troll with bulging eyes. A conventional incubus. It had thrown its full weight onto my chest as I lay helpless. I continued to look up from my back. I felt my ribs implode under the pressure as I was engulfed by the mattress that was swallowing me due to the weight of the 'thing'. I was being pushed into the blackness of an abyss. I was consumed by darkness, sinking, and in that terrifying moment, I knew I was approaching death. I lost consciousness, or so I thought, and I would either wake up shaking from terror yet glad to be 'back', or I would drift into what I thought was 'normal' sleep.

### **A Personal Account of My Sleep Paralysis Experience**

#### **Introduction**

This study examines the spiritual, transcendental and everyday dimensions of sleep paralysis (SP), a globally recognised phenomenon that occurs during the sleep-wake cycle. It focuses on the paranormal and supernatural features of SP, how it affects people's lives and the personal, lived experiences of individuals – including myself - who are SP experiencers. Whilst there is extensive scholarly literature relating to SP that classifies it as a psychoneurological and physiological sleep disorder, there is a significant gap in analysing it from social scientific perspectives, which this study addresses. The individual's identity, the social stigma experienced, and the mental health and social relationships of experiencers are examples of the social scientific perspectives that this study examines, contributing to our understanding of the phenomena embedded within individual and public attitudes.



By focusing on lived experiences and centring the voices of those who are required to negotiate, manage, and make sense of their SP, this study aims to bridge the gap between phenomenological accounts of SP and the psychological, physiological, and neuro-scientific explanations, thereby expanding the contemporary understanding of SP and its impact on lives. The study draws on original primary data in the form of interviews with SP experiencers and my autoethnographic data.

Despite the plethora of existing ‘medically based’ literature about SP, there remains a lack of evidence supporting its classification as a ‘disorder’ or data explaining why SP happens to specific individuals (Farooq and Anjum, 2023; Wróbel-Knybel et al., 2022). Within the ‘medical’ framework, there are no conclusive reasons for the occurrences and no methods to treat SP permanently. This study supports these gaps, as SP experiencers highlight these areas through their lived experiences, further demonstrating the importance of a sociological approach and their implications for understanding SP.

By examining SP from the perspective of those who experience it, this study elucidates its connections to spiritual, supernatural, mystical and paranormal themes, which diverge markedly from its traditional scientific interpretation and how it is understood, framed and managed. The cyclical shift from the early supernatural understanding of SP to today’s scientific interpretation means that SP’s spiritual and otherworldly dimensions have become lost. This study recognises this shift and the need to explore and bring attention back to its supernatural aspects. With today’s trend towards the social acceptance of spiritual themes and the influence of spirituality in everyday life, this study is particularly timely, as the cyclical nature of the SP discussion comes full circle. This study returns the understanding of SP to its spiritual and supernatural origins. It presents an alternative perspective of the SP experience, arguing that the contemporary view inadequately supports the breadth of what SP is. It demonstrates that the current interpretation is significantly narrow, requiring substantial expansion and reframing. Drawing on rich and original primary data, this study shows the necessity of a broader understanding of SP, focusing on a revised sociological phenomenology. According to Neubauer et al., (2019) phenomenology ‘is a form of qualitative research that focuses on the study of an individual’s lived experiences within the world’ (p. 90), prioritising subjective perception over objective analysis. In this study, it

involves understanding SP through lived experiences and gaining a deeper awareness of its profound impact on the lives of experiencers. It should be noted at the outset that the words supernatural, mystical, paranormal, metaphysical and spiritual have been used interchangeably throughout the study whilst recognising that each term addresses the phenomena from a unique perspective.

This introductory chapter illustrates how a series of events have shaped and influenced the modern understanding of SP, owing to the characteristics and nature of the SP experience. It starts by defining SP, with a focus on its key canonical characteristics. This is followed by the history of SP, which has significantly contributed to today's interpretation of the phenomenon, including an examination of how the Reformation, Enlightenment, and Modernity periods have influenced the contemporary understanding of SP, highlighting their roles as pivotal historical periods. An explanation of how the research questions were developed follows, and the chapter concludes with a detailed overview of the structure of the study.

### **What is Sleep Paralysis?**

According to Fukuda et al (1998), SP is extremely common among individuals, a view that is supported by the Diagnostic Classification of Sleep and Arousal Disorders (1979). Whilst there is uncertainty about exactly how common it is, prevalence rates in the general population vary widely in literary sources, ranging from 3 to 62% (e.g. Sharpless and Barber, 2011; Cheyne, Newby-Clark and Rueffer, 1999b; Fukuda et al., 1998; Ohayon et al., 1999; Wing, Lee and Chen, 1994; Association of Sleep Disorders Centers and the Association for the Psychophysiological Study of Sleep, 1979; Ness, 1983). Whilst firmly situated as a neurological disorder (Sharpless and Doghramji, 2015; Sharpless, 2016; Jalal, 2018; Cheyne, Newby-Clark and Rueffer, 1999a), there are very few qualitative studies, with much of the research using quantitative methods (Denis, French and Gregory, 2018; Sharpless and Barber, 2011; Buzzi and Cirignotta, 2000; Denis and Poerio, 2017). Additionally, SP is often interpreted in everyday framings and by experiencers themselves as spiritual, which is underpinned by traditional folklore and cultural terms. Frightening episodes are interpreted as encounters with 'demons, spirits, and night hags' (McCleese, 2019, p.1) and/or

supernatural witchcraft and malevolent spirits (Sharpless and Barber, 2011; Hufford, 2005b; Cheyne, Newby-Clark and Rueffer, 1999a). McCleese (2019), whilst discussing the prevalence rates of SP, states that:

The United States also has no traditional cultural term for the experience of sleep paralysis, which, when combined with the fear of being labelled as 'crazy', leads to a significant drop in reported incidence rate. In countries in which there are established cultural terms and often folklore surrounding these experiences, they are common knowledge and part of the fabric of everyday life. This does not make them any less traumatizing when the episodes do occur. In many cases, these episodes are explained as a supernatural intervention in the lives of humans (p. 3).

The interpretation of SP from folklore origins or a spiritual perspective is discussed further in Chapter Two. It is also a primary contributor to the wide variance in the prevalence rate, which McCleese (2019) suggests is because experiencers fear 'being labelled as 'crazy' and 'being categorized as mentally ill' (p. 1). Admittedly, the SP experience contains an array of anomalous phenomena which sit outside of modern society's concept of 'normality'. Given this background, it can be understood why, as McCleese (2019) suggests, SP is a stigmatised condition in countries without cultural embedding of the experience. The canonical features have been compiled below to further define and understand the SP experience. Although they are discussed individually, they are experienced in clusters, with the individual having no prior indication of which phenomena will manifest.

### ***The Canonical Features of Sleep Paralysis***

#### ***Bodily Paralysis and Pressure on the Chest***

According to Cheyne, Rueffer and Newby-Clark (1999a), SP episodes last between seconds and minutes. During these times, individuals awaken with the awareness of total bodily paralysis and the inability to move or speak. This paralysis is the dominant SP feature, which is reflected in the medical term 'sleep paralysis', that is widely used in European societies. Hufford (1982), whilst surveying US medical students, recorded the following example of the paralysis state:

What woke me up was the door slamming. 'OK,' I thought, 'It's my roommate. . . . ' I was laying on my back just kinda looking up. And the door slammed, and I kinda opened my eyes. I was awake. Everything was light in the room. My roommate wasn't there and the door was still closed. . . . But the next thing I knew, I realized that I couldn't move. . . . [then] from one of the areas of the room this grayish, brownish murky presence was there. And it kind of swept down over the bed and I was terrified! . . . It was like nothing I had ever seen before. And I felt – I felt this pressing down all over me. I couldn't breathe. I couldn't move. And the whole thing was that – there was like – I could hear the stereo in the room next to me. I was wide awake, you know. . . . And I couldn't move and I was helpless and I was really – I was really scared . . . . And this murky presence – just kind of – this was evil! This was evil! You know this is weird! You must think I'm a – .... This thing was there! I felt a pressure on me and it was like enveloping me. It was a very, very, very strange thing. And as I remember I struggled. I struggled to move and get out. And – you know, eventually, I think eventually what happened was, I kind of like moved my arm. And again the whole thing – just kind of dissipated away. The presence, everything. But everything else just remained the same. The same stereo was playing next door. The same stuff was going on (pp.58-59).

The inability to move is due to the body's physiological response whilst sleeping, which stops the acting out of dreams and potentially causing bodily harm (Brooks and Peever, 2012). This accounts for SP experiencers' paralysis, which exacerbates the feeling of fear, dread and powerlessness. The example above also demonstrates that individuals remain conscious and aware of their surroundings. They may be able to see and hear what is happening around them but cannot react. Cheyne (2001) refers to SP as the 'waking consciousness', a sleep state whereby the individual perceives that they are awake. He suggests that 'because the experiences occur while one is awake and aware of the immediate surroundings...[the] sleep paralysis hallucinations are, in effect, the superpositioning of dream imagery and affect on waking consciousness' (p. 2). Consciousness resumes during sleep, and experiencers are aware of their surroundings and can recall the phenomena experienced in this state upon waking (Goode, 1962; Chaube and Nathawat, 2018). This consciousness whilst sleeping,

occurs whilst the individual is paralysed and cannot move any part of their body (Farooq and Anjum, 2023).

Feeling intense pressure on the chest is also common during SP, causing breathing difficulties. Solomonova (2018) states that a 34-year-old man from the US, when describing the pressure on his chest, said: '[I] felt my arms pinned across my chest in a strait jacket hold, [I] felt hands on my chest pinning me against a wall' (p. 7). Sharpless and Doghramji (2015) provide another account of the pressure that is felt on the chest:

It happened right after my grandmother died. I slept in my parents' room that night on the floor. I started hearing loud noises, like Times Square. I opened my eyes, and then I didn't see anything, but just heard noise and I couldn't move. Then I felt a pressure on me, and something was around my neck, strangling me. I started praying to get out of it. It seemed to help (p. 29).

Hufford (1982) also provides another example of the pressure that is experienced during SP and the sensation of being held down:

It was very much as if somebody put me in one of those, those junkyard things that are made to crunch cars. You know, they make little squares out of a two ton mass? And there's the process where the big thing comes slamming down on you, OK? Bam! To flatten the whole thing out. That's what I felt like I had on top of me. And it was uniform. It wasn't like one particular area was being pressed more than anywhere else. It was just that, if you can imagine being pressed against the mattress. You know, the mattress providing force up and something providing force down, and I just seemed to be pancaked in between. And I think this was part of the reason why I couldn't move. It seemed to me that it was because of the pressure that I couldn't move. You know, it was like it felt as if I was being held down. But it would be as if there were a zillion tiny arms all over me holding me down. But not like, say, one here, one here, so that part of my arm could come up but my wrist was being held down. It was everything uniformly (p. 61).

### ***Hallucinations***

During SP, hallucinations, which Fish (2009) defines as an 'object that is not there' (p. 4), are often reported as part of the experience. These hallucinations can manifest in various forms, including visual, auditory, or tactile sensations. According to Cheyne (2001), descriptions of the hallucination experience can take the form of a 'monitoring, stalking predator' (p1), shaping the experience into 'hallucinations that often take on supernatural and daemonic qualities. The sense of presence considered here is an 'other' that is radically different from and hence more than a mere projection of, the self' (p. 1).

The initial pervasive emotion during SP is typically described as panic, fear, distress, and terror, which are triggered by the hallucinations experienced during the episode. According to Cheyne, Rueffer and Newby-Clark (1999a) these emotions, driven by hallucinations, are reported in 90% of SP episodes. 'A sense of acute danger' (Bell et al., 1984, p.501) is experienced, which, combined with the vulnerability of the experience due to the inability to move, adds to the intense emotional experience. These features are remembered upon waking, with realism. The individual can feel that death is imminent, and upon waking, the negative emotional experience can create an aversion to going to sleep (Solomonova, 2018). In one study, 42% of experiencers thought that they would die from SP (Jalal, Romanelli and Hinton, 2021). The symptoms of SP also have associations with post-traumatic stress disorder (PTSD) (Solomonova, 2018; McNally and Clancy, 2005) due to the anxiety that is experienced and the fear of sleep in extreme cases.

Cheyne, Rueffer and Newby-Clark (1999a) developed a model for SP, which consists of three factors (Cheyne and Pennycook, 2013). The first is the Intruder factor, which consists of fear, a felt presence, sounds and visualisations. These are distinctively felt in a concrete, 'real' way. Footsteps and voices may be heard (Cheyne, Newby-Clark and Rueffer, 1999a; Solomonova et al., 2008), and the individual will feel a presence in the room. This may be in the absence of visual, tactile or auditory stimulus and/or due to what is seen, felt or heard. Additionally, Solomonova (2018) suggests that experiencers may report a feeling of being watched and sense intentions towards the individual that 'range from some vague interest to full-blown assault' (p.5). According to Cheyne and Pennycook (2013), the 'intruder factor' is associated with about 80% of SP episodes.

Jalal and Ramachandran (2014) present the appearance of a negative 'figure' (p. 755) during SP as the intruder. According to Jalal and Ramachandran (2014), the intruder is 'often perceived as a shadowy humanoid figure..... The figure may approach the sleeper's body, sit on the sleeper's chest, and strangle and even sexually assault the sleeper' p.756. Their description of the 'intruder' depicts a foreboding entity compared to the 'figure' described by Greyson (2006).

Alternatively, 'the intruder' could also be identified as a supernatural figure, spirit or ghost (Adler, 2011; Carvalho et al., 2016; Cox, 2015; Hinton et al., 2005b; Wing, Lee and Chen, 1994) or an encounter with non-human life forms (French, 2014; Jindra and Jindra, 2009; Love, 2012; McNally and Clancy, 2005; Rose, Blackmore and French, 2009). Intriguingly, when examining studies related to SP and extra-terrestrials, the correlation between SP and alien abductees was studied by Blackmore and Cox (2000), who found that SP was experienced more by alien abductees than the two control groups and Raduga, Shashkov and Zhunusova (2021) states that, 'approximately half of the stories about alien and UFO encounters (AUEs) involve sleep, dreams, relaxation, and sleep paralysis' (p,247).

Solomonova (2018) cites a 29-year-old woman from Spain who describes her Intruder experience:

'...extreme terror, the feeling that [the] air is dense and darker, that shadows boil and take shape... I hear some low-tone noises, voices, tactile feeling of grabbing, of naked cold skin, and, very rarely, a presence. Very dark with round eyes, spider-like fingers, that laughs, messes up the bed, and makes me feel terror, with some sexual approaches' (p.6).

Similarly, Cheyne (2001) provides the following illustration :

In the past, it has always been some indistinct, evil presence — a shadowy demon, a cowed figure. The first time I experienced this, I saw a shadow of a moving figure, arms outstretched, and I was absolutely sure it was supernatural and evil (p. 8).

The second factor developed by Cheyne, Rueffer and Newby-Clark (1999a) is called the 'Incubus', a male demon from Western folklore that historically engages in sexual activities with women. When examining the etymological use of the word 'Incubus' in the context of SP, Molendijk et al. (2022) state that:

Incubus is Latin for night hag or nightmare. Stemming from the verb incubare ("to lie down upon"), the term once referred to a minor demon or fallen angel who, in the guise of a man, positioned itself on top of sleeping women to aggressively and/or sexually harass them. Others came in the guise of a woman who likewise beleaguered men. In the latter case, succubus used to be the preferred term (p.2).

The 'Incubus factor' takes place by applying pressure on the chest, or problems with breathing are experienced. It includes the physical oppression of the 'sleeper' that can also be sexual, according to Sharpless and Barber (2011). Commonalities are shared with the first factor as an 'intruder' is experienced, building on spiritual, supernatural, occult and non-human narratives from folklore. Interestingly, Cheyne et al. (1999a) have used a term from folklore that describes an entity that is seen and experienced during SP to represent a stage in the SP experience.

The third category included in Cheyne et al.'s (1999a) three-factor approach is 'unusual bodily experiences' (p. 319). Solomonova (2018) refers to these as 'less well-known, and a qualitatively different kind of SP experience' (p. 5), and they include out-of-body experiences (OBEs) and floating and flying sensations.

The canonical features of SP presented here provide insights into a phenomenon that is not fully understood and, as suggested in this chapter, has features that have not been fully explored in scholarly literature. This study will examine the canonical features and the extent to which the 'less well-known' (Solomonova, 2018, p.5) SP features are prevalent. It can help to address gaps in understanding the full breadth of experiential features, addressing its narrow definition and arguing for a revision of those that have been designated as canonical. To further underpin the definition and understanding of SP, the history and context in which it has been placed are examined in the following section.

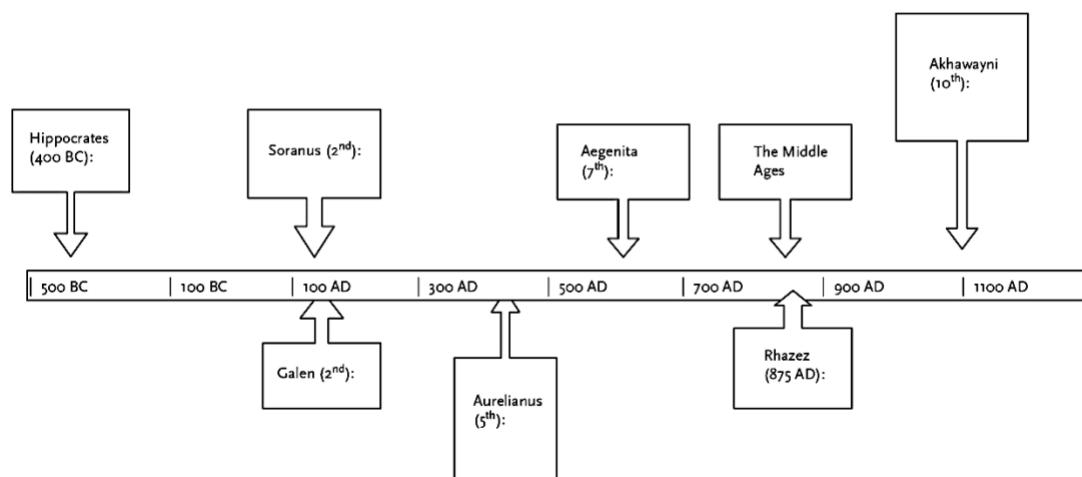


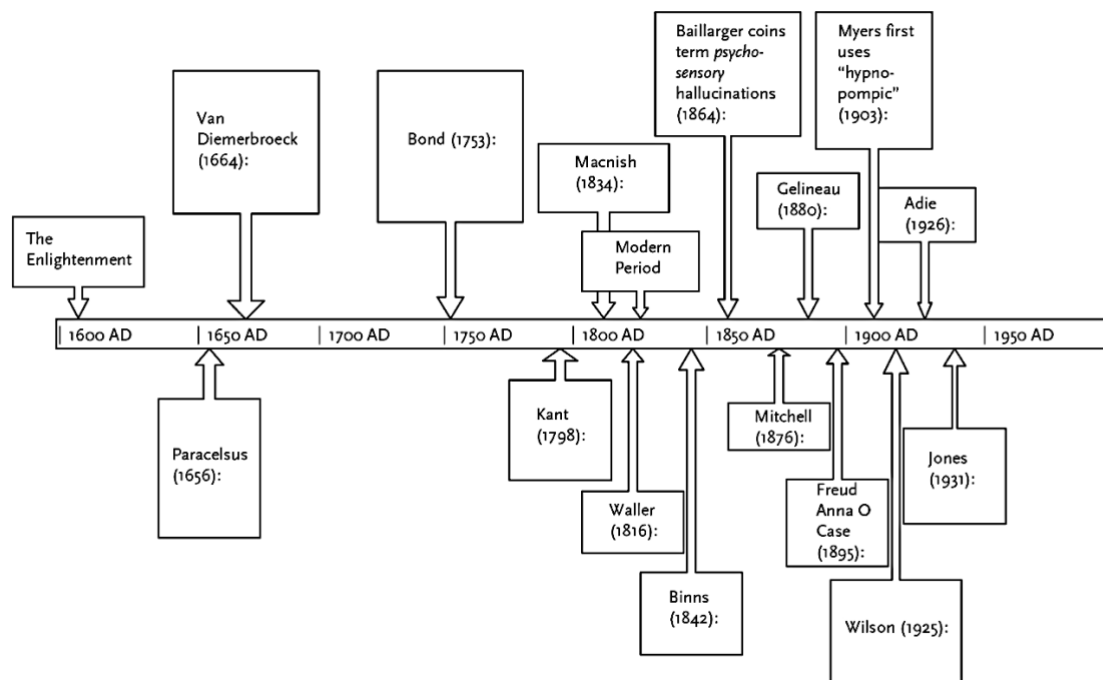
## **The History of Sleep Paralysis**

When discussing SP from a historical point of view, a helpful point to start from is its origin and the first use of the concept. Whilst there is evidence of SP being taken seriously by early physicians and reported throughout history, there is a lack of consensus in determining who is to be credited. Therefore, by undertaking a thorough review of scholarly literature, a chronological list of key events and individuals who have documented SP has been compiled by building on a timeline originally developed by Sharpless and Doghramji (2015) (see below Fig. 1). The timeline contains key events that took place during the pre and post Modernity period, that denote a clear shift from the 'supernatural and 'external' view of sleep paralysis (i.e., someone/something is doing this 'to me'), to the scientific view with endogenous natural causes' (Sharpless and Doghramji, 2015, p.68), which continues to persist today.

Before discussing the chart compiled by Sharpless and Doghramji (2015), it is important to note that the term 'sleep paralysis' has been known historically by other names such as supernatural creatures with paranormal abilities, including ephialtes, incubus and the night-mare (Sharpless and Doghramji, 2015; Victor et al., 2022; Cox, 2015) (see The Etymology and the Role of Folklore and Witchcraft in the Night-Mare section in Chapter Two which discusses this in more detail). According to Cox (2015) the 'night-mare' is mentioned in 2400 BCE in the Sumerian Kings list, where the succubus, a vampire-like demon, is said to have preyed on men. Additionally, Golzari et al. (2012) state that 'Themison of Laodicea (1st century BCE), founder of the Methodic School of Medicine, described SP (night-mare) along with a supernatural entity, the Incubus' (p.232). As previously stated, the incubus, the male counterpart to the succubus, is still used in reference to SP episodes today in academic texts, with researchers such as Cheyne et al. (1999a) using the name 'Incubus' to define core aspects of the experience. Considering the early use of the word 'night-mare' to define SP, the term 'sleep paralysis' is a relatively new way to describe what, for thousands of years, many believed to be a visitation by a malevolent creature which attacked its victims as they slept.

Another early description of SP, which is not included in Sharpless and Doghramji's (2015) chart, can be found in China. According to Wing et al. (1994), SP was written about between 403 and 221 BCE in a book called *The Zhou LilChun Guan*. It documents that the Chinese Government established officers to categorise dreams into six types. Two of these were Ju-meng (fearful dreams) and E-meng (dreams of surprise). While they did not mention SP, Wing et al. (1994) indicate that early writers believed that 'fearful dreams' represented nightmares and 'dreams of surprise' were SP episodes. They also state that around 30-124 CE, two new characters appeared in the early Chinese dictionary (*Shuo Wen Chieh Tzu*) representing 'ghost' and 'oppression', which writers believe means 'being oppressed by a ghost at night and paralysed' (Wing, Lee and Chen, 1994, p.609).





**Figure 1.** Timeline of Sleep Paralysis Important Dates (Sharpless and Doghramji, 2015, p.68)

Fig. 1 begins with Hippocrates (400 BCE), where, according to De Sá and Mota-Rolim (2016) SP was called ‘ephialtes’ by the Greeks, which translates into ‘to pounce upon someone’ (p.4). The name ephialtes was also a direct Latin translation of the name. In *Oneirocritica*, a book written in the second century by Artemidorus of Daldis, ephialtes is linked with the god Pan, ‘the horned god of the woods and flocks [that] could have sex with the dreamer during an ephialtes’ (De Sá and Mota-Rolim, 2016, p.4). According to Adler (2011), the ephialtes experienced during SP can ‘double up’ into the individual or someone that they know:

The popular belief in ephialtes as an actual being persisted for some time. Ephialtes was thought to be a shape-shifter, able to take on various forms during his nocturnal attacks on helpless human victims. He might initially appear as a familiar person before transforming into a horribly disfigured creature (p.41).

A literature review highlighted very few references to Soranus (2nd) listed in Fig. 1. However, Galen (2nd) and later Greek physicians refuted the supernatural cause of night-mare. We begin to see a shift from the mystical and folklore causations of SP to naturalistic

ones, specifically gastric disturbances caused by the 'eating of indigestible food, general overeating, or alcoholic excess' (Adler, 2011, p.41).

During the 5<sup>th</sup> century, Aurelianus was the younger contemporary of Galen, also wrote diagnostically about SP. According to Sharpless (2015), he wrote: 'There is a feeling of heaviness and oppression and a sort of choking. They imagine that someone has suddenly attacked them and stunned their senses, exhausting them and preventing outcry' (p. 70). Yet, it is Paulus Aeginita (7<sup>th</sup>), a Byzantine Greek physician, whom Sharpless (2015) suggests is credited with the first description of SP when he separated the paralytic state from normal sleep:

It attacks persons after a surfeit, and who are laboring under protracted indigestion. Persons suffering an attack experience incapability of motion, a torpid sensation in their sleep, a sense of suffocation, and oppression, as if from one pressing them down, with the inability to cry out, or they utter inarticulate sounds. Some imagine often that they even hear the person who is going to press them down, that he offers lustful violence to them, but flies when they attempt to grasp him with their fingers (p.70).

With the onset of the Middle Ages in Western Europe, 'evil' powers were considered to be the cause of the night-mare by theologians (Golzari et al., 2012), whilst in Persia, polymaths such as Rhazes (875 CE) and Akhawayni (10<sup>th</sup>) were responsible for collating and adding SP to medical texts, using their medical experiences (Golzari et al., 2012). Rhazes blamed alcohol consumption for the cause of SP, a perspective which also concurs with some modern-day theories (Munezawa et al., 2011; Oluwole, 2010).

According to Golzari et al. (2012), Akhawayni wrote the *Hidayat*, a Persian digest of medicine. Concerning the night-mare, he stated that:

The night-mare (kabus) is an introduction to epilepsy and it is caused by rising of vapors from the stomach to the brain. This disorder mostly affects people with cold temperament in the brain; cold blood flows in the brain and its vessels. The therapy includes bloodletting from the superficial vein of the arm and from the leg vein and

thinning the diet, especially in patients with red eyes and face (plethora). Ascending vapors of phlegm from the stomach or other organs to the brain may lead to suffocation of the sleeping patient. Its treatment is the same as for phlegm-type epilepsy, and in cases with continuous attacks, the night-mare may result in epilepsy (p,231).

Considering that both Rhazes and Akhawayni were diagnosing SP as naturalistic as opposed to supernatural during a time of superstition, their contributions are noteworthy. Supernatural explanations for medical and psychological phenomena were widely accepted at this time, and providing naturalistic causations challenged dominant beliefs.

As the Reformation period began (discussed in detail below), Paracelsus (1656) wrote in *Paracelsus of the Supreme Mysteries* of both the supernatural and natural causes of SP. According to Davies (2003) he stated that:

Witches, being mortals, could not possibly “enter into the chambers, where the doores and windows are shut” and so oppress people, but that “Sylphes and Nymphes easily can” ..... “Some people, especially women in child-bed, have been so oppressed in the night in their sleepe, that they have thought themselves to be as it were strangled, neither could they possibly cry out, or call any helpe, but in the morning have reported that they were ridden by a hag” (p.187 - 189).

Both Cox (2015) and Golzari et al. (2012) credit Van Diemberbroeck with the first description of SP, where he diagnosed it as:

This affection is called Incubus or the Night-Mare, which is an Intercepting of the motion of the voice and respiration, with a false dream of something lying ponderous upon the breast, the free Influx of the spirits to the nerves being obstructed (Kompanje, 2008, p.465).



**Figure 2.** Prof Dr Isbrand van Diemberbroeck (1609–1674). (Kompanje, 2008, p.465)

Bond, in 1753, wrote *An Essay on the Incubus, or Night Mare*, where he built upon the previous naturalist diagnosis of the nightmare and its connection with epilepsy, arguing against its supernatural connection:

The Night-mare is a diforder which attacks people sleeping, and is of no trifling nature, but precedes dreadful diforders; viz the epilepfy, a kind of melancholy, and an apoplexy; and if it returns frequently it fhews that they are not far off. The difeale call'd the Night-mare is not a daemon, but rather the fore-runner of the epilepfy...and there are many instances of people being found dead in their beds of this diforder (Bond, 1753, p.63).

An additional notation to Fig. 1 is the inclusion of Samuel Johnson, who, according to Chaube and Nathawat (2018), codified the definition of SP in his book *A Dictionary of the English Language* as 'nightmare'. This book, written in 1755, is said to capture the first definition of SP. Another important addition to the timeline is the portrait below, painted in

1781 by Henry Fuseli (see Fig. 3). The oil painting is said to be a ‘clinical presentation of sleep paralysis’ (Cox, 2015, p.2) , and it depicts the traditional incubus on the chest of a lady lying in a swoon position across a bed. This painting has become synonymous with SP today, as it is depicted on social media and book covers.



**Figure 3.** Henry Fuseli, *The Nightmare* 1781, Oil on Canva 101.6 x 127cm, Detroit Institute of Art.

The Henry Fuseli painting was followed by Kant (1798), who, according to Sharpless and Doghramji (2015) was an eminent philosopher who believed that SP:

Was not a deadly affliction, but was actually a means of *protecting* individuals from death. Specifically, the terror of the Nightmare’s paroxysms and the extreme nature of these experiences served as a warning, or stimulus to action, that the body was in mortal danger due to insufficient blood flow (p. 82).

Following this is Waller (1816), who makes a marked shift from otherworldly or supernatural connections to referencing the sleep and wake states within the context of the body’s biological functions. He writes that:

Everything connected with the phenomenon of sleep is extremely obscure; and nothing on this subject appears to be more extraordinary than the sudden transition

from the sleeping to the waking state. Whatever it is which takes place at that moment in the brain, and in the whole system, takes place only partially in the Night-Mare. Is it very absurd to suppose that a part of the system may recover the waking state, while the brain, or some other part, remains asleep (Waller, 1816, p.87).

According to Sharpless and Doghramji (2015), Macnish in 1834 and Binns in 1842 have also been cited as providing the first description of SP, and in 1864 Baillarger coins the term psycho-sensory hallucinations, with Mitchell, who is also credited as providing the first SP description in 1876, formulating the term 'night-mare' as 'night palsy' (Golzari et al., 2012; Miranda and Högl, 2013). Gelineau, in 1880, is credited with developing the term 'narcolepsy' (Fromherz and Mignot, 2004) a condition which has SP as one of its features, and in 1895 the Freud Anna O Case (1895) controversially suggested that the SP episode experienced by Anna O was hallucinatory (Powell and Nielsen, 1998). It was not until the 1920s that Wilson used the term 'sleep paralysis' in either 1925 (Sharpless and Doghramji, 2015) or 1928 (Sawant, Parkar and Tambe, 2005). Adie, listed in Fig. 1, focussed on narcolepsy in 1926 (Compston, 2008), also highlighting SP as a central feature, and Jones, in 1931, wrote about SP from a psychoanalytical perspective.

Bringing us towards the contemporary period, Davies (2003) states that from the 1970s, the cultural aspects of SP have again received attention. In 1977, more than 100 healthy South East Asian Hmong men in America died unexpectedly in their sleep from what they called *dab tsuam* (see Appendix 1 Laos). According to Adler (2011, p.97) *dab* is the 'Hmong word for spirit' used within the context of an evil spirit, and '*tsuam* means to crush, to press, or to smother'. A cause for their deaths was not found, and investigations found that they had strongly held beliefs and a high experiential rate of experiencing SP (Adler, 1991). In 1982, David Hufford published his book *The Terror that Comes in the Night*, which examined the 'Old Hag' phenomenon, which bore similar features to SP in Newfoundland, linking it with similar cultural phenomena worldwide. Today, SP is understood through the perspective of psychiatry, psychology, neurology and cultural studies, which have been built on the historical interpretation of SP. Historically, specific people have played a significant role in understanding the SP phenomena from different perspectives, and specific events took



place to shift this understanding toward SP having scientific, naturalistic causes. These events are discussed further in the following section.

### **The Influence of the Reformation, Enlightenment, and Modernity on Sleep Paralysis**

Three significant historical periods have impacted explanations and attitudes towards SP, including its contemporary positioning. These periods are the Reformation, the Enlightenment and Modernity. It should be noted, however, that the Enlightenment is commonly regarded as a phase within the broader historical era of modernity. While modernity is often seen as beginning with the Enlightenment (Mahmandarov, 2024), it extends well beyond it, continuing into the 20th century. The first of these was the 16th-century Protestant Reformation period, which was essentially a religious and political upheaval of the control of the Catholic Church over Christian theology. In England and Europe, it is said to have started when Martin Luther, an Augustinian monk, wrote *Ninety-Five Theses* against Dominican monk Johann Tetzel. These papers brought a radical religious movement, and his followers became known as Protestants (Lehmann, 2016). With this, the church 'moved away from a view of religion that includes particular beliefs as accurate depictions of 'spiritual facts'' (Hufford, 2005b, p.25).

The Reformation brought radical theological changes and clashes between Protestants and the Catholic church. One of these changes was the shift from supernatural beliefs to scientific facts. Theologians such as the Protestant reformer John Calvin, whilst acknowledging belief in God, considered it unimportant and saw it as something that even devils believed in (Hufford, 2005b). Protestant reformers saw the belief in ghosts and spirits as Catholic superstition and impossible. Anne O'Connor (1980), whilst reviewing Theo Brown's book *Fate of the Dead*, described the state of the West Country in England during the post-reformation period, stating that:

The reputation of the Devil had been boosted, as 'ghosts' as such, were no longer officially acknowledged. This created some confusion in the folk mind, for it meant that all numinous occurrences were thereafter usually credited to the Devil. Thus many 'Cunning Men and Conjuring Parsons' ... became part of life, in the West Country as throughout reformed England, and witches also became evident (p. 247).

The Reformation significantly affected the understanding of SP, as it became associated with the Devil and witches. This can be seen in the historical timeline (above), where Paracelsus (1656) suggests that the cause of SP could be witches, except that their corporeality prevents them from entering locked doors and windows. The Reformation overlapped and was followed by the Enlightenment or the Age of Enlightenment, an intellectual movement in 18th-century Europe. According to Robertson (2015), 'it held out the prospect of a new, explicitly modern understanding of human beings' place in the world' (p.1), consisting of a shift and new way of thinking, emphasising reason, individualism, scepticism and science. It dominated the Western world as events, inventions and expectations changed, facilitating the development of new industrial and agricultural methods (Gay, 1997).

Beliefs and attitudes towards SP today have been significantly influenced by this era, which, alongside its success economically, educationally, and in the arts and sciences, experienced the loss of religious fever, which had maintained social order. Yigit (2019) states that:

Since the age was the age of scientific development and religious toleration, it is necessary to highlight that developments in philosophy and science and the growing popularity of rationalism had encouraged non-conformists to have heterodox opinions and private judgement, and directed them to become absolute threats to social order in the given period (p. 689).

As scientific developments brought with them evidence-based understanding, people began to question religious doctrines and teachings. They gained the freedom to follow their own religious beliefs and practices without fear of persecution or discrimination. The Enlightenment period brought with it the start of a series of events that represented a shift in the balance of power between religion and science, or within the context of SP, belief in the 'supernatural' and measurable 'scientific' phenomena. With the Enlightenment, there was no room for anything in between.

During this period, belief in spiritual and supernatural encounters was labelled as primitive, and whilst history has shown us that supernatural experiences in relation to SP have been continually reported over time in both Western and non-Western cultures, the relationship between theology and the scientific shift of the Enlightenment embedded and endorsed this belief. This is the historical period where the sustained reducing and negative social imprinting of spiritual experiences took place to the extent that it continues today.

Building on the influence of the Reformation and the Enlightenment periods is the third significant historical period to impact SP and belief in the supernatural – Modernity. This period, according to Hufford (2010) is:

Characterized as rejecting a supernatural world view in which the mundane and the transcendent interact, or even rejecting outright the very idea of transcendence [which] includes the rejection of the possibility of validly real visionary spiritual experiences (p.145).

Modernity consisted of ideas that were already in motion during the Enlightenment period. It was underpinned by an assumption that scientific conclusions directly contrast with spiritual and supernatural beliefs, which guided religious secularisation. Since the early 19<sup>th</sup> century, modernity has diminished the importance of religion in individuals' consciousness (Woodhead, 2001). Today, we are aware of the steady decline in orthodox Christian belief (Davie, 2015), with a decrease in religion in general. In America, specifically, there has been 'a modest but significant 0.25 percentage point reduction in attendance each year over the past three decades' (Brenner, 2016, p.566), leaving very little space for beliefs in the supernatural (at least in the context of organised religion). An interesting view suggested by Davie (2015) is that, given the decline in Christianity, new forms of 'accommodations' are formed, such as equality or human rights, leaving Christians in the minority.

In addition to religious secularisation, August Comte founded positivism, which emerged within Modernity, which states that:

The only way to obtain knowledge of the world is by means of sense perception and introspection and the methods of the empirical sciences. Positivists believe that it is

futile to attempt to deduce or demonstrate truths about the world from alleged self-evident premises that are not based primarily on sense perception..... Thus they regard metaphysics, in so far as it is the effort to find out about the world by methods other than those employed in the empirical sciences, as a hopelessly misdirected activity (Acton, 1951, p.291).

Writing in the early 20th century, Max Weber refers to the process of the 'disenchantment of the world' during a lecture in 1917, which he argues has been taking place in Western cultures for thousands of years. This lecture and others reproduced in 2004 suggest that 'disenchantment' has been driven by intellectualisation and rationalisation, which:

Means that in principle then, we are not ruled by mysterious, unpredictable forces, but that, on the contrary, we can in principle control everything by means of calculation. .... Unlike the savage for whom such forces existed, we need no longer have recourse to magic in order to control the spirits or pray to them. Instead, technology and calculation achieve our ends (2004, p.12).

Weber (2004) referred to a shift from 'mysterious forces' to 'whatever is real can be calculated and controlled' (Hufford, 2005a, p.466), implying that things relating to spirituality, the supernatural and spirits are not physical and, therefore, cannot be real or intellectually rational in the modern world to modern people. This created new cultural standards for those wishing to present themselves as intellectual and rational. Hufford (2005a) states that the position at the end of the 20<sup>th</sup> century was one where 'disenchantment – which had been declared, predicted, enforced and practically made a requirement for tenure (was) created' and within the 'official and intellectual levels of the culture, a discourse that was cleansed of spiritual language' surfaced (p. 466). If one claimed to have had a supernatural experience, as highlighted in medieval accounts, the modernity view attributed them to 'either naïve errors in which natural phenomena are mistaken for supernatural events, or else they are hallucinations' (Hufford, 2010, p.146). Modernity created a situation in which spirits do not exist; to believe in their existence was pathological. Modernity, therefore, by definition, ensured that non-Western and non-modern societies were seen as naïve and even primitive, implying that modern persons

should know better. Hufford (2010) sums up modernity and the complex modern view by stating, 'Even when the visionary ..... insists that his visions are real, his modern world friends and family, with insight intact are expected to "see through" the hallucination' (p,147). Belief in the supernatural became archaic as science sought to explain all phenomena rationally.

Religion became increasingly existential, starting with theologian Friedrich Schleiermacher, who, according to Proudfoot (1987), thought that belief should be based on feelings. With this, the need for evidence supporting religious belief was unnecessary. By the 20<sup>th</sup> century, Rudolf Bultmann had removed the supernatural belief in spirits and supernatural phenomena from Christianity when he and others wrote in 1961:

The mythical view of the world is obsolete. . . . Man's knowledge and mastery of the world have advanced to such an extent through science and technology that it is no longer possible for anyone to seriously hold (such supernatural beliefs). . . . Now that the forces and the laws of nature have been discovered, we can no longer believe in "spirits," whether good or evil. . . . It is impossible to use electric light and the wireless and to avail ourselves of modern medical and surgical discoveries, and at the same time to believe in . . . spirits (Bultmann et al., 1961, pp.3–5).

Religions that included belief in spirits were viewed as heretical and moved to the periphery of not only religion but also society. These included the Pentecostals and Charismatics, who were considered as blasphemous. There was, however, an opportunity to engage with the 'Holy Spirit', and everything else relating to a spiritual engagement was viewed as possibly demonic and evil (Hufford, 2014b). Having a direct spiritual encounter was now thought to be primitive and unscientific, and yet still, the conundrum exists where people were still reporting these experiences without scholarly attention.

Modernity brought radical changes in the perception of core spiritual experiences, yet belief in the supernatural and spirits, particularly in Western societies has not gone away. In the 21st century, we find that the belief in spirits and the supernatural and paranormal not only exists but is strongly supported regardless of background, education, prior belief or culture (Hufford, 1982, 2005b, 2010; Bader, Baker and Mencken, 2020; MacDonald, 1994). Today,

spirituality has transcended religion, with an expansion in the range of places where spiritual language is used, prompting a 'rash of popular and academic texts exploring what it means to be spiritual in the twenty-first century' (MacKian, 2012, p.1). This current era is sometimes referred to as 'late modernity' (Watts, 2020, p.590), where the importance of 'delving within oneself to experience the primary source of the sacred' (Heelas, 2008, p.5) is what matters. These matters are discussed further in Chapter Two, again pointing to the timely nature of this study, which supports people in understanding themselves and expands the knowledge base concerning SP.

Overlaying the history of SP, which has been presented by highlighting the work of specific individuals, are trends and periods that add to its contemporary understanding. The first of these are the ancient and medieval interpretations of SP, which include supernatural and mythical explanations. Ancient civilisations such as the Greek and Roman periods have been mentioned, where SP was attributed to Ephialtes, and in Rome, where it was associated with the incubus and succubus. The Dark and Middle Ages, is a period in which Raedts (1996) suggests that religion and society were homogeneous are together known as the medieval period. This era, perhaps unsurprisingly considering the prominence of religion, associated SP with witches and devils.

The Enlightenment period brought with it early medical and rational descriptions for SP. Despite the persistence of supernatural beliefs, SP was documented in medical texts where physiological and biological causations were suggested. The 19<sup>th</sup> to early 20<sup>th</sup> century viewed SP more scientifically, from psychological and neurological perspectives. This trend continued in the mid to late 20<sup>th</sup> century when sleep studies took place, and an understanding of the different stages of sleep and the physiological responses that prevent the acting out of dreams whilst sleeping was identified. In 1979, SP was recognised as a diagnosis in the *American Academy of Sleep Medicine Diagnostic Classification of Sleep and Arousal Disorder's First Edition*, leading to today's contemporary multidisciplinary understanding, which includes cultural and personal beliefs in interpreting SP.

Today, SP is predominantly recognised as a neurological sleep disorder, building on the Modernity period, which emphasised a shift toward scientifically rational explanations. This is discussed in more detail in the following chapter, particularly as the period's focus on

‘reason’ paved the way for the neurological model that we have today. However, despite this scientific framing, many individuals still report spiritual dimensions to their SP episodes, blurring the lines between contemporary neurological and historical otherworldly explanations.

The historical chart of SP’s theoretical development has moved our understanding of the phenomena from its early influence as an extremely spiritual and supernatural episode to an overwhelmingly medically orientated scientific condition. With the consistent nature of the experiential features, this study analyses the early perspectives of SP within the context of today’s ‘enlightened’ sociological framework, bringing transformative new awareness and understanding to the phenomena. Interestingly, the etymology and folklore aspects remain unchanged, with comparisons identified worldwide (see Appendix 1). These topics, amongst others, contribute to the research questions, which are discussed in the following section.

### **Research Questions**

This study brings attention to some of the questions that are currently unaddressed within scholarly literature relating to SP and its impact on the lived experience. In the following section, the research questions and structure of this thesis are outlined.

The main aim of the study is to examine how a greater understanding of how people manage and make sense of their SP experiences—focusing on the spiritual, supernatural, and paranormal aspects, as well as sociological themes, including stigma, disclosure, and the impact on identity—can enhance our conceptualisation of this phenomenon. The study focuses on enhancing our understanding of SP through centring the lived experiences and accounts of those who experience SP. By approaching SP from this perspective, the study aims to fill significant gaps in the current literature, providing a sociological perspective that bridges the gap between the contemporary understanding of SP, which is predominantly neuropsychological and narrow, and the lived experiences, which are supernatural, profound, transcendental and spiritual. By examining accounts from experiencers, the phenomenological descriptions of SP provide a deeper understanding of the phenomenon

that would be missed in neuropsychological accounts. Insights into the ways individuals make meaning, navigate anomalous or extraordinary experiences, and construct their sense of who they are uncovered as everyday lived experiences are analysed. The challenges of living with SP and the stigma and disclosure issues associated with it are examined, demonstrating the impact of SP on personal identity, mental health and well-being. Ultimately, this study argues for a broader contemporary understanding of SP that incorporates supernatural dimensions not only to bring a more comprehensive societal understanding of the phenomenon but also to open avenues for support tailored for those who experience it whilst dismantling the stigma that currently persists.

Specific research questions were devised to examine the main aim of the study. These questions were:

- How can the features and characteristics of SP experiences be conceptualised based on experiencers' accounts?
- In what ways do individuals who experience SP negotiate, manage, and respond to stigma associated with their experiences?
- How do SP experiencers construct, rationalise, and narrate their understanding of their anomalous episodes?
- How does the experience of SP influence and impact individuals' sense of self and identity?
- What strategies, routines, and adaptive practices are developed by experiencers to manage and cope with SP?
- What are the implications of the study's findings for the conceptualisation and definition of SP?

### **Structure of the thesis**

This initial chapter has positioned SP historically as a cross-cultural phenomenon largely unexplored and misunderstood, with a spiritual and supernatural background established thousands of years ago but gradually replaced by more 'scientific' approaches. It has



demonstrated how specific eras in history can change societies' approach to unexplained phenomena, with experiences such as SP today challenging the status quo.

The Literature Review in Chapter Two will further solidify our understanding of SP as the scientific approach is explored from a neurological and psychological perspective. In contrast, it will also build on the occult and folklore elements raised in Chapter One and discuss the spiritual and paranormal aspects and its classification as an extraordinary spiritual experience (ESE). Chapter Three discusses the methodological approaches used and the recruitment and data analysis strategies applied. It also discusses ethical considerations. The data chapters are Chapters Four, Five and Six, which present and analyse the key findings. Chapter Four conveys the core features of SP, highlighting features traditionally not mentioned as canonical. Chapter Five examines SP's spiritual and transcendental nature, and Chapter 6 considers the themes of relationships, stigma, identity, disclosure and the impact that SP has on the lives of experiencers. The final chapter, Chapter Seven, provides an overarching conclusion, combining the key themes, findings and gaps in research that relate to the study. It also highlights the limitations of the study and makes recommendations for further research.

## **Conclusion**

Definitively, the origins and our complete understanding of SP remain elusive (Solomonova, 2018) despite its contemporary position. As stated in the Introduction, the cyclical nature of SP's spiritual or supernatural aspect, followed by the scientific medical understanding, has brought us back to analysing SP as a spiritual phenomenon underpinned by sociological data detailing the lived experience.

This chapter has captured the obscure nature of SP that remains poorly understood despite its extensive history and recognition as a worldwide cross-cultural phenomenon (Denis, French and Gregory, 2018; Sharpless and Barber, 2011; De Sá and Mota-Rolim, 2016; Sharpless and Doghramji, 2015). Whilst there is some understanding of what SP is, much remains outside of what we currently know, awaiting further analysis and research, particularly from a social science perspective and one that centres on the lived experience.

The history of SP highlighted the significant contribution of events such as the Reformation and Enlightenment to the dominance of today's scientific approach and the shift away from the supernatural, paranormal and spiritual view, which is primarily shunned in contemporary society. During the periods of the reformation, enlightenment and modernity, the fear of things scientifically unexplained was exacerbated, to the detriment of the SP experiencer. This is also reflected in the lack of scholarly literature exploring SP's supernatural and transcendental aspects in favour of the neurological approach. This research will help address this gap by presenting and analysing rich, in-depth qualitative data collected by directly speaking to individuals experiencing SP that point to a range of anomalous phenomena encountered during SP and move beyond an attempt to rationalise or understand SP through a 'scientific' lens. This research will also explore the extent to which and ways in which the stigmatisation of SP still exists today, examining how individuals manage their SP and the extent to which they feel able to express their experience or feel they must be selective about disclosure.

Admittedly, SP sits outside of what is considered 'normal', and it is for this reason that attention should be given to aid our understanding. SP continues to negatively impact lives, and this study argues for a substantial modification of its contemporary view, which will also aid options to manage SP and challenge its current negative social positioning.

## **Chapter Two: Literature Review**

### **Introduction**

The introductory chapter highlighted historical events pertinent to the shift away from viewing SP in folklore and spiritual terms towards understanding it scientifically, without connection to spirits, spirituality, the supernatural or otherworldly events. It has provided a foundation for examining themes central to the contemporary understanding of SP. Having discussed SP's features and history, the Literature Review chapter begins by examining the neuro-psychological approach to SP, building on the historical timeline previously outlined that provides an excellent bridge into the current understanding of SP. This is followed by an outline of literature on the medical response to managing the experience, which is interwoven with historical periods. The chapter continues with an examination of SP as a spiritual experience, with a particular focus on the work of David Hufford, which builds on supernatural and paranormal themes, followed by briefly examining the etymology of SP and its relationship to folklore and witchcraft. The concluding sub-section discusses everyday spirituality and the current positioning of SP. These areas provide a comprehensive background of SP that examines the phenomena from scientific, spiritual, and everyday perspectives. This is the first time this discussion has taken place in the scholarly landscape, as existing research has focused on one of these areas, rarely considering two or even three. Additionally, researching SP through the social scientific lens provides new approaches and understanding to examine an age-old phenomenon.

### **The Neuro-Psychological Approach to Sleep Paralysis**

The classification of SP as a psychological disorder began in the 20<sup>th</sup> century, during the path established by the Enlightenment period. Interestingly, as stated in Chapter One, the term 'sleep paralysis' was developed during this period, as the focus of the phenomena became the (more scientifically palatable) bodily paralysis to the detriment of the additional anomalous phenomena excluded in the description. The work of philosopher David Hume (1748) addressed perspectives related to human understanding and the nature of belief. In his book *An Enquiry Concerning Human Understanding*, he argued against supernatural and mystical explanations, considering them unreliable and susceptible to human error.

Instead, he suggests that empirical observation is indisputable. Whilst discussing supernatural views, Hume (1748) stated that:

They are observed chiefly to abound among ignorant and barbarous nations; or if a civilized people has ever given admission to any of them, that people will be found to have received them from ignorant and barbarous ancestors (p. 101).

Hume's (1748) ethnocentric remark shows a reifying of 'rational' 'Western' perspectives at the expense of other supposedly 'primitive' or less 'developed' cultures, a view which Hufford (2014a) refutes by stating that:

My own encounters (of beliefs and related experiences that lie outside the conventional paradigm) and the high prevalence of these experiences cross-culturally, challenges most conventional explanations, including the idea that experiences like this are limited to certain "kinds of people"..... It seems clear that, in fact, they are the common property of humanity (p. 255).

Furthermore, Ernest Jones, the President of the International Psychoanalytical Association in the 1920s and 30s, presented a case for the psychoanalytic theory of SP, which essentially limited the experience to a simple reductionist explanation:

The Nightmare is a form of *angst* attack, that it is essentially due to an intense mental conflict centering around a repressed component of the psycho-sexual instinct (1931, p.417).

This psychoanalytical view brought SP into psychological domains, and as such, today, SP is attributed to a range of psychoses such as schizophrenia, epilepsy, migraine and toxic states (Hufford, 2010). Gordon (2015), whilst writing from a medieval historical perspective, suggests that developments in neurology, anthropology and psychology have explicitly defined the connection between SP and the 'night-mare' experience. Reference is made to sleep and hallucinatory states that combine to produce the features of SP. Gordon's (2015) explanation outlines the characteristics of SP and when it happens:

When the REM stage of sleep—characterised by the suppression of muscle activity (sleep paralysis) and rapid eye movements (dreams)—intrudes onto the transitional periods between sleep (the hypnagogic stage) and wakefulness (the hypnopompic stage). Characteristic of this state is a ‘sense of presence’ and a feeling of dread. During REM sleep the body assumes a state of hyper-vigilance, a physiological necessity for the unconscious detection of external, physical threats (p.426).

His explanation suggests that features experienced during SP, such as the ‘sense of presence’, are part of the REM (Rapid Eye Movement) sleep stage, where dreams occur. He continues by stating that the images that are seen during the SP experience are hallucinatory ‘imagery conjured up by the dream’ (p.426). According to Gordon (2015), these are ‘cognitive dysfunctions’ (p, 427), which he argues are determined by the cultural experiences and beliefs of the experiencer.

Jalal (2016) states that SP ‘is a common state of involuntary immobility occurring at sleep onset or offset’ (p.1), referring to the hypnagogic and hypnopompic stages of sleep. In contemporary literature, the ‘roots’ of SP are clearly stated as neurological (Jalal et al., 2014). Cheyne, Newby-Clark and Rueffer (1999a) have also written extensively about the neurological basis for SP, referring to it as caused by anomalies within the REM sleep state, with Cheyne and Girard (2007) stating that the various ‘presences’ experienced during SP are paranoid delusions, minimising the SP experience. The scientific approach to SP has focussed on neurology for its biological understanding and psychology for the impact and subsequent treatment. This has endorsed a specific view of SP, which dominates scholarly literature and information in the public domain (Cheyne, 2001; Cheyne, Newby-Clark and Rueffer, 1999a; Jalal and Ramachandran, 2017; Johnson, 2023; Simard and Nielsen, 2005). This view has disregarded the consistency of features experienced during the SP experience; specifically, millions of people from different cultures and backgrounds worldwide have the same visual and auditory experience, which is impossible within the everyday conceptual understanding of a hallucination. Likewise, the similarities in the etymology of SP (see Appendix 1) historically and culturally, which indicates consistency in experience spanning thousands of years, have been ignored.

The limited amount of scholarly research on non-neurological associations with SP is highlighted, and this study contributes to redressing this gap. These areas are at the heart of social science discourse, as the lived experience of managing and making sense of SP is prioritised in this study, as opposed to the need for the SP experience to be contained within a narrow scientific framework which cannot withstand sociological scrutiny. The scientific perspective has dismissed any reference to paranormal or supernatural phenomena, instead focusing on the intrusion of wakefulness into REM sleep. Additionally, there is no account in scholarly literature of the ontological and epistemological challenges SP poses or how people manage these challenges.

Understanding these complexities is crucial, especially given that SP can also occur within the context of narcolepsy (Terzaghi et al., 2012; Sharpless and Barber, 2011), a sleep disorder that features:

Overwhelming episodes of sleep, excessive daytime sleepiness (EDS), hypnagogic hallucinations, disturbed nocturnal sleep, and manifestations of muscle weakness.. and sleep paralysis (Guilleminault, 1994, p.241).

The American Academy of Sleep Medicine (AASM) (2014), in recognition of its connection with SP, categorises SP as separated from narcolepsy, occurring independently, hence the name 'isolated sleep paralysis' (p,254), which is understood to occur during the REM sleep state, with features including the inability to move limbs and auditory, tactile and visual hallucinations. Overall, the AASM states, 'Sleep paralysis is an example of state dissociation with elements of REM sleep persisting into wakefulness' (p. 256). In layman's terms, this equates SP as 'dreams that are intruding into the waking state'. It is also suggested that during REM sleep, the physical acting out of dreams is blocked by a physiological response to stop self-harm (Brinkman, Reddy and Sharma, 2018; Peever, Luppi and Montplaisir, 2014; Farooq and Anjum, 2023; Cox, 2015), potentially presenting as the paralysis experienced during sleep. Interestingly, Denis et al. (2018) extensively studied SP variables by reviewing 42 studies. The study concluded that 'very little experimental work into the underlying neurophysiology of SP has been performed' (p.155). After arriving at the SP indicators, they recommended that the next step is to look for the cause and treatments for SP. Considering the tentative yet popular association of SP and neurological causes, the next section

explores changes in the medical response to SP in 'late modernity', which has historical and cultural implications.

### **Managing Sleep Paralysis: Cultural Approaches, Stigma, and Disclosure**

The approaches to managing SP have changed alongside the historical understanding of the phenomena. They encompass approaches that align with historical periods and folklore, adjusting for regional and cultural differences. For example, some people use cultural or traditional practices and rituals to manage SP, whereas others use modern, medical, or psychological methods. Olunu et al. (2018) state that ancient Greek physicians would treat SP with phlebotomy and special dieting, although there is no modern medical evidence on the scientific value of this practice. When considering more recent approaches to treating SP, Hsieh et al. (2010) have indicated that Chinese people often receive spiritual help in dealing with SP by visiting temples for what is interpreted to be a ghostly experience. Jalal et al. (2015) found that Italians believed that sleeping facedown and placing a broom by the door with a pile of sand on the bed could prevent SP. According to Ramsawh (2008), African Americans tend to attribute SP to several conditions, such as ghosts, witches or visits by evil spirits, so many will seek professional or religious help. In their quantitative study, 63.9% of respondents responded positively to the question, 'Do you worry that something is seriously wrong with your body during the experience?' (p. 392), with 50% of these respondents stating they feared permanent paralysis. Other respondents in the study would take steps to avoid having recurring SP, and these included reading the Bible, praying, using relaxation methods, or speaking to someone they trusted. Of particular note, Jalal (2016) researched the feasibility of using meditation as a treatment for SP. This study highlights spirituality-related treatments in supporting persons experiencing SP. This approach supports the cyclical nature of understanding the phenomenon, from its early days when it was considered a spiritual engagement to today when spiritual and scientific approaches are combined as management tools. The outcome of his research was positive, with recommendations that meditation be used by SP experiencers whilst recognising that there is a need for more research into this treatment method.

My research also addresses additional considerations for SP experiencers that are perhaps less obvious. These relate to living with SP, experiencing stigma when disclosing SP and

stigma generally concerning SP, which has been given limited sociological attention, presenting a gap in our understanding of the lived SP experience. To support our understanding of this aspect, the influential work of Goffman's (1963) is used throughout this study. He claimed that stigma is a perspective that is 'generated in social contexts' (Tyler and Slater, 2018, p.729) through 'social information' (Goffman, 1963, p.43) that can include 'signs' such as skin colour, whether the individual is employed and, in this context, whether the person experiences SP. The dilemma with SP, when reflecting on Goffman's (1963) views, is that SP cannot be seen and is not identifiable externally. This can be explained if SP is seen through the lens of SP being a mental disorder, which has been suggested by researchers such as Ohayon et al. (1999) and Mume and Ikem (2009). Stigma in people with mental health disorders is well-researched (Horsfall, Cleary and Hunt, 2010; Sartorius, 2007; Mak et al., 2007; Corrigan and Watson, 2002), with Corrigan and Watson (2002) identifying two types of stigma impacting persons perceived to be within the mental disorder category. These are 'public stigma' and 'self-stigma', which are defined in Table 1 below:

<b>Public stigma</b>	
<i>Stereotype</i>	Negative belief about a group (e.g., dangerousness, incompetence, character weakness)
<i>Prejudice</i>	Agreement with belief and/or negative emotional reaction (e.g., anger, fear)
<i>Discrimination</i>	Behavior response to prejudice (e.g., avoidance, withhold employment and housing opportunities, withhold help)
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<b>Self-stigma</b>	



<i>Stereotype</i>	Negative belief about the self (e.g., character weakness, incompetence)
<i>Prejudice</i>	Agreement with belief, negative emotional reaction (e.g., low self-esteem, low self-efficacy)
<i>Discrimination</i>	Behavior response to prejudice (e.g., fails to pursue work and housing opportunities)

**Table 1.** *Definition of Public and Self Stigma* (Corrigan and Watson, 2002)

Corrigan and Watson's (2002) understanding of stigma on persons with mental health disorders suggests that SP experiences can experience 'public stigma' due to the phenomena that are experienced being attributed to a mental illness by others and 'self-stigma' as they develop negative beliefs about themselves as a result. Consequently, SP is a widely underreported condition, and according to Sharma, Sakhamuri and Giddings (2023) 'many [SP] patients suffer in silence' (p. 579).

Furthermore, since Goffman's (1963) early work on stigma, researchers have considered the macro impact of stigma and its impact on social inequality (Clair, 2018), resulting in a body of literature that connects stigma to themes of power, dominance, discrimination, and the oppression or subordination of groups of people (Clair, 2018; Link and Phelan, 2001; Phelan, Link and Dovidio, 2008). Additionally, Clair (2018) suggests that there are the four processes that must take place for stigma to occur '(1) labelling human differences; (2) stereotyping such differences; (3) separating those labelled from "us"; and (4) status loss and discrimination against those labelled' (p. 319).

When referring to stigma, Hufford (2005b), who has spoken at length to many experiencers of SP and other extraordinary spiritual experiences, explains that the suppression of the SP experiences is due to its psychopathology, which is based on 'naive, non-rational misunderstandings' (p. 24), further stating that:

When I ask a subject who has experienced SP why they never told anyone about it before, the answer is generally that 'I didn't want people to think I was crazy!' The

same answer comes in connection with mystical experiences, near-death experiences, the bereaved visited by the presence of their deceased loved one, and so on (p.23).

This has led to the gross underreporting of SP experiences, as suggested by Davies (2003). Adler (2011) states that despite technological innovations that monitor sleep, the suppressed reporting and stigmatisation of the SP experience persists.

Furthermore, an additional and highly significant aspect of the underreporting and not disclosing of SP is the impact that withholding or suppressing the experience can have on the health and wellbeing of the individual. Pennebaker and Susman (1988), whilst discussing trauma (which for some, SP is a traumatising experience) state that 'not discussing a trauma is a particularly insidious form of inhibition' (p. 327). They suggest that:

Individuals who have suffered a trauma will experience significantly more adverse health effects if they have not confided the trauma with others than if they have confided it..... Because disclosing a trauma helps the person to understand the trauma better, the failure to disclose a trauma should be associated with increased ruminations about the traumas (p.327)

According to Pennebaker and Susman (1988), the implications of not disclosing or discussing SP can have detrimental health outcomes for SP experiencers, resulting in stress-related diseases. This study examines the lived experience of SP, stigma and disclosure among individuals who experience SP, providing an opportunity to understand their experiences first-hand and providing rich and in-depth insights to broaden the contemporary understanding of SP. The following section discusses SP as a spiritual experience in more detail.

### **Sleep Paralysis: An Extraordinary Spiritual Experience**

With its roots in folklore that relate to demonic entities, a history where it is embedded within superstition and a worldwide etymology that refers to SP as featuring an invisible entity, the conclusion that SP is a spiritual experience would be inevitable were it not for the

significant turning of events, from superstition to scientific enquiry, that began with the Reformation in the 16<sup>th</sup> century. Yet, as previously stated, the SP experience remains the same, adamantly refusing to fit within a scientific framework in the 21<sup>st</sup> century. The result, it can be argued, has been the remarkably effective suppression of reporting SP and the consequent underestimation of its prevalence.

Very few researchers have examined SP from the perspective of a spiritual experience. The work of only two researchers has been identified through this study. The first is Austrian philosopher, esoteric and scientist Dr Rudolph Steiner (1861 – 1925), founder of Anthroposophy, a spiritual philosophy that includes ‘a profound vision of what it means to be human’ (Steiner, 2002, p.6). His work, circulated in the early 1900s, articulates, among many other areas, the spiritual nature of sleep. A significant amount of his work was initially written in German, and Stephen Evans (2003) has translated some of his research into a compendium comprising of papers examining the spiritual nature of SP, consciousness, the soul and lucid dreaming (LD). His work consists of theoretical and philosophically written material, mainly in lecture format, with ideas and conclusions collated by using techniques such as meditation and personal spiritual experiences. Whilst Hindes (1996) argues that Steiner’s work is ‘scientific in method, repeatable and verifiable’ (p. 12), despite the need for years of practical application to attain or contest Steiner’s results, there are others in the academic community who may consider his work to be pseudoscience. The purpose of sleep, argues Steiner (2012), is to bring us into direct contact with the spiritual world. The encounters with ‘evil’ and the entities that sometimes accompanies the SP experience are suggested by Steiner (2012) to be guardians at the entrance of a threshold. Faith and mental strength are required to go past the threshold. Once the individual is over the threshold, higher spiritual consciousness is gained. Furthermore, according to Steiner (1973), sleep allows the astral or spiritual body to leave the physical body venturing into the spirit world, concluding that the sleep state is far more than a function whereby the body loses consciousness and then regains it again when it awakens. This state allows for non-physical activity that cannot be comprehended when awake.

The second researcher who has examined SP as a spiritual experience is folklorist David Hufford (Hufford, 1982, 1992; Hinton, Hufford and Kirmayer, 2005; Hufford, 2005b), who, somewhat surprisingly, does not draw on the work of Steiner, apart from when he notes that he has seen references made to a spiritual gateway that can be accessed during the experience once the individual has passed through the fear, and that having gone through the gateway two specific types of anomalous phenomena can be experienced (Hufford, 2014a).

The first are out-of-body experiences (OBEs) or astral projection (AP). They are also sometimes referred to as autoscopies (Jalal, Romanelli and Hinton, 2021; Cheyne, 2002). The term OBE or AP is used interchangeably by scholars. The definition below was used by Blackmore (1983), who may not be an advocate of the spiritual nature of the experience, she provides an illustration of the character of an OBE as:

...the result of the astral body being released from the physical body and taking “consciousness” with it. The two remain connected by a silver cord, at least as long as the body is alive, and the astral body can travel at will in the astral worlds..... I would define the OBE as an experience in which a person seems to perceive the world from a location outside of his physical body, or more simply as the experience of seeming to leave one’s body. (p. 139)

OBEs taking place during SP have been well documented (Herrero et al., 2023; Hollier, 2023; Denis and Poerio, 2017; Raduga, Kuyava and Sevcenko, 2020; Cheyne and Girard, 2009; Jalal and Ramachandran, 2017) with very little understanding of what they are, how they happen or their neurophysiological relationship to SP (Campillo-Ferrer et al., 2023). Jalal, Romanelli and Hinton (2021) state that in their own study, 11 out of 67 participants who had experienced SP had an OBE. For example, ‘one participant saw his body lying beside him asking for help but to no avail’ (p433).

Additionally, near death experiences (NDEs) are strikingly similar phenomenologically to SP, and according to Nelson (2015), SP occurs during NDEs. Very little is known about them, even though NDEs have been recorded for centuries (Kondziella and Olsen, 2019). NDEs, according to Greyson (2006), take place when some individuals are close or near to death,

they have experiences which are interpreted as being spiritual or religious. Greyson (2006) combines the OBE and the entities experienced during SP by stating that the NDE consists of a 'separation from the physical body and encounters with ... a mystical or divine presence' (p, 393), with Parnia (2016) considering them transcendental and mystical. Kondziella, Olsen and Dreier (2019) also state that these experiences can occur 'in situations of imminent physical or emotional threat' (p. 3). The prevalence of experiencing anomalous phenomena during an NDE is approximately 17% (Long, 2014). The features of NDEs include:

Feelings of immense peace and love; a sensation of going through a tunnel; seeing a bright, warm, welcoming light that draws the person toward it; meeting a 'being of light'; a feeling of entering a beautiful 'heavenly' domain; and encountering deceased relatives who are often perceived as greeting and welcoming the individual. (Parnia, 2016, p.67)

The NDE experience, from a sociological perspective, is similar to the views of SP experiencers who are concerned with the public response, having shared their 'parapsychological' experience. Stevenson and Cook (1995), when referring to the NDE, stated that:

Many persons who have had such experiences have been ignored, rebuffed, and ridiculed when they have tried to describe their experiences to persons who have not had them. A fear of being judged to have "hallucinated" and of being bracketed with persons who are mentally ill often inhibits free communication of the experiences to other persons. (p. 452)

More specific similarities in features can be found in a study that investigated NDE and 'REM sleep intrusions' (medically, SP is sometimes classified as a REM sleep intrusion). One thousand and thirty-four lay persons from 35 countries took part in a study using the Greyson Near-Death Experiences Scale (Kondziella and Olsen, 2019). Whilst 10% had experienced an NDE, 47% of those had experienced a REM sleep intrusion. They also found that in two particular cases, when persons were asked to describe their NDE, they described their SP experiences, as can be seen below:

I often see characters in my hallway or feel someone else's presence before going to sleep. (Male, 32 years; near-drowning NDE) [and] I see strange things, like spirits or demons, at my door, and after a while I see them coming beside me. I can't move or talk, and they sit on my chest. It scares the hell out of me! I think that it is a dream, count to 3 and close my eyes. Sometimes this helps. (Female, 28 years; physical violence; NDE) (Kondziella and Olsen, 2019, p.15)

Kondziella and Olsen (2019) concluded that the brain must be fully alert to experience an NDE, suggesting that individuals do not have to be facing death to experience NDE features, only the 'feeling' of imminent death. Nelson et al. (2006) also suggest that SP is more common in persons who have NDEs, stating that: 'These findings anticipate that under circumstances of peril, an NDE is more likely in those with previous REM intrusion' (p.1003). These findings point to the 'peril' and fear-based aspect of SP's collaborative influence on the NDE. Furthermore, Jourdan (1994) suggests that the NDE allows access to a different state of consciousness, another potential similarity with SP.

The second phenomenon discussed by Hufford (2014a) is Lucid dreaming (LD). LD has also been documented as an experience that can take place during SP (Campillo-Ferrer et al., 2023; Herrero et al., 2023; Denis and Poerio, 2017; Raduga, Kuyava and Sevchenko, 2020). Raduga (2021) suggests that 'most' people LD and that LD is the state where the dreamer is aware that they are dreaming, to the extent that they can become conscious during the dream and even change the dream plot.

The LD aspect of SP is significant, considering that experiencers can recall the SP episode and consciously interact with it. When examining the LD experience outside of SP, LaBerge (1985) provides an example of his LD:

As I wandered through a high-vaulted corridor deep within a mighty citadel, I paused to admire the magnificent architecture. Somehow, the contemplation of these majestic surroundings stimulated the realization that I was *dreaming!* In the light of my lucid consciousness, the already impressive splendour of the castle appeared even more of a marvel, and with great excitement, I began to explore the imaginary reality of my "castle in the air." Walking down the hall, I could feel the cold hardness

of the stones beneath my feet and hear the echo of my steps. Every element of this enchanting spectacle seemed real—in spite of the fact that I remained perfectly aware it was all a dream!

Fantastic as it may sound, I was in full possession of my waking faculties while dreaming and soundly asleep: I could think as clearly as ever, freely remember details of my waking life, and act deliberately upon conscious reflection. Yet none of this diminished the vividness of my dream. Paradox or no, I was awake in my dream! (p. 3)

The similarities between LD and SP include the conscious awareness of the dream state during sleep and upon waking, the ability to direct the events that take place during the state (despite being physically paralysed) and ‘the conscious awareness of not being in a standard waking state at the moment of the experience’ (Campillo-Ferrer et al., 2023, p.1). LaBerge’s (1985) example demonstrates the awareness that the experiencer feels, as they know that they are in a dream, and his perception becomes enhanced upon this realisation. He could feel sensations like ‘the cold hardness of the stones beneath [his] feet’ and hear sounds like ‘the echo of [his] steps. Upon waking, he had a full cognitive recall of the experience with vivid details. Whilst there is no understanding of the relationship between SP and LD (Denis and Poerio, 2017), there is a distinctive overlap. This has been further supported by Raduga et al. (2020) whose online study with 1928 participants positively correlated SP and LD, with 71% of participants having experienced LD.

Hufford (1995) considered whether other spiritual ‘experiential’ categories showed similarities and subsequently formed the term ‘extraordinary spiritual experiences’ (ESEs) – a way to capture and group together a range of ‘core spirit experiences’. ESEs which encapsulate core spirit experiences are, according to Hufford (2014b), opposite to ‘ordinary spiritual experiences’, which are primarily religious. The ESE experience is a ‘direct perception of spiritual facts, such that if they are not hallucinations, then they must be veridical perceptions of spiritual reality’ (p .143). These experiences bring together a broad range of spiritual phenomena, including near-death experiences, visitations from loved ones who have passed away, precognitive dreams, deathbed visitations, energy healing, past life

memories and an awareness of and communication with recently departed relatives. The categorising of ESEs includes their identification by specific features:

- (i) They refer intuitively to spirits without inference or retrospective interpretation; (ii) they form a distinct class of experience with a stable perceptual pattern; (iii) they occur independently of a subject's prior beliefs, knowledge or intention (psychological set); and (iv) they are normal (i.e. not products of obvious psychopathology). (Hufford, 2005b, p.33).

Hufford's account of ESEs challenged the prevailing orthodoxy that SP was a result of physiological and neurological pathologies. They point to something beyond the physical body that has been viewed suspiciously within academic circles (Bowie, 2020). The relationship between experience and belief has kept ESE phenomena pertinent and consistent in Western societies despite the academic communities' reluctance to mainstream them (Hufford, 1995).

Hufford (2014b) suggests that SP is an ESE. His description of ESEs is particularly relevant when examining how SP experiencers perceive them:

These experiences [ESEs] share the persistent conviction of reality and the remarkable cross-cultural pattern of content that characterize other ESEs.... and they are not symptoms of psychiatric illness. Unfortunately, though, they are often misdiagnosed in a variety of ways.....Nevertheless, unpleasant, frightening ESEs still can be transformative, appearing to reveal another, non-material aspect of existence. But these ESEs also raise the perennial spiritual question of "Why me?". Those who have frightening ESEs have a great need for reflection and support. Like other ESE subjects, these experiencers are not helped when others tell them that they "just imagined it" (Hufford, 2014b, p.150).

In addition to his definition of ESEs, Hufford (2005b) states that ESEs, as 'opposed to ordinary spiritual experiences' (p.21) such as prophetic dreams and coincidences, include phenomena such as mystical experiences, omens and feeling a supernatural presence. Hufford (2014) views experiences such as SP as a "direct' spiritual experience' (Hufford,



2005b, p.11) that warrants further examination. This study builds upon Hufford's (2005, 2014) work, particularly concerning understanding the contemporary definition of being spiritual, the relationship between spiritual, supernatural, paranormal, and otherworldly phenomena and the SP experience as a spiritual phenomenon. Given Hufford's extensive work in SP as a spiritual phenomenon, the following section provides an academic bibliography of his contributions to the field.

## **David Hufford – Pioneer in Sleep Paralysis as a Spiritual Experience**

### ***Hufford's Early Days***

According to Hufford, his 'career has been devoted to the experience-centred study of beliefs and related experiences that lie outside the conventional paradigm of modern society' (Hufford, 2014a, p.255). Having described himself with 'academic modesty', his impact on the field of SP as a spiritual experience is pioneering. His perspective towards SP as a paranormal, spiritual phenomenon that should be treated equally to scientifically measurable phenomena is commendable, as his viewpoint has remained consistent over the decades that he has been working in this area, despite the challenges faced within academia and the traditional medical and psychological interpretations of SP which dismiss SP as a hallucinations or symptoms of mental illness. His work has brought a unique perspective to the field, emphasising the cultural context, personal experience and folklore.

He began his work in SP when he was a faculty member in the Folklore Department at St John's University in Newfoundland, Canada, in 1971 (Hufford, 1982, p.1). He states that his work is based on the experiences of others and is informed by his experiences. He does not consider himself to be psychic or sensitive in any way. He has been 'concerned with questioning, evaluating, and eventually challenging those academic "traditions of disbelief," traditions where "dream" is a convenient means of dismissing extraordinary claims' (Hufford, 2014a, p.252).

It was during his graduate studies that his academic interests began to focus on folklore and the supernatural. A pivotal experience took place in 1963, which launched his career in SP, which is explained below:

In December 1963, I was a college sophomore. Having just completed the last of my final exams for the term, I was tired. I went to bed in my off-campus room at about 6 “o’clock, looking forward to a long and uninterrupted night’s sleep. In that, I was mistaken. About 2 hours later, I was awakened by the sound of my door being opened, and footsteps approached the bed. I was lying on my back and the door was straight ahead of me. But the room was pitch dark, so when I opened my eyes I couldn’t see a thing. I tried to turn on the light beside my bed, but I couldn’t move or speak. I was paralyzed. The footsteps came to the side of my bed, and I felt the mattress go down as someone climbed onto the bed, knelt on my chest, and began to strangle me. I thought that I was dying. But much worse than the feelings of being strangled were the sensations associated with what was on top of me. I had an overwhelming impression of evil, and my reaction was primarily revulsion. Whatever was on my chest was not only destructive, it was disgusting. I shrank from it. I struggled to move, but it was as though I could not find the “controls.” Somehow I no longer knew how to move. But then I did move first my hand and then my whole body. I leaped out of bed, heart racing, and turned on the light. The room was empty. I ran downstairs where my landlord sat watching TV. “Did someone go past you just now?” He looked at me like I was crazy and said “no.” I never forgot that experience, but I told no one about it for the next eight years. I had never heard of an experience anything like this, so I could not expect a lot of sympathetic understanding if I did tell someone. And I was certain that I had been awake during the episode, but I knew that if I said this was anything but a scary dream, I would be judged crazy! (Hufford, 2014a, p.256)

Hufford’s (2014a) experience describes some of the features of SP that have been previously discussed, such as being unable to move or speak and the sensation of being restrained. In addition, the supernatural aspects of an ‘overwhelming impression of evil’ resulted in a reaction that ‘was primarily revulsion’ contributes to the otherworldly interpretation of the experience. Additionally, he mentions the stigmatisation issue by sharing his reluctance to share the experience for eight years due to fear of disbelief and judgment, stating that he ‘would be judged crazy’ if he said that it ‘was anything but a scary

dream'. His experience demonstrates his confusion between believing it was a supernatural event and rationalising or verifying it.

### ***The Old Hag in Newfoundland***

While conducting his ethnographic fieldwork on supernatural belief in Newfoundland from 1971 to 1974 (Hufford, 1982), he found that residents had experienced something similar to his experience, which they called 'the Old Hag'. His work centred on thirty-six cases; the individuals were interviewed, and their case notes were analysed. Informants explained that:

When you 'have the Old Hag,' ..... you awoke to find yourself unable to move. The hag, an evil, terrifying something, could be heard coming, footsteps approaching. The hag would enter your room, come to your bed, and press you, crushing the breath out of you. If the experience is not interrupted, they said, it could end in death (Hufford, 2014a, p.256).

This finding, added to his own experience, formed the basis of his career as he left Newfoundland to join the Behavioral Science faculty at Penn State's College of Medicine, where it took nearly ten years to complete his landmark book *The Terror That Comes in the Night: An Experience-Centered Study of Supernatural Assault Traditions* (Hufford, 1982). The publication is based on the study that took place in Newfoundland. This area comprised approximately 570,000 people who were aware of the 'Old Hag' experience at the time of writing. The 'Terror' that Hufford refers to in the book title is identical to the night-mare phenomena discussed in Chapter One, commonly referred to by those living in the area as 'hagged,' with the verb 'to hag' referring to being ridden, with several associations throughout the book to witch-riding. The term 'Old Hag' refers to a mystical creature that invaded residents' bedrooms. Hufford (1982) captures the following extract, which provides an example of being 'hagged' from two female students who interviewed a sixty-two-year-old woman in Newfoundland:

Yes, the people of \_\_\_\_\_ did speak of having nightmares. Usually they said "I was hagged last night." To my knowledge the hag was experienced most often in the nighttime, in the person's home and it always came in human form. I saw only one

actual person who experienced the hag. It was the year 1915, and it concerns three people: Robert , John , and Jean.... Robert was trying to date Jean who was John's steady girlfriend. About a month after this had been going on Robert began to be hagged. Every night when he went to bed, it was as if someone was pressing across his chest—it was as if he was being strangled. Robert became so sick that the people he boarded with thought he was going to die. But one night an old man suggested that Robert place a piece of board directly across his chest with an opened up pocket knife held between his hands. It was hoped that when the hag came to lie across his chest, the hag would be killed. However, in the morning when Robert got up he found that the knife was sticking into the piece of board. Only for the board Robert would have been killed. Perhaps because the hag thought he had killed Robert that it never came back again. Robert knew that John was the person who was haggging him. He put it down to jealousy on John's part. ....Robert told the people that he stayed with that the hag was human—he could hear it coming and could recognize it but when it came he couldn't speak—he could only make throaty noises. The hag just walked in or appeared while Robert was sleeping but he woke up while he was being hagged. Robert said that he was always lying on his back and usually he was under stress. The hag was brought about by a curse.....The way to call a hag, Robert later learned, was to say the Lord's Prayer backwards in the name of the devil. The only way to avoid the hag was by drawing blood or using the word of God and keeping the light on in the bedroom (p. 3).

In the extract above, is an example of folklore and belief in Newfoundland as the phenomena of being 'hagged' mirrors the typical symptoms of SP, such as the sensation of pressure on the chest and the inability to speak or move. The experience is personified as the 'hag' is interpreted as a supernatural being that is summoned to inflict harm on others, specifically by reciting 'the Lord's Prayer backwards in the name of the devil'. The experience emphasises the fear and trauma faced by Robert as his health deteriorates due to the mental and emotional ordeal of the 'hag'.

According to Hufford (1982 p. ix), 'no commonly accepted term exists in modern English' for the 'Old Hag' (see Appendix 1 Newfoundland), which was explained in detail in his book and

examined as a unique singular experience, separate, yet similar to the term 'sleep paralysis' that we use today in the Western world. He positions the 'Old Hag' phenomena within the folklore and spirituality category and attempts to unravel the complex language and contextual issues presented by the 'Old Hag'. Hufford suggests that the Old Hag belief belongs to a 'category of traditions involving what are believed to be direct supernatural encounters' (1982 p.13) and compiled a list of SP's primary and secondary features summarising the experience's nature and frequency (see Appendix 3).

His research identified three key points. Firstly, the experience is not dependent on the cultural setting of the individual, as he found that persons who did not know about the 'Old Hag' still had the experience. Second, the attack frequency is 15% or more of the general population. Thirdly, and perhaps most significantly within the context of this study, the contents of the experience cannot be explained with the individuals' culturally available beliefs and traditions. Additionally, he found that SP or the Old Hag experience was directly connected to spiritual and cultural traditions, stating that the SP experience:

Contains a consistent subjective pattern that experiencers take to be spiritual although very negative—that is, evil. Comparing traditional accounts in Newfoundland and around the world I was able to show that this pattern is independent of cultural traditions (Hufford, 2010, p.152).

In concluding the Newfoundland study, he suggested the need for more research. He cited his work in Newfoundland as 'a beginning' in the study of SP, suggesting that scholars who investigated the phenomenon were misled by the assumption of the individual's cultural background, providing a framework for the experience, causing them to experience what they were culturally familiar with. Additionally, he states that due to the limited research, observations based on folklore are ahead of those scientifically driven. Whilst Hufford has completed extensive work in progressing the understanding and scope of SP as a spiritual experience, there are, however, conflicting perspectives about the cause and subsequent treatment for those who have the SP experience. These conflicting perspectives originate from the fields of neurology and psychology (see previous subsection), suggesting biological

and neurological reasons for the cause of SP, which today impacts the treatment and societal perception of those who experience SP (Adler, 2011).

### ***The Experience-Centered Approach***

During Hufford's work in Newfoundland, he felt it necessary to determine the role of personal experience within the 'Old Hag' experience. His initial position was that the cultural source hypothesis was at the centre of the tradition due to the number of narrators who claimed to have heard or known someone who had experienced the 'Old Hag'. The cultural source hypothesis 'posits that sleep paralysis creates a state of consciousness in which cultural loading and personal belief could be expected to produce images that conform to the subjects' expectations' (McCleese, 2019, p.4). Having tested this hypothesis, he concluded, to his surprise, that the experiential source hypothesis was the appropriate hypothesis. He found that people in Newfoundland had Old Hag experiences without awareness of its cultural embedding. Individuals had no prior knowledge of the Old Hag, yet they were having the experience. This experience-centered approach enabled researchers to take subjective accounts from individuals seriously, placing them within a scientific framework. As this approach focuses on the subjective experiences of individuals, the experiences are treated with respect and seriousness, encouraging scholars to consider the possibility that the experiences of the SP might be more than just the products of imagination or delusion.

Hufford's (2010) conclusions were based on argument, research and evidence. When considering alternative perspectives, as he states that:

Psychiatry and anthropology have unintentionally colluded to stigmatize these [sleep paralysis] experiences as either primitive or insane, suppressing their discussion and producing a self-fulfilling prophecy (p.147).

The general perception of SP, regardless of cultural or geographical influence, towards those who experience it is negative (Adler, 2011; Hufford, 1982), with the experiencer perceived as attacked supernaturally, with the experience connected to the occult, witchcraft or the devil. Within today's contemporary explanation of SP, it is also attributed to mental or physical illness (Adler, 2011). With these characteristics, the SP experiencer is stigmatised,

leaving them without support and feelings of isolation, to the extent that many will not speak about their experiences and will hide them from family, colleagues and friends (Adler, 2011). The alternative perspectives posed by the fields of psychology and neurology accept, to some extent, the existence, frequency and nature of the SP experience but not the potentially underlying spiritual, etymological and cultural aspects. The following section discusses the relationship between folklore beliefs and those of medicine.

### ***Bridging Folklore and Medicine***

Hufford's position as a professor of medical humanities at Penn State College of Medicine allowed him to advocate for patients' personal beliefs and experiences in medical education and practice (Hufford, 1997, 1993), arguing that understanding these elements is crucial for providing holistic and empathetic care. He taught medical students and wrote several papers in support of his position, emphasising that dismissing patients' experiences as superstition or psychological anomalies can lead to misdiagnosis and ineffective treatment. He believed a more inclusive approach, acknowledging the importance of cultural beliefs and personal experiences in shaping health and well-being, was essential for improving patient care.

An example which focuses on the importance of considering cultural and gender differences is found in his study, which presents a case study of a fourteen-year-old South Asian American woman named Boa to illustrate the intersection of cultural beliefs, gender, and the experience of pain. Boa experiences chronic pain that is dismissed or misunderstood due to gender biases and cultural expectations. She repeatedly visited medical professionals complaining of severe and persistent pain. Despite her consistent reports, her pain is often minimised or attributed to psychological factors rather than being treated as a severe physical condition until it eventually leads to her death.

Hufford uses this example to highlight the importance of understanding pain as a physical symptom and a culturally and socially mediated experience. He argues that the dismissal of the woman's pain is not just a medical issue but a reflection of deep-seated cultural biases that influence how pain is perceived and treated based on gender, arguing that healthcare providers can provide more effective and empathetic care that genuinely addresses the patient's experience if cultural bias is removed.

Themes within Boa's case (Hufford, 1997) are evident in Hufford's work in SP. Hufford demonstrates the need for a patient-centred model that integrates the cultural and experiential dimensions of health, ensuring that medical professionals consider not only the physical symptoms but also the personal and cultural narratives that shape patients' experiences and expressions of distress. This comprehensive approach to understanding patient experiences aligns with his transformative efforts to bridge the gap between subjective experiences and medical interpretations of both physical and psychological phenomena.

The experiences of Boa are relevant to SP experiencers. Her symptoms have been misunderstood and attributed to a mental health disorder without consideration of cultural dimensions, which could potentially exacerbate psychological distress and mental well-being. Her pain is dismissed or minimised due to cultural and gender bias. Similarly, SP experiencers are told that their experiences are mere hallucinations or psychological disturbances. Hufford's research advocates for a more comprehensive and patient-centred healthcare model, emphasising the importance of integrating the patient's narrative and experiences as pivotal components of effective treatment.

### ***Contributions to the Study of Supernatural Beliefs***

Hufford has also made significant contributions to the study of supernatural beliefs and developed the term ESE, which has been previously discussed. These events challenge conventional scientific understanding and are often dismissed by mainstream science. Hufford has argued that these experiences should be studied rigorously and with an open mind, as they offer valuable insights into the nature of belief and human consciousness. His work has laid the groundwork for a more inclusive understanding of health and experience—one that bridges the gap between science and less tangible phenomena such as ESEs whilst recognising the importance of personal experiences. He has shown that it is possible to approach the study of the supernatural with rigour within a scientific framework, and in doing so, he has opened up new avenues for understanding the human experience and the depths of what it means to be human.

Unfortunately, Hufford was reluctant to state whether SP was a spiritual experience or not. The body of Hufford's work in SP did not move beyond the assertion that his research indicated that SP could 'potentially' be a spiritual experientially. In fact, Hufford's work



suggested a spiritual relationship without the precise conclusion that SP is a spiritual phenomenon despite its categorisation as an ESE. Having said this, Hufford's work has provided a foundation for this study to examine SP as a spiritual experience, using the lived experience as the primary basis for examination. The following section continues to discuss and examine folklore and cultural anthropology in relation to SP.

### **Cultural Anthropology and Folklore Interpretations of Sleep Paralysis**

This section builds on the work of Hufford (1982) and specifically SP's folkloric, supernatural, and medical perspectives. It demonstrates how different regions and communities understand the phenomenon and identifies many thematic patterns that relate to the explanation and treatment of SP. These similarities suggest that SP is not a culturally specific experience.

The attributing of SP to supernatural and paranormal entities such as ghosts, witches, and spirits can be seen in China, where SP is described as being pressed by a ghost (Hufford, 2005b; Wing, Lee and Chen, 1994), in African Americans, where SP is seen as an attack by witches (Ramsawh et al., 2008) and in Italy, where SP represents the *pandafeche*, who are supernatural beings or witches. The *pandafeche* is said to occur when a person feels the presence of a supernatural being immobilising them by sitting on their chest (Carvalho et al., 2016). Additionally, in Vietnam, SP is described as *bóngdè*, which means a ghost holds down the person or a shadow (Lockwood, 2010), and in Japan, SP is interpreted as *kanashibari*, a supernatural entity, whose meaning relates to feeling bound or fastened by metal. According to Fukuda et al. (1987), 'long ago in Japan, Buddhist monks were thought to use the magic to paralyze others as if binding them with chains' (p. 280).

The theme of pressure and oppression can also be identified cross-culturally, referring to the sensation of suffocation or being pressed down by a malevolent force. This is seen in Finland, where persons experience *painajainen*, derived from the word *pantaa*, meaning to press or apply pressure (Kuhn and Reidy, 1975), Morocco, where the word *boratat* is used, which means 'someone who presses on you' (De Jong, 2005, p.84) and in France, where the medieval term *appesart*, is used, meaning to press down upon (Davies, 2003).

Some interpretations involve evil spirits and demonic entities causing the paralysis. This can be seen in Iran, where the *bakhtak* is 'a type of jinn that sits on the dreamer's chest, making breathing harder and movement difficult or impossible' (Sharpless and Doghramji, 2015, p.236), Ireland, where *tromlui* is said to be 'a large bird pressing on the sleeper' (Davies, 2003; Adler, 2011) and Ethiopia, where *dukak* is 'an evil spirit (or devil) who disrupts sleep' (Sharpless and Doghramji, 2015, p.233). Nigeria, specifically the Yoruba people, interpret SP to be a demonic intrusion of the *Ogun Oru* into the dream state (Aina and Famuyiwa, 2007) and in Turkey, the *karabasan* - which means the dark presser - is experienced (Ronnevig, 2007). Nightmare creatures, in addition to ghosts and demons, can also be identified cross-culturally. A pressing entity taking the form of a chicken is expressed as *liderc* in Hungary (Davies, 2003), and in Spain, the *pesanta*, a large dog or cat, sits on the victim's chest (Lockwood, 2010).

Folklore and mythical themes are also evident in cultural interpretations of SP. In Zimbabwe, the *madzikirira* refers to a witch pressing someone down (Lockwood, 2010), and in New Guinea, the *suk ninmyo* originates from a sacred tree of life (Lockwood, 2010). This is contrasted with medical and physiological interpretations of SP found in English and German medical literature. In England, the 'cataplexy of awakening' (with cataplexy referring to muscle weakness) is used (Sharpless and Doghramji, 2015, p.233) and according to De Jong (2005), German medical literature refers to *verzöchertes psychomotorisches Erwachen* which translates as delayed psychomotor awakening (p.79).

In addition to cultural interpretations, themes prevalent in specific geographical regions, reflecting cultural contexts and broader geographical patterns, can be identified. In Africa and the Middle East, there is a strong emphasis on the supernatural, comprising witchcraft, evil spirits, and jinn (a supernatural entity). Asia predominantly interprets SP as pressure sensations caused by ghosts and spirits. Europe has a mixture of clinical explanations and creature-based mythical folklore interpretations. In North America, paranormal and supernatural entities are emphasised with some clinical perspectives, whereas in South America and the Pacific Islands, there are predominantly mythological and folklore interpretations, specifically ancestral spirits in the Pacific Islands. The following section focuses on the etymology of SP, the role of witchcraft and the Salem witch trials.

### **The Etymology and the Role of Folklore and Witchcraft in the Night-Mare**

Throughout the history of SP, the word night-mare can be consistently seen up to the 1920s to express a phenomenon with identifying features exactly like those of SP. Given this, it is accepted that the night-mare and SP are part of the same phenomenon, with individuals experiencing the same features. Hufford (2005) supports this view, stating that 'the primary referent of *night-mare* actually was what we call sleep paralysis, and it was consistently associated with supernatural assault' (p.22). Wilson's new terminology of 'sleep paralysis' replaced what was believed to be a supernatural, malevolent creature that attacked people as they slept. This belief had existed for thousands of years previously. Despite the change in terminology, the experiential features of 'sleep paralysis' remained aligned with those of supernatural phenomena. However, it can be conclusively stated that the historical use of the words 'night-mare' and our everyday use of the word 'nightmare' references features of the SP experience.

When the 'mare' in 'nightmare' is examined, Davies (2003) furthers the connection to the supernatural and suggests that:

The "mare" element of the English "nightmare" derives from the same root as the Germanic mahr and Old Norse mara, a supernatural being, usually female, who lay on people's chests at night, thereby suffocating them (p.183).

Hufford (2005), however, has an alternative view of the etymology of 'mare', stating that:

The second syllable, *mare*, does not refer to female horses as folk etymology suggests. Rather it comes from the Anglo-Saxon root *merran*, 'to crush,' which in turn refers to the common sensation of pressure, often on the chest (p. 16).

While both Davies (2003) and Hufford (2005) dispute the etymological meaning of 'mare', both are relevant and denote a connection to the historical understanding of SP. Adler (2011) has also identified the inconsistencies in the original meaning of 'mare', stating that linguists suggest that there are three potential meanings, each of them having the same implications for SP: '*móros* ("death"), *mer* ("drive out"), and, perhaps the most likely source,

*mar* (“to pound, bruise, crush”) (p.13). The word ‘mare’ and its use in ‘night- mare’ can also be found in many languages. For example, there is ‘nachtsmahr in German, nachtmerrie in Dutch, and cauchemar in French.... zmora in Polish, morica in Croatian, mòre in Serbian, muera in Czech, and kikimora in Russian’ (Davies, 2003, p.184). More specifically, Davies (2003) cites a fourteenth-century manuscript which says that ‘the “night-mare” lay on top of people at night’ (p.183). Historically, the night-mare’s connection to the Incubus is also pertinent, with Olunu et al. (2018) stating that Themison of Laodicea (1st-century BCE) described the ‘night-mare’ as ‘Incubus’, with the word ‘incubus deriving from the Latin word incubare (to lie down upon)’ (Davies, 2003, p.4).

Whilst linguistically, the action of crushing or laying on people’s chest when using the word ‘nightmare’ has been lost in Western societies, the etymological relationship between the word ‘night-mare’ and SP is unmistakable. Furthermore, compared to the word's cross-cultural use, we are exposed to similarities beyond folklore as a linguistic pattern emerges. Etymologically, when the use of the word ‘nightmare’ is examined across contemporary cultures, language related to ‘pressing’, ‘weight’, ‘pressure’, and ‘crushing’ can be found, as well as references to the supernatural, ‘ghosts’, and ‘spirits’ (Adler, 2011; Sharpless and Doghramji, 2015) (see Appendix 1).

The etymology of the night-mare reflects the SP phenomenon in different cultures and countries worldwide (see Appendix 1). The inclusion of the SP features, for example, a ‘dark presser’ and ‘being pressed by a ghost’, and the association with folklore in countries such as Turkey (Ronnevig, 2007) and China (Wing, Lee and Chen, 1994) highlights a consistency which suggests that the SP phenomenon is far more than a hallucinatory experience, or a singularly unique experience that an individual is exposed to. The history, features, etymology, folklore and experience of SP point towards the paranormal, the occult, ghosts, evil spirits and forces, the supernatural, demons and ‘witches’, yet there is very little evidence, apart from the language and local folklore to validate this finding. Considering this, the direct question is, ‘How are these cultures from all over the world linguistically expressing the same ‘type’ of entity and having the same experience?’ It could be argued that the evidence is in each country's folklore, language and experiential features, with a similar shared experience that has persisted throughout the millennia.

Scholarly literature on this topic is scant, with few authors and researchers analysing this linguistic consistency. Most academic research discusses SP from the scientific perspective, ignoring the historical and folklore consistencies. Adler (2011) suggests that the medical knowledge of SP is 'impoverished' compared to folk belief and that physiology has created a reductionistic explanation of the phenomenon. Hufford (1995), as previously stated, has written extensively about the academic community's reluctance to take folklore - and specifically folk and supernatural beliefs - seriously, stating that when beliefs are discussed, 'especially beliefs about spirits – the academic community argues that it is false or at least unfounded, 'non-rational' and 'non-empirical' (p. 11). He argues that his experience-centred theory (discussed in detail above) validates folk belief, thereby questioning the academic 'irrational' stance. The lack of seriousness granted to supernatural belief has created problems for folklorists who research spirituality and spiritual experiences.

According to Bennett (1987):

No one will tackle the subject because it is disreputable, and it remains disreputable because no one will tackle it. Secondly, because no one does any research into present-day supernatural beliefs, occult traditions are generally represented by old legends [leaving] published collections of supernatural folklore ... stuck forever in a time-warp. (p.13).

Additionally, folk belief literature is 'fragmented, lacking in conceptual clarity, and focused on materials that are often trivial or marginal or both' (Hufford, 1983, p.21). The academics who study folklore and supernatural beliefs are challenged by an inability to provide 'scientific' and measurable data to ensure their work is taken seriously by scientific professionals. This is unfortunate as the work has the potential to be of great benefit to many disciplines, including the medical and health community (Hufford, 1976). Ordinary people are also not taken seriously when claiming to have had an experience attributed to the supernatural, which compounds an attitude of dismissal by professionals, which Hufford (1998) argues is a potential threat to professional authority. Yet, despite the psychological, physiological, and neurophysiological explanations for SP that acclaimed scholars have

presented, the belief in the reality of SP and other spiritual experiences persists in people from all cultures, classes of society, and backgrounds.

The connection between SP and folklore is also interwoven with mythology, specifically demonology. In one of Van Diemberbroeck's case reports (see Introduction, History of Sleep Paralysis subsection), he wrote:

She believed the devil lay upon her and held her down, sometimes that she was choked by a great dog or thief lying upon her breast so that she could hardly speak or breath (Kompanje, 2008, p.465).

Whilst describing a classic case of SP, he refers to the Devil as the central character in the experience. The 'Devil' that Van Diemberbroeck potentially refers to is the incubus that was previously historically and etymologically discussed. Dating back to medieval times, the incubus and its counterpart, the succubus, was a 'supernatural entity that appears in dreams to seduce [wo]men, usually through sexual activity' (Grover, Mehra and Dua, 2018, p.147). These supernatural creatures are said to be demonic descendants from Lilith (or she-demon), dating back to the 2400 BCE Sumerian Kings list, where its first reference was found (Cox, 2015). Interestingly, theologians also stated SP was due to evil powers (Olunu et al., 2018).

There is also a limited amount of scholarly research relating to the connection between SP and witches, with much of the information utilising material presented at various witchcraft trials. The connection between witchcraft and SP can be seen in the late 19<sup>th</sup> and early 20<sup>th</sup> century documents, with accounts of witches causing the night-mare, as people sought a physical or human cause for the occurrences (Davies, 2003). The witchcraft trials, where accounts of the night-mare and witchcraft are prevalent, included the reports of incidences in Salem that took place in 1692. These have been extensively researched by Davies (2003), who points out that similarities between SP and the statements recorded during the trials can be found. He provides us with Robert Downer's experience, which contains the details of SP features that took place after the accused witch Susan Martin said:

"Some She-Devil would shortly fetch him away." That night, "as he lay in his bed, there came in at the window, the likeness of a cat, which flew upon him, took fast hold of his throat, lay on him a considerable while, and almost killed him."

Bernard Peach also testified that one night, "he heard a scrabbling at the window, whereat he then saw Susanna Martin come in, and jump down upon the floor. She took hold of this deponent's feet, and drawing his body up into an heap, she lay upon him near two hours; in all which time he could neither speak nor stir" (p.185).

Despite the association of witches inducing SP, it can be seen that during the period of the witchcraft trials, the causes of SP continued to be speculated between the supernatural and natural digestion causes, as can be seen in this dialogue in *Demonology*, originally written by King James I in 1597 and reproduced by Donald Tyson in 2011:

#### **Philomathes**

It is not the thing which we call the mare, which takes folks sleeping in their beds, a kind of these spirits, whereof you are speaking?

#### **Epistemon**

No, that is but a natural sickness, which the mediciners have given that name of incubus unto, ... because it being a thick phlegm, falling into our breast upon the heart while we are sleeping, intercedes so our vital spirits, and takes all power from us, as to make us think that there were some unnatural burden or spirit lying upon us and holding us down (Tyson, 2011, p.273).

Davies (2003) also discusses the case of Olive Barthram, who was prosecuted for witchcraft in 1599 in England. One of her alleged victims, Joan Jorden, stated during the trial that 'a shape-changing spirit sent by Barthram tormented her at night' (p. 185). On another occasion, Joan described the spirit as appearing 'in the well-defined shape of a cat' (p. 185). Using the sworn depositions, Ewen (1933) records Joan as saying:

At 11 o'clock at night, first scraping on the walls, then knocking, after that shuffling in the rushes: and then (as his usual manner was) he clapped the maid on the cheeks

about a half score times as to awake her ... kissed her three or four times, and slavered on her, and (lying on her breast) he pressed her so sore that she could not speak, at other times he held her hands that she could not stir, and restrained her voice that she could not answer (p. 188).

Another example of SP and witchcraft can be seen in the *Athenean Mercury*, a magazine published during the late seventeenth century:

Q. Whether there's any such thing as a hag, which the common people fancy to be witch-riding, when they are in their beds in the night time, and, as some say, when they are perfectly awake, and with such a vehemency that they are not able to stir either hand or foot, or move the least member of their bodies, nor can utter one word distinctly, but make a kind of grumbling noise? If in the affirmative, what instance meet you with it in history? If in the negative, what is it that is the cause of it?

A. 'Tis effected both ways, by vapours from crude and undigested concoctions, heat of blood, as after hard drinking, and several other natural ways; but sometimes 'tis really effected by witches, which first gave the name to the common oppression in sleep called the night-mare. History is full of such instances (Davies, 2003, p.188).

The folklorist explanation of SP and the consistency of the language and experience has been reduced in contemporary literature and academic research. We also find that the linguistic and etymological meaning of the nightmare and its relationship with SP has become less known. Understanding SP within today's everyday spirituality context is discussed in the following section as it is examined within the framework of contemporary spirituality.

### **Everyday Spirituality and its Connection to Sleep Paralysis**

Reductionist theorists have thoroughly examined the notion of the supernatural as a 'real' concept, to the detriment of those who perceive SP as an otherworldly, paranormal and supernatural experience. With the loss of 'spirit' within today's concept of spirituality, the



features and impact of spiritual experiences on the individual have been overlooked, particularly the conceptual understanding of spirituality, which, according to Mackian (2011) has become alternative and commercial. This view has been endorsed by multiple authors (Heelas, 2008; Bruce, 2002; Hanegraaff, 1998), with contemporary spirituality having very little to do with the supernatural aspects. Anything within the purview of the supernatural, according to Heelas (2008), is not spiritual and is considered paranormal, which is not as socially acceptable or topical as attending a weekend meditation retreat that has been explicitly designed to enhance one's spirituality.

However, there appears to be a contradiction when individuals discuss their experiences. Goldstein et al. (2007, p.65) point out that since the 1970s, studies have been administered by social scientists to 'assess the actual state of contemporary belief in the supernatural' (p. 65) with results that are not surprising (to a SP experiencer at least). Greeley (1975), whilst undertaking a national opinion study conducted through one-to-one interviews with people who claimed to have communicated with the dead or had clairvoyant and mystical experiences, found that almost one-fifth of the 'American population reports frequent paranormal experiences' (p. 7), a finding that surprised him and his team, leading him to state 'How could such an extraordinary phenomenon be overlooked for so long? Better yet, why has it been overlooked for so long?' (p. 7). In the UK, Goldstein et al. (2007, p.65) found that '14 percent of their sizable sample from the United Kingdom believed in astrology, 35 percent in fortune telling, 36 percent in ghosts, 54 percent in clairvoyance, and 61 percent in telepathy'. Another sociologically focussed study on paranormal experiences took place in 2009 in the UK with a nationally representative sample. Conducted using face-to-face interviews with 4096 individuals, it included extrasensory perception, telepathy, precognition, mystical experiences, and contact with the dead. The findings showed that '37% of British adults report at least one paranormal experience and that women, those who are middle-aged or individuals resident in the South West are more likely to report such experiences' (Castro, Burrows and Wooffitt, 2014, p.1). Furthermore, the study called for the 'serious sociological analysis of paranormal experiences' (p.3), listing arguments that support further sociological research into the paranormal, building on a call that was 'originally proposed well over thirty years ago by Greeley' (p.1).

Similar results are found in public opinion polls. The Harris Poll undertaken in the US in 2003 states that 'Many people believe in miracles (89%), the devil (68%), hell (69%), ghosts (51%), astrology (31%) and reincarnation (27%) (2003, p.1), and in a US poll conducted by the Gallup Organization in 2005, it was found that:

Three in four Americans hold some belief in at least one of the paranormal areas surveyed by Gallup, which included extra-sensory perception (ESP), haunted houses, ghosts, mental telepathy, clairvoyance, astrology, communication with the dead, witches, reincarnation, and channelling (Goldstein et al., 2007, p. 65).

Goldstein et al., (2007) further states that in Canada, the Canadian Leger Marketing Survey in 2005 found 'that a majority of Canadians surveyed believed in angels and life after death while roughly one-third reported a belief that aliens and ghosts existed' (p. 66). The 'on the ground' data regarding belief in the supernatural suggests that the extent of supernatural belief has been significantly underestimated and is widespread in parts of America, Canada and the United Kingdom, despite the reluctance of academia to research it.

Notwithstanding the overwhelming data to support the belief in supernatural and paranormal phenomena, the academic community has historically been reluctant to engage with these topics for several reasons, which have been previously discussed. The most significant of these has been outlined in Chapter One, where the Reformation, Enlightenment and Modernity played a critical reductionist role in ensuring that only empirically scientific phenomena that demonstrated reproducibility and falsifiability were qualified to be taken 'seriously'. Today's scientific views state that everything has a scientific explanation, and anything that does not is not worthy of serious investigation. Therefore, supernatural and paranormal phenomena are difficult to fit within traditional scientific frameworks, with terms such as pseudoscience and fringe beliefs being attributed to these areas. SP's association with pseudoscience has prevented the scholarly community from engaging in this topic from a supernatural and even out-of-body consciousness perspective due to the fear of damaging reputable careers, which creates stigma and scepticism when SP is discussed.

With very few sociological studies in the paranormal and ‘no systematic study of reported paranormal experiences’ (Castro, Burrows and Wooffitt, 2014, p.1), this study contributes to not only recognising but also understanding paranormal phenomena whilst acknowledging that there is a contradiction in the everyday world, outside of academia, when individuals discuss their experiences, as the experiences are taking place without academic recognition. This has inevitably created a gulf and a quandary between the spiritual and the paranormal within academia, which has chosen to ignore the implicit ‘spirit’ in ‘spiritual’ and ‘spirituality’. Spirit is within the realm of ghosts, the otherworldly, the supernatural, and the paranormal, overlapping with theories of consciousness (Mayer, 2000). This paranormal aspect of spirituality is reflected in the everyday lives of SP experiencers who define their experiences as spiritual, otherworldly, supernatural and metaphysical (McCleese, 2019; Olunu et al., 2018; Mayer and Fuhrmann, 2022). There is a quandary, not only with what is considered spiritual, but also with spiritual experiences that are referred to as paranormal or supernatural, whilst determining at which point spirituality crosses over into the world of metaphysics, the supernatural and consciousness, if at all.

Mackian ‘s (2012) work has attempted to address some of these issues by providing a theory of ‘everyday spirituality’, which can be evaluated and contrasted with the experience of SP to develop an expanded view of the experience and spirituality. Her work is particularly relevant to this study as it is centred on understanding spirituality through the lived experience, taking into account the otherworldly spirit in the everyday that can shape a spiritual experience. This phenomenological approach aligns with this study as it provides a framework for analysing SP not as a physiological or neurological condition but as one with rich social and spiritual significance. The value of personal narratives is emphasised in this study and in the work of Mackian (2012).

Furthermore, Mackian (2012) argues for a broader understanding of spirituality that includes enchanted elements and the supernatural (2012), aligning with the themes of this study. She suggests that recently, there has been a shift within Western societies towards what others refer to as ‘alternative spirituality’, focused on activities such as obtaining spiritual paraphernalia and attending spiritual well-being events. This alternative spirituality is a commercialised part of a wellness culture that has:

A tendency to spill out into the broader fabric of everyday life. It was not only whilst on the treatment bed having Reiki that their link to spiritual energy was present, it was also evident in the way they talked about every aspect of their lives, from personal relationships to work. This was a spirituality *of*, and *in*, everyday life (p.3).

Within this complex untangling of spirituality and the supernatural, it is here that, according to MacKian (2011), social science has failed to 'encounter, articulate and represent' (p.61) the otherworldly aspect of spirituality. This failure contributes to a significant societal lack of understanding and acknowledgement of spirit. She argues that social science has, therefore, been unable to refer to enchanted worlds that are formed as a result of spiritual encounters and also contends that 'spirit' which is central to spirituality, has been lost and replaced by a concept of spirituality which includes:

A personal journey to the divine within, usually sustained by the purchase of widely available protean commodities such as crystals, Buddhas and weekend retreats (p. 61 2011).

According to Mackian (2012), spirituality for some has become focused on personal experiences and internal connections, whereas her work on 'everyday spirituality' is focused on connections with the otherworldly, paranormal and transcendence, which is ignored in the 'alternative spirituality' literature. Heelas (1996) also suggests that there are many opportunities to express the limited ideal of spirituality, detracting from the 'spirit', in the form of:

People being provided the opportunity to meditate ... heed channels, commune with nature, practice spiritual healing, try virtual reality equipment, take celebratory-cum-inspirational holidays, participate in workshops, become involved with covens, camps, communes, austere spiritual paths, well-organized new and not-so-new religious movements, or simply obtain the cultural provisions (literature, music, crafts) which have proliferated in recent times (p.1).

The evaluation of Mackian's (2012) 'everyday spirituality' theory engages the debate regarding the loss of spirit in spirituality, and includes a supernatural set of experiences

embedded within the history and experiential aspect of SP that are experienced by people all over the world, whose spiritual beliefs are unrelated to the experience.

This aspect for the SP experiencer is firmly placed within supernatural and metaphysical domains, with spiritual aspects underpinning their experiences. Unfortunately, the 'alternative spirituality' theory does not extend into this additional type of spirituality, if it can continue to be called 'spirituality', as there is a need for a linguistic and experiential framework that the SP experiencer can use to articulate the breadth of the experience, as well as gain 'legitimate' recognition by the social sciences and society at large. The 'everyday spirituality' framework is necessary to provide a more holistic approach that includes 'spiritual' human experiences from the mundane to the profoundly mystical, bridging the gap between everyday spiritual experiences and the terrifying yet profound SP experience.

Mackian (2012) also argues that disenchantment is a feature of today's Western society, which often dismisses anything that cannot be proven by science, where there is little room for spiritual experiences, 'Gods, spirits or the otherworldly' (p. 46). However, she suggests that this perspective is gradually shifting and becoming outdated as more evidence supports the existence of a mystical and magical dimension that we are only beginning to understand, a 'magical modernity' (p. 46), which is part of today's spiritual landscape. This emerging reality is becoming increasingly accepted and valued by those who practice and acknowledge it. To fully grasp the breadth of spirituality, we must consider it from both a critical and an experiential standpoint, recognizing the insights of those who engage with it. Additionally, researchers are beginning to explore phenomena such as lucid dreaming (LD) and out-of-body experiences (OBEs) to control and have the experiences at will, engaging the well-being benefits (Raduga, 2021; Campillo-Ferrer et al., 2023), thereby bringing an experience which has previously been connected with mystical, paranormal phenomena into the scientific domain. Solomonova (2018) suggests that:

There is a possibility of harnessing the power and potential of the dissociative/overlapping {NDE/OBE/LD/AP} state in order to take active charge of

one's experience and to use the opportunity presented by the simultaneity of waking and sleeping (p. 1).

Whilst Mackian's (2012) 'magical modernity' supports the SP experiences from the perspective of those who experience it, and 'spirituality' throughout the forthcoming chapters, is underpinned by the general definition of spirituality as suggested by Spencer (2012):

Spirituality involves the recognition of a feeling or sense or belief that there is something greater than myself, something more to being human than sensory experience, and that the greater whole of which we are part is cosmic or divine in nature (p. 1).

This definition of spirituality provides a new way of thinking about SP that moves beyond the 'alternative spirituality' approach. An example of the need to embrace Spencer's (2012) definition of spirituality is provided by Spiers (2021), who, whilst discussing her temporal lobe epilepsy in her autoethnography, stated that 'I have access to a spirituality that encompasses alternate realities' (p. 70), also stating that she experiences states of consciousness that are different to her waking state which include OBEs and felt presences. She states that she told her neurologist that 'I leave my body, I go into the cosmos, I can see the earth from the stars' (p. 60), continuing with:

The neurologist looks lost; I feel that she wants to do something but seems to be embarrassed by what I am saying, and professionally out of her depth. I feel that she can't engage with my fear and the cheeriness has gone. She says, "I think you need a scan" (p. 60).

Apart from the awkwardness created by her statement to her neurologist, aligning her experiences with those of alternate realities reinforces Mackian's (2012) model of everyday spirituality. Hufford's ESE model (2005b) is also another fit; nevertheless, her extract demonstrates that there is no neat fit for terminology that captures experiences that are potentially spiritual yet supernatural and transcendental. This is discussed further in Chapter Five, where the language of spirituality is analysed, drawing on data from the study.

Within this context, I argue that the anomalous phenomena experienced during SP are everyday spiritual experiences and that 'spiritual' includes otherworldly experiences. Spiers' (2021) qualitative approach to the analysis of her epilepsy allowed for a deeper analysis of the impact that her condition has on her outlook on life, rather than the medicalised details of the condition itself. In this case, the connection between spirituality and alternate realities is demonstrated as an intrinsic part of her everyday reality, as stated by Mackian (2012). Very little literature exists that discusses the lived and negotiated SP experience related to the spirituality of individuals, or generally, apart from statements that refer to the stigmatisation of experiencers and their subsequent reluctance to discuss their experiences (Sharma, Sakhamuri and Giddings, 2023; Olunu et al., 2018). This research addresses that gap by drawing on rich, qualitative data reflecting the lived experiences of SP experiencers relating to not only stigma and disclosure but also the spiritual aspect of the experience.

## **Conclusion**

The historical influence of events like the Reformation and Enlightenment has shaped modern perspectives on SP, leading to the loss of its 'spirit' aspect in contemporary discussions. This, combined with the complexities of defining SP as a spiritual phenomenon and understanding the relationship between spirituality and supernatural phenomena, has left a notable gap in current research. This study will work towards addressing this gap, drawing on the lived experiences of those who are required to live with, negotiate, manage and make sense of SP.

Historically, SP became increasingly understood through the scientific lenses of neurology and psychology as attempts were made to measure and label it empirically. Despite these attempts, there are still no scientific explanations for the cause of SP, and a situation exists where explanations for SP range from anomalies in the brain that create hallucinations to the engagement of non-human intelligence. Supernatural and paranormal phenomena have a central role in explanations due to the experiential nature of SP, with many experiencers pointing to spiritual interpretations (yet these explanations are given little recognition in existing scholarship). The need to pathologise SP, ensuring that it fits with a scientific framework, has outweighed the need to undertake research that accepts that real,

lived experiences that may be experienced as spiritual or supernatural are happening to millions of people worldwide, with similar features and experiences despite differing cultural norms. The people whose lives are impacted daily by the presence of SP are not bound by the need to conform to psychoneurological claims, as their experiences place them in a position which is outside of them. It has been previously stated that there is a lack of academic literature that discusses the lived experience of individuals who experience SP and the need for it to fit within existing scientific theories. Reasons for this have been previously stated, and there is a need for scholars to challenge conventional (scientific) views and make space for consideration of the spiritual, supernatural and everyday dimensions of SP.

The perspective of SP experiences fitting within the framework of 'everyday spirituality' is also a mismatch, highlighting a stark contrast to the 'spirit' at the heart of 'everyday spirituality' and that of SP and the potentially otherworldly and transcendental nature of the experience. Those seeking a supernatural understanding of the connection between the day-to-day 'spiritual' world and the phenomena that occur during SP are left wondering what 'spirit' binds the two. This literature review has highlighted the need for the social sciences and scholars to expand research on the breadth of spirituality and articulate its otherworldly and metaphysical nature, enhancing our understanding of experiences such as SP.

What is apparent is the academic communities' reluctance to explore SP from a spiritual perspective. There is a dire need for more research into questions related to SP, which can support individual health and well-being and remove stigma. Additionally, Hufford (2010) asserts that misdiagnosis still takes place, as the experiences are not seen as 'spiritual' in nature. Confusion persists where SP is concerned in an effort to reduce and dismiss the 'direct spiritual experience' of SP. This study addresses these areas by significantly elevating the lived experience by comprehensively analysing its broader nature and experiential features. It advances the current understanding of SP regarding its spiritual, paranormal and metaphysical aspects. The following chapter outlines the methodology used to achieve these aims, including the impact of my role as a SP experiencer in the study.



## **Chapter Three: Methodology**

### **Introduction**

The primary aim of this study is to explore how a greater understanding of how people manage and make sense of the lived experiences of SP can enhance our conceptualisation of the phenomenon by examining its phenomenology, analysing its spiritual aspects and the impact that it has on the lives of experiencers. This chapter outlines the methodological approach adopted to address the research aim, and it begins with a detailed discussion about the methodology and methods used. This is followed by an examination of autoethnography (AE) as a research methodology, the decision to include my AE data and the disclosure of experiencing SP as the core part of the methodological approach. The following section addresses the practical aspects of the pilot study, the recruitment of participants and the interview data collection, before moving on to the analysis of the material. Ethical considerations and the well-being of participants and the researcher are then discussed, followed by a reflexive discussion that relates to my role in the research, particularly given my position as an SP experiencer and the impact that it may have had on the research. The final section provides a conclusion by reflecting on the overall research process.

### **Research Design: Methodology and Methods**

Choosing an appropriate methodology for a particular study cannot be overstated, as it underpins the research process and future dissemination. According to Graue (2015), the research process begins with developing a research philosophy, which Saunders, Lewis and Thornhill (2003) suggest supports the research design, as well as the ethical considerations and access to participants. They also state that there are two significant aspects to consider when developing the research philosophy: the research ontology and the epistemology. The ontological perspective is 'a philosophical belief system about the nature of social reality—what can be known and how' (Smith and Sparkes, 2016, p.4). One of the questions it asks is, 'What is the form and nature of reality?' (Guba and Lincoln, 1994; Saunders, Lewis and Thornhill, 2003; Hesse-Biber and Leavy, 2010) and 'Is the social world patterned and predictable, or is the social world continually being constructed through human interactions

and rituals?’ (Hesse-Biber and Leavy, 2010, p.6). The second aspect of the research philosophy, epistemology, relates to the theory of knowledge and asks questions such as ‘What is knowledge? [ and] ‘What are the sources of our knowledge?’ (Sol and Heng, 2022, p.80), and who can be a knower? (Hesse-Biber and Leavy, 2010; Saunders, Lewis and Thornhill, 2003; Guba and Lincoln, 1994). Both the ontology and epistemology of this study were rigorously considered to underpin the framework for the research. The ontology focused on the fundamental nature of SP, its existence, features, impact and how it was understood as a lived experience in participants' lives. Ontological questions sought to understand how participants perceived the SP experience and how I perceived them, which was reflected in my autoethnography (AE). In seeking to understand how knowledge related to SP is validated, acquired and interpreted, the epistemological approach utilised research methodologies that explored the subjective meaning of SP by analysing the lived experience of participants. This study analyses SP through the eyes of experiencers, drawing more on the subjective approach and aspects of interpretivism concerning ontology and epistemology (Gray, 2021).

Although both have advantages and disadvantages, the chosen research methodology for this study was qualitative due to its ability to collect data in a personal and sensitive way, seeking depth from people's lived accounts rather than being concerned with getting shallower data from more participants, which a quantitative approach allows.

A key priority for the research question was eliciting personal narratives, which may not have been openly discussed with anyone before the study. Interview questions such as ‘*To what extent and in what ways do you negotiate and manage stigma around your sleep paralysis?*’ and ‘*How do you make sense of, rationalise and speak about your sleep paralysis experiences?*’ therefore necessitated the collection of rich data that required a ‘human touch’ (Bahishti, 2022, p.1), specifically due to possible concerns from participants related to openly disclosing their SP experiences and being misunderstood and stigmatised during the research process. Qualitative interviews were therefore selected to engage in one-to-one discussions about individual experiences, as this allowed the gathering of detailed accounts and the opportunity to explore the nuances of the lived experience. This aspect

of SP experiencers' lives is discussed further in Chapter Six. The following section discusses the autoethnography, which was the first research approach employed.

## **Autoethnographic Methods**

### ***Research Design: Autoethnography***

The second qualitative methodology used in this study was my autoethnography (AE). The term 'autoethnography' has existed for two decades (Ellis and Bochner, 2000). According to Adams, Ellis and Jones (2017), the research term comprises three significant syllables: 'auto', 'ethno' and 'graphy'. Each part plays a specific role in the research, which, when combined, allows for an adaptable and flexible research approach. The 'auto' refers to the experiences of the individual, which is a personal view of the researcher's unique perspective (Adams et al. 2017). Chang (2008) expands on this, stating that the AE approach comprises writing about the self, often based on memory or notes, reflections, past experiences and consultation of texts and photographs. The 'ethno' refers to cultural texts, experiences, beliefs, and practices, whilst the 'graphy' syllable, argues Adams, Ellis and Jones (2017), is attributed to describing and interpreting the information. My AE has blended each of the actions that make up the syllables to construct my rich, personal account of the SP experience and the impact that it has had on my life.

Whilst there are numerous accounts of the SP experience in the public domain, in books and on various social media platforms, what separates the AE account that has been presented in this study from those which are socially available are twofold and have also been recognised by Adams, Ellis and Jones (2017). Firstly, my account can inform the reader by providing first-hand knowledge of my lived experiences that would not otherwise be attainable. I have provided first-hand experience related to my SP experiences, which is, therefore, insider information. It expresses far more than the public accounts, as the experience itself is positioned within the framework of the parts of my life that have been exposed in the AE. I bring a specifically sociological lens to understanding and framing my own experiences, which are rooted in my day-to-day lived experience. The public accounts discuss the SP experience without this broader context and more explicit sociological framing. Secondly, the AE approach has given me a platform to 'speak against, or provide

alternatives to dominant, taken-for-granted, and harmful cultural scripts, stories, and stereotypes' (Adams, Ellis and Jones, 2017, p.3). I have been able to voice my opinions within a structured methodological framework that may not be the orthodox position, as SP is widely recognised in reductionist literature as a harmless, transitory, hallucinatory state, where in 'accounts there appears to be [a] little filling in with additional experiences added simply for purely narrative effect' (Cheyne, Newby-Clark and Rueffer, 1999a, p.333). My views relating to how I frame the experience are expressed, as are the challenges and frustrations, and this method embraces my positioning as both an insider with lived experience and a researcher with sociological knowledge and expertise.

### ***The Advantages of Using Autoethnography***

There are many advantages to using AE as a research tool. Vryan (2006) states that researchers sometimes underestimate and underappreciate its strengths and potential. As stated previously, AE can provide flexibility and an opportunity for researchers to have first-hand information that allows for 'theoretical freedom' (Braun and Clarke, 2006) which my AE account has fully embraced, as I speak openly through my AE accounts about my SP, the impact that it has had on my life and those around me. Considering that this study is focused on the phenomenon of SP, the first-hand nature of the data has provided a platform for me to understand myself and the impact that it has had on my life. Chang (2008, p.52) refers to this as 'researchers come to understand themselves and others' whilst positioning their work within a theoretical research framework.

Chang (2008) also states that there are three main benefits when using AE:

- (1) It offers a research method friendly to researchers and readers; (2) It enhances cultural understanding of self and others; and (3) It has a potential to transform self and others toward the cross-cultural coalition building. (p.52)

The benefits Chang (2008) suggested are evident in the extracts of my AE presented within the empirical chapters. I could write in a friendly style that conveyed to the reader aspects of my personality and the emotions behind the experiences. This enhanced the cultural understanding of myself to the reader, facilitating 'cross-cultural coalition building' (Chang,

2008, p.52). He also suggests that the writing style of AE research tends to be more reader-friendly and engaging than conventional academic writing. The researcher is also central to the research process, and this method allows for concepts to emerge while the research is being completed (Altheide, 1996).

There is also the ability to group analysed data into themes whilst undertaking AE analysis and write-up. This was extremely useful in writing my account, as the themes allowed for the systematic structuring of the writing and could be cross-referenced against and considered alongside the interview themes. The themes remained consistent (across both methods) and were also used throughout the empirical data chapters

Another significant advantage seen in AE accounts is the impact that the expression of the information can have on the writer. The expression of the SP experience, which in essence is traumatic and frightening, as an AE account became a therapeutic, cathartic tool that allowed for the release of personal expression. This was particularly important and valuable for me, as I was immersed in this sensitive topic not only from interviewing participants but also from reading and researching about SP experiences.

AE accounts also can raise concerns and highlight an injustice to a topic that would otherwise go unnoticed. In the case of Louise Spiers, in her autoethnography that details her spiritual experiences during her epilepsy (Spiers, 2021), her personal experience with temporal lobe epilepsy was used to problematise the medical establishments' approach towards not only her but others with this condition. Using the AE methodology, she captured the injustice and insensitivities experienced in a personal 'storylike' narrative form, allowing the reader to have an insider experience of her condition. This was particularly inspiring, as by using the AE approach, I intended to express personal 'injustices' not only through being subjected to SP but also through SP not being taken seriously within social and professional spaces.

### ***Research Method: Autoethnography***

The AE was initially written as a 12,000-word standalone empirical chapter before commencing the PS and the interviews. However, upon reflection, it was felt that interweaving my own AE's extracts alongside the interview extracts would be more effective, so parts of the AE were subsequently used as extracts throughout the following three empirical chapters. This approach was ideally suited to addressing the research question, as I experienced SP for over 30 years, three or more times each week. AE uses the researcher's primary data as autobiographical material (Chang, 2008). Chang argues that it is the emphasis on the 'cultural analysis and interpretation of the researcher's behaviours, thoughts, and experiences in relation to others in society' (2006, p.1) that separates AE from other types of self-reflective writing, such as memoirs and autobiographical writing. Additionally, the research incorporates the self-reflective process that Adams, Ellis and Jones (2017) suggest is needed to examine the 'intersections between the self and social life' (p.1). Interestingly, Foley (2002, p.476) argues that 'autoethnographers rarely do a sociological critique of the field of production of their texts. They tend to explore psychological matters or feelings more than the sociological, structural conditions of their interpretations'. My AE account is in direct contrast with Foley's (2002) point, as both the feelings and sociological themes, such as my lived experience with SP and stigma, have been included.

As suggested by Chang (2008), the process of writing the AE relied upon my memory and experience as the data source. These memories were easily recalled as SP experiences dating back 30 years could still be recalled, together with the emotions that they elicited at the time. There was therefore no need record or outline or draft these memories prior to writing the AE. I supplemented this with my reflective journal entries, which I had kept for the past ten years in notebooks, voice notes recorded on my phone that were captured immediately after the SP experience and various files on my computer, where I had recorded both SP experiences, dreams which I felt were significant and my feelings as they related to SP. I reviewed these materials, which on average were about 300 words per entry, to contextualise the experiences and undertake self-observations, selecting appropriate entries as needed for the AE. By doing so, I paid 'conscious attentiveness to [my] thoughts, emotions, and sensations in relation to a particular event or phenomenon'

(Tarisayi, 2023, p.58). The AE writing process was freeflow and took place over three months, during which deliberate past memory recall consisted of guided visualisations that stimulated the memory. Due to the research, during this period, I also kept rigorous dream journal entries which captured my nightly experiences, some of which contained SP episodes. After waking up due to episodes of SP, I made audio recordings of the experience on my phone. These events were then reconstructed, invoking sensations and emotions that formed into contemporary 'sense making' (Tarisayi, 2023, p.58). This process allowed the synthesis of past events into a present-day methodological approach.

The AE writing process was guided by a structured outline, chronologically listing the key areas that I wanted to communicate about the experience. As this was completed before the PS, no specific themes were included in the AE. This decision was made to avoid pre-limiting what might come up in my AE and to create space to see what themes and areas emerged. During the finalising of AE and working on the PS, synergies and the consistent use of terms and language within the two methodologies became apparent. The decision was made to merge the AE and participant interview data. The AE also supported and shaped the interview process and guide. This was partly due to my intimate knowledge of the subject matter and the contents of the AE. The selection of AE extracts used within the empirical chapters was also based on my understanding of its contents and what data would supplement different parts of the chapters. This process was invaluable in highlighting specific data that supported the interview data in the empirical chapters. In essence, I also experienced and recorded many of the experiences that participants discussed during their interviews in the AE, and the two methodologies complemented each other. For this reason, the decision was made to consider them together in the analysis.

### ***The Disadvantages of Using Autoethnography***

The advantages of using an AE approach are numerous, but there are also several disadvantages to using this method. The first is that there are no clear guidelines therefore, it can feel like 'anything goes' when writing. This could also be seen as one of the significant benefits of using AE and supports the flexibility argument discussed previously.

The second disadvantage is suggested by Anderson (2006), Chang (2008), Mykhalovskiy (1996) and Davies (1999), who point out that AE provides an opportunity for self-absorption and a failure to interact with others in the field, as the work is focused solely on the researcher. As the primary researcher, I mitigated the 'self-absorption' risks in this study by undertaking semi-structured interviews alongside the AE, which aided in ensuring my voice and experiences were one amongst many reflected in the thesis. Whilst self-absorption allows for a richer depth of data, Davies (1999) suggests that the boundaries between the subject and the object can merge, creating problems when analysing the data. This was avoided by using the themes developed in the PS and through interviews, which aided the separation between myself and the subject matter.

This builds on the third concern that stems from reflexivity and the relationship between society and culture. Davies (1999) argues that the closeness of the researcher to the subject matter can be problematic and (Anderson, 2006) supports this view by stating that the research is understood as a relational activity and subjective, which can create further conflicts. Whilst this conflict could potentially create problems, the study has been able to research a subject matter rarely discussed openly by respondents. The closeness to the subject matter has provided an opportunity to share the experience in a way that could not otherwise have been reached. Blending the AE and participant's data created a richness of shared experiences and provided a more potent data source to analyse.

The subjective and exclusive nature of the researcher's memory is the fourth disadvantage, as Chang (2006) argues, that whilst it has marvellous and rich information, it is only accessible through the researcher. Memory fades over time. It 'selects, shapes, limits and distorts' (p.5) the source data, which has implications for the data being recited. Muncey (2005) emphasises that 'memory is selective and shaped, and is retold in the continuum of one's experience, [although] this does not necessarily constitute lying' (p.70). However, this is also the case with other methods of data collection; for example, memories shared by participants in interviews may be partial or selective. Additionally, this selectiveness suggests that those memories of SP which are particularly evocative or significant are the ones that have been retained. I also had my journal entries to complement my memory. It should also be noted that whilst undertaking the interviews, participants relied upon their



subjective memory and selective accounts, which is extremely common in qualitative research.

The focus on the 'self' and less attention on the analysis, according to Chang (2008), is the fifth pitfall that autoethnographers can fall into. The narration of the 'story' becomes the focus of the research, as the researcher, Chang (2008) argues, can be swept away by the storytelling. The opportunity is then missed for what Chang (2008) refers to as 'the very important mission of AE - cultural interpretation and analysis of autobiographic texts' (p.55). Using a structured outline for the AE mitigated this pitfall, as it ensured that the AE was focused on communicating specific themes instead of storytelling.

On balance, whilst this section has acknowledged some of AE's commonly cited 'disadvantages', it has considered how these were addressed and how the AE offered a rich additional data source to complement the interview data. The following section discusses the pilot study, which was the next part of the methodological process.

### **Pilot Study**

Extensive reading about SP before the start of the study highlighted specific themes related to SP, which warranted further exploration, as these themes could impact the study's design. To investigate them, a pilot study (PS), which is a 'small-scale research project conducted before the final full-scale study' (Ismail, Kinchin and Edwards, 2018, p.1), was undertaken, to explore these and other potential themes to shape the interview guide and process. Despite complete reports of PS being rare in research literature (Ismail, Kinchin and Edwards, 2018; Lindquist, 1991; Muoio, Wolcott and Seigel, 1995; Teijlingen and Hundley, 2001), there exists a wide range of benefits for including a PS in the research methodology, notwithstanding the list compiled by Teijlingen and Hundley (2001, p.2) which includes the advantage of using a PS for 'collecting preliminary data' and 'developing a research question and research plan'. Additionally, Teijlingen and Hundley (2001) cite an example where the data and research would have been flawed if a PS were not conducted beforehand. Ultimately, the PS provided a more precise focus for the main study by clarifying the research themes used within the methodological approach, refining the research questions and the subsequent

interview guide, and supporting the fine-tuning of the research aims. It also gave me experience in undertaking thematic analysis by manually coding text and highlighting key themes.

The PS for this research consisted of reading and thematically analysing two books. I chose to use books for the pilot study rather than conducting pilot interviews as it facilitated scoping the themes for the study in its early stage, and the books gave me immediate access to a rich source of qualitative data without the more time-intensive interviews. The two books selected were written for the lay market by non-academic authors: *Dark Intrusions: An Investigation into The Paranormal Nature Of Sleep Paralysis Experiences* (2009) by Louis Proud, who experienced hundreds of SP episodes and *Afraid to Sleep* (2020) by Loren W Christensen. Whilst several books in the lay market discuss SP, these books were selected for the PS as they included different experiential types of SP experiences from many individuals, whose accounts were documented in the book. This range of experiences provided a pool from which to identify common themes that could then later be explored in my interviews with SP experiencers. Examining these books consisted of using a spreadsheet to record themes as they appeared in each book. Themes were listed side by side and then reconciled to determine their consistency between both books (Table 2). Interestingly, themes from my personal experiences were identical to those in both books, and I was able to identify the following list of main and sub-themes confidently:

<b>Dark Intrusions: An Investigation into The Paranormal Nature Of Sleep Paralysis Experiences by Louis Proud</b>	<b>Afraid to Sleep by Loren W Christensen</b>
Threat to Self - Different types of entities	Threat to Self - Different types of entities
The Dimensions They Are In	The Dimensions They Are In

	Rationalisation
Challenging	Challenging
What Interaction We Might Have?	What Interaction We Might Have?
What/Who am I? - Human or what else?	What/Who am I? - Human or what else?
Fractured Self Identity	Fractured Self Identity
Symbolism - Evil, demonic - Good and Evil	Symbolism - Evil, demonic - Good and Evil
Stigma	Stigma
Spectrophilia – Sex with Spirits	Spectrophilia – Sex with Spirits
Human Senses Translating the Non-Physical Experience - Seeing, touching, smelling, auditory sounds	Human Senses Translating the Non-Physical Experience - Seeing, touching, smelling, sensations, auditory sounds
Shame - Interpersonal crisis - Social crisis	Shame - Interpersonal crisis - Social crisis
Acceptance of Psychic or Paranormal Activity	Acceptance of Psychic or Paranormal Activity

Impact on One's Spirituality	Impact on One's Spirituality
Association with Stressful Events	Association with Stressful Events
Fear	Fear
	Death
	Managing SP Techniques
	UFO/Extra-terrestrial

**Table 2.** Pilot Study Themes

Initially, five main themes were selected from the list to help inform the design of the semi-structured interview guide. These themes were chosen due to their prominence in both books. Their inclusion as a theme in the research was determined by their potential ability to facilitate the collection of original and novel data on the SP phenomenon and to help address the study's aims. These themes were:

1. What/Who am I?
2. Fractured Self Identity,
3. Stigma and Shame
4. Impact on One's Spirituality
5. Managing SP Techniques

Whilst only appearing in one of the texts, 'Managing SP Techniques', identified in *Afraid to Sleep*, was included due to its potential to support SP experiencers and its relevance to the research aims and questions. The initial list of themes was capped at five to make the interview guide manageable and leave scope for participants to raise and reference any

additional themes and topics that they felt were important. It should be noted that the excluded themes were frequently discussed during the interviews through extended conversations initiated by the participants. Having completed the PS, the development of research questions and plans, which were among the benefits of undertaking a PS suggested by Teijlingen and Hundley (2001), were achieved and implemented during the interviews. The following section discusses the data collection methods for the semi-structured interviews.

## **Interviews**

Within qualitative methodologies, there are a range of different approaches (Tenny, Brannan and Brannan, 2022). I combined two; the first was my autoethnographic account. The second was a semi-structured interview, which consisted of an open-ended, one-to-one, online audio/video interview with participants who had lived experience of SP. The combining of these approaches allowed for the themes that were explored in the interviews to be developed on the basis of analysis of the autoethnography and the pilot study. The interviews were guided via an interview guide with prompts, thus providing some structure but also leaving space for follow-up questions and for more open discussion of areas that participants themselves felt to be important (Appendix 2). The section below discusses the recruitment process for participants taking part in the semi-structured interview.

## ***Recruitment of participants***

The data collection process for the semi-structured online interviews commenced with the recruitment of the participants. The criteria for selecting participants were that each person experienced at least three SP episodes, was over 18 years old, and could speak English during the interview.

Changes in research methodology have developed over time in response to several factors, including advancements in internet technology (Kim, 2019) and access to online communities, which have supported accessing and recruiting a diverse and potentially geographically widespread range of participants. This change facilitated the online communities identified for the recruitment of participants, as these platforms stated that

they were SP online communities and offered an opportunity to reach a large, pre-established community of people experiencing SP without geographical boundaries. Several social media platforms were selected. Reddit and Facebook were chosen due to my knowledge of them and their ability to engage large numbers of people who either experienced SP or were interested in it. Posts were developed for both social media sites and designed to engage the audience. For example, on Facebook, posts with images gain more attention than text-based posts, and on Reddit, I felt it more appropriate that the post was text-based without an image to demonstrate that it was a professional post to be taken seriously (see Appendix 4 for social media posts). The social media platform group managers were contacted for permission to post the invitation to the group, inviting people to participate in the research. Administrators on the Reddit platform did not respond, so the post contained a reference to the admins, asking for their permission to host the post in their group, to prevent it from being taken down.

Participant invitation posts were also placed on my personal social media platforms (LinkedIn, Facebook, Instagram and Twitter). New posts were not designed for these platforms, as the posts used on Facebook and Reddit were repurposed for these platforms. The social media recruitment approach was specifically designed to target online groups that engaged SP experiencers, recognising that this might be a hard-to-reach group, so targeted recruitment was required. On Reddit, the 'Sleep Paralysis' sub-Reddit group, with 60,100 members and the 'Astral Projection' (due to its intrinsic relationship with SP) sub-Reddit group, with 314,000 members, were approached. On Facebook, posts were placed on the: '\*Sleep Paralysis\*' group with 25,000 members, the 'Sleep Paralysis' group with 2400 members, and the 'Sleep Paralysis and Astral Travel' group with 3200 members. The recruitment process took place between March and August 2022, with the aim of interviewing 30 persons. Overall, 61 persons contacted me, with 29 persons aged 19 to 76, who responded to follow-up messages, secured meeting dates, and were subsequently interviewed.

The participants were based in a range of countries, including the United Kingdom, the United States, Canada, Belgium, Suriname, Israel, and China. Ethnic diversity was also represented, including participants who identified as White, Black, Asian, and Mixed

heritage. Although demographic data such as ethnicity and nationality were collected to provide contextual depth, they were not used for comparative analysis and do not form the basis of the study's primary findings, as it was gathered primarily for contextual awareness rather than comparative analysis. A full set of participant vignettes is provided in Appendix 10, with a summarised list of participants in Appendix 11

The recruitment process had a low yet consistent sign-up rate (as is very common in qualitative research), supported by seven word-of-mouth contacts. 'Word of mouth' represents when the study was mentioned to the contact by someone else. In this case, I was aware of one participant who found out about the study from someone at the University of York, and another person found out about it from someone on Facebook. The other participants did not specify their source.

Considering the number of people in each online community, the number of participants was correspondingly low despite reposting the invitation on each platform. This could be partly attributed to my lack of prior engagement on Reddit, which records the past activity of users, including their posts and comments. Reddit users were, therefore, able to see that I had only recently joined the platform and had no engagement history, which could be interpreted as joining the platform not to provide support and positive engagement but with the deliberate motive of recruiting participants, which admittedly was the case. Having seen the recruitment post, participants on Reddit upvoted (or liked) the post. They sent inbox messages to me on the Reddit platform, which I found had to be responded to immediately to engage the prospective participants before they left the platform. On several occasions, messages and upvotes were responded to by me within a few hours of receipt, with either no response or a response several weeks later from the contact. Participants from other platforms sent emails. The recruitment approach was, therefore, an intensive twenty-four-hour role to engage as many participants as possible, including those who had upvoted the post.

The following platforms represent where the recruited participants came from:

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Platform	Contact	Recruited
Facebook	11	6
Word of Mouth	7	7
Reddit	24	11
Twitter	5	1
Linkedin	9	3
University of York (notice board, newsletter and emails)	5	1
<b>Total</b>	<b>61</b>	<b>29</b>

**Table 3.** Participants contacted and recruited by platforms.

In addition to the online platforms and word of mouth, posts were placed on the University of York's notice board and the weekly newsletter (see Appendix 5 for the notice board and newsletter posts). Emails were sent to the PhD student representative who placed the poster around the University on my behalf due to the distance learning nature of my studies. Emails were sent to the University of York's newsletter team, requesting that an article promoting the research be placed in the newsletter. It was subsequently placed in



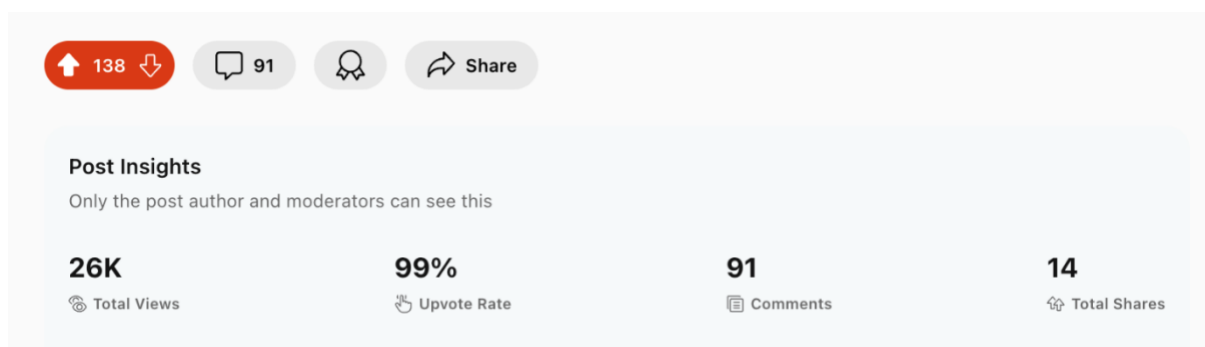
two editions and circulated to everyone on their mailing list. Participants were not offered payment, and the research was not funded. In retrospect, I don't think payment would have been helpful. The participants that were recruited were persons who genuinely wanted to share their experiences without any form of payment. An email address was provided to participants for correspondence related to the interview. Upon contacting me, participants were sent a detailed information sheet (Appendix 6) and given time to consider it before committing to the interview. Confidentiality and anonymity arrangements were also communicated to participants before the interview, as well as processes related to data storage and the final thesis.

In summary, whilst the Reddit platform provided more contacts, the 'word of mouth' recruitment method was most successful, with 100% conversion rates. This finding is particularly interesting, considering that the word-of-mouth method was not intentional. It took place without my direct effort. Its success could be attributed to persons hearing about the study from someone they know and trust rather than an impersonal advert. Another interesting finding is that the Reddit platform provided analysis relating to the number of people who viewed the post in the Astral Projection sub-Reddit group (I was unable to retrieve the analysis for the Sleep Paralysis sub-Reddit group). An astounding 19,400 people viewed the post during the first 48 hours (see Fig. 4 below).

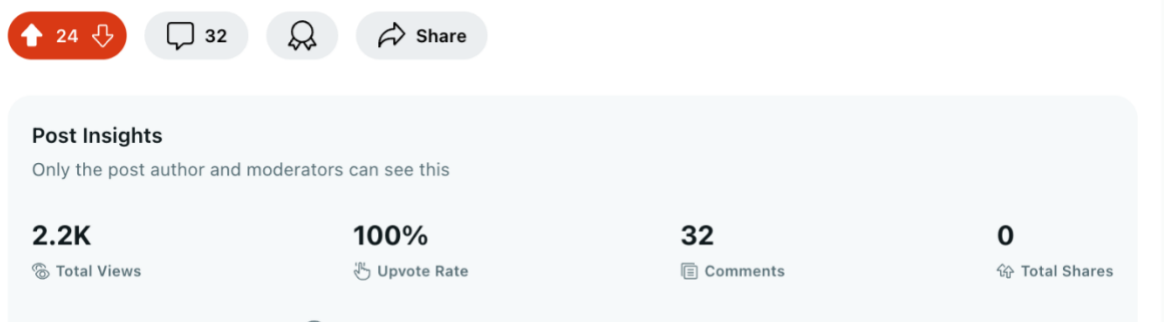


**Figure 4.** Insight Analysis for post views in the Astral Projection Sub-Reddit Group

The post received 26,000 total views and 91 comments (see Fig. 5 below), and 2,200 people in the Sleep Paralysis sub-Reddit viewed the post, with 32 people commenting (see Fig. 6 below). Comments were not analysed as part of the methodological process.



**Figure 5.** Overall Insight Analysis for the post in the Astral Projection Sub-Reddit Group



**Figure 6.** Overall Insight Analysis for the post in the Sleep Paralysis Sub-Reddit Group

Whilst this level of interest is extremely encouraging, it raises speculations about the low number of people who responded to the invitation to upvote the post or contact me to participate in an interview. These speculations range from a lack of interest in the study after reading the post to concerns about privacy, disclosure, and potentially being misunderstood. However, it should be noted that conversation rates are often very low in qualitative research, so this response is quite normal. These issues are discussed further in Chapter Seven. The following section discusses the details related to the interview guide.

### ***Design of the Interview Guide***

The interview guide (Appendix 2) comprised six main thematic areas, with questions related to each theme. The questions were followed by prompts, which could be asked depending on the participant's response. Each of the main thematic areas on the interview guide also related to a theme selected from the PS, except for 'the sleep paralysis experience', which was not explicitly captured during the PS. Whilst the five themes from the PS were captured on the interview guide, it was important to also capture the SP experience of each participant as part of the interview process. Not only did this facilitate my understanding of what each participant had experienced, it also allowed me to put the PS themes into the context of the SP experience. It would not have been possible to understand the PS themes without fully understanding each participant's experience.

The following table shows the main thematic areas and their corresponding themes in the PS and the questions asked during the interview.

No.	Main Thematic Areas in the Interview Guide	Pilot Study Themes	Interview Question
1.	Predisposition to spiritual engagements, e.g., seeing 'ghosts', level of spiritual activity, e.g., tarot cards, meditation, level of psychic senses such as clairvoyance and intuition	Impact on One's Spirituality	Would you call yourself a spiritual person? why or why not? What does that mean to you?
2.	The sleep paralysis experience	Not highlighted in the PS	<p>How many episodes of sleep paralysis have you had and what is their frequency? An estimate will do</p> <p>Is the experience always similar/same, or does it vary? Has it changed across the life course? Or changed according to their emotional state or where they are? If experiences vary, can they still identify patterns or consistencies?</p>
3.	Shame and Stigma	Stigma and Shame	<p>Did you tell anyone about your experience? If yes, who was it {friend, family, GP}?</p> <p>Why did you choose this person? What was the response? How did you feel</p>

			explaining it to them? From what angle did you explain it, for example, was it a bad dream, an otherworldly experience or something medically related?
4.	Making Sense of the Experience /Rationalisation	What/Who am I?	How is the overall experience of one minute being safe at home in bed and the next, having this experience rationalised?  How do you make sense of it?
5.	Self-Identity and the Notion of Self	Fractured Self Identity	Has the sleep paralysis impacted on who/what you think/thought you are?  Are you now afraid to sleep? Do/did you feel vulnerable?  How else do you feel in relation to the episodes?
6.	Managing Sleep Paralysis	Managing SP Techniques	Have there been any tools or strategies you've used to manage your sleep paralysis? Books? Podcasts? Routines? Exercise etc.? Online community etc.

			Thoughts? Emotions? Specific practices?
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**Table 4.** Main thematic areas and their corresponding pilot study areas and interview questions

### ***The interview process***

An estimated time of one hour per participant was ringfenced for each interview. In practice, the interviews often exceeded this time limit, lasting on average two to three hours, as participants responded to ‘in-depth interviewing’ (Rubin and Rubin, 2011, p.3) in ways they felt appropriate. The process of ‘in-depth interviewing’ allowed me to speak with participants with rigour, to gain information about their perspectives and experiences in a relaxed way, where the conversation naturally flowed, and to make space for them to elaborate on themes and areas that were important to them. This also supported the open-ended aspect of the interview, which represents a conversation whereby the interviewee and interviewer converse as they travel together on a journey (Kvale, 1996). Admittedly, building on Kvale’s (1996) concept, some of the journeys extended the one-hour time limit allotted for the interview. However, the value and richness of the data received as a consequence is undeniable, as demonstrated in the empirical data chapters. It should be noted, however, that the ‘conversational journey’ remained within the context of the interview guide.

Furthermore, the semi-structured interviews allowed for flexibility and the inclusion of extra questions (Graue, 2015; Walliman, 2016), as well as detailed probing and exploration of related themes that were not originally a part of the interview guide as they became apparent through the process of probing. This methodological approach can be contrasted with other studies in the field of SP, which are overwhelmingly quantitative and survey-based (Denis, French and Gregory, 2018; Sharpless and Barber, 2011; Buzzi and Cirignotta, 2000; Denis and Poerio, 2017), which do not allow for the advantages of the qualitative approach discussed previously. An example can be seen in Denis, French and Gregory’s (2018) quantitative review of 42 studies related to SP. In their review, they analysed studies conducted by other researchers to examine specific variables, including stress and trauma,

anomalous beliefs, and intelligence. They highlighted several methodological limitations, such as validating the SP experience, ensuring participants had a clear conceptual understanding of the terms used and inconsistencies in how themes like 'intelligence' were measured across the 42 studies.

There was no formal pilot for the interviews and the use of the interview guide. However, the data collection process was continually reviewed, and I regularly reflected on the process, for example, in supervisory meetings and post-interview reflections. This would allow any changes and tweaks to be made as required, particularly after the first few interviews. The interviews started with introductions, and we reviewed the participant information sheet to check understanding and see whether participants had any questions (Appendix 6). In light of the potentially sensitive nature of the topic, I advised participants that they could skip questions or take breaks during the interview and that they could withdraw from the study entirely at any time during the interview or up to six weeks afterwards. I also encouraged participants to give as detailed answers as possible. Rapport was developed at the start by asking participants, 'So before we start talking about your sleep paralysis experiences, could you start by telling me a bit about you?' Participants were given the opportunity to talk about themselves and share their experiences. All questions worked well, and after reflecting on the early interviews, no changes were made to the original interview guide.

All interviews were completed by myself. The interviews took place using Zoom with the cameras turned on, despite participants being given the opportunity to have audio-only meetings. The Zoom platform allowed for the recording and automatic transcribing of the interview (which was then manually checked for accuracy). The original list of questions used in the interview was the same for all participants, with prompts that were pre-empted on the interview guide (Appendix 2) and others that flowed naturally during the discussion.

During the interviews, participants discussed their SP experiences, and I was aware that the interview could be upsetting for the participants. I had previously prepared a list of support organisations in the form of websites, books or advice about contacting their local doctor that participants could use if needed. This list was not formally presented at the end of the interview

as I was aware that beliefs and perspectives related to the nature of the experience could vary amongst participants, with some believing that SP was a spiritual experience and others having a scientific approach. There could also be those who were unsure. Their individual perspectives would dictate the support they could receive. This was a sensitive matter, and I needed to be able to direct them appropriately. The tailored support list was available for discussion should the participant request it.

Pseudonyms replaced real names in the research data to ensure anonymity and confidentiality. The participants' ethnicity, gender, age, and other personal information were requested during the interview, and a pseudonym was used for each participant. At the start of each interview, I informed the participant that I had experienced SP chronically for over 30 years and understood the experience. This assured them that I could relate to the SP experience.

The interview process, particularly its flexibility, was crucial to the study's success. The questions on the interview guide (Appendix 2) were asked consecutively, with participants having ample time to answer each question. This allowed them to explain their experiences and perspectives in detail, with individually tailored follow-up questions being asked. All participants were engaged in the study and were very open to sharing their experiences, with no interview lasting less than the allotted hour and the most extended interview lasting just over three hours. The average length of the interviews was 90 minutes. The semi-structured interview methodology also allowed for discussion in areas not included in the interview guide, as the prompts and my interest in their answers highlighted additional themes being discussed. Using the interview recording function on the Zoom platform was also valuable, as I could freely engage in conversation without considering erratic recording or manual transcribing. It also allowed participants in various global contexts to participate in the interview in a comfortable and safe space, such as their home. The recording process – using Zoom's built-in functionality – worked seamlessly, and the initial transcribing of the interview took place automatically by Zoom once the recording was complete.

It should be noted that some participants attended the interview using Zoom on their phones, which was not problematic, and it was pointed out that they spoke from their cars



or in their garages. On one occasion, the participant explained that she went into the back of her father's truck as she did not want family members to hear the conversation, as they were deeply religious and insisted that she spoke regularly with their church minister and attended a therapy session weekly (which she felt was a complete waste of time as neither the minister nor therapist understood what she was talking about). She therefore chose to 'hide' the conversation from them. Here again, Zoom offered flexibility and control for the participants. Analysis of the data collected from participants follows in the next section.

### ***Interview data analysis***

The interviews, having taken place on Zoom, were immediately available in video, audio and transcribed format. The analysis of the data was dependent on the transcribed data.

Unfortunately, the transcribed data provided by Zoom did not meet initial expectations and had to be edited, as literally every word or partial word spoken by participants was captured. For example, the use of 'um', repeated 'I, I's' that preceded a sentence and phrases such as 'you know' and 'like', were captured. Whilst it can be useful and important to capture these kinds of use of language, this sometimes made the transcripts very messy and difficult to follow. All transcriptions, therefore, had to be checked for accuracy. Whilst this was a tedious task, it ensured that I remained close to the data. Punctuation marks and capital letters also appeared inappropriately throughout the text, and the transcription format included timestamps for each sentence followed by a keyboard 'return', causing the text to go onto a new line. Meticulous work took place on each of the transcriptions to ensure that they were readable without compromising the main content and leaving space for some of the 'ums', repetitions and hesitations to remain, as these can reveal areas where participants found it challenging to articulate their experiences, for example.

This was then followed by the thematic deductive coding of the text, with the pre-established codes from the PS, which proved complex. The coding was completed manually using the themes selected from the PS as a starting point to match against their appearance in the transcription. The code was, therefore, the theme previously identified (Jnanathapaswi, 2021). According to Jnanathapaswi (2021), codes are often grouped according to patterning, which forms categories used in this study, as categories, linkages

and overlapping codes were identified. It was also evident, very early on, that one sentence could contain more than one theme, with the emergence of new themes that were previously not considered. For example, in David's extract below, the themes of 'spirituality', 'spiritual gifts', 'darker entities', 'types and names of entities', 'religion', 'Judaism', and 'extra-terrestrials' can be identified, each warranting further analysis of their relationship to SP:

You know it's almost as if these darker entities [during SP] are, they're trying to prevent you from your gifts. I've heard them be called the 'Arcons' before and they're like old, like centuries-old paintings, like from like the gnostics, and they painted these archives, and they're very similar. They look like, you know, standard Hollywood aliens and it's very much what I was seeing.

1. David

Correspondingly, and as might be expected, the list of codes grew well beyond the list identified during the PS, and an overarching Excel sheet was developed with columns of codes and duplicated transcribed data that fit under more than one code and column (see extract in Appendix 7). The inductive approach, which started from the data itself, yielded 44 codes compared to the initial list of five. Saldaña (2021) refers to the first and second-stage coding process, stating that 'rarely will anyone get coding right the first time.' (p.10) due to deep reflections, emergent patterns and language used. On reflection, the manual nature of the coding created the potential missing of themes, and together with not having a definitive list of themes or codes at the outset, a coding process was being developed as I went along. Yet it was by undertaking this process that new and unexpected codes were identified, and consistency amongst participant responses and codes could be highlighted. To some extent, this is implicit within new research, where new information is identified and continually refined and recorded. For Saldaña (2021), it is to be expected.

Additionally, the codes were not always identified initially by the literal words written in the transcript. It was through the coding and subsequent analysis process that trends, such as the use of spiritual language discussed further in Chapter Five, appeared throughout each of the transcripts and could be identified throughout the overall process of analysis. The

decision relating to what themes to include in the thesis was based on the grouping of themes, their frequency and their relevance to the research aims. The variety, number and interesting nature of the themes, particularly the emerging ones and their consistency amongst participants, meant that some fascinating aspects of SP could not be included in the final analysis. The volume of data generated in response to the research questions was substantial. As a result, not all findings could be included within the scope of this thesis, and only a selection has been presented here. Those that were selected are presented in the empirical chapters either as in-text quotations or as separate, indented data extracts. The following section discusses ethical considerations and the well-being of the participants and the researcher.

### **Ethical Considerations and Participant and Researcher Wellbeing**

Before commencing the interviews and AE, I was aware that ethical considerations could impact participants and myself throughout the research process due to the nature of the subject matter. The research aimed to discuss SP, raising issues relating to potentially terrifying events that occur as participants sleep, with the impact of the experience manifesting in their day-to-day lives. The topic was potentially extremely sensitive, with the ability to cause great distress as well as provide significant illumination. It was important, therefore, that before the interview began, participants knew they had the opportunity to end the interview at any time. They could also take breaks as needed and decline to answer any questions, and very personal or sensitive questions were avoided. During the interviews, no one expressed the need for breaks, support or signposting (although the information sheet that I had contained support organisations that participants were free to contact should they experience any distress after the completion of the interview). There were no concerns related to the distress caused by the discussion, apart from the occasional humorous statement that 'they were bound to have an episode tonight, now that they were speaking about it'. In fact, the interviews were almost therapeutic, as participants expressed that they had not spoken to anyone about their SP in the detail that they had discussed it during the interview, which concurs with Shamai (2003), who argues that the reconstructing of the experience during the interview, can have a therapeutic effect on the interviewee. This was also the case during the AE data collection; whilst recalling SP

memories and experiences could be potentially traumatic for me too, it provided a therapeutic opportunity to write about and make sense of my own experiences.

An informal, friendly and relaxed approach was used throughout the interviews to put the participants at ease. My Zoom camera was turned on at all times during the interviews, and all participants had their cameras on upon entering the Zoom room. The interview guide and the prompts allowed the participants to focus and expand, when needed, on areas that were important to them. It also meant that any areas the participants felt uncomfortable discussing could be glossed over or avoided.

Formal ethical approval of the overall research was granted in May 2022 by the University of York. The material submitted as part of the application included the Participant Information sheet (Appendix 6), which detailed the purpose of the research, information related to the process and participant expectations, the Participant Consent form (see Appendix 8), which all participants signed and emailed to me before the interview and the Compliance Declaration form. The application also recognised that the research study included 'sensitive' topics that could be upsetting for the participants discussing their SP experiences. To support participants, the application stressed that support signposting would be in place, which included reminding them that they could contact their local doctor and providing a resource list of websites and books that could be utilised. At the outset, it was acknowledged that to assure participants that I could relate to and understand the SP experience, I would inform them that I have experienced SP chronically and that I would speak openly about my SP experiences should the participant ask questions.

The anonymity of the participants was a primary concern. All audio/video recordings were kept on password-protected and encrypted devices, which were the Zoom platform, my personal laptop and my university-linked Google Drive. The files were downloaded and deleted from the Zoom platform directly after the interview and saved to an encrypted file on my laptop. The Google Drive served as a backup. Pseudonyms replaced real names in the data to ensure anonymity and confidentiality and the recordings were retained for the duration of the study and will be deleted thereafter. The storing of the data was password-protected and encrypted on the Zoom platform and downloaded, transferred and deleted

after the interviews to password-protected and encrypted secure files on my personal computer.

Additionally, I was aware that considerations needed to be in place for myself, given that I was both a researcher and an experiencer of SP. For me, these strategies included not undertaking work related to SP at night, implementing good sleep hygiene practices such as having a regular sleep pattern, taking breaks, going for walks between interviews and meditating early in the morning. These strategies also aided in distancing myself as a researcher from the research topic, supporting my well-being.

### **Reflexivity**

Reflexivity, the active awareness of the researcher's role in the research (Finlay, 2002; Guillemin and Gillam, 2004; Berger, 2015; Blaxter, Hughes and Tight, 2010), was a major part of the research process (Berger, 2015). My experiences as a researcher and fellow SP experiencer could impact the research, as Davies (1999) suggested in the AE section. The questions asked, the data collected, and the interpretation of the data constituted the need for reflexive practice, which, according to D'cruz, Gillingham and Melendez (2007) is often used interchangeably with the term 'critical reflection' (p.73). I was also aware that my involvement in the interview process could create additional concerns as well as benefits, such as my ability to ask specific questions about phenomena that are not in contemporary discourse based on my personal experiences. Additionally, my personal interpretation of my SP experiences, my culture, particularly being raised as a Christian with clear concepts of the Devil and hell, and my personal values could present biases in the interpretation of the data (Simundić, 2013), which both Rajendran (2001) and Simundić (2013) argue is impossible to avoid and overcome.

In developing and exercising reflexivity, my approach towards the AE and the semi-structured interviews included my awareness of the impact that my own SP experiences could have on the participants and the data collected. It is the conscious awareness of my role and feeling comfortable as opposed to compromised that demonstrates my reflexivity. For example, I internally debated my dual role as both a researcher of SP and an SP

experiencer contributing to the research, and I considered how to convey this balance appropriately with participants. This was aided by informing participants about my experiences and being transparent and willing to discuss and answer questions about my experiences. At the same time, I was clear that I am not an SP 'expert' or able to offer treatment, guidance or support for SP. As stated, this positively contributed to the research outcome, as participants felt at ease sharing their personal experiences.

As a consequence of the research, I learned a great deal about the approaches that others are taking to manage and make sense of the SP episode. Most importantly, it clarified aspects of the SP experience I thought no one else experienced. It was refreshing to hear participants speak about experiences that I had also had and not discussed with anyone. I do not get the sense that my gender, race, age and class significantly impacted the data collection, whilst, of course, these have all shaped my own lived experiences and thus informed the AE. I built rapport with participants of all genders, races, ages and backgrounds.

As a researcher and SP experiencer, I have been personally impacted the study, which will remain with me for the rest of my life. I have had a unique opportunity to speak in detail to other SP experiencers about the phenomenon, an experience which rarely takes place. Between the participants and myself, a bond existed during the interviews, whereby themes were discussed, which could only be discussed within the interview environment due to the aspects of SP that were expressed and the fact that the interviews were being conducted by an SP experiencer. Unspoken mutual support existed during the interviews.

## **Conclusion**

In conclusion, the process of conducting this study has been an in-depth examination of a little understood phenomenon that impacts the lives of experiencers. Overall, the recruitment and interview process went well although the recruitment was understandably slow due to several presumed factors outlined in Chapter Six, namely, stigma, the assumed lack of understanding about SP and concerns related to being identified as 'crazy'. However, the large number of people in social media groups that are interested in SP should

be seriously noted. This suggests that SP impacts the lives of thousands of people who are directly seeking answers and support and that this figure represents millions worldwide.

An AE detailing my SP experiences and semi-structured interviews was used to examine the phenomenology of SP, analysing its spiritual aspects and the impact it has on the lives of experiencers. The methodological process applied to the research has been detailed in this section, together with considerations relating to ethics, reflexivity and the participant and researcher's well-being as a result of the chosen methodology. The findings resulting from the research are presented in the forthcoming empirical chapters, which explore and challenge the contemporary view of SP, with the subjective AE experience included alongside participant data.

## **Chapter Four: Redefining Sleep Paralysis: Challenging Conventional Views and Analysing the Variety of the Phenomena**

### **Introduction**

Research into SP has presented a narrow understanding of the phenomenon. The Literature Review demonstrated that the phenomenology of the SP phenomena in academic literature has primarily come through studies that indicate that SP is a sleep disorder incorporating neurological and physiological aspects that psychologically impact the experiencer (Cheyne, Newby-Clark and Rueffer, 1999a; Hishikawa and Kaneko, 1965). These studies conclude that SP is not a 'real' physical experience. Instead, it creates hallucinatory mental images that are perceived to be 'real'. Furthermore, whilst it is well documented in neurological and physiological texts that during sleep, the body creates full-bodily paralysis to stop the acting out of dreams and possible self-injury (Frauscher et al., 2007; Jalal, 2018; Zhang et al., 2008), the neuropsychological approach towards SP does not account for the conscious awareness of the hallucinatory experiences whilst in the physical state of SP or the breadth of anomalous phenomena that is experienced.

Conversely, these 'hallucinatory' conclusions can be contrasted with those of Hufford (1982, 2005b), who suggests that SP is a spiritual experience. Whilst the neuropsychological and Hufford's perspectives have significantly contributed to our current understanding of the SP phenomenon, the findings of this study present a significantly broader and diverse range of anomalous phenomena related to the experience, which are both positive and negative, that challenge and build on the conventional views of SP, including those of Hufford (1982, 2005b), neurologists (Sharpless, 2016; Ohayon et al., 1999; Solomonova, 2018), psychologists (Molendijk et al., 2022; Ohayon et al., 1999; Schneck, 1948; Sharpless and Doghramji, 2015) and the sleep science community (Takeuchi et al., 1992). These findings and this chapter challenge the conventional view, affirming the need for a revised and more comprehensive set of explanations for SP, calling for a comprehensive rethinking of how we understand and frame the SP experience and its impact.

This chapter is organised using thematically structured sub-sections (Braun and Clarke, 2006) utilising the AE and interview data (Adams, Jones and Ellis, 2014). Firstly, the chapter



will consider the diverse range of anomalous phenomena experienced during SP experiences. This is followed by examining the presentation of embodiment, agency, and empowerment within the context of SP to provide deeper insights into how experiencers physically experience, interpret, and respond to the anomalous phenomenon, contributing to the shaping of its overall impact and significance. The first subsection is preceded by an extract from the interview with Tracy, whose SP data provides a unique opportunity to introduce each theme central to the chapter and analyse additional themes and anomalous phenomena. The extract presented, whilst being lengthy, provides the foundation for exploring some of the diverse aspects of the SP phenomena that are analysed in detail throughout the remainder of the chapter.

### **An Analysis of the Key Themes in Tracy's Sleep Paralysis Experience**

#### **(1) Tracy**

[During my SP episode] I closed my eyes, and I heard one of the spirits in my ear, and it was like, 'Come on'. If you have ever seen the Power Puff Girls, it was like the Red Lobster dude. This being sounded very similar to HIM. It was very like androgynous and creepy. So, I'm closing my eyes, and I'm not gonna look at this thing, and the thing says, 'Open your eyes I know you wanna see what I look like. Come on, just one little peak. Just look at me! Look at me! Look at me! Look at me! Look at me! Look at me!' Then the tone of voice changed cos it was mad, but I wouldn't look at them, and I wouldn't give them any of my energy, nothing. I was furious, and then I opened my eyes, and I could move, and then I was awake, and I didn't have SP for a long time after that.

I got kind of cocky because I know what they're after. They're just after my fear. I felt very cocky that there was nothing they could do to me as I had this process. I took a nap. It's always the naps. The naps are where like, sometimes you have the craziest SP. I don't know why, but I was in bed, and everybody's biggest fear right is like when your feet is not under the cover fully. Everybody's biggest fear is a hand coming and grabbing your legs and pulling you off the bed, right, and that's what

happened. So, I'm just laying there, I'm paralysed, and then I just feel this hand wrap around my leg, and just start grabbing me very slowly and dragging me out of the bed, and then I start laughing.

I start laughing because I'm aware that this is not a dream, and I start laughing. I'm like, you literally know what you're doing. You're trying to make me afraid so you can feed off of me, and it's not going to work because I know your tricks. I know this is a dream, and I can literally just call in Jesus to get rid of you. Simple as that. And so, then they actually came out of out of the shadows, and they're like this black cube. They looked like a speaker or like a heater. It was weird, but they were like a black cube, and they started talking to me, and it was weird because this thing had like a whole personality.

So, they're talking to me, and this thing is smart. I underestimated this thing in the dream, and looking back upon it now, I realize how smart they really are. So, when they realise that they couldn't feed off my fear, they will try to get the next best thing, which is usually anger or frustration, because that frustration is desperation, and desperation is a lack of faith, right? And so if you don't have faith in that you believe that you are in control, you are giving them the power to feed off of you, if you don't realize that you're in control.

So, he kept poking me, and he's like, 'Well, I'm Frank.' I'm literally praying, trying to rebuke this demon, and it just starts poking me. He's like, 'Hey? I just sang all this stupid stuff,' like literally saying the most annoying stuff ever in like the most annoying toy voice, and I actually stopped praying. I saw him, and I'm like, 'Shut up!' That's where I messed up. I diverted my attention, and then I started feeding him, and I didn't even realize it because I thought that the only thing they could feed off was fear, so I thought I was safe. 'Shut up. Oh, you'd love that!' And then he goes again, starts poking me, saying all these things, and then he started saying like really bad jokes, and I was so mad at him, and I was like, 'Fuck you'. I just started getting so mad and so frustrated to the point where I became [aware that I was] paralysed

again, and I completely forgot that I was actually the one in control, and I forgot that I had the ability to pray and rebuke him.

I don't know if there's like really even a gender. He goes onto the wall, and he turns into a shadow, and he turns into the shadow of a dog, and he's like running along the walls, and then shape shifting into different creatures like shadow creatures running along the wall. I lived with my uncle at the time, and I was like, 'Oh, thank God my uncle's here. He can wake me up,' and then I became [aware that I was] paralysed, and I'm like, 'Oh, my gosh! Thank God you came here to save me. I was dealing with the SP, and I'm so glad that you're here and I'm awake now'. And then he starts laughing, and then he has this like freaky smile, and he's like 'I got you again,' he's like 'You really thought I was gone'. That's how he couldn't make me afraid at first. Then he tried to get me angry to get my defences down.

It's literally warfare, it is so strategic, and you can't underestimate them at all. They will use your emotions against you. They will weaponize your anger, your fear, your frustration, your insecurities, everything.

This extract introduces a multitude of themes, each warranting further analysis into the nature of her SP encounter. Foremost among these is the divergence from the prevailing interpretation of SP (Cheyne, Newby-Clark and Rueffer, 1999a) towards understanding SP as an experience which contains a diverse array of anomalous phenomena, pointing towards paranormal and supernatural dimensions (Hufford, 2005b; Mayer and Fuhrmann, 2022). This divergence shifts the SP experience away from the traditional hallucinatory incubus beast on the chest perception (Cox, 2015; Molendijk et al., 2022) to one where a more diverse range of malevolent entities interact with intent upon individuals during SP in different ways, demonstrating that the phenomenology of the experience is far more diverse than reported in the literature. Examples in Tracy's extract include 'Frank', who can change form and intelligently communicate with her, and her interaction with him, as demonstrated in her plans to mitigate his actions.

The distinction between the experience being a hallucination, which, according to Siegel, (1977) 'is perceiv[ing] things that are not there' or 'real', constitutes the second theme in Tracy's extract that merits further exploration, as the interaction between Frank and Tracy is examined. Whilst a vast amount of scholarly literature exists on what constitutes 'reality' ranging from Plato's early philosophical writings (Kroner, 1954) to that of the social construction of reality (Berger and Luckmann, 1966), the question of whether or not Tracy experienced a hallucination or real event exists, and for the purposes of this study, real constitutes Tracy's (or the experiencers) subjective perception of the phenomenon. Nevertheless, the importance of the question of 'reality' is recognised and is discussed further in the final chapter.

Expanding on Tracy's cognitive awareness during the encounter is her capacity for strategic planning whilst managing the entities. Tracy conceived a scheme aimed at outwitting the entity, which unfortunately failed. She had analysed the SP experience and applied conscious thought, concluding that fear was the pivotal element, articulating: 'You're trying to make me afraid so you can feed off of me.' According to Fukuda (2005), fear, which is woven throughout Tracy's account, is a common feature in SP experiences, as it can be seen that the engagement with the entity attempts to induce fear within Tracy. This is exemplified at the start of the narrative where she states, 'So I closed my eyes, and I heard one of the spirits in my ear, and it was like, 'Come on'.. This being sounded.... very..... androgynous, and creepy.' The sound of the voice is being used to create dread and terror in Tracy, demonstrating Frank's malevolent intention. This fear-inducing feature of SP can also be seen when she further states:

## (2) Tracy

Everybody's biggest fear is a hand coming and grabbing your legs and pulling you off the bed, right, and that's what happened. So, I'm just laying there, I'm paralysed, and then I just feel this hand wrap around my leg, and just start grabbing me very slowly and dragging me out of the bed.

The notions of inducing fear, 'feeding off' her 'energy', and her reference to the necessity of 'faith' introduce spiritual connotations of malevolent forces exploiting negative energy (Sarfarazi)(n.d).

The final theme addressed through Tracy's (1) data is her use of agency and empowerment, which Alkire (2005) identifies as a subgroup of agency, a central theme throughout Tracy's SP episode. Agency, which Sen (1985) suggests is an assessment of the individuals' 'conception of good' (p.203), can be seen when Tracy recognises that she is in control of the experience. She exercises agency strategically in the form of a combative response when she states: 'I wouldn't look at them, and I wouldn't give them any of my energy'. Tracy's strategy to minimise engagement with the entities, demonstrated by her avoidance of direct interaction, illustrates the deliberate application of agency (Sen, 1985) in direct contradiction to more traditional conceptualisations of the nature of SP. Her confidence in understanding the entities' motives, specifically their pursuit of fear, is highlighted by her recognition of her capacity to counteract their influence.

Her combative response demonstrating agency can also be seen in her 'warfare' metaphor. Her statement, 'It's literally warfare, it is so strategic, and you can't underestimate them at all,' captures the essence of a literal comparison with a war being fought between her and the SP entity. Tracy conveys her perception of Frank as an entity against which she must mount a defence. This accounts for her strategy as outlined above. She depicts the entity as being intelligent, disingenuous, and malevolent. We also see evidence of Frank's aggressive personality which necessitates self-protection, whereby she implements strategic countermeasures. SP is, in this instance, a metaphorical battleground in which she is placed against an adversary that managed to outwit her.

Furthermore, her empowerment, defined by Page and Czuba (1999) as being a 'multi-dimensional social process that helps people gain control over their own lives' (n.p.), is conveyed through her statement: 'I got kind of cocky because I know what they're after, they're just after my fear. I felt very cocky that there was nothing they could do to me as I had this process'. This reflects a stance of confidence and authority over her circumstances, underpinning her understanding and manipulation of the situation to her advantage. Tracy

attempts to maintain control over the entity, recognising the need for internal self-belief and, by doing so, her ability to retain her power. Her empowerment is further demonstrated when she states, 'and so if you don't have faith that you believe you are in control, you are giving them the power to feed off of you, if you don't realise that you're in control.'

In summary, Tracy's account provides a rich array of examples that relate to expanding the conventional understanding of SP, including the breadth of anomalous phenomena experienced during SP and its sociological implications, notwithstanding the paranormal, spiritual, metaphysical and supernatural aspects. Her experiences, alongside data from additional participants, will be subjected to further analysis in the next section to reposition our understanding of SP, reconfiguring and reframing the phenomenology of SP.

### **The Diverse Range of Anomalous Phenomena within Sleep Paralysis Experiences**

All participants had, at some point, undergone the traditional SP experience. It is important to establish at this stage that the classic definition of SP (Cheyne and Girard, 2009; Cheyne, Newby-Clark and Rueffer, 1999a; Jalal et al., 2021; Solomonova et al., 2008; Simard and Nielsen, 2005) remains part of the overall SP experience for all participants. For example, David's account of a traditional SP experience is typical of the other participants. He states that:

#### **(3) David**

I feel very heavy inside [during SP]. I hear it, like my body is buzzing inside. It will happen as I'm going to sleep. It just feels like there's someone crushing on top of me. I can move my eyes around and look around the room. I can see what's going on, but you know, I just can't move, and it's, it's terrifying.

David has captured common SP features expressed in previous studies, such as feeling very heavy (Hufford, 2005b) or feeling like someone is 'crushing on top' of him, hearing buzzing inside of his body and sounds that seem real (Rose, Blackmore and French, 2009), the physical immobility despite being consciously aware of his surroundings (Rauf et al., 2023)

and the wakefulness element whereby he can observe his room and move his eyes around (Hufford, 2005b). The 'terror' mentioned alludes to the fear and panic that is a central feature of the traditional SP experience. This creates an emotional response of vulnerability and helplessness during the episode (Cheyne, 2003).

However, despite ample studies referencing the fearful aspect of SP as its central feature (Sharpless and Grom, 2016; Denis, 2018; Lišková et al., 2016; Fukuda, 2005; Cheyne, 2003), participants stated that fear was not always the dominant experience or emotion. Whilst they expected to experience the fear, they were also accustomed to experiencing a more varied range of additional anomalous phenomena and emotions, which they could articulate. One of the more common experiences was out-of-body experiences (OBEs), which represent the awareness of the duality of being outside of your physical body and being connected to it simultaneously (Blanke et al., 2004). In some cases, individuals can observe themselves in both states. Notably, the connection between OBEs and SP has been documented in recent literature (Buzzi and Cirignotta, 2000; Cheyne, Newby-Clark and Rueffer, 1999a; Fox, 1999; Hollier, 2023; Monroe, 1992; Sevilla, 2004). In George's account, he experienced several anomalous phenomena while attempting to have an OBE. The notion of deliberately inducing an OBE was an additional finding from the study. In George's case, it resulted in him experiencing SP:

#### (4) George

[During SP] I saw a man. I think that was the first time I saw something. I was trying to get out of my body, and there was a black, silhouetted figure right next to me, right next to my bed, and it was trying to help me out of my body, and normally that would scare the living, you know what, out of me. I scare easily, so normally, that would just freak me out, but I wasn't freaked out. In fact, the silhouette looked like me, and that's the first thing that I thought like immediately, and I was not freaked out at all, and it helped me out of my body, and I went on some crazy trip. I always go through these tunnels. Not always, but sometimes, initially, I'd always be in these dark clouds. The clouds change into monster images, and it wouldn't be scary because it would almost look cartoon-like, like animated, so it would never really

freak me out too much. But that was always the beginning, and then from there, boom, I'm in this other place.

An array of extraordinary phenomena has taken place in George's account, which begins with his statement, 'I was trying to get out of my body'. George's OBE was purposefully attempted when he encountered what he refers to as a 'black, silhouetted figure'. It did not evoke terror. Instead, it helped him to come out of his body, suggesting more positive emotions and interactions may be associated with SP experiences and the 'intruder' interacts with George, demonstrating a perceived intent.

George had an OBE and perceived himself as separate from his physical body, with feelings that did not exhibit fear. Instead, he highlights trust and comfort in the figure. A particularly noteworthy aspect of his experience is that the figure looked like him, another feature of the SP experience discussed by other participants, whereby the entity looked like either themselves or someone they knew. This mirroring effect suggests an interplay between recognition and emotional response, making the experience more nuanced and personally significant. It serves as a critical feature of SP experiences, as it directly influenced George's emotional response. Consequently, this resemblance to himself adds to his feelings of familiarity and reassurance.

His mention of being in 'this other place' and his description of going on a 'crazy trip' through 'tunnels' suggests an alignment with the features of the NDE, where these features, particularly tunnels, are commonly observed (Long, 2014) and of visiting an alternate dimension (Brumblay, 2003). This suggests similarities and potential overlap between SP and NDE, an aspect of SP that has yet to be researched.

Despite the unconventionality of his experience, whilst encountering animated, cartoon-like clouds that morphed into monsters, he did not feel scared and was potentially curious. This also exhibits synergy with NDE literature that examines the NDE and altered states of consciousness (Facco, Agrillo and Greyson, 2015). Overall, George's SP account is far from our conventional understanding of SP, which suggests a fearful hallucinatory experience.



Instead, we are presented with an experience that contains support, curiosity and anomalous phenomena that inspire neutral or even positive emotions and reactions.

Another participant, Carson, explains his OBE and the positive emotions that can be experienced: 'I was flying around and travelling and being on the roof of the house. It was a feeling of real bliss and joy'. David, another participant, explains:

(5) David

So, I have experienced what I believe to be astral projection. And while I was in that astral realm, I experienced spirits, and I had what I believe to be like my light body, my like higher self, I guess. My light body came and entered into me and pulled me into the upper realm, and there, I travelled to different places. I connected with different people that I knew, and I could see them where they were. And with one of those people, I saw like darker entities attached to her. They looked like gargoyle bats, that's the best way I can describe it. They had glowing orange eyes. and my light body was, I guess, my light body was trying to heal, and so it sent a tube of white light that then surrounded her with like a shower of light and as soon as that happened, the gargoyle entities came out, and then my friend flew at me, and then I disconnected, and I was back in my room.

David mentions several 'unusual bodily experiences', which partially concurs with Cheyne et al.'s (1999a) list of SP factors. During his SP episode, he discusses the experience of leaving his body, travelling to different places, encountering a 'light body' and connecting with individuals he knows. The divergence from Cheyne et al.'s (1999a) 'Intruder' framework occurs when his experience becomes 'purposeful'. In this instance, David observes 'gargoyle bats' and then takes part in 'healing' the person he knew. This 'purposeful' element of SP is not included in Cheyne et al.'s (1999a) structure. Likewise, it is difficult to categorise the 'gargoyle bats' as 'Intruders'. Similarly, Carson above associates his OBE with 'bliss' and 'joy', emotions that would not be associated with a typical episode of SP.

For Johnny, defining the entity as an 'intruder' was important in his assessment of what the entity was. He stated:

(6) Johnny

Well, I don't like calling it an hallucination or a demon. I call it an intruder because that is the one thing for sure that I can say that it is. I don't know if it's an angel or an alien. I don't know what it is. I call it the intruder because you don't invite it. It comes when it comes. So, the intruder has many different forms. I don't know if it has many different forms or if there are many different intruders.

Whilst displaying his uncertainty, Johnny suggests that the entity can either change form or there are different types of entities. Other respondents concurred with Johnny, due to the various types of entities and the emotions evoked during the episode. This also suggests that there is a potential grouping of entities, for example, those who are malevolent and those who want to provide assistance. Johnny continues:

(7) Johnny

It doesn't matter if it's light or dark or if you pray or don't pray. It comes. It doesn't use doors. It can mock and mimic, and it can disguise itself in your room.

Johnny's extract above has similarities with the extract from Tracy's (1) interview. There is an uncontrollable, non-physical presence that displays mocking, taunting behaviour. It disguises itself and is persistent, much like Tracy's 'Frank' (Tracy (1)). According to Johnny, the entity is not deterred by external conditions such as 'light or darkness' or the presence of prayer, which is used for protection. A supernatural, non-physical aspect of the entity is suggested as physical rules are not followed. This is inferred as Johnny states that 'it doesn't use doors', suggesting 'spirit' attributes. He implies that the entity has intelligence, as he states it can imitate and deceive the individual, which confuses and unsettles the experiencer. This bears some similarities to more traditional accounts of SP, for example, the notion of an 'intruder' and the suggestion of negative intent from an entity designed to elicit a response of fear or confusion.

In Lucy's account below, we find SP aspects emerging of a positive, mystical nature merging with the more 'traditional' features of SP. These include fear, a weight on the chest and encountering what I will now refer to as a 'presence' together with 'entity' or 'intruder'.

(8) Lucy

I was visiting family, and I was staying in a hotel in New York, and I went to New York with my friend. I didn't know her so well, but we shared the hotel room and the same bed, and again, when I was sleeping, I felt this thing being on my chest. And I was struggling to speak. And I was really, really scared. And all I could think of was just praying for light. I know I started seeing like an Angel, boy child, and light just came from above, just kind of like flowing down, and it completely transformed that child into something very, very pure, very light. Yeah, it was quite amazing. Like, I just felt such a big change. I just felt something very light, very loving, very kind from that young boy. Yeah, I remember when I woke up, my friend told me I was choking. I can't remember if I told her it was SP. And that was a very real experience for me.

Lucy experienced SP features that include pressure on her chest, a presence and fear, which concurs with those expressed by David (3) and George (4), and with 'traditional' understandings of a typical episode. Subsequently, she explains an experience that could be construed as mystical or spiritual (Holm, 2009; Klein et al., 2016), as she sees an 'Angel, boy child' and light. Other participants also experienced this mystical aspect and saw variations of a 'presence', which, for Lucy, was the 'Angel, boy child'. Stacy, for example, stated, 'I remember seeing this lady walk into my apartment and she screamed, I think she saw me'. Another participant, Martin, profusely discussed the 'lady in black' who exuded sensations of 'pure love', whom he had seen and conversed with several times during his SP. These experiences with different forms of a 'presence' are another common theme amongst participants in this study, contributing to Lucy and Martin's experience being transformed from fear and terror into a positive, loving emotion. This presents SP as a paranormal experience with a benevolent presence, which can also be observed in George's (4) experience. Although it could be argued that whether the presence was benevolent or malevolent, the appearance of a presence in SP episodes is a common feature, it is still

important to note that the presence of a more benevolent entity is an important feature that challenges the predominant construction of SP as a terrifying and negative experience.

Lucy's extract highlights the significance of her friend's observation of her choking, a common feature of SP that experiencers exhibit (Singh Neki, 1961), thereby validating actions during her episode. This ties the subjective experience with an observed phenomenon, which is further corroborated by her saying, 'That was a very real experience'.

In Roger's account below, the paranormal theme is developed further, as telepathic communication is demonstrated to be an inherent part of the experience. Communication with the presence transpired in Tracy's (1) account, which consisted of speech during her SP. However, it can be argued that each participant's data includes some form of communication throughout the SP episode, challenging notions of the SP experiencer as merely passive. The following account represents telepathic communication in similar circumstances to that of Tracy (1):

(9) Roger

So [during] one of the most terrifying ones that ever had, I woke up, and it was like a figure again at the end of my bed, and at this point, it had been happening to me for years. So, you know it happens to you so often that when it starts happening to you, you get kind of good at telling yourself, okay, none of this is real, like you know it's gonna pass, so remain calm. So, I was trying to tell myself, okay, this isn't real. This thing isn't actually here. And then I heard it reply back to my thoughts saying like, 'Oh, you think I'm not real like, Oh, you know God can't help you, I am real, and I'll show you I'm real,' and that really scared me. So that was one of the few times that when I finally was able to move again, I got up. I was like, okay, it was like 6 in the morning, and I had to work at like 11. And I was like, okay, I'm getting up and I took a shower, and I went shopping at 6 am so I can't go back to sleep.

Despite the conventional start to Roger's experience, the entity he engages with communicates with him through his thoughts, and he is aware that this is taking place. He states, 'I heard it reply back to my thoughts'. There is a two-way dynamic between Roger

and the entity, as the account implies that they 'share a set of mental states' (Bara, 2011, p.443) that facilitates the communicative process. This communication implies that the entity is fully conversant in Roger's communication methods, language, and what instigates fear in Roger. Both Roger and Tracy (1) have illustrated the telepathic communicative ability of the presence.

Another common form of communication expressed by participants is what I refer to as 'sonic cues' that consist of a high-pitched or hum sound that announces the start of SP. When participants heard the sound, they knew that SP with either a presence or feelings of harmful intent was imminent. Mark explained:

(10) Mark

The first thing is that there would be a sound. A frequency sound, like a hum in my mind and then the whole room would change its frequency, so it's like I'm no longer in that space, I'm in a different type of space. It's like the meeting of 2 worlds, where it's trespassing in this space. It's like two worlds come together. And then there is this energy that I can only describe it as having harmful intent. It was horrific. Yes, I'd hear a sound and think, 'I don't really want this'.

Nearly all participants referenced a sonic cue, as it presented a foreboding warning of an oncoming presence that conveyed fear, as in the case of Mark. His use of the word 'frequency' is also pertinent. In spiritual practices, the concept of 'frequencies,' concerning 'energy' mentioned by Mark, is a central component (Siegel, 2013) depicting the 'intensity of our spiritual energy within our bodies [which] can be high, low or just sort of in between' (Alvarez, 2012, p.1). This signifies Mark's exposure to spiritual terminology and his underlying belief system. Furthermore, it demonstrates SP's conceptual relationship to frequency and energy within a spiritual framework.

As a SP experiencer, my AE journal entry below captures one of my many SP experiences. Whilst it does not address the sound elements of SP, it builds on the themes of OBEs, the presence, communication, mystical, spiritual and paranormal aspects, in addition to the intersection between supernatural events and reality:

I was sleeping peacefully as I watched myself from the right-hand corner of the room. I saw two ladies speaking in the far-left-hand side of the room. They were both dressed in long petticoat dresses that were perhaps from the 1800s, with bonnet hats on their heads. One was carrying a wicker basket, and they were both engaged in sharing interesting gossip. I could tell they were gossiping by their body language, but not sure what or who it was about. And then suddenly, it came through the wall on the left and strode past the women who were as shocked as I was. It was a beast-like creature towering above all of us. The room was dark, and I'm not sure where the light was coming from, but it was dimly lit, and I could see that the beast was strong and upright. It resembled Anubis, the Egyptian God of the dead. It strode past the bottom of my bed, and as it did so, it grabbed the ankle of my left leg and swung me around over its head. It was so quick. I screamed, and in an instant, I saw something else come into the room, and the beast dropped me and ran off. I couldn't see what the 'something else' was, but it seemed to frighten the beast away.

I woke up immediately and thought, did that really happen? It was 3:30 AM and I recorded the event on my phone recorder and then went back to sleep. When I awoke again at around 8:00 AM, I had forgotten about the incident until I tried to get out of bed and put my feet on the floor, only to find that my left leg couldn't take the weight of my body and I fell towards the floor grabbing the door frame to stop my fall. The memory of the night's incident came back to me as my ankle was swollen, bruised and tender.

Journal Entry 15th of March 2022

My journal entry establishes that I experienced an OBE while simultaneously being part of the events during SP. During the experience, I felt that my “self,” or centre of awareness, [was] located outside of [my] physical body’ (Cardeña, Lynn and Krippner, 2014, p.12). The overall episode includes three different forms of presence: the ladies, the beast and the presence that could not be seen. Whilst cultural and historical imagery is contained within the extract, there is a distinct supernatural and metaphysical theme to the experience. It is

also interesting that both the two ladies and I experienced fear and shock at the unexpected arrival of the presence. In retrospect, I could sense the intervention of what could be referred to as a higher power or benevolent presence, which alludes to a protector or possibly unseen force that influenced the negative form during SP. There are explicit social hierarchical dynamics between the four beings, which is an interesting point for future analysis. The final and most profound theme during the encounter relates to the tangible damage upon waking due to the interaction with the creature and myself, indicating a supernatural encounter. This challenges the conventional understanding of not only SP, but the sleep state generally as being purely a physiological phenomenon (Brinkman, Reddy and Sharma, 2018).

An extensive array of SP features has been analysed, presenting a phenomenon that significantly transcends contemporary understanding. The following sub-section examines how these features are embodied by experiencers, the interconnectedness of SP and the cognitive and sensory embodiment of these in the SP experiences (Ignatow, 2007).

### **The Presentation of Embodiment in Sleep Paralysis**

The broad concept of the embodiment framework in its various forms has been extensively discussed by researchers (Glenberg, 2010; Ignatow, 2007). For the purposes of this chapter, the terminology expressed by Cromby (2014) stating that embodiment is ‘both the location and the character of the body in the world, and the ways in which this body structures and enables experience; the bodily aspects of human subjectivity’ (p.550), will be utilised, addressing the feelings within the body and the things that happen to the body during SP

However, it should be noted that embodiment concerning SP has been relatively unexplored in academic literature despite its significant impact on the lives of experiencers. Studies have highlighted isolated aspects of embodiment, such as the relationship between embodiment and spirituality (Trousdale, 2013), which suggests that the body is not ‘merely a conduit for spiritual experience, but is itself a site of spiritual knowing, of experiencing the immanent mystery’ (p. 24). The limited data in this area reflects the need for more research into the sociological nuances of SP and embodied states.

However, the embodiment of SP has the potential to distress experiencers psychologically or, as demonstrated later in this chapter, empower and facilitate the experiencer's use of agency. In Tracy's case below, she shares her experience of being raped during SP, and the perplexities encountered upon waking, having experienced an incident that felt perceptually real during her sleep:

(11) Tracy

These entities have literally raped me before too. During the SP, there was one that was completely invisible, and it literally raped me, and I woke up, and I felt like I was so confused, I'm like, I feel like that actually happened. But like it's a dream so I didn't talk to anybody about it, and it really freaked me out. And then I went onto Google and then it's like Oh yeah, that was just an incubus. I'm like what do you mean it was just an incubus? People are getting raped in their sleep, and we're not treating this like an actual problem. Like that's not okay.

The psychological impact of rape has been widely addressed in academic literature (Chaudhury, 2017; Norris and Feldman-Summers, 1981; Resick, 1993; Campbell, 2008). Still, a dilemma exists when the event takes place by an 'invisible' assailant whilst you are sleeping, and as stated by Tracy 'I feel like that actually happened'. When examining her experience from a paranormal perspective, the rape could be interpreted as an interaction with an incubus. She states her confusion and distress after experiencing a sense of embodiment and bodily vulnerability and violation. Furthermore, being 'raped' by an 'invisible' mythical assailant and perceiving a physical interaction powerfully exemplifies how Tracy has embodied her experience by the breaking down of boundaries between the body through the act of penetration.

The account felt palpable and real to Tracy, who was impacted not just during the experience as she slept but also during her wake state, where she could make sense of the experience. Her response to the rape is frustration and disbelief and a desire to make sense of the experience by turning to Google. Here, she finds that the rape is described as an encounter with an incubus, which possibly adds to her complex psychological state, having had the experience validated and taken seriously through her research efforts, as opposed



to being dismissed as a dream, hallucination or psychotic episode (Victor et al., 2022; Varadharajan, Bascarane and Menon, 2021). Whether or not a demon raped Tracy, she was left feeling violated, ashamed and confused. Her day-to-day experience has been compromised by what she experienced during SP, and the impact of the bodily violation of the experience might have lasting psychological effects on Tracy.

Patsy (below) spoke about her SP experience, where she felt violated and vulnerable, having experienced tactile and auditory elements during SP:

(12) Patsy

Then I can feel something tracing my spine as if your partner was tracing your spine, so I thought, part of me thought he came over without me knowing. You know It was impossible, as I lock my door and I go to sleep. So, there's something tracing my spine and then something's started rubbing down my arm rubbing down my thigh, and I feel now breathing on my neck, so I was like, I'm just gonna pray, but I can't do it from my mouth. So I just started praying in my brain, like in my mind, and then in my ear, I hear like this 'oh Patsy,' and I was like [whoah], and then I was just crying somehow. I don't know why I see more with my ears. My body did not like it. And then I could speak, so I'm saying in a Lords prayer. And then something laughed in my ear, and it was the worst I can.....It made me want to vomit.

Patsy's extract is similar to Tracy's (1) experience, where Tracy experienced Frank, the entity that maliciously taunted and communicated with her. In Patsy's extract, her fear and sense of invasion and helplessness is strongly expressed and experienced through her body. Apart from the combination of fright and distress, she is unable to move as she experiences phenomena which is sometimes confusing, for example, when she initially thinks that her partner is in bed with her without her knowledge, despite her logical understanding that she has locked the door. She feels the tactile sensation of something tracing her spine, arm, and thigh, which feels lifelike. Likewise, the breathing on her neck leads to her praying. Her fear is amplified when she hears the voice whispering in her name. Her reaction of crying is confusing due to her paralysis, emphasising her anguish and discomfort. The body and embodied experience are centred here, both in terms of the sensations felt in the body and

her reaction to the encounter, where she states, 'my body did not like it' and experienced a literal feeling of nausea and an urge to vomit.

My SP experience with the incubus differed from that of Tracy (11) and Patsy (12), as I could see the assailant. The AE account below, taken from the previously written AE chapter, details an experience that was a normal occurrence that took place at least once each week:

It was a hunched, round beast with dark stubbly hair. It looked like a large troll with huge eyes. A conventional incubus-looking beast. Whilst it made no sexual approaches towards me, why did I feel like this beast felt love towards me? An obsessive love. It lasted for a fraction of a second, but the feeling was there as the intense emotion went beyond knowing. This was somehow unintentionally communicated. It threw its weight onto my chest. I continued to look up as I lay on my back. I felt my ribs implode, and I was engulfed by the mattress that was swallowing me due to the weight of the 'thing'. I was being pushed into the blackness. I was sinking, and, in that instant, I knew I was approaching death. I lost consciousness, or so I thought, and I would either wake up shaking from terror yet glad to be 'back', or I would drift into 'normal' sleep.

Autoethnography Account Taken from Previously Written AE chapter

I regularly experienced the incubus recorded in folklore text and paintings (see Chapter One, Introduction). Before seeing the incubus during my SP episodes, I did not know what it was until I undertook research into my experience, and I felt the same 'confused' emotions as Tracy (11). I felt the pressure on my chest, I felt my ribs implode, I felt engulfed by the mattress, and my response was that I was in a life-threatening situation that felt like death was imminent. These sensations were compounded by the feeling of panic and by the fear of sexual threat, notwithstanding the unsettling emotional connection that was perceived. The experience was very much felt within my body – 'I felt my ribs implode' – and has remained a part of me, strongly determining my 'sense of self' (Asai et al., 2016) and awareness of occurrences that I might experience as I sleep.

Having discussed examples of embodied experience that relate to sexual threat, Rebecca's example below illustrates more nuanced embodied states that are used during her management of SP:

(13) Rebecca

So, when you go out, you're grounding yourself. You kind of feel your own energy where you're at, and I think that's scary for a lot of people because you don't want that number to come back too low and realize how bad you feel. But if you're willing to feel it for just a few seconds, push that energy through the roots down. And what I do is I push it down into the core of the earth, and I imagine that its bad energy is being transmuted, like lava magma and the earth's core, and allow it to shoot up.

I pretend to see it shooting back up into my body, almost like a lightning bolt. A lot of times, you can feel a surge it's pretty incredible. But what I imagine is opening and manipulating the heart chakra. I'd imagine a door opening on my chest, and I'm allowing my energy to flow out, and I pretend I'm floating above and connecting to all the environment around me, so I end up circling the earth right. But what I'm doing is like a magnet I'm trying to find laughter. So, I pretend I'm a drone flying over all these communities, and I can hear people laughing jovial, laughing, not, you know, mocking people, but like genuinely happy, because when you're laughing like that, you feel joy and that's what I'm trying to connect to. And then I suck it up like I literally just suck it up, and I let it come through the heart Chakra. I close the door, and I put my hands there, and it's like, Whoa! You feel it, and even if it's a placebo effect, who cares? I don't get sleep paralysis anymore cos I use this technique, and I can actually sleep on my couch if I want to in front of the TV. I can fall asleep, which I could not do for years and years and years because I was so scared, you know. And now I can just pass out in my house and not worry about things. I can sleep in my room with the sheet down, not over my head, you know, and that's because of things like this.

Rebecca utilises a range of embodied states and strategies to manage SP, which, interestingly, interweaves with spirituality and managing SP, which is discussed further in

Chapters Five and Six. The first example is her practice of grounding, a spiritual practice based on touching the earth barefoot, utilising the natural DC (direct current) energy produced for natural wellness (Koniver, 2023; Chevalier et al., 2012). In spiritual and paranormal discourses, this is used as a method to dispel or mitigate negative energies (Öberg, 2021). She is physically connecting with the earth, feeling the energy within her body. She then manipulates this energy both physically and mentally as she moves it throughout her body, engaging a mind-body state as she conceptualises the heart chakra, which, according to Poonia et al. (2020) is an energy centre associated with 'love, kindness and affection' (p.15). She blends the mental conceptualisation of her heart chakra with physical feelings of 'joy', which increases as she collects and connects to it. According to Rebecca, this embodied practice is why she no longer experiences SP.

Overall, these findings demonstrate that deeply felt, non-verbal SP experiences are embodied by experiencers. In Rebecca's extract, we can see how her embodied state is felt throughout her body and used positively in managing her SP. As we move into the final subsection of the chapter, positive aspects of the SP are analysed, such as experiencer's agency and empowerment.

### **Agency and The Empowering Effect of Sleep Paralysis**

Despite the negative features related to SP that have been previously highlighted, most participants stated that they wanted to have SP due to its positive impact on their lives. Sandy, for example, stated that:

(14) Sandy

One night, just before bed, I was meeting with someone on a call from South Africa. So, we were doing a late-night meeting, and I said, I wish I would have SP because I'm not afraid of it anymore, and I really would like to experience it. And that night, I had the wildest SP experience, and this one was so special because I wasn't afraid, and even though there was something that I felt could be evil in the room, I relaxed, and then all of a sudden, this light tunnel opened up, and I was like, Whoa what's going on?

Sandy states that she desired to experience SP and consequently experienced what she called a 'special' episode. Her choice to have SP signifies her agency as it was her active choice, which she felt was in her best interests (Sen, 1985), and having this 'special' experience without being 'afraid' contributes to her sense of empowerment, as she exerts control over her life (Page and Czuba, 1999), albeit whilst managing her fear during her sleep state. Despite feeling an 'evil' presence during the experience, she could relax and take control of the experience by not feeling afraid, which resulted in the presentation of additional anomalous phenomena. Not being afraid during the experience facilitated her being cognizant and in control of her episode. It is important to highlight the continued reference to 'tunnels' during the experience, as seen in George's (4) extract, further exemplifying the connection to the NDE, where tunnels are often experienced (Long, 2014).

Whilst discussing his SP experiences, Mark builds on the theme of empowerment when he states: 'I feel that there's a naivety to some of my friends who haven't experienced it [SP]. And that's not me thinking that I think that you're naïve. It's me feeling spiritually advanced'. Mark not only indicates a spiritual connection to the experience; he also indicates that he has access to something that others do not, to the extent that he feels that his friends are naïve and unaware of the experience he is privy to. His statement that he feels 'spiritually advanced' is another clear indication that Mark sees the SP experience as a spiritual phenomenon, one that he has been selected to have and one that positions him as 'advanced' or 'privileged' in some way. This places him in a position of wisdom and superiority above his friends. He indirectly indicates that he has been given the 'gift' of SP, which was referred to by other participants such as Martin, who viewed SP as 'a curse and a gift.'. By 'curse', Martin is referring to the terror-based aspect of SP whilst recognising at the same time that SP has the potential to be positive, empowering and pleasurable (Lišková et al., 2016).

Lucy discussed a similar view when she stated: 'It's been a blessing. It's a gift. I'm feeling all emotional now. Just the gratitude of it', and Rebecca also used the phrase 'gift or a curse' as she questions the meaning of having SP:

(15) Rebecca

It just makes you wonder so many times. Why, why me? What am I supposed to do with this? Is this a gift or a curse? Am I supposed to do something with this? Do you just go on living life as if nothing's happening?

Rebecca is conflicted as she reflects on her experience and asks explicitly, 'Why, why me?'. She questions the purpose of SP and its meaning in her life, unsure whether the experience is a blessing or a burden. She is uncertain whether she should take action or 'broader social responsibility' as she almost pleads for an answer, suggesting that life should not continue as normal due to the nature of the experiences. She is not simply passively accepting the experience; she demonstrates empowerment by asking questions and being prepared to act. This also shows her authenticity, which, according to Guignon (2008) 'suggests the idea of being 'original' or 'faithful to an original', and its application implies being true to what someone (or something) truly is' (p. 277). By embracing her experiences rather than continuing as though they are regular everyday occurrences, Rebecca is embracing her authentic self as she acknowledges her experiences and their potential significance.

The empowerment Rebecca feels is also articulated by Carson, who states, 'I've had this experience happen to me since I was young, and there's a reason for it, and I don't know why. But since I have them, I am going to pursue them.' Carson infers that there is a positive reason why specific people have SP, and he is using agency in his deliberate choice to pursue and understand them. He is not deterred by his lack of understanding of the experience. On the contrary, his desire to learn more empowers him, as it represents an active step towards gaining control over his own life.

Johnny's experience is similar to that of Mark and Carson. In addition, he thinks that having SP is 'cool'. He expresses the feeling of being unique and of being singled out to have SP:

(16) Johnny

When I was younger, I would rather not have the experience. Now I think it's cool. I feel special. It's visiting us for a reason. I don't know why it's giving me these extra sensitive emotions. I'm doing research. The last time I had SP, I was looking forward

to it. I want to see it. I'm really curious now to see what happens. I said to myself I want to have this.

Johnny views SP as having a deeper meaning and purpose. He feels 'special' (a word also mirrored in other accounts). He does not perceive SP as a random phenomenon but one with more significant unknown intentions to the extent that he also uses agency in researching his experiences. It is also interesting that he has referred to SP as giving him 'extra sensitive emotions', which may allude to psychic abilities he experiences as a positive and empowering aspect of SP. Looking forward to having SP and being curious about what takes place reinforces Johnny's empowered perspective towards SP, which is that it is not to be feared or avoided. He has consciously decided to have the experience so that he can explore it further, which is a perspective shared by Carson and other participants.

During my AE reflections, I often wondered if the 'gift' stated by Martin (and others) and the psychic abilities that Johnny (16) subtly referred to were always a part of me, lying dormant until the SP forced me to pay attention to my sleep state and the psychic 'tendencies' that are a part of me. Steiner (2012) suggests that a metaphysical figure known as the 'Guardian of the Threshold' stands at the border between the spiritual and physical realms. He argues that individuals who experience SP stand at this metaphorical gateway, which once passed having faced substantial fears, denotes them as worthy to engage the spiritual world and have access to psychic abilities. Interestingly, Hufford (2005b) also references a 'gateway' and its connection to OBEs. Steiner's (2012) argument provides a framework for me to place my experiences. Not only is he the only writer to discuss and analyse SP from this perspective, his reference to gatekeepers and the 'supersensible' or spiritual world fits perfectly with the breadth of my experiences, providing me with a spiritual and supernatural framework for my experiences. Other participants also shared this view, with Mark stating that:

(17) Mark

I do feel like some of us are tested and that is for whatever reason, and that only those that pass the test have the advanced skills to do certain types of work like pushing the narrative forward or advancing people in their lives.

Mark's extract emphasises his view that SP is more than a distressing experience but rather a purposeful test or challenge with a deeper significance. He suggests that it is a trial that only a select few must undergo, one that he must endure and overcome - a notion which Steiner (2012) also supports. Mark also believes that overcoming SP equips individuals with unique 'advanced' capabilities that are not accessible to everyone and that these 'skills' can support 'pushing the narrative forward or advancing people in their lives'. For Mark, SP is purposeful and empowering, as it will enable him to influence his surroundings and assist others in overcoming their own challenges

Now that I know more about myself and my SP experiences, I am no longer engulfed with fear and find that even in my sleep, I have developed a high level of assertion and empowerment, which allows me to be proactive rather than passive with the beasts and negative energies that attempt to invade my sleep state, as I wrote in my journal:

I open my eyes and can see my open bedroom door. The light coming in through the bathroom window is reflecting in the passage outside the door. As I stare at the doorway, I see a dark mist. It's shadowy and appears to be taking solid form as it floats in from the right-hand side of the doorway. As I look at it from my lying down position in bed I know instinctively what it is. I shout, 'Get out of here, I don't want you here. Get out of here.' I can see myself shouting and screaming these words from the corner of my room and watch as my face becomes distorted. Time seems to slow down as my jaw widens in a fixed position as I shout at the black mass that's trying to take form. Like a mouse scurrying away once frightened, I watch the mass slide away from the door frame and dissipate. I continue to watch as I see myself become calm, and I snuggle my head into the pillow as I drift back to sleep. It seems I have gained my power of assertion even in my sleep. At last!"

Journal Entry May 24 2022

Whilst my AE (autoethnographic) reflections capture my use of agency and my empowered state, Mark below also perceives SP through an empowered existential lens:



(18) Mark

There is wisdom and knowledge that comes with it [SP], and that's empowering. If I had a choice to have or not have SP, I would choose to have it. I do believe in the journey for a reason, and I am wiser and more alive because of it. I have a better gauge on the world. Some things are terrifying, but you learn and grow from them. Had I not gone through SP I don't know how my life would have turned out, and I want to be alive in this body and be grateful that I have this knowledge that I have gained from it.

SP, for Mark, is an intrinsic part of his existential viewpoint, intertwined with his consideration of 'the meaning of life' (Benoist and Cathebras, 1993). Consequently, he appreciates his SP experiences and the 'knowledge gained from it' to the extent that he does not 'know how his life would have turned out' had he not experienced SP. He views SP as overwhelmingly positive, to the extent that, in parallel with Johnny (16), he would choose to experience SP, demonstrating his use of agency. His use of the words 'wisdom' and 'knowledge' captures the empowering impact that SP has had on his life, and indeed, he draws directly on the term 'empowering' in his account. His approach to SP encompasses the essence of his life and his reason for being. It is also noteworthy that in conjunction with Johnny (16) and Carson, he believes there is a 'reason' for him having SP, which impacts his existential perspective.

Agency is also exhibited by George, who, through his interventions, learnt to control SP, stating that he was 'curious to see what happens'. He found that if he tried hard to move a part of his body during SP, his paralysis would dissipate, and his sleep would return to normal. During this 'normal' sleep state, his sleep experience changed, and a range of anomalous phenomena, which he articulates as 'weird stuff,' took place. David also utilised agency, stating: 'I learned to stop fighting it and fearing it, and that's when it became a different experience. I don't know where I go, I don't see anything, but I can feel it. I still can't move. But I don't have the terror... I don't have the fear anymore'. His agency is displayed in his choice to stop fighting SP, which results in the terror aspect disappearing.

The positive aspect of SP is further depicted by Rebecca, whose existential approach to SP facilitates her empowerment and use of agency in controlling SP. She states that:

(19) Rebecca

I absolutely feel smaller and bigger at the same time because I know there is this other layer out there to everything. But at the same time, becoming aware of it has made me feel more in control and more powerful in my being. So, I used to feel weak and vulnerable, but now I feel like I can control it.

A common theme for SP experiencers is the existential belief that there is more to not only their existence but to the entire world. Rebecca refers to life as having an 'additional layer' which alludes to spiritual, supernatural and paranormal themes, demonstrating her self-discovery and increased sense of self. Similarly, her sense of feeling both 'smaller and bigger at the same time' points to her positioning herself in the universe with a greater sense of significance and agency, leading to her feeling 'more in control and more powerful in my being. Here, her sense of empowerment and control is contrasted with how she previously felt ('weak' and 'vulnerable') before gaining control over the SP experience.

Overall, these findings suggest that SP can be positive and empowering, providing experiencers with agency giving experiencers the opportunity to choose the direction that they want their lives to take. As an aspect of SP, agency and empowerment have been almost entirely overlooked in scholastic literature, exemplifying the need for continued research. Participants are choosing to experience SP, a finding that significantly shifts the parameters of our current understanding of SP as something terrifying that experiencers might seek to avoid, prevent or at least limit.

## **Conclusion**

This chapter has challenged the contemporary view of SP in four ways. Firstly, it has demonstrated that SP is far more diverse than the contemporary understanding of the phenomena (as simply the 'beast' or pressure on the chest and feeling of terror and paralysis), consisting of a vast range of anomalous features, encounters and interactions.

This data represents the qualitative collection and thematic grouping of SP features. Unfortunately, they have been overlooked by psycho-neurological science, with their approach negating all sociological, spiritual, metaphysical or intangible phenomena. Whilst Hufford's (1982, 2005b) analysis of the phenomena references some aspects of the spiritual and paranormal phenomena, it falls short in comprehensively detailing the consistency in the anomalous features, its spiritual and supernatural connection, the positive aspects of SP and the embodiment that is experienced. Whilst the data presented here aligns to an extent with existing research on SP by demonstrating how participants experienced 'classic' aspects of SP (such as terror, crushing weight and paralysis), it also significantly expands upon and challenges the current findings in the field. Overall, this suggests that revising our understanding of SP becomes critical. This revision could combine each of the aspects highlighted in the data into a single framework that supports the broader phenomenology of the SP experience and recognises that further diverse and anomalous features of SP that are not captured in the data here are also likely to be experienced.

Secondly, the data has revealed a more nuanced account of SP when considering SP as an embodied experience, recognising that the body is not simply passively paralysed during the experience. It is central to understanding and managing the experience, noting that the effect of the experience is carried into the waking state, where the impact is manifested as the individual continues with day-to-day activities. The lens of embodiment allows us to consider bodily sensations and reactions associated with both experiencing and managing SP.

Thirdly, the significance of the impact of SP on an individual's sense of agency and empowerment has been underscored, bringing to the forefront positive aspects of SP that have been largely neglected in existing scholarship. As evidenced, the traditional fear-based elements of SP can be superseded by positive aspects of agency and empowerment. This shows that individuals experiencing SP actively make choices and decisions about manipulating their experiences and may be seeking, researching or enjoying aspects of SP. Likewise, empowerment was a central theme, with individuals using language and phrases detailing their sense of empowerment, exhibiting it during the experience in ways that suggest that exerting self-confidence, self-love and standing up to the fear or entities during

SP plays a role in the episode—noting again that increased levels of empowerment and assertiveness have opportunities to manifest experientially during the waking state. These experiences can be transformative, with individuals feeling spiritually ‘advanced’ compared to their counterparts. The idea of SP being a gift was stated by participants, challenging the contemporary view that SP is simply a fear-based hallucination. Attaining psychic ‘gifts’ including ‘sensitives’ are included in the phenomena and are experienced during the waking state by experiencers. Moreover, the influence of SP extends into wakefulness, with participants not only recalling these experiences but also showing a positive anticipation for future occurrences. This view is unprecedented scholastically and worthy of further research, particularly in considering the links between SP and well-being.

Finally, the interconnectedness of SP with OBEs, LD and the NDE, discussed in the literature review, has been highlighted. Whilst there has been recent research into the relationship between SP and the OBEs (Herrero et al., 2023; Hollier, 2023; Hurd, 2010; Sevilla, 2004), this connection should not be minimised, as a significant amount of the data points to OBEs and SP being intrinsically linked. Furthermore, the correlation between SP, OBEs, LD, NDEs, and potentially non-human intelligence or extra-terrestrial encounters, together with aspects of paranormal and spiritual experiences, suggest transdimensional activity that demands further research, as the interconnectedness of these phenomena has been strongly indicated.

This divergence from the traditional view of SP illuminates the need for research in the areas previously stated. These findings have significantly expanded our understanding of the phenomenon, exposing a significant knowledge gap that has the potential to support SP experiencers and reframe existing phenomena. The following chapter will build on these findings to consider the transcendental aspect of SP and the role that spirituality and the paranormal have in SP phenomena.

## Chapter Five: Sleep Paralysis: Spiritual, Transcendental and Paranormal Phenomena

### Introduction

Investigations into sleep paralysis (SP) as a spiritual experience have highlighted very little empirical evidence on the subject of SP having spiritual connections (Hufford, 2005b; Carvalho et al., 2016; Hufford, 2008). Whilst this finding has contributed to neuropsychology refuting any associations between SP and spiritual phenomenon (Goode, 1962; Cheyne, Newby-Clark and Rueffer, 1999a), the relevance or accuracy of this association is not the primary focus of this chapter. In other words, this research is not seeking to – or perhaps not able to – understand whether SP *is* a spiritual experience in an objective or ‘real’ sense. Instead, this chapter is primarily concerned with illuminating the relationship between SP and spirituality as understood and negotiated by my participants by analysing participant data focussed on language, the nature of being a physical and non-physical human, and paranormal experiences in the lives of experiencers. To understand and explore this connection, the chapter will centre on specific themes, some of which have already been touched on as part of the broader phenomenology of SP in the previous chapter.

The analysis commences by examining what it means for participants to be spiritual and the language of ‘spirituality’ that is employed by participants who either explicitly identify as being spiritual or not, paying particular attention to the etymology of the language used and the linguistic framework of spirituality that participants refer to, to support the explanation of their experiences. The nature of being human is then analysed, and the question of whether humans are more than a physical body is explored, alongside the notion of the ‘self’ consisting of physical and non-physical layers. This is then followed by the final subsection, which builds on this theme by considering the implicit nature of the paranormal within SP and its manifestation in the mundane day-to-day lives of experiencers. My AE discourse is embedded throughout the chapter, allowing for a deeper analysis of SP and the spirituality theme.

## **The Language of Spirit**

From the outset of the thematic data analysis, it was evident that 'spirituality' (Spencer, 2012) was a core component in recounting the SP experience. This was primarily identified through the etymology of the language used by participants, through which specific 'spiritually connotated' words were used. There was, however, an inherent complexity in the use of these 'spiritually connotated' words, with many scholars agreeing that spirituality itself is extremely difficult to define (Bruce, Shields and Molzahn, 2011; McSherry and Cash, 2004; McCreery, 1994; Goddard, 1995; MacKian, 2012) and only a small number of scholars attempting to analyse the language (Brussat and Brussat, 1998) of spirituality. Despite this, the language used in spiritual contexts was compared with the language used by participants to determine a spiritual connection, which, in some cases, also highlighted the participants' alignment with a particular belief system.

Additionally, it was identified that the language of spirituality employed by participants utilised a spiritual 'interpretive repertoire' (Potter and Wetherell, 1987), which consists of a certain 'range of terms used in a specific stylistic and grammatical fashion. Commonly, these terms are derived from one or more key metaphors, and the presence of a repertoire will often be signalled by certain tropes or figures of speech' (p.172). Whilst this section of the analysis does not undertake discourse analysis of the participant data, the interpretive repertoires model allows for the observational grouping and theoretical framing of the language used by participants, which was grouped by the use of specific speech repertoires.

All participants were explicitly asked at the start of the interview, 'Do you consider yourself to be spiritual?' without a follow-up statement detailing what 'spiritual' meant within the interview context. This was a specific action to determine the participant's perception of the question and allowed for the contextualisation of future responses related to the SP experience. Lucy, for example, explained what being spiritual meant for her:

(1) Lucy

I think it means trying to connect my behaviour to my speech and my thinking... It's all connected to that unconditional love...It is actually that universal energy, this

expansive intelligent wise, loving space and consciousness... So, it's so big and vast that I just can't label it with one word.

Lucy states that spirituality means 'trying to connect my behaviour to my speech and my thinking', which is a wellness approach used in spiritual practices to align actions, words and thoughts to create a holistic, harmonious, authentic way of living (Kahn-John Diné and Koithan, 2015; Lyubomirsky and Layous, 2013). This approach can also be seen in her reference to 'unconditional love' which points to love that transcends ordinary emotional attachments, which, according to Welwood (1985) 'has tremendous power, activating a larger energy which connects us with the vastness and profundity of what it is to be human' (p.33). This 'unconditional love' subsequently underpins the interconnectedness of her actions, speech and thoughts.

Whilst these terms are a significant indication of her belief system, Lucy uses language utilised in spiritual environments. It is her use of the terms, 'universal energy... ..consciousness' and 'so big and vast that I just can't label it with one word' that points to an association with a cosmic intelligence or higher power and the 'vastness' to which Welwood (1985) refers, indicating the ineffability of spirituality (Yaden et al., 2016). These terms highlight her use of a spiritual 'interpretative repertoire' (Potter and Wetherell, 1987). The ineffability of Lucy's conception is also consistent with her difficulty in finding a single word to encapsulate what spirituality is or how she sees herself concerning it. Her use of language and syntax, or the patterns within her language, allows for the broader sharing and understanding of her experience. It is evident that where Lucy sees herself is in agreement with the precepts of everyday spirituality (MacKian, 2012) due to its acknowledgement of spirit within an undefined linguistic space. Lucy literally lives with the reality of the precepts of spirituality as they relate to transcendence, having had direct experience of what is understood as something 'greater' than the everyday mundane self.

Carson also identified himself as being spiritual, and when asked the same question, his answer included his quest to 'learn the secrets that lie outside of our physical world', which alludes to him having a deeper, more profound purpose to human life that goes beyond material or physical aspects, denoting a spiritual view of the world. He stated that:

(2) Carson

I've come to believe that one of the reasons why we are here is to learn the secrets that lie outside of our physical world...there is more to this world that we live in, and by that, I mean that there are other worlds happening simultaneously ...Life is more than just this physical world.

Both Carson and Lucy's responses indicate the ineffable nature of spirituality and the complexities involved in its definition, highlighting a predominant finding and theme. Carson displays it in two distinct ways. Firstly, when he articulates that he is here to 'learn the secrets that lie outside of our physical world,' he demonstrates the acquisition of knowledge that is outside of the conventional framework of experience. Secondly, by stating that there 'are other worlds happening simultaneously,' he is suggesting spiritual and metaphysical concepts that are scientifically complex and difficult to explain spiritually (Vaidman, 2021), which are potentially beyond the scope of everyday language, containing inherent difficulties in communicating them. Each of these phrases can also be considered spiritual 'interpretative repertoires' (Potter and Wetherell, 1987), as they contain themes and 'figures of speech' - for example, 'Life is more than just this physical world' -that is consistent with spiritual language and widely deployed and understood within certain contexts.

Carson continues, 'Through my experiences [of SP] I believe in spirit guides now'. His belief in spirit guides builds upon his previous statement relating to simultaneous worlds, through which we can infer that his experiences concerning spirit guides have given him access to some of the 'secrets that lie outside of our physical world'. He states that he did not believe in spiritual guides before the SP experience, and his SP experiences confirm his belief in spirit guides and the non-physical world. SP has given him entry into an alternative world of existence where his spirit guides reside (Steiner, 2012), and SP has validated his spiritual beliefs, demonstrating a connection between SP and spiritual entities, concepts and beliefs.

Most of the participants stated that they *were* spiritual, and interestingly, those who indicated that they were not spiritual still gave similar linguistically relevant responses as



the participants who said that they were spiritual when talking about SP. This suggests that the language and framework being used by SP experiencers to make sense of their SP experience was linguistically spiritual and that the participants' individual spiritual belief systems were not necessarily a significant factor when recounting their experience. This implies that a repertoire for framing and making sense of SP outside the language of spirituality is not readily available.

For participants who identified as not being spiritual, conclusions related to SP were logically and rationally arrived at, using language that might sound more 'scientific', but was nevertheless still fundamentally spiritual in nature, as evidenced by Desmond, who explained that:

(3) Desmond

There's at least two lines of thought which I've read into. One of them is about the lights [spirit guides] and that it could be some higher beings, spiritual beings, making some kind of an appearance, showing themselves in our frequency. The frequencies that we perceive in reality, you know, we only see light and a small bandwidth of frequencies. So, there's like loads of frequency bandwidths and as humans with only human physical limitations, we can't see [all of] them. But if something from a higher dimension can manifest on those frequencies that's possible for us to see it further on. If you have some intention to try and make a connection with higher dimensional beings they can make an appearance in your life. Spirit guides, or you know, guardian angels, are these kinds of things.

Desmond, who identified himself as not being spiritually inclined, adopts an approach that builds on ideas from the first half of the century and those more recently related to instruments designed to access a higher-frequency reality and communicate with the world of spirits or different life forms in other dimensions (Stollznöw, 2014). These are called electronic voice phenomena (EVP) and are utilised in paranormal investigations. Electrical equipment such as radios and television are used to capture voices. The EVP can record anomalous voices from 'entities [that] communicate with researchers through electronic equipment' (Buckner and Buckner, 2012, p.44). This meaningful connection could provide

further understanding of how those experiencing SP understand the source of SP and draw on particular modes of language to frame their experiences. Interestingly, whilst Desmond's explanation is in some ways framed 'scientifically', it also overlaps with fundamentally spiritual concepts, for example, when he mentions communicating with deceased spirits and angels (Buckner and Buckner, 2012; Stollznow, 2014).

In addition to Desmond's scientific assessment of the metaphysical explanation of spirit guides and guardian angels as linked to 'bandwidth' and frequency', his response extensively uses spiritual repertoires. For example, his use of the term 'higher beings, spiritual beings' refers to entities within a hierarchical structure outside our realm of reality. Likewise, when used in spiritual contexts, his use of the word 'frequencies' expresses spiritual principles such as gratitude, compassion and joy (Rose, 2021; Alvarez, 2012). His use of the words 'frequency bandwidths' implies that many layers of reality exist beyond the limits of human perception, which concurs with his overall perspective. This view and language also concur with that of Carson (2), who stated that there are 'other worlds happening simultaneously', and Lucy (1), who spoke of the 'vastness' of spirituality.

Participant responses included a certainty of their experience that reinforced their belief. Carson expressed this by stating that he believes 'in spirit guides now'. This 'certainty' element was also expressed in Samantha's response below, which focuses on having reached the point of no longer needing to believe in her experiences, as she has had 'confirmation of them', providing an opportunity to explore her linguistic use of spiritual language:

#### (4) Samantha

From my own personal experiences, I've seen things and I've experienced things that have taken me beyond having to believe in them. But rather I've received confirmation of them. It's that everything is energy, and I recognise this and I actually see the world, not just in the physical anymore. I see it in the physical, and how all the energies combine to have to balance, to create the whole. So even when I'm looking at something in the physical it's always in the back of my mind, the other energetic dimensions that are at play that's creating this reality. I see a very wide

spectrum of dimensions around us. So, I'm not just limiting myself to observing the physical. So yeah, I'm incorporating everything all the time in everyday life.

There is a difference between believing and knowing (Welbourne, 1980; MacIntosh, 1979; Mackenzie, 1993). For Samantha, this is an indication in her claim 'I've experienced things that have taken me beyond having to believe in them. But rather, I've received confirmation of them.' There is validity in knowing, and this has confirmed Samantha's view of her everyday existence. It can also be noted that she refers to seeing and experiencing 'things'. Her experiences are perceived as being 'real' in the same way that the everyday, awake, mundane experience is perceived, allowing no doubt of their authenticity. She also uses the word 'energy', implying that the energetic (or the non-physical world implied by Carson (2)) is in tandem with the physical world, creating a balance between the two. Samantha's reality is predicated on this balance, and she utilises the term energetic dimensions, or the equivalent phrase simultaneous worlds stated by Carson (2), which further demonstrates their use of a shared spiritual 'interpretative repertoire' (Potter and Wetherell, 1987).

She further suggests that there is not just one additional dimension, there is a 'multitude' of them around us all the time, which also builds on the notion of simultaneous worlds mentioned by Carson (2), the corresponding terms 'frequencies' stated by Desmond (3) and the 'vastness' referenced by (Lucy 1), each being connected to linguistically to spiritual concepts. Overall, Samantha's extract attempts to define the ineffable quality of spirituality whilst using the language of spirituality.

As a researcher and experiencer of SP, my AE account below, written as I reflected on my experiences, highlights whether I see myself as spiritual and how this is reflected in my use of language:

I am a spiritual being, and my experiences have left me knowing that my SP experiences are an engagement of sorts. I use the word 'engagement' to mean a spiritual, energetic, otherworldly, extra-terrestrial or alternate consciousness connection. When faced with the rational world, I now trust my instincts and do not excuse away my instinctual knowing. I no longer try to find rational and justifiable

explanations for what is currently a scientific impossibility. The condition is related to spiritual transcendence and the nature of our consciousness which is a vastly uncharted territory.

Extract Taken from Previously Written AE Chapter

This excerpt acknowledges my view that I see myself as spiritual and perceive SP as a spiritual experience. As a 'spiritual being', I have emphasised that my identity is positioned within a transcendental spiritual environment consisting of energy. This thematically concurs with the previous discussion about the range of frequencies and simultaneous worlds in a spiritual context. My use of the term 'alternate consciousness connection' implies a direct 'engagement' facilitating my belief and awareness of the experience. I engage 'something' extraordinary during SP beyond anything we can conceive or describe. This cannot be diminished or excused away, and I rely solely on my 'instinctual knowing' instead of scientific 'facts' to verify the experience (Zander, Öllinger and Volz, 2016). There exists, nonetheless, a significant nuance in the etymology related to spirituality that can be seen in the views, perceptions and experiences of not only myself but each of the participants, as the use of appropriate terminologies to define our experiences is confounded due to the ineffability of spirituality and the experience.

The conceptual sharing whilst answering 'Do you consider yourself to be spiritual?' bound the SP experiencers into a single group using a spiritual 'interpretive repertoire' (Potter and Wetherell, 1987). Their spiritual language places them in the realm of the paranormal, metaphysics, and the supernatural, as talking about SP bound them together into a single group. It is crucial, nonetheless, to emphasise that the participants' views and language related to spirituality were usually not constructed as a direct consequence of the SP experience. Notably, the SP experience validated their existing beliefs, which were part of their everyday lives. The data exposed a complex mutual process between beliefs shaping how they made sense of SP, and SP then shaping their beliefs in a co-constituting relationship. The consistent use of language related to the multidimensional nature of the world emerged as a theme amongst participants, contributing to the conceptual sharing of 'spirituality'. Conclusively, a framework of spiritual language was being used by participants to make sense of and understand their SP experiences, even when participants did not

identify as 'spiritual', as highlighted most poignantly in the case of Desmond's (4) framework, which appeared to blend the 'scientific' with the 'spiritual'. This suggests that an alternative linguistic framework to explain their experiences that sits entirely outside the realm and language of spirituality does not exist.

As we conclude the section on the language of spirituality, the data has highlighted a complex linguistic relationship between SP and spirituality, with spiritual language defining and being used to frame and make sense of aspects of the SP experience. The following section examines the physical and non-physical self for the SP experiencer and the concept of whether human existence is solely comprised of a physical body.

### **Are Humans More than a Physical Body?**

The SP experience had a significant impact on participants' views related to whether they were more than a physical body, as demonstrated by Sara, who stated, 'In accumulation with the other things that have happened this year it [SP] has made me think about what I am as a human. I think I'm more than this physical person'. Other similar perspectives related to 'what I am' were reflected by all participants who, after experiencing SP, were no longer sure that they were restricted to the physicality of the human body. While Sara could not articulate what else she consisted of, she was sure that what she consisted of was more than what she was previously led to believe. Her experiences pointed to extraneous features included in being human. These features caused Sara to conclude that she is more than a physical person and that she is made up of additional layers that her SP experiences exposed. This further demonstrates that SP shapes Sara's beliefs related to her human condition in the co-constituting process discussed previously rather than her beliefs existing independently.

My experiences echo that of Sara, as reflected in my AE account:

I often saw myself in that 'space' as I watched from the ceiling and the corner of the room. My awareness simply moved from being on the bed to now seeing myself from a different angle. I had no idea how this transition happened. I was disembodied consciousness looking at my physical self, with the knowing that I was

not in a physical body. That is how I was able to see the beast that would land on my chest. It was dark, yet I could make out the grey and black in its stumpy, patchy, fur-like skin. In those moments, there were four of me. Me in the corner of the room watching the event, me on the ceiling looking down on the event, me on the bed with the beast, feeling the sensation of it on my chest and me, sleeping somewhat peacefully to any observer.

Autoethnography Extract Taken from Previously Written AE Chapter

In retrospect, I now know that I experienced an OBE (Out of Body Experience) consisting of different parts of me observing the experience (Bünning and Blanke, 2005; Le Maléfan, 2011). According to Alvarado (2000) during an out-of-body experience 'people feel that their "self" or center of awareness is located outside of the physical body' (p.183), and in De Boer's (2020) study, he suggests that the OBEs are transformative spiritual experiences, with the potential to challenge the experiencers views of the 'body-soul and afterlife' (p,1). This perspective supports Sara's and other participants' views that SP led them to reconsider the boundary and nature of the physical body and the possibility that they are more than physical humans. It also concurs with my SP episodes that have validated my belief that I have 'a spirit' consisting of consciousness that can project outside my physical body. Having stated this, I am aware that I am adopting the more radical paranormal interpretation of my experiences, particularly when compared to explanations which are more scientific in nature (Blanke, 2004) and that my account and those of participants, do not offer solid evidence of the objective reality of disembodied consciousness. It does, however, show that SP leads to the rethinking of the boundaries and the nature of the physical body, demonstrating that spirituality intersects with SP, with OBEs giving participants experiences that are exceptional and spiritual.

Ben introduces us to the confusion that can be experienced upon waking up after experiencing SP, which directly relates to the question: Are we more than a physical body? And can consciousness transcend the physical human form?:

(5) Ben

Usually, when they [the episodes] happen, I'm in my bedroom, but there was a time where I woke up, and it kind of looked like I was in my kitchen. And I couldn't move, and I didn't see anything or hear anything weird, but it looked like I was in my kitchen instead of in my bedroom. And then, when I actually woke up from that, it looked like I was in my room again. So I was really confused about that, and I wasn't sure if I had just dreamt it, or if it was like, cos I believe in like astro projection, but I wasn't sure if I had done that by accident, you know. That was kind of what I thought it was, but at the same time, I couldn't move, so I was not really sure what happened there.

Ben's location is the primary cause of his confusion upon 'waking up', as he perceptually believed that he was in his kitchen during the period of paralysis before waking up properly in his bedroom. Added to this is his belief in AP, which he thinks may have taken place and can justify his change in location, but he was physically paralysed. Therefore, he believes he could not have astral projected simultaneously while being immobilised. His experience suggests that his consciousness transcended his physical body, hence the paralysis of his body whilst his consciousness was able to change location. George also articulates his confusion by stating that:

(6) George

I went into a dream in the dream [during SP]. I realized that I was [lucid] dreaming, and I woke up, and I was really like messed up for like hours. I couldn't sit down, I couldn't stop moving. I paced back and forth through the whole house, trying to figure out what the hell just happened.

George explains his experience upon waking up. It is one of anxiety and stress. He is extremely disorientated and 'messed up for like hours' afterwards. Both Ben and George's confusion is caused by the challenge of distinguishing between the experience that took place whilst sleeping and 'reality'. A blurring occurs between what is real and what is not, resulting in his physical response of pacing and inability to sit down or stop moving, suggesting that the experience is physically and mentally distressing as he tries to process

the disorientation. Ben and George question the nature of their 'reality' and try to make sense of the experience.

The impact of the experience on George is significant. It caused prolonged confusion and physical agitation, indicating how powerful SP can be, challenging his understanding of the nature of reality and questions about the boundaries between waking life and SP.

Patsy (below) also discusses the confusion between 'reality' and events that took place whilst sleeping and the recurring nature of the loop between sleep and wake states. She states that the events that took place whilst sleeping happened during her wake state, adding psychic precognition to the phenomena:

(7) Patsy

Sometimes, I'll wake up and be like, yeah, I'm at home, in my room. Okay, it'll look like my room. So I get up, and I'll go outside, and I'll walk around, and sometimes I'm not sure if I've actually woken up because it feels off. Sometimes, I wake up, and I'm not sure if it's just what looks like my room or if I think I've woken up. But I haven't woken up. So sometimes I wake up, and I'll live out my day, and then I'll wake up. That happens quite often.

The sleep paralysis is not nice. It makes you feel very trapped, and also the waking up part where I don't know if I am awake. The part that gets me is when I live out a day, and it's a normal day. I get up, shower, eat, I go to work, and then you wake up again. So I'm just like, what was the point of that, cause it wasn't even anything fun.

I've had days that that's happened, and then the same thing happens. But then, when I speak to someone, they say well, you've just done it because you dreamt about it, and then you made it happen. But the events that happen is nothing to do with me. So it's like, I know my mom will trip over at work, or my nephew will go home from school sick, and I have to go and get him. I can't make those things happen, but they happened for real when I woke up and also in the day I lived out when I was sleeping.



Patsy goes through her day, only to realise she is still sleeping, waking up (eventually) and experiencing the disorientation discussed by Ben (5) and George (6). She engages in mundane activities like getting up, showering, eating, and going to work, only to wake up again, causing confusion between what is 'real' and what is not. Frustration and futility are expressed as she feels that the days are ordinary and pointless whilst she is in this state. A layer of complexity is added as some of these events experienced during sleep later occur in her 'real' life, for example, her mother tripping over at work and her nephew needing to be picked up from school. The events of her sleep state predict or duplicate future events that take place in her wake state, which she says are beyond her control with potentially supernatural psychic dimensions. My experiences recorded in my AE (below) are similar to those of George (6) as he recalls the distress experienced having entered a dream and the awareness of it, and Patsy (7) as days are lived out whilst dreaming and precognition is experienced:

I lucid dream, which is knowing that I am dreaming whilst I'm dreaming, and often hear myself saying 'I must remember to write this down when I wake up'. Days pass by as I sleep. During these experiences, I complete mundane tasks such as washing the dishes, shopping, and visiting family and friends. These experiences seem so real that when I wake up, I'm confused, and it takes me a few minutes to figure out where I am. The most significant events that take place as I sleep are the precognitive dreams that always play out in my day-to-day life and my overriding sense of knowing. I simply know things, an experience that's difficult to explain, where I may speak about something I don't know anything about with perfect precision.

Autoethnography Extract Taken from Previously Written AE Chapter

These experiences are difficult to make rational sense of and, as stated previously, extremely disorientating, yet 'real' and validated by 'real' life events that map those which took place whilst sleeping. Their confusing nature blurs the boundaries between what takes place during the sleep and wake state.

Angela, whose extract follows, has made an attempt to bring meaning to a similarly ambiguous state, AP (astral projection), stating that:

(8) Angela

It's a way to transcend into another way of being for us, you know because I see it in the sense that my body is paralysed. My body cannot travel anywhere. It's too heavy, you know, but your light body, your soul inside of you, can travel, and there's been many times that we travel and do all sorts of things. You know, you do have an astral body, and science does prove this as well, and you can, you know, travel. So that's where it starts to make sense to me in the sense that your body needs to be paralysed.

For Angela, the physical paralysis is due to the non-physical body's ability to leave the physical state. From this perspective, for Angela, SP is transformed from a frightening and confusing phenomenon into one of rational logic that explains why the body experiences paralysis. She also states that the non-physical body 'can travel, and there's been many times that we travel and do all sorts of things'. Angela has normalised and rationalised the experience, suggesting that leaving the physical body is something that we can all do as 'science does prove this'. This statement points to the blending of the 'scientific' and the 'spiritual', discussed in Chapters One and Two, as she appeals to science to help explain SP. For Angela, she has an opportunity to travel and understand the more expansive aspect of her being.

Samantha discusses the notion of being more than a physical person from a slightly different perspective, who, after experiencing OBEs as part of her SP experience, refers to the physical body as the fictitious self and the need to obtain a higher state of consciousness, thereby leaving the fictitious self:

(9) Samantha

So as the consciousness that we are, we begin to give up the control. We begin to become the subconscious and allow the cognitive mind to develop, and the cognitive mind is what makes us think that we are right, but it's all just an interpretation, a

perception of what we have seen and the things we have heard, and it forms a perception of reality. And I think that I am this perception. But really, I was still the consciousness in the body. So, to move beyond it to a higher state of consciousness is about realizing this and saying I want to be able to leave this fictitious self behind, the self of the physical and all the attributes, everything that's attached to it, all my beliefs, all my understandings, what I know or what I think I know. It all becomes irrelevant because I realize it's just the perception and the perception is both right and wrong simultaneously.

The term 'higher states of consciousness', whilst acknowledging that it consists of a spiritual repertoire, is also brought into the discussion related to 'who or what I am,' as Samantha explains her conceptual understanding of the question. Her insight is posited within broader debates related to consciousness (Alexander, Boyer and Alexander, 1987; Fahlberg and Fahlberg, 1991; Mayer, 2000). Samantha's statement had an almost 'divine' quality as she spoke eloquently, with clarity and assured delivery, as she explained her view of who or what she is. Interestingly, this view is also echoed by De Boer (2020) who states that the OBE can evoke existential thoughts related to 'who am I actually in this world' (p. 4) as participants experience themselves in separate physical and non-physical parts.

For Samantha, the notion of the 'fictitious self', which she equates to the physical embodied self, represents her ambition to transcend beyond it to her higher state of consciousness; ultimately, this is her true essence. It can be argued that Samantha articulates a conscious state that goes beyond having an OBE, one that is sustained, where she becomes her higher consciousness. In summary, Samantha's SP experiences have given her awareness of the need to transcend the fictitious embodied self as a pathway to her higher level of consciousness. She has experienced a transcendental state. A similar interpretative repertoire, implying that there is more to being human than the physical body, was reflected by Mark, who stated that he has:

(10) Mark

A certainty about how my body disables from my full self. I restrict myself through this body. It is my mask it is my physical being. I've had out-of-body experiences.

I've done astral projection. I've separated the spirit and it's only when you have done that that you really understand how freeing the world can be as a spirit. I understand that the world is so much bigger and that spirits move on and that death isn't sad for me, it's like a progression.

The notion of a non-physical 'self' and a physical 'body' that can separate from each other, articulated by Mark and Samantha, can be interpreted as the OBE process utilising the 'astral body' (Bruce, 1999; Crookall, 1960). Mark does not mention the term 'consciousness'. He uses the term 'disabling from my full self' and says that he has 'separated the spirit', implying that the 'higher consciousness' that Samantha (9) refers to equates to his 'spirit'. This suggests that despite using two different terminologies, Mark and Samantha are referring conceptually to the same thing, and both position the physical body as somehow limiting or restrictive; something to separate from or leave behind. Mark has been explicit in stating that he has 'separated the spirit' and that this has impacted his perception of death, which he now perceives as being a progressive state as opposed to being a finale. This view was also shared by Lucy, who stated, 'It's giving me confidence not to be afraid of death. It's quite simple, actually. Because there's no judgment at all. So all the religions, it's just all man-made fear. This is what I've learned in my experiences'.

The views articulated by Samantha and Mark align with my own, a perspective that finds empirical validation through my personal experiences of chronic SP spanning over three decades. The prolonged engagement with SP has provided a lived context through which I can examine 'what I am', expressed below in my AE reflection:

The SP episodes have not only scarred who I am, but they have impacted my beliefs relating to 'what' I am. They have forced me to become aware of my sleep state, something that I previously took for granted, which now consists of an array of LDs, OBEs, astral projections, psychic encounters, engaging terrifying entities and an extreme state of wakefulness whilst sleeping that leaves me convinced upon waking that I am living dual and even multiple lives simultaneously.

Autoethnography Extract Taken from Previously Written AE Chapter

As evidenced through my narrative and the views shared by participants, SP experiencers express an enhanced awareness and comprehension of the multifaceted nature of human existence, which has been examined through a spiritual lens (De Boer, 2020). These accounts suggest that SP experiencers undergo what Castro (2015) suggests is a transformative, transcendent experience which includes ‘changes in people’s beliefs, attitudes and their outlook on life and include aspects such as a decreased fear of death, increased well-being,... heightened spirituality’ (p.55). A similar view is suggested by De Boer (2020), who suggests that spiritual experiences are transformative, including the impact of the OBE. Roy (2001) states that persons who experience transcendent states are ‘in contact with something boundless and limitless, which they cannot grasp, and which utterly surpasses human capacities understanding of what it means to be human’ (p.11). It can be argued that the transcendental nature of SP provides experiencers with a framework that supports their spiritual views and language. This data demonstrates that SP is a transcendent experience that provides a unique opportunity to explore the nuances of the human condition. As we continue to analyse the breadth of what it means to be human, the paranormal aspects of SP and how the individual and the mundane day are impacted by events that occur during sleep are analysed in the following section.

### **The Paranormal Aspects of Sleep Paralysis in the Everyday**

My AE account below demonstrates the impact of SP across various facets of my day-to-day, mundane life. It highlights that SP is not restricted to the sleep state in terms of its impact and physical manifestation. It bleeds into daily functioning, subtly impacting my emotional well-being:

I also felt during my waking state that the entities experienced during my sleep were still around me during the day. I could not see them, but I could feel them. I knew that this was an irrational feeling, but it lingered with me throughout my days. It impacted my day-to-day activities as I felt that they were watching and waiting for me to slip into sleep. SP was not only a night-time experience. It also spilled into my days, highlighting a porousness between awake and sleeping. There was no longer a barrier as the heightened fear and terror that I had experienced appeared as anxiety

and an uncanny feeling of 'it' still being there in my personal daytime space, watching me.

Autoethnography Extract Taken from Previously Written AE Chapter

My narrative demonstrates the interplay of the paranormal and SP, focusing on the boundaries between physical and non-physical worlds. Implied in my account is my acceptance that my day-to-day life consists of the invisible, non-physical world of the paranormal and the tangible, physical and rational world. I am also aware that these two worlds co-exist in the same physical space and are not separated by my sleep or wake state. My awareness of these states constitutes a dualist approach which extends beyond the mind-body approach argued by Descartes (Thibaut, 2018) which suggested that 'the natures of mind and body are completely different from one another and each could exist by itself' (Thibaut, 2018, p.3). I perceive both the tangible physical world and intangible, spiritual and supernatural dimensions that co-exist. The sensed presence and the consistent feeling of being watched influenced my emotional state and behaviour during my everyday activities. Additionally, different states of consciousness are alluded to as I state that there is a 'porousness between being awake and sleeping'.

Martin also refers to a consistent sensed presence that is constantly with him. In this instance, he can hear them in the background of the interview:

(11) Martin

I've had visitations from the age of 6 years old from the black hooded 7' guy who doesn't have a face, and I don't hear a noise during the episodes, but I hear it when I'm like talking to you. I either hear the footsteps, muffled music or conversations just in the background. This has gone on for 30 or 40 years.

Correspondingly, participant responses also reflected the paranormal, unseen nature of the experiences, demonstrating that the impact of SP on their everyday experience was being seen through a paranormal lens. Michelle, for example, states that:

(12) Michelle

My grandmother's a psychic medium and she used to see stuff, and I don't see so much, but I feel. I can read people. I just know things about people without them telling me. I can also see pain, physical pain. I can actually see it and describe it to them and where it's located.

Seeing physical pain and 'reading people' could be classified as the psychic ability of clairsentience (Bodine, 2003) which occurs when a person can 'feel' and sense information outside the five senses. It is also an ability that Michelle is aware of that forms part of her everyday mundane experiences. The extent to which she utilises these abilities is unknown, yet it is part of her everyday reality. Paranormal abilities such as Michelle's are internalised and normalised within the framework of the SP experience, and it also serves to validate that there was more to her physical existence. Her experiences consequently validated her extra-sensory abilities during SP, and the psychic abilities experienced during her wake state validated the events that took place during her sleep state.

Another form of psychic ability became apparent during the interviews, which I have termed 'sensitivities' as I could not place them categorically within an identifiable psychic area. Rebecca said, 'I have actually been able to see people's auras in some situations' and stated:

(13) Rebecca

My dad got diagnosed with kidney disease. He went in a very depressive episode. And I found a little book that belonged to his mum that died before I was born, and I was reading this little book that belonged to her. And there were a couple of things that kind of connected back to him, like the little boy on the front cover, had red hair, the little boy's called Peter my dad's name's called Paul and I was reading through, and at the very end it said, and in her dying moment she always wanted the little boy to know that she was so proud of them, and it just felt as if I in that moment they weren't my emotions and I felt like when I looked at my dad from across the table, I felt like I'm going to cry, and I felt as if I had to say that message out loud to him that he's going through a hard time and that he needs to know that she is very proud of him, and she will help him get through this.

The connection beyond herself is the main indication of Rebecca showing psychic sensitivities. She states the emotions were not her own, indicating an intuitive or psychic connection. A connection with her father's deceased mother is implied, reflecting psychic sensitivity to non-physical emotional or spiritual energies. She also feels compelled to communicate a message from her grandmother to her father, who is struggling emotionally, suggesting a connection to the spiritual realm. Clairvoyancy and empathy is alluded to in her sense of wanting to cry as she feels the emotional weight of her father.

The sensitivities can also be seen in subtle, discrete ways, as in Johnny's case:

(14) Johnny

I can feel energy. I can feel the energy in the room. For example, I was sitting at my buddy's house, and I was on the couch with my arm resting on the couch and there was a painting behind me. I touched the painting, and the feeling that I got was like I was falling fast, and then I heard a high-frequency sound like when a TV is on, and the volume is down, but you know it's on cos you can hear that high-frequency sound. I quickly took my hand off it and said to myself that was weird, and I'm tripping. Then I said, let me do it again, and I did it again, and it happened again. I asked my friend if he knew the person who did this painting, and he said yeah, and he told me the name of the person, and I can't remember his name, and I said he's passed on, right? And he said yeah, how did you know? And I couldn't tell him what I had experienced. I just shook my head. I've felt this in several different places as well.

Johnny states that he can 'feel energy', and gives the example of feeling the energy from a painting in a room. Upon touching the painting, he immediately experiences a strong physical reaction, including a sensation of falling and hearing a high-frequency sound. He repeats the touching action to see if he has the physical reaction again, which confirms his ability to sense the energy. In this case, it is the energy of someone who has passed away. His experience exemplifies his heightened sensory perception, which has extended beyond the normal range of physical and auditory senses. Additionally, Johnny intuitively knew that the artist of the painting had passed away without being told, surprising his 'buddy'.



A subtle yet prominent paranormal aspect of the SP experiences occurs outside of the sleep state, either intrinsically or externally to the experiencer. My experience with SP also introduced a range of other 'extraordinary spiritual experiences' (ESE) (Hufford, 2014b), which, although they emerged during my adult life, triggered memories of earlier ESEs. In particular, experiences of paranormal activity, described in my AE:

From about the age of five to eight, seeing and living with 'ghosts', as we called them, were a normal part of my life. There was nothing strange, scary or abnormal about this way of living. They were my friends, companions and even caretakers. Although only I could see them, I have clear memories of my mother asking me to go into a room before she did to check if it was empty. We regularly heard and saw cupboards banging, glasses, and cutlery flying in the air. For some reason, there was particular attention directed towards my mother, as the paranormal activity intensified when she was in the kitchen. She would often scream, filled with terror, calling me so that I would ask them to leave her alone. Dad worked nights, so we were frequently alone in the evening. It goes without saying that I slept with Mum on those nights.

Autoethnography Extract Taken from Previously Written AE Chapter

There are also memories of a physical manifestation of an 'older man' whom only I could see:

There was an older man who was part of a team who would hold my hand and tell me that he would take care of me. He was very kind and friendly in a way that could be emotionally felt. They gave me a sense of security, love and support, and although I can't see them as I used to, I can still feel their presence around me. Especially the older man who would hold my hand. I still feel loved and protected by my invisible team, who are continually with me.

Autoethnography Extract Taken from Previously Written AE Chapter

Similarly, in her book *The World Was Flooded with Light: A Mystical Experience Remembered*, Foster (1985) spoke eloquently about a loving presence that remained with

her for 35 years. She only told three people about her experience and yet it played a significant part in her life. She states:

I knew that I was 'companioned' and that the Companion was numinous. . . . I have had ever since an intuitive awareness of being 'companioned.' That numinous presence is still there, I know, and it is the deficiency of my vision that prevents me from seeing it..... So yes, surely my relation to my family was affected—it could not have been otherwise, and so was my relation to my work in the world. (p. 48)

The paranormal dimensions of SP experiences also provided participants with supplementary insights, enabling their assessment of others around them who have experiences that defy rational explanations. For David, this was expressed through his reflections on what it must be like to live with schizophrenia:

(15) David

I see everything differently because of my higher life [during SP], my perspective on everything is different. I am much more open to understanding that there are parts of us that we don't know and we can't really measure. I look at people with schizophrenia. I look at them differently. I have a curiosity about them. I wonder if they're possibly tapped into something, and we, as the general public, are just like, 'You're crazy'. But I don't know what they're experiencing. I know that while I was going through my SP, I very much could have had people point the finger at me and tell me that I was crazy. I think that we are connected to something that is much more than we experience.

Having had unexplainable SP experiences, David is now open to other people's experiences which are not fully understood. His openness has made him empathetic and aware that someone may be unfairly labelled as 'crazy' for an experience that cannot be explained with the research, tools and language that is currently available. The authenticity of his SP experiences facilitated his understanding of similar unexplained phenomena. For David, there was an unequivocal certainty related to his experiences, which supported his deeper understanding and consideration of others experiencing, in this instance, schizophrenia.

Angela's statement below builds on the paranormal theme and constitutes another example of the bleeding of the anomalous phenomena associated with SP into the mundane every day. She explicitly believes that the occurrences experienced during SP are real and discusses her confirmation of them. She articulates an array of paranormal anomalous phenomena that interweave with her wake and sleep states, primarily related to different metaphysical dimensions and realms:

(16) Angela

So, I've had many paranormal experiences. [During SP] I travel with my spirit guides, someone from my spirit team. It could be angelic, it could be spirit guides. They come to me and take me on many different experiences, normally in a different realm or different planet or different dimension. There's times where I've gone by myself. I've seen different versions of myself doing different things to what I'm doing now in this lifetime. Sometimes I meet people that I'm connected with now. A lot of my friends in this realm I meet them in another realm.

There's always something a bit different. That's what I would consider to be a parallel life. So, we still have the same connections in another version of this world but they're slightly different. So, in one, I was a really popular TV host, which is very different to my personality. There's always a slight sort of twist, or there's another one where I'm living in a really hot country. I live in Britain so it's very different. There's times where I meet people in this life. For example, I met my ex-partner, and we would have a conversation. He told me he was going travelling, and then a couple of weeks later he did actually go travelling. So those things have also been confirmed as well.

Angela's data provides a range of paranormal phenomena, including spiritual and psychic, engagement with non-human intelligence and metaphysical themes. It serves as validation of a 'real' experience that took place, alluding to alternate simultaneous realities that she can take part in and recall upon waking. In this example, we can see how everyday mundane experiences such as having a different job or visiting another country bleed into

her sleep state, where the experiences are perceived as a different version of herself in a different reality. The notion of parallel lives (Tegmark, 2003) is alluded to, where different life paths unfold simultaneously, a central theme within paranormal and metaphysical discussions. Her account includes information she had access to during her sleep state, which was confirmed in her wake state. This suggests that she experienced psychic determinants through precognition or clairvoyance. She also refers to engaging spirit guides, her spirit and angelic team and visiting different realms, planets and dimensions, which are recalled with clarity, again pointing to the high level of realism and certainty of the events she was a part of. Her framework for these experiences includes an understanding of spirit guides (Andrews, 1992) and different realms or metaphysical dimensions. Her understanding of these is validated during the sleep state experiences, which are then validated during the everyday mundane, as seen by the foreknowledge of her partner travelling. This points to a significant level of reinforcement of the sleep state experiences and their validity. Her experiences during her sleep state are no longer abnormal to her as they have become a normalised, predictive part of her everyday life.

When probed further about her extraordinary paranormal experiences and how she conceptualised them during her everyday life, she outlined what she referred to as 'soul travel', which takes place having transcended the fear-based aspect of SP. In her analysis and understanding of the episodes, she states:

(17) Angela

For the first few times, I had to get past a big fear blocker because of all the other times, there was massive fear there that I could sense something, and I was sensitive to it. I feel like when the vibrations come it kind of changes you energetically, and I'm much more sensitive and heightened to noises or images, or anything like that. So, for many years, I had a lot of fear with it [SP]. You see, I had a fear that there was going to be a presence in my room. I let go of that, and since I knew that I had a [spirit] team behind me, that's when I became much more spiritual and started opening up to my ideas of spirituality and became aware that everyone has like an angel beside them or a spirit guide, I knew that I'd be protected. So, with that, I just let it go and went with everything. And then, yeah, lots of amazing, amazing

experiences started to happen. My team would come in to help me. I would see a hand, and I would take the hand, and my soul would come out, in a sense, out of my body, and I would then travel.

Angela has made sense of her SP within the framework of spirituality, metaphysics and the paranormal. Her experiences have led her to the certainty that the experiences are premised upon otherworldly spiritual entities available to support her in alternate dimensions. Whilst her data correlates with previously discussed themes such as OBEs, astral projection, lucid dreaming, and engagements with a 'presence', it is interesting that her analysis of the role of 'fear' in her SP experience took place outside of a specific event. Instead, her combined experiences influenced her theory that she should 'let go' of her fear. This highlights the continual complex blending of sleep and wake state activity, as she uses spiritual repertoires to frame the activities that take place as she sleeps.

Additionally, she states that 'I became much more spiritual and started opening up to my ideas of spirituality'. Her sleep state experiences influenced her waking thoughts, concepts, and view of life to the extent that she gave them the name 'Soul Travel' and found a way to overcome her 'fear' during SP. For Angela, the fearful aspect of the SP experience could be transcended, whereby she would experience a range of anomalous phenomena. This was not uncommon, with several other respondents recalling similar experiences.

Angela illustrates that the traditional framing of SP as something threatening or terrifying has been changed into what is now a positive paranormal experience, corresponding with the data in Chapter Four (See: Sleep Paralysis and Agency and The Empowering Effect of SP). Angela's experience demonstrates that SP encompassed a range of nocturnal experiences, not only physical immobility and fear. Interestingly, the point at which the physical immobility associated with SP and fear ended and the more elusive paranormal or anomalous phenomena occurred was also referred to as SP. Experiencers, whilst responding to questions, assumed that the interviewer was aware of the changes that took place during the experience, causing the term 'sleep paralysis' to be used generally as a 'catch-all' to include the fear-based phenomena, the physical bodily paralysis and the wide range of anomalous supernatural phenomena that was also experienced. Participants, for

example, could experience SP without fear, demonstrating critically that the term SP remained unchanged, irrespective of whether the experience was positive or negative.

David also recounts his paranormal experience which explores the intersection of psychic abilities and paranormal experiences (Drinkwater et al., 2022), as demonstrated by Angela and other participants. For these participants, psychic paranormal abilities showed themselves during everyday activities, which he was able to validate with his brother:

(18) David

I have experienced what I would consider psychic or maybe like remote viewing as well. I can sometimes see this image that pops in my mind, and this has happened like my whole life, but it wasn't until maybe like 3 or 4 years ago that I actually decided to ask [look into it]. So the first time I was doing a reading for my brother, and you know this image of a wooden, like brown room, with a green chair in the corner and a fireplace was right there. It popped in my mind, and you know I'm comfortable with my brother enough to finally be like, hey, like, this might be really weird, but are you in a room with a green chair and a fireplace? And then he like started freaking out, and he sent me a picture on his phone. And it was exactly what I saw. And you know, things like that have happened where, like, I don't know if that's psychic, I don't really know what to consider it as.

Whilst David has not explicitly mentioned a spiritual experience, the context of his extract is tied to a psychic spiritual framework, where the experience is placed outside of physical actions and scientifically explainable phenomena. It is also evident that David places his experience within paranormal domains, as he refers to 'remote viewing', a 'perceptual ability whereby individuals can describe and experience objects, pictures, and locations that are blocked from ordinary perception, either by distance, shielding, or time' (Targ and Katra, 2000, p.107). David could accurately describe his brother's room without physically being there or having seen it before. The experience was outside the normal sensory capabilities range, reinforcing the paranormal connection. He received validation of his visual perception or remote viewing ability, demonstrating his psychic capacity.

Paranormal activity taking place in the everyday lives of participants was also discussed by Rebecca who described 'spirit entity energies' that she believes are 'everywhere' and her strategy to mitigate experiencing the fear-based SP and avoid 'paranormal activity' which would correspondingly take place within her home:

(19) Rebecca

I think you're forced to look at everything in dual layers. Everything's layered everything. I mean, if I go out into the woods, it's a completely different experience for me than it is for, let's say, my partner because I'm all of a sudden like aware that there's, if you want to call it, spirit entity energies everywhere. I have to ground myself constantly. If I want to avoid paranormal activity in my home, in my everyday life or avoid SP, I have to ground myself, so I have to be outside barefoot.

Rebecca also discusses the layered aspect of 'all -things' expressed by previous participants. She places it within the context of everyday waking activities, such as going into the woods and her unique way of perceiving the experiences compared to her partner. Her experiences are framed within the theme of the paranormal, as she discusses 'spirit entity energies' that she can feel, suggesting an encounter with an invisible non-physical presence that is not perceptible to others. It is interesting that she refers to paranormal phenomena taking place in her home and that she makes attempts to mitigate these experiences by grounding. Despite experiencing SP during her sleep state, she is aware of its paranormal features influencing her wake state, and she takes steps to mitigate their harmful intent.

## **Conclusion**

Whilst the findings of this section relate to the language of spirituality, humans consisting of more than a physical body and the paranormal bleeding into the mundane day, there is an overarching thread woven into each of these themes, which binds them into transcendental experiences. The experiences are beyond what is experienced physically and enter the realm of metaphysics and the supernatural. Participants discussed parallel lives, simultaneous worlds, higher beings, a multitude of dimensions around them at all times, and other phenomena outside of what we currently understand, pointing to the transdimensional nature of the experience. Waking reality is overlaid with the

transcendence that accompanied their alternate state, where they experienced a deep connection to another realm of existence. As there are no specific explanations offered by science for the anomalous phenomena experienced during SP, they confuse participants and add to the Individuals' dilemma and mental well-being.

SP is ineffable and unexplainable within physical laws, and there was consistency in participants' language. Considering that not all participants considered themselves 'spiritual', it was anticipated that the analysis would result in different responses from those who were 'spiritual' and those who were not in terms of how they might frame and make sense of SP. This was not the case, as a universal language of spirituality amongst the participants emerged, which positioned them within a shared 'interpretative repertoire' (Potter and Wetherell, 1987) framework with access to a common language to explain their experiences. Therefore, the language of spirituality was consistent among participants, regardless of their spiritual beliefs, and the ineffability of their experience was also a central finding that endorses its transcendental nature. This was regularly noted as participants expressed difficulties articulating their experiences and drew on spiritual vocabulary.

Additionally, the findings have highlighted that whilst 'spirituality' fits experientially with SP, the term does not capture the entirety of the experience, which is more in line with paranormal, supernatural, psychic and metaphysical phenomena, noting that spiritual aspects accompany each. This suggests that whilst the experience can be referred to as spiritual, it surpasses spiritual phenomena into interrelated domains.

In light of this finding, there is a need for a linguistic framework that the SP experiencer can use to articulate the breadth and depth of the experience. To state that the SP experience is spiritual, transcendental, and multidimensional does not convey the complexities of the phenomena, which, as evidenced, branch into paranormal, supernatural, and metaphysical aspects. Moreover, SP experiencers 'know' there is more to the physical world than what they are presented with. A broader language encapsulating the various elements of SP is needed to underpin an alternative framework for the SP experience.



Additionally, participants' belief that they were more than physical was consistent, having had this view validated during the experience, highlighting an intrinsic relationship between OBEs and consciousness. Participants were aware of their OBE actions during SP, suggesting that SP is a metaphysical experience. Building on this are SP's paranormal and psychic aspects, which are displayed within the SP episode and during everyday mundane activities. These psychic aspects, which some participants exhibited, demonstrate the impact of SP transcending the sleep state and blending into participants' lived and everyday experiences whilst awake.

More broadly, the findings demonstrated that the term SP does not adequately reflect the SP experience. My experience with the phenomena ensured that I understood when participants spoke about SP as a psychic phenomenon, for example, experiencing precognition. I was aware that the paralysis, synonymous with fear and evil entities, also included a range of additional phenomena that impacted the sleep and wake states. This suggested that the term 'sleep paralysis' is an inaccurate and narrow reflection of the experience. This is a key finding, discussed further in the Conclusion (Chapter Seven).

Overall, these findings firmly place SP within supernatural, paranormal, and metaphysical domains. As stated previously, the principle of 'spirituality' was universal amongst participants, regardless of their belief system, and it permeated the findings to the extent that it is challenging to disentangle spirituality from the impact of the SP experience. This original finding is not recognised in the existing literature. It demands further exploration, particularly considering the intersection of spirituality and themes such as psychic abilities and metaphysical and supernatural experiences.

## **Chapter Six: The Lived Impact of Sleep Paralysis: Identity, Communities, Stigma, Mental Health and Managing Sleep Paralysis**

### **Introduction**

The previous two empirical chapters have focussed on the expanded phenomenology of the SP phenomenon and its spiritual nature, adding a significant amount of data to support a modified and robust revised framework for the SP experience. Building on this data, this chapter undertakes an analysis of the phenomenon from the perspective of the day-to-day realities of SP experiencers as we examine in detail the lived impact that SP has on the individual's identity (Burke, 2020), sense of community, perception of stigma within medical and societal structures (Olunu et al., 2018; Sharma, Sakhamuri and Giddings, 2023) and the mental health and management of the episodes. Collectively, these allow us to explore the everyday experiences of living with SP and managing the condition and the stigma that endures around it.

The impact of SP on the lives of experiencers has received very little scholarly attention, with even less focus directed towards the sociological and healthcare (Farooq and Anjum, 2023) impact of the experience. Much of this, it can be argued, is due to the neuropsychological reductionist approach to SP, which reduces SP episodes to hallucinatory events with no physical impact, apart from anxiety resulting as an after-effect of the hallucinatory experience (Denis, 2018). The data evidenced in this section presents a different view of the impact of SP, revealing that SP has effects well beyond the episode itself and considering the implications of this in relation to societal relationships and support organisations.

Four themes are analysed and presented here, recognising an inevitable overlap between them due to the nature of the subject matter. The first subsection investigates the impact that SP has on the identity and personality of the individual whilst taking into consideration the trauma that is experienced during SP episodes. This is followed by an analysis of the theme of 'community' for experiencers and what it consists of. Building on the notion of 'community', is an examination of stigma and disclosure related to SP, with participants sharing their personal experiences and views concerning stigma from social and medical

structures. The extent to which SP impacts the mental health of the experiencer is then analysed, and consideration is given to the management of SP in the final subsection.

These themes are important in considering how the everyday lives of SP experiencers are being managed and navigated and in thinking beyond the immediacy of the SP experience to its much wider consequences in all aspects of everyday life.

### **The Impact of Sleep Paralysis in Social Settings and Identity**

We begin with the sociological analysis of the impact of SP on identity. As a sociological theme, identity has undergone extensive detailed analysis within scholarly literature without a conclusion of its definition. For the purposes of this analysis, Burke's (2020) summary of what identity is will suffice to provide a framework for the participant data:

Identity is a set of meanings defining who one is in a role (e.g., father, plumber, student), in a group or social category (e.g., member of a church or voluntary association, an American, a female), or a unique individual (e.g., a highly moral person, an assertive person, an outgoing person). Identities answer the question of what it means to an individual to be, for example, a blacksmith, or an Israeli, or a moral person. Identities tell us who we are and they announce to others who we are. Identities guide behavior that is in accord with the meanings defining the identity. Thus, fathers act like "fathers," nurses act like "nurses," and dominant people act "dominant". (p.63)

In considering the characteristics that make us each different from others and what makes us who we are, the extract from Devon's interview below provides an example of how SP has impacted the core of who he is, shaping his personality and relationships to the extent that he states that 'I am who I am, because of it [SP]'. Here, he explains the full extent of SP in his life and the impact that it has had on his identity:

(1) Devon

It [SP] started when I was 12. It's just part of my identity. You know, my whole identity has been shaped by it. I became introverted. I became shy. I think my

humour became darker. Just the way that I speak to people, the way that I engage with people, the way that I form relationships. I have to be a little more guarded. I have to kind of make it normal to not talk about certain types of things because then I have to talk about that [SP]. So, you know, I've had to be very careful who I choose to be in my circle because when you have these [SP experiences], especially the paranormal experiences, it ruins you for a few days minimum. I mean, you're, you're traumatised, and it's very hard to explain to the people around you, especially if they're new to your group and they wonder why you're acting in a certain way or withdrawn. So, to answer your question, did it change me? No, I think had it come along later, sure, absolutely, it would have changed me totally. But I think I am who I am because of it whether that be good or bad, who knows, this is just how it worked out.

For Devon, SP started when he was only 12 years old. He shares SP's impact on his identity and everyday, taken-for-granted actions such as having friends, forming relationships and engaging socially. He asserts that his experiences with SP have significantly influenced his identity. This indicates that SP is deeply woven into the formation of who he is, considerably impacting his development. Indeed, he refutes the idea that SP has 'changed' his identity, rather arguing that it has *formed* his identity, a developmental theory proposed by Erikson (1968), who suggested that identity is formed by external social factors and the need to construct appropriate identities to engage positively with them. However, it could be argued that SP is not an external factor, and therefore, it cannot influence the forming of his identity. SP is an internal experience. His response and the response of others is the external factor.

Devon also states that his SP started when he was 12 years old, which could indicate a connection to puberty, a time 'during which the young person is likely to experience many new events' (Kroger, 2006, p.34). His introversion, shyness and dark humour directly result from his SP, influencing not only his self-perception, but how he interacts socially.

He also shares the traumatising nature of SP, which has had very little attention either academically or medically, as each SP episode, depending on the severity, can take a few

days to recover from. His acknowledgement of this in his statement, 'it ruins you for a few days,' highlights the psychological and emotional toll that SP can have on the experiencer – beyond the immediate SP episode - and the need to 'curate' those around him so that only his 'inner circle' are aware of the episodes. However, despite the challenging impact of SP on Devon's identity, he does not consider having SP as having changed him. On the contrary, it is an integral part of the person that he has become, which profoundly communicates the significance of the impact that SP can have on the identity of the individual, which is, ultimately, the person that Devon sees himself to be (Burke, 2020).

The impact of SP on identity can be complex. Oliva discussed the home she grew up in and its impact on her outlook on extraordinary phenomena. She states that her home was 'fanatical' where 'everything is sorcery, or witchcraft or whatever'. Due to this upbringing, SP did not shape her identity, or rather, 'It shaped me probably, but to me, it's just normal, which is, I know it's not normal'. Oliva was the only participant to have this perspective, and she ended the discussion on this theme by saying, 'You can't really have these conversations with different types of people. But to me, it's just kind of normalised'.

Olivia and Devon's experience of SP on his identity is similar in terms of impact to mine. Interestingly, it is only during retrospective moments that this impact can be assessed. The effect of SP on my identity and my perception of stigma can be seen in my AE narrative below, as SP I recognise that SP has deeply affected my identity:

I had several personas, and I was not about to allow being stigmatised due to my sleep paralysis affect any of them. I had the persona of a professional senior manager within a well-established charitable organisation. I had a team of 84 who were looking to me for leadership. I did not show any weakness in that persona, feeling that it would impact my credibility. Another persona was being a strong single mother with four children who needed a role model to look up to. Again, I did not show any chinks in my armour. I can see now that these personas were self-inflicted and that I willingly chose to continue the charades. In my world at that time, the stigma that I 'thought' I would experience completely dominated me, and I chose not to take any chances by sharing my experiences. People rarely talk about

the devil, incubuses or demonic forces in general conversations, and to do so might have compromised my position.

Autoethnography Extract Taken from Previously Written AE Chapter

The fear of being judged and stigmatised held me in my personalised form of paralysis, as I allowed it to deeply influence how I presented myself in various roles. My choices were deliberate and unconscious, as I made them without prior thinking or planning. I avoided disclosure at all costs, as I was sure it could affect my professional credibility and image as a strong mother. In this case, I strategically placed my different personas so that I could project strength, competence, and invulnerability in the eyes of my children and colleagues. This web of personas ensured that I had a barrier preventing authentic disclosure. I implemented a self-protection technique that shielded me from societal judgement and stigmatisation.

I can now see that the 'self-protection' technique was extreme and potentially had an impact on my mental health, raising broader concerns that are outside of this study related to women and the societal expectations of strength and leadership, particularly in professional and parental roles (Ellemers, 2018). I conformed to what I perceived others expected of me, avoiding any mention of my SP experiences. I created a divide between my outward presentation and my internal reality.

Samantha's views below echo those of Devon and me when she states that she has had 'to be a little more guarded'. She says that:

(2) Samantha

I just sit on my own. I've become somewhat of a loner. I've isolated myself off like I said, I really got sick of people's judgments, people's ridiculing, people making accusations which are just not true, you know, and it's hurtful because when you're in this higher vibrational state and you're just trying to be honest, and you're trying to be pure, and just trying to share an experience, to have people insult you, to try and tear you down, anybody's only gonna put up with it for so long before they just

say, you know what, I don't have to share that you know. I can just shut up and, you know, figure it out. It's my choice, and that's kind of what I've done.

Samantha expresses an emotive account that illustrates a more extreme response than the one described by Devon. Whilst being similar to that of Devon regarding being introverted, a loner, and carefully managing people in their social circles, her account is also opposed to Devon's experience, primarily because the influence of SP on Samantha's identity is based on the reactions that she has gained externally, whereas, for Devon, SP directly influenced the internal development of his identity and the complexities it contains. Both Devon's and Samantha's extracts show the internal and external shaping of identity. This is a substantial finding that demonstrates that SP can shape one's internal self-perception whilst also influencing how one responds to external feedback, with the individual continually reflecting on 'who am I' and then making subsequent changes based on the reflection. 'Identity formation' (Herman, 2011) captures this process. According to Herman (2011) identity formation is a 'complex manner in which human beings establish a unique view of self and is characterized by continuity and inner unity' (p.779), which can be seen in Samantha and Devon's data extracts. Additionally, social interactionists argue that the 'self' is formed through interactions and reactions from others (Carter and Fuller, 2016). Regardless of the theoretical perspective relating to the formation of identity, the experiencer's identity was tempered around SP, causing them to feel on the periphery of 'normal' social life, as can be seen in Samantha's continuation:

### (3) Samantha

It's a tough one to explain, and I've tried to explain this, and I've gotten a lot of ridicule for it from people because it might go against people's beliefs, people's understandings, and as soon as you do that, all of a sudden, it's like you run into a wall, and you start being accused of being this, and being that and wanting this and wanting that and it just really made me shut up and say, if people don't want to know about this, then why bother anymore? It's really just kind of left me in a place in the world isolated, where I can't function in the world normally anymore because I'm seeing things so differently. But even the people that are trying to see these

things differently, it's like I can't explain it to them. I feel stuck, basically, where I have no place to share this. It's there, and it's changed me from reality.

Samantha expresses her feelings of isolation and of being misunderstood, demonstrating how her identity, shaped by social rejection, is then adapted in the 'continuity' process (Herman, 2011). She also states that 'it's like I can't explain it to them', suggesting that she lacks a common, shared language to express and explain her SP experience to others, building on Chapter Five's Language of Spirituality data. Her self-preservation is expressed as she stops sharing her experiences and withdraws. The final sentence is significant, where she states, 'I feel stuck basically, where I have no place to share this. It's there, and it's changed me from reality', demonstrating her isolation and lack of connectedness with mainstream society. Here, she feels isolated and detached from a wider support community (explored further in the next section) and senses a gap or chasm between her understanding and experience of SP and those of non-experiencers. My experience is different to that of Samantha and Devon as I told no one, apart from my immediate family, about my experiences, as reflected below in my AE:

It was very easy for me to dismiss the SP episodes once I am awake. I can pretend as if it doesn't really happen. I can live a 'normal' day with colleagues, friends and family without thinking about the terror that would invade my sleep. I can laugh and talk about everyday topics such as politics, the increasing interest rates or my latest purchase from Primark. The paranormal doesn't exist in this 'normal' world, and I can fit in with people around me, having conversations that reinforce my 'normality'. Whilst playing the role of being normal, my conversations do not include anything paranormal, as I assumed that those discussions would unsettle the people around me, who are not prepared to discuss demonic intrusions whilst sleeping. I also feel that if the secret were to be exposed, it would diminish my social respectability and professional career, where I managed budgets, projects, timetables, relationships, and a multitude of other tasks that required the face of professionalism, rationality and conformity to the norms that took place around me.



I created a self-imposed world where only I knew my secret and I kept it and a significant part of myself locked away from others. This meant that the subject of my SP never came up socially and during those hours, I was able to divert my attention away from my experiences. As the day drew to a close and the activity that had distracted me dwindled, I began to anticipate that the terrifying experience would happen again. I could no longer hide and pretend that they didn't happen, and I had a deep feeling that 'they' were waiting for me to sleep. I became anxious and afraid as I knew that I had to face sleep.

Autoethnography Extract Taken from Previously Written AE Chapter

It can be argued that my AE account depicts a complex psychological approach to my identity as I compartmentalised my SP, creating an identity for the public and another for my private life, which supports Goffman's (1959) theory of self-presentation, where identities are projected to suit specific social interactions. Whilst Herman (2011) argues that people consist of 'multiple social identities' (p.777), my decisions reflect an inauthentic choice, as I deliberately choose to keep my SP experiences a secret. My identity was consciously adapted to social environments due to my fear of social rejection and the perceived diminishment of my professional respectability. There was a conscious effort to appear 'normal' by engaging in everyday conversations and activities, reflecting the identity that I created for social acceptance. This points to a complex identity developed to support my social actions due to experiencing SP. Expanding on the concept of identity is the notion of 'community' for the SP experiencer, which is analysed in the following section.

### **The Experiencer's Sense of Community**

The previous section conveyed the isolation that SP experiencers face and the ways in which this was felt to be so powerful and affecting that it impacted upon aspects of personality and identity. This section examines 'communities' to determine how they contribute to participants' lives. Whilst literature on what constitutes a community is varied in academic texts (Hoffer, 1931), there is some consensus about the features of a community, in that they are made up of a human group, they contain common activities and have a

geographical or territorial area (Hoffer, 1931; Goe, W, R and Noonan, 2006), which in this instance represents the online world.

Interestingly, the only community discussed by participants where they found a sense of community was the online platform Reddit, which was discussed in the Methodology section and further discussed in the Conclusion (Chapter Seven), partly fulfilling the criteria established by Hoffer (1931) and Goe and Noonan, (2006). It should be noted, however, that questions related to 'communities' were not explicitly included in the interview guide. Rather, participants referred to a community when responding to questions related to stigma, support and managing their SP – discussions relating to community arose organically and were participant-led. Roger, for example, spoke positively about what he refers to as 'SubReddits', where communities gather to discuss specific topics, which in this case is SP. He states that since his involvement in the community, he has had a greater understanding of his SP within a supportive environment.

#### (4) Roger

In fact, you know what's helped is ever since I found Reddit, which is where you found me. I found a lot of SubReddits that talk about it [SP]. So, for me everyone I've talked to or anything I've involved myself with, there's a sense of community, and it's nice to find people who know what you're going through and have been through similar things. So, for me, actually reaching out to people has been pretty positive.

The discovery of the SubReddits where SP is discussed has been extremely positive for Roger, where he has found a 'sense of community'. This also builds on the findings in Chapter Five, which identified a shared language relating to SP experiences that he can engage with, which reinforces his sense of community. He states that 'it's nice to find people who know what you're going through and have been through similar things', suggesting that Roger finds emotional value in connecting with others who have experienced SP due to the shared framework of understanding between experiencers and that it is important for him to have understanding and empathy within the community, albeit online. He is 'reaching out to people' on Reddit, and his experience of engaging with

community members has been positive. This suggests that Roger finds communicating and sharing his experience necessary and valuable, particularly with other people who understand his experience, thereby reducing his feelings of isolation.

Olivia also found a 'sense of community' on Reddit and specifically refers to the SP and Astral Projection subgroup, where she has found support despite 'lurking' and not connecting directly with community members. She states:

(5) Olivia

I really deal with my sleep paralysis alone. It's so invasive. It leaves you feeling just, oh, my gosh I just never felt worse in my entire life. I've never felt more alone and confused and just miserable. Then, there are the days following a sleep paralysis event. Then I found the Reddit sub about astral projection and sleep paralysis, and all that. I don't engage but I read everything that pops up on there. But I've been kind of lurking in that sub.

Despite highlighting the isolating aspect of SP, finding the Reddit sub-community groups has positively impacted Olivia. It can be assumed that she experiences similar feelings of support expressed by Roger, and a striking contrast can be seen between her initial isolation and the subsequent discovery of the community. It is, however, noteworthy that she does not engage in the community like Roger. Conversely, she undertakes what she refers to as 'lurking' (Gazit et al., 2018). This action, whilst not engaging publicly, ensures her passive engagement and observational learning, where she can read posts and comments and share in the knowledge and experiences of others, providing her with a sense of belonging, connection and support (but perhaps without making herself too vulnerable by directly posting, commenting or contributing).

For Michelle below, engaging on the Reddit platform and being interviewed as part of this study supported her search for understanding and attempts to share and 'legitimise the experience' for herself and others (Weisgerber, 2002, p.9) within a shared community. She states:

(6) Michelle

Well, my experience was a bit different from any others that I've read, which is one of the reasons why I was quite interested in doing this study with you. Because other people I've read about, like in the forum on Reddit, people say that they just feel the presence or they see the presence. I used to fight mine. I would fall asleep and wake up in sleep paralysis. I would feel the presence which I can only describe as being a demon. I don't actually believe in demons, but that's the feeling it gave off, and it would basically rip me out of my body. And then I would fight around my bedroom, and I had the feeling that if it got me at my window, I would die. And it would often end with us battling up at the ceiling. It would drop me, and I would feel myself crashing to the floor, and I can see my body lying on the bed and crawl back to my bed and into my body again. Terrifying.

It was evident from the outset of Michelle's response that she had compared her experience to others she had read about on Reddit and was seeking validation relating to her experience, using the Reddit space for learning. Using the platform, she concluded that her experience differed from others despite the threads of commonality with other participants. For example, when she states that 'I would fall asleep and wake up in sleep paralysis', 'I would feel the presence' and 'I can only describe [it] as being a demon', these are references and interpretative repertoires (Potter and Wetherell, 1987), that are commonly stated by SP experiencers, which possibly supports her interest and interaction in the community. Her use of language also builds on the findings in Chapter Five, which discusses the consistent use of an 'undefined' repertoire by SP experiencers. She uses groups of words such as 'I would feel the presence' and 'I can only describe [it] as being a demon' to explain her experience, which contributes to the repertoire that other participants use. It is her use of the repertoire that enables her experience to be consistent with SP experiencers, despite her claims that her experiences are 'different'.

The unique aspect of her experience is that she physically fought the 'presence' in what she terms as a 'battle'. Her fighting experience, whilst highlighting the diversity of SP, demonstrates her attempts to position it within the broader community of experiencers within this study, other than the Reddit group. Her statement, 'Well, my experience was a

bit different from any others that I've read, which is one of the reasons why I was quite interested in doing this study with you', implies that by being part of the research, she can explain and potentially gain answers relating to her SP experiences that she believes are different to other people. It is important to note that other participants also shared unique, extraordinary experiences, which they found difficult to reconcile with the contemporary SP experience. These experiences, whilst individually unique, were a consistent feature of SP when viewed objectively. Her OBE (out-of-body experience) and concluding remark about the 'terrifying' experience also resonates with themes in the Reddit group, highlighting commonalities in her experience compared to others, despite her concerns relating to her experience being different.

Considering that participants were recruited from Facebook, Twitter, LinkedIn and Reddit, a definite sense of community was gained from the Reddit platform, as highlighted by participant data, as this was the only social media platform referenced during the interviews. This finding has significant implications for methods of support for SP experiencers and indicates the importance of digital platforms, particularly in 'legitimising the experience' (Weisgerber, 2002, p.9) of SP for experiencers (although of course, it should be noted that this finding is unsurprising given that participants were recruited through social media, especially Reddit) . Given that a specific question was not asked relating to the online communities that participants access for support, it is encouraging to identify Reddit as providing a sense of community, demonstrating that online communities have the potential to support at least some SP experiencers with the loneliness and confusion associated with SP. According to Chen and Zhang (2010) these communities break 'through the limit of the traditional time and space' (p. 795), providing spaces which are not geographically bound where SP experiencers who may not know someone in real life, that also experiences SP. As the analysis moves away from communities that have been found to contribute to the lives of SP experiencers positively, the following section considers stigma for SP experiencers within everyday social settings.

### **Societal Stigma and Sleep Paralysis**

The withholding of the SP experience became integral to the participant's daily actions. Mark, for example, stated, 'I know who I would and wouldn't speak to about it. There are

some who are quite naïve about it, and I wouldn't mention it to them'. Other participants expressed caution with disclosure and knew how to navigate different social arenas and potential stigma. Mark continues that:

(7) Mark

There is a stigma around sleep paralysis, but it hasn't affected me too much. I wouldn't voice it in the corporate space that I'm in as I feel there are a lot of narrow-thinking people in the space.....I have not spoken to anyone about my experiences in this type of depth and I have gained so much by speaking to you.

Mark acknowledges the existence of stigma associated with SP, and whilst he states that 'it hasn't affected me too much', he is selective about who he speaks to about his SP, which could be a significant factor influencing why stigma hasn't impacted him 'too much'. This emphasises Clair's (2018) third process (see Chapter Two, p. 41), which relates to the separation of 'those' from 'us' for stigma taking place, albeit Mark is doing the separating and labelling. His decision not to disclose his SP experiences within 'the corporate space' is deliberate, suggesting a strategic approach in response to the anticipated stigma in a workplace setting, in particular where one is expected to maintain a 'professional' identity. This is similar to my experiences discussed previously in this chapter, where I also felt it important to maintain a 'professional' identity that did not consist of exposing my SP. He perceives individuals within the corporate sphere as 'narrow-minded,' suggesting anticipation of judgment, misunderstanding, and stigma that could adversely affect professional relationships and his reputation.

A range of responses are experienced by Roger when 'infrequently' sharing his SP experience with his co-workers:

(8) Roger

I have talked about it infrequently to like co-workers and such. I get all, all kinds of extremes. Some people think that you're just lying, and a lot of people are very dismissal about it as if it's just a bad dream. I do believe it's all just a mental hallucination, but it's worse than a dream. There are some people who are quite the

opposite on like, the opposite of stigmatizing it. I've had a few people like this straight up say that they're ghosts or something, and I don't entertain that theory, though.

The reactions that Roger receives range from disbelief and accusations of lying to complete dismissal of the experience. The dismissal and minimisation of SP could make it difficult for him to seek support and find a non-judgemental space or feel understood, and also create a sense of isolation as the experience is invalidated. This can reinforce his feelings of stigmatisation, which, as Goffman (1963) suggests, can hinder open dialogue. The association with supernatural causes places his experience outside of what could be considered 'normal' or acceptable topics of conversation, which can also contribute to his reluctance to discuss his experiences openly. However, it is important to state that Roger does not believe his SP is caused by supernatural events. Instead, the people he refers to in this extract are the ones associating his experience with paranormal phenomena

An emerging finding in the data is the anticipated lack of understanding about SP and being labelled as 'crazy' or as having a mental disorder (Waters, Moretto and Dang-Vu, 2017; Ohayon et al., 1999; Mume and Ikem, 2009), which supports Corrigan and Watson's (2002) definition of 'public and self-stereotyping' in Table 1. For example, Oliva stated:

(9) Olivia

I get the impression that people wouldn't understand it [SP] if they hadn't experienced it. I don't know if they would think I'm crazy. People wouldn't believe it and may think that I was just dreaming.

Oliva's view suggests a perceived gap in empathy and comprehension, pointing to the shared language that the general public does not understand. Likewise, Olivia raises her fears related to being labelled as 'crazy', which several participants have raised, indicating the fear of being stigmatised and marginalised by members of society, a perception shared by Samantha, who states that 'You become ostracised from society'. This also concurs with Corrigan and Watson's (2002) definition of 'self-discrimination' (see Table 1), where the individual responds to discrimination, which, in this case, prevents Olivia from disclosing her

SP. In conjunction with Olivia's fear of marginalisation, Patrick, who experiences SP chronically, states that 'evil experiences are stigmatised, and people don't want to talk about them', and Johnny, another chronic experiencer, endorses this view by stating that 'everyone that I've spoken to about it like my mum and my girlfriend have been freaked out by it' which supports Corrigan and Watson's (2002) theory of 'self and public prejudice' (see Table 1). Interestingly, both Patrick and Johnny are centering managing the feelings of others. For example, Patrick states that other people don't want to talk about it, and Johnny centres the feelings of his mum and partner, who were 'freaked out' rather than their own feelings and emotions.

Johnny - who has been experiencing SP since he was in preschool - also raised the notion of being labelled as crazy:

(10) Johnny

I have told people who I was dating what I was going through and never really told other people as I thought it was something strange and weird that no one else went through...It makes me think that they think that I'm crazy, and everybody's advice is always to pray, and you know it's coming from a good place, and you just say ok.

Interestingly, Johnny's final sentence, which states, 'everybody's advice is always to pray, and you know it's coming from a good place, and you just say ok', suggests that he receives positive support (or at least a neutral reaction) from persons to whom he has disclosed his SP and that he has received advice and suggestions relating to its management, despite their lack of understanding, which is evidenced by his response 'you just say ok'.

Conversely, Sophia states that she never spoke about her SP:

(11) Sophia

It was just one of those secrets that I kept. I think there are a certain percentage of people who are unenlightened and live life in a narrow box. I don't care if there is a stigma attached to it from those people because I know the truth. I know what happens to me and that I am not alone.



Sophia's reference to 'secrecy' is most poignant, indicating an awareness of potential stigma and judgement from others, which is similar to my experiences in my AE reflection. It is also intriguing that a perception of 'narrow-mindedness' in others is again referenced here, believing that a segment of the population is 'unenlightened' and constrained in their thinking, aligning with the comments made by Mark (7). Sophia has, however, suggested here that she feels able to manage or live with the stigma to an extent, as evidenced by her saying, 'I don't care if there is a stigma attached to it from those people', suggesting her self-assurance when confronted with societal judgement. Having said this, it is interesting that she says that she 'doesn't care' about the stigma but also attempts to avoid or minimise stigma through keeping her SP a 'secret'. It is also interesting that she stresses 'I am not alone', denoting that she is aware of others and is possibly interacting in online communities, such as Reddit, with people who share similar experiences, which can serve as a buffer against negative stigma.

Interestingly, Patsy's extract below, includes previously discussed themes about feeling 'special'. She states that:

(12) Patsy

I try not to talk about it as much, and it's refreshing to actually speak freely to you because usually I will tone it down to others and be like, 'Oh, I had sleep paralysis', or 'Something was in my room' or what I say to my brother is that 'I had a dream', and my partner will be like 'you think you're special. You want to be special. You have special this or that'. When it comes to the ghost stuff, flat out, people will just call you a bit crazy. So, it definitely deters me from speaking.

Downplaying the severity of the experience was a common theme among participants, who either chose not to discuss it or used neutral, less alarming terms like those used by Patsy, such as 'I had sleep paralysis' or 'I had a dream'. In my case, I tend to say, 'I had a bad night', a cryptic response reflecting precisely what happened to the enquirer without the details of the experience. This is our attempt to make the experiences more palatable to others. Whilst this action of 'self-censorship' can be isolating, it is an easier option than the risk of being misunderstood. The statements from her partner, 'You think you're special.

You want to be special. You have special this or that', suggests a lack of support and understanding and could discourage Patsy from sharing her experiences openly. This is demonstrated by her stating that she is deterred from speaking openly due to the response she receives from others.

As we conclude this section, Samantha's extract below highlights themes that other participants have previously raised:

(13) Samantha

I see and understand their reluctance to speak about it [SP]. Oh, it's not fun to have people laugh at you and call you crazy stuff like this because you've experienced something, and you're trying to say, look I've seen it, I've talked to it. I'm beyond the point of belief, but they don't understand. So I don't get angry because I understand people are still in that state of 'do I believe in this stuff, or not?' and to them, it's still a choice, but to me, it's no longer a choice. It's put me in a different space.

Samantha's views articulate again the notion of being labelled 'crazy', which has been identified as an aspect of SP and stigma that is consistent amongst experiencers. The perceived lack of understanding from the general population has also been frequently expressed, as well as the misunderstanding experienced by others' inability to comprehend SP. Additionally, Samantha refers to no longer getting angry with people, as she has reached the point of emotional detachment. She understands the uncertainty and scepticism related to the SP experience and recognises the societal risks involved in believing in the SP experience. She has resigned herself to others' scepticism as she profoundly states that she is 'beyond the point of belief', a statement that asserts her self-autonomy and lack of need for external validation.

Collectively, participants have illustrated the multifaceted nature of stigma and negative social repercussions associated with SP. Furthermore, these accounts have showcased the remarkable resilience among individuals who, despite facing the challenges of stigma, are focused on developing their individual understanding of SP and managing and living with it. The following subsection analyses stigma in relation to participants disclosing their SP

experiences within medical settings, recognising that stigma affects participants in various types of social interactions ranging from conversations with friends and partners to more formal encounters with medical professionals.

### ***The Significance of Stigma and Disclosure within a Medical Environment***

The question of whether SP is a condition that necessitates professional consultation, and medical treatment remains outside the scope of this study. However, it is evident that some form of support, apart from online community groups, is needed for SP experiencers, particularly given the detrimental impact that not discussing the experience can have on the individual (Pennebaker and Susman, 1988). This section recognises that there is a tendency to medicalise and seek a solution for SP episodes from the medical community. With this in mind, the emphasis in this section is on stigma and disclosure within the medical environment and its impact on SP experiencers. Notwithstanding the limited amount of literary articles and research in this field, Olunu et al. (2018), Sharma, Sakhamuri and Giddings (2023) and Weisgerber (2002) have referenced fear of stigma as a reason why persons do not present their SP to medical establishments.

Some participants (including many who believed SP was a spiritual condition, such as myself) chose to visit their doctor and disclosed their SP within a medical environment. This demonstrates that choosing to visit a medical establishment was not restricted to those who believed the cause of SP to be neurological. On the contrary, participants who subscribed to SP having a spiritual association also sought consultation with their doctor, suggesting that the primary influence on the decision to seek medical support was determined by the participant's need for help with their SP episodes and perhaps a tendency to seek 'medicalised' solutions to forms of suffering or discomfort in Western contexts (Putsch and Joyce, 1990). There were, however, some participants who clearly stated that they would not visit a medical doctor:

(14) Johnny

I never went to the doctor as I don't like speaking about it to someone who hasn't experienced it, and I don't care for the explanation of it being a hallucination. I don't

care for the explanation of dreaming whilst I'm awake. How can we all be seeing the same thing? The same image?

Johnny's statement provides an opportunity to examine the themes of stigma (Arboleda-Flórez, 2002; Chen and Courtwright, 2016; Coleman, 1986) and disclosure (Camacho, Reinka and Quinn, 2020), interwoven in a single narrative. Johnny's narrative, whilst capturing his view of why he did not seek medical help for his SP, implies that his perspective is in the minority and that it is not the socially accepted position, hence his reluctance to visit the doctor. His view anticipates disagreement with the doctor, who he believes will say that SP is a 'hallucination', which is the prevailing accepted medical cause of SP, thereby dismissing his beliefs. This speaks to the explanation of stigma stated by Goffman (1963), who suggests that stigma is 'the situation of the individual who is disqualified from full social acceptance' (1963, p.Preface), albeit perceived stigma from the doctor in the case of Johnny. He, therefore, describes a barrier to seeking medical advice and disclosing information about his SP. He states that he doesn't 'like speaking about it to someone who hasn't experienced it' without knowing whether the doctor has experienced SP. His reluctance to visit the doctor could be due to internalised perceived stigma related to discussing SP. His preference for speaking with someone he knows who has personally experienced SP demonstrates that empathy and understanding from shared experiences are valued over professional advice. Additionally, this implies that Johnny presupposes an absence of empathetic understanding from the doctor. The significance of understanding and empathy for SP experiencers has been previously highlighted in discussions related to the Reddit communities, and the existence of a shared repertoire amongst SP experiencers to make sense of these experiences has also been discussed in earlier chapters.

Furthermore, the analysis of Johnny's data illuminates his scepticism towards the medical interpretation of SP and his preference for an explanation beyond 'hallucination' or 'dreaming while awake', highlighting his concerns about being misunderstood by healthcare professionals. This is also supported by his questioning of how multiple people can see the same image, denoting his search for explanations that acknowledge the SP phenomenon and that it is beyond traditional medical frameworks and explainable phenomena. Whilst this relates to the theme of disclosure, it also points to his perception of stigma in the

medical setting and that his experience will not be taken seriously or, conversely, he will be diagnosed as mentally ill (implied through the use of the term 'hallucination') as suggested by Wróbel-Knybel et al., (2022), Ohayon et al., (1999) and Olunu et al., (2018).

The sentiments expressed by Johnny were also expressed by Sophia, who said, 'No, I'm not speaking to any doctors or anything, because I know that they would come in and be very woo hoo about things', with 'woo hoo' implied to mean that it would not be taken seriously, and Jason, who expressed:

(15) Jason

No, I'm in the US, where things like that are really expensive. I'm not about to drop a \$1,000 just for the doctor to tell me I'm crazy, you know, or like give me some sort of Xanax or something just to help me get knocked out all night. So, I feel like it's much more of a spiritual thing more than a medical thing. I just don't think they're gonna be able to do anything about this.

The lack of medical framework outside of SP being a 'neurological disorder' to aid SP experiencers in making sense of the experience has been raised by Jason and Johnny (10), with both of them alluding to fearing being called 'crazy' or given a diagnosis of mental illness (Wróbel-Knybel et al., 2022; Ohayon et al., 1999; Olunu et al., 2018) and the potential loss of status (Clair, 2018). It can be argued that this reluctance to disclose stems from a perceived fear of stigma and being misunderstood within the healthcare system, which - for Jason at least - also has financial implications that influences his decision not to disclose. Jason's scepticism towards pharmaceutical products can be observed, illustrating his belief that his experience cannot be addressed through conventional methods that seek to 'medicate away' the spiritual condition of SP. This was also highlighted by Johnny (14), as both suggested a disconnect between their understanding of SP and that of the medical community, leading to their reluctance to seek medical help or disclose their experiences to healthcare providers.

Patsy's extract below also emphasises the disconnect between SP experiencers and the disclosure of their experiences to the medical community:

(16) Patsy

I was in therapy at the time. And during this time, I experienced most of my weirdest and craziest sleep paralysis. I was actually on my faith walk. So I was trying to get close to God, and the time was a bit wild, and I think it was quite frustrating. I would speak to my therapist, and she wouldn't listen to anything that wasn't science-related, although some of the things that happened was not possible, and I can go into some of that later on.

Patsy experiences the dismissal of her SP experience and invalidation by her therapist when discussing her SP. She states that 'she wouldn't listen to anything that wasn't science-related' despite Patsy's suggestion that her experiences were 'not possible' to explain scientifically. The therapist ignored or dismissed non-scientific phenomena, such as those encountered during her faith walk (which she explained as her spiritual journey as she embraced Christianity, which included activities such as prayer, fasting and reading the Bible and having faith in Jesus to bring her through any form of adversity), a correlation that Patsy felt was significant. It can be inferred that Patsy is seeking answers to her experiences that cannot be answered within a scientific framework, which, in this instance, is restrictive and inadequate for dealing with experiences outside of an empirical framework. Consequently, Patsy feels misunderstood, contributing to her sense of stigmatisation. The tension between Patsy and her therapist is subtly expressed as her disclosure, and the therapist's reluctance to engage in anything beyond a scientific explanation is evident.

Other participants highlighted the lack of an alternative medical framework to underpin the SP experience. Roger, for example, having visited his doctor, underwent a sleep study and concluded that 'they couldn't find anything abnormal. So, they don't really know what to do'. Continuing with the analysis of stigma and disclosure for SP experiencers is my AE account of my visit to my doctor, which I alluded to at the start of the subsection. Given my firm conviction that SP does not constitute a neurological, physiological, or psychological disorder, upon reflection, I find myself perplexed by my decision to pursue medical assistance. Nonetheless, my AE account below reflects the experience of being misunderstood and feeling stigmatised:

I had begun to avoid sleep, and I became tired and irritable. It also resulted in my sleeping for longer periods when I could no longer stay awake and feeling guilty when I woke up for having fallen asleep, as my weakness had allowed 'them' to come. In the end, I decided to go to the doctor. There was a slim chance that he knew about SP and could give me support or some type of treatment. 'Perhaps the doctor knew what it was', I asked myself. My experience with the doctor is one that I will never forget.

I sat in the doctor's chair opposite him as he asked me how he could help me. His manner was warm and welcoming, so I confidently explained my situation in graphic detail, having assumed that I was sharing my experience with someone who knew how to overcome it. I felt like I was speaking to an ally or friend. It wasn't until I finished explaining the problem that I noticed his stark expression and that his mouth was slightly open in a fixed position. I knew then that I had gone too far and that the doctor was not my ally. There was silence and what seemed like minutes passed between us as he stared at me.

He then silently picked up his pen and began to write on the notepad in front of him a prescription for sleeping tablets, which he handed to me. He muttered that I must be stressed and that these tablets would help. That was my cue for acknowledging that the meeting was over and that it was time for me to go.

Now, how does this happen in the UK's National Health System? A patient has a problem which occurs when they sleep, and they are prescribed the very thing that will induce and keep them asleep. I felt diminished, rejected, embarrassed, belittled and totally unsupported by the medical establishment. There was not even a pathology or an interest in pathologising my condition. It was quite literally the GP being out of his depth, and in doing so, he was unsure of what to do with me. There was no discussion about my experiences. The sleeping tablets would simply make it go away, and he was onto his next patient.

I felt inferior and subservient to the eminent doctor, without a voice or time for it to be heard. The ally that I initially thought I had found presented a deep chasm between us. I felt judged and was summarily found guilty. The authority of the medical doctor made me feel in that instant like a child. As I stood up from the chair, I could feel emotions welling up inside of me. By the time I reached the door of his office, the tears had begun to fall from my eyes. I felt utterly demoralised, crushed and alone as 'they' continued to wait for me to sleep.

Autoethnography Extract Taken from Previously Written AE Chapter

Ahad, Sanchez-Gonzalez and Junquera (2023) whilst examining mental health stigma across different cultural settings, suggest that misinterpretation and being misunderstood can result in stigma. As stated previously, I still don't understand why I went to the doctor in the first place for a condition that I believed was spiritual. I knew that I was driven by my need for understanding, support and treatment, underpinned by my trust in medical professionals. This trust facilitated my disclosure, which was a significant step in seeking relief. My experience reflects the perspectives of Jason (15) and Patsy (16) regarding the gap between my expectations and the response from the doctor. I recall speaking about the demon on my chest and how real it felt, yet I was surprised at the doctor's response, and I was unprepared for it. I at least expected some form of discussion and collaboration. Instead, my condition was not taken seriously and was minimised in the same way articulated by Patsy (16), resulting in my feeling stigmatised by the medical professional. Link and Phelan (2001), whilst discussing the experience of disability and stigma, suggest that there is a 'misunderstanding of the experience of the people who are stigmatised and the perpetuation of unsubstantiated assumption' (p.365), which is reflected in my situation.

Consequently, I was left feeling diminished, rejected, embarrassed, and unsupported after the consultation. Goffman (1963, p.3) states that the stigmatised person is 'reduced in our minds from a whole and usual person to a tainted, discounted one', highlighting the emotional impact of stigma, particularly when it emanates from a trusted medical provider. Additionally, I 'self-stigmatised' myself, as suggested by Corrigan and Watson (2002), demonstrated by my negative self-belief, low self-esteem and my decision not to revisit the doctor.



Dawn (below) encountered a similar, although less intense, reaction from her doctor, which also resonated with the perspectives articulated by Johnny (14) and Jason (15) concerning the experience of being misinterpreted, people 'seeing the same thing' and the inappropriateness of a neurological explanation. She states:

(17) Dawn

I even told my doctor. It's like he never heard of it before. I saw a therapist and told her I experience sleep paralysis. She approaches it as if I'm telling her I have a panic attack, when people freeze when they're getting into a state of panic. And she asked me about it in a way where she makes me feel like she doesn't understand what I'm telling her, so it's hard for me to make sense of it when there isn't really an explanation about it in the first place, you know.

The sleep disorder cause doesn't hold water. I think there's a little bit more to it, you know, because it's so misunderstood and especially cause like, everyone's experiences are pretty similar, you know. It's like everybody goes through the same thing, and just feel like it was all in our heads.

Dawn's experience in sharing similarities to other participants again demonstrates the interweaving of stigma caused by being misunderstood (Ahad, Sanchez-Gonzalez and Junquera, 2023) and disclosure. This can be seen firstly in her doctor's unfamiliarity with SP, highlighting a gap in awareness of SP within the medical community, which can also contribute to the stigma associated with SP and the reluctance to disclose experiences. Secondly, the doctor's misinterpretation of SP can exacerbate feelings of being stigmatised and also contribute to a lack of disclosure, as it suggests a lack of understanding of the unique aspects of SP. Thirdly, Dawn recognises the absence of a clear framework from her doctor that explains her SP, underscoring the complexities of disclosing her SP to someone who knows nothing about it. This highlights a more extensive concern regarding the medical community's inadequacy in comprehending (SP) and the wide range of anomalous phenomena experienced by those affected.

The data suggests that revealing experiences related to SP within a medical framework carries inherent risks of feeling stigmatised for the experient, highlighting the need for greater awareness, empathy, and engagement from medical staff to support individuals who experience SP. Having analysed stigma and disclosure from the perspective of the healthcare system, the following section examines the mental health of SP experiencers, followed by methods used by SP experiencers to manage SP episodes.

### **The Impact of SP on the Mental Health of Experiencers**

Having analysed various aspects of SP, both positive and negative, it is evident that the impact of SP on the mental health (Denis, French and Gregory, 2018; Ohayon et al., 1999; Olunu et al., 2018; Mume and Ikem, 2009; Lišková et al., 2016) of experiencers is of primary concern. Whilst earlier chapters have outlined how some participants had a desire to actively pursue SP, and it had some positive associations for many, it could also fundamentally still be a terrifying experience. Ordinary activities, such as retiring to bed, transform into sources of anxiety and apprehension, with Marcia articulating that ‘I get paranoid because I think that they are in my room’. Olivia (below) directly states that her mental health was compromised by lack of sleep due to SP:

(18) Olivia

I moved a lot because I always thought my houses were haunted. And I literally could not sleep. I went nights without any sleep. So I had to move because of my health and my well-being. My mental health was struggling, and as you well know, dealing with SP a lot of times, you can't talk about these things. So you're going through these extreme traumatic events, and you can't talk about it. So, I would end up just as a last-ditch effort, just literally ditching my homes and moving from house to house.

There are several indications of potential impaired mental health in Olivia's extract. She states that her ‘mental health was struggling’ and that she was unable to discuss her experiences with anyone. This could also imply depression, which Szklo-Coxe et al. (2007) suggest is linked to sleep disturbances and SP. Anxiety is also indicated due to constantly moving home, as she believed that her homes were haunted. Furthermore, frequently

moving can contribute to high-stress levels and make the SP experiencer unable to settle or put down roots. Fear is implied, and whilst she has not specifically stated examples of 'hauntings', her experiences were significant enough to warrant moving. Whilst not explicitly analysed in this study, exposure to hauntings and other 'ghostly' type paranormal phenomena in the lives of experiencers was a frequent occurrence. Olivia describes SP episodes as 'extreme traumatic events', which align them with PTSD (Post Traumatic Stress Disorder) (Hinton et al., 2005a; Wróbel-Knybel et al., 2021) mainly due to their ongoing fear-based nature. She also mentions going nights without sleep, which can indicate both physical and mental exhaustion due to the cycle of sleeplessness, moving, as well as the implicit nature of the SP episodes, which leaves participants feeling traumatised and exhausted in the immediate aftermath.

The ongoing nature of SP can bring with it several other symptoms that are identifiable with other chronic illnesses, such as 'social isolation and loneliness....., fatigue, ..... feelings of distress, anger, hopelessness, frustration [and] anxiety' (Van Wilder et al., 2021, p.1). For me, my family and social life were impacted by my not being able to speak openly about the SP episodes, as I kept my experiences to myself. This undoubtedly influenced my mental health state and the isolation and loneliness that I experienced. Roger experienced fatigue and exhaustion, which could potentially impact his mental health. He states that:

(19) Roger

So, I don't know if it's [SP] necessarily a symptom of my sleep problems or if it has caused my sleep problems because I remember before it started happening, I had no problems with sleeping and used to wake up every day feeling very rested, and nowadays, I don't feel like I'm ever rested, ever. It could be because I have to wake up and have my morning coffee, or I'll see you and not speak to you. But I definitely think my sleep isn't as it was. I don't know how beneficial or fulfilling it is to me now.

Roger's account highlights the potential for mental health problems due to poor sleep quality (Blackwelder, Hoskins and Huber, 2021; Scott et al., 2021; Zochil and Thorsteinsson, 2018). He has mood changes, identified by his reliance on morning coffee and irritability, which is indicated when he states, 'I'll see you and not speak to you'. This is linked to his

poor sleep quality (Denis, French and Gregory, 2018). He also raises doubts about the benefits and quality of his sleep, which suggests that his quality of life has decreased compared to before experiencing SP. The overall tone of Roger's extract hints at concerns related to his poor sleep quality and its impact on his life.

Jason also experiences sleeplessness, stating that he was 'afraid to fall asleep' to the extent that he had a 'mental breakdown'. He explains that:

(20) Jason

So, it [SP] got to the point where it was happening almost every night. I was afraid to fall asleep until the sun was up, and, you know, [I was] trying to work a job where I have to be at work at 9 o'clock in the morning, and not falling asleep until 5 or 6 in the morning. You know, it started really affecting my life. So, eventually, I had quite a mental breakdown at that point. I really thought I was going crazy. You know, I was afraid to talk to anyone about this because I understand how crazy it would sound.

Critically, Jason experienced what he describes as a mental breakdown due to SP. Whilst Olivia (18) states that she could not sleep, Jason states that he was afraid to sleep, implying that he chose not to sleep due to fear of SP, waiting until the 'sun was up' before he slept. His psychological distress is evident, and he expresses, 'I really thought I was going crazy'. He also feels isolated due to not speaking to anyone about his experience, which has been identified as a common theme. His SP significantly impacts his daily functioning, specifically affecting his ability to work due to the times that he falls asleep.

In summary, Jason's mental health has been severely impacted by SP to the extent that it is affecting his day-to-day activities. Olivia (18) and Jason (20) have utilised approaches to manage their SP, such as avoiding sleep and moving houses. Whilst these strategies have had a detrimental impact on their mental health, in the following section, participants speak about additional techniques that they employ to manage their SP.

## **Strategies to Manage SP**

The participants and I utilised various strategies and techniques to manage their SP. Currently, treatment options provided by the medical community are pharmaceutical and include anti-depressant medication (Sharpless, 2016; Stefani and Högl, 2021), with possible side effects including nausea, drowsiness, fatigue and vomiting (Ganguly et al., 2023). Participants did not state during the interview whether or not they had used medication for their SP. In my case, whilst sleeping tablets were prescribed to me during my doctor's appointment, I chose not to use them due to possible side effects and being too drowsy to rouse myself during an episode of SP. However, participants formulated their own 'tried and tested' solutions. In my case, I developed several strategies which I knew worked for me. There were, however, several strategies that I used that did not work before deciding to visit the doctor. These are reflected below in my AE:

I had tried several different spiritually based remedies, all of which proved useless against the continual unyielding onslaught of SP. My spiritual remedies included praying frantically during the day and night to stop the attacks, followed by crosses being placed in each room of the house. I burnt incense, which released a nice fragrance and nothing else. I slept in different rooms, in different beds. I moved the position of my bed and even slept at my mother's and my sister's home in an attempt to defeat them without success. I recall going into a church on one occasion when it was empty and going up to the altar. I begged God to help me to make them stop and still, they came.

Autoethnography Extract Taken from Previously Written AE Chapter

My AE extract reflects 'spiritually based' techniques and strategies, and in retrospect, I felt that I did not have any other recourse. Prayer, use of religious symbols, burning incense, and seeking help from within a church for divine intervention did not decrease the SP episodes, although, at the time, I considered it worth trying to tackle the 'spiritual' condition of SP with spiritual 'solutions'. Practical measures, such as changing my sleep environment and altering the position of my bed, were implemented due to my concern that something spiritual was in my bedroom, hence the change of bed position and sleeping in different

locations. Ultimately, none of these actions were successful. Despite this, other more successful methods were tried, as outlined below:

Managing my SP includes abstaining from anything that will make me sleep, from medication to alcohol and movies or shows that contain 'horror' or scary scenes. Before sleeping I pray to my spirit guides and ancestors for their protection during my sleep. I absolutely never sleep on my back. Laying on my back allows 'them' easy access to me, to the extent that within seconds, I can feel the temperature changing around me, and I say to myself as I'm slipping in, '*Here I go again*'. Over the years, I learnt to make a grunting noise in my throat, which was the wake-up call for anyone who was around me to wake me up. I told my children and partner to touch me, shake me, to do anything to wake me up, as I'm fighting for my life at that moment. I now meditate every day. I realised that meditation helped to reduce the episodes, having come across a meditation video whilst browsing the internet. It was whilst doing this meditation, purely out of interest, that I noticed that when I meditated, I had fewer and less intense SP episodes. Meditating in the morning, regardless of the night I had, is a priority to defeat the sleep paralysis, as is maintaining good sleep hygiene, which has impacted my employment opportunities, as I cannot do shift work.

Autoethnography Extract Taken from Previously Written AE Chapter

The methods outlined above continue to work for me, and whilst the episodes have not stopped, they are significantly reduced. Whilst the techniques that are mentioned are informal strategies, not sleeping on your back is also referred to in scholarly texts demonstrating that SP occurs more frequently when sleeping in the supine position (Cheyne, 2002; Fukuda et al., 1998; Sharpless, 2016; Stefani and Högl, 2021). Other participants also identified various ways to manage their episodes. Carson stated, 'I train myself to sleep on my side and avoid sugar as much as possible' and Marcia has family and friends supporting her with a range of theories, ranging from spiritual and supernatural to psychological, reflecting what SP is and strategies to manage it:

(21) Marcia

My friend told me to listen to religious verses whilst sleeping. My dad said it was demons trying to get to me. My grandmother thought it was my dad's influence giving me those fears. My mum thinks that it is anxiety.

Several explanatory frameworks are being used in Marcia's extract. These frameworks can be identified in each of Marcia's supportive statements. Her friend suggests that she listens to religious verses while sleeping, framing SP within a religious context whilst implying that spiritual or religious content can protect Marcia while she sleeps. On a similar spiritual theme, her father interprets SP as demons trying to get her, indicating that warding off these entities could be a form of management of the experience. Conversely, her grandmother points to a psychological explanatory framework, where she relates SP to the transmission of fear by other family members. This could also suggest that SP could be managed by addressing her father's influence. Likewise, her mother's view that SP is a manifestation of anxiety indicates that managing her anxiety could address SP episodes, which points to a more conventional framework within mental health, which suggests that SP is treatable by Western medicine.

Marcia's extract above discusses the suggestions of others to manage her SP. When asked about methods that she uses to manage SP, she explained:

(22) Marcia

I tried sleeping with the light on for years and realised that it doesn't stop it. It gives me a safe feeling to have the light on, but I am still at risk from getting SP... I get scared when I don't sleep on my left side. I make sure that I sleep on my left side so that I can see my room. I get scared if I can't see my room.... I don't sleep in a hot room, as I notice that each time it has caused me to have SP. I try to keep my room cold and keep my door open..... I try not to put any dark objects on my shelves or in the corner so that I can't see it during sp. I will not put dark shirts on my chair or bed so that I can't see it during SP. I started sleeping with my cats because I feel safer with them. I've been told that cats get freaked out if something is in the room.

Marcia uses a combination of methods to help her manage her SP. She controls her environment, as she states, 'I try to keep my room cold and keep my door open', to ensure that dark objects that could cause her to believe that SP entities were in her room were not there. She places importance on her sleeping position, stating that 'I make sure that I sleep on my left side so that I can see my room', which provides her with reassurance and a visual connection to the room. The light also supports her as a psychological safety measure, which she acknowledges does not protect her from SP but it 'It gives me a safe feeling to have the light on'. Sleeping with her cats is interesting, as other participants stated that they also felt safer sleeping with their pets, primarily dogs or cats, believing that they could sense any threat as they slept.

Simon stated that he uses prayer, does not sleep with a full stomach, and does not sleep on his back, which concurs with my techniques. He also stated:

(23) Simon

Well, you know, I think it's not good to sleep on your back, but I also don't think it's good to sleep on your left side. I'm sure that when I sleep on my back towards the door it happens more. It also has to do with the entrance to the room, you know. I think the entities also come through doors.

He continues that:

(24) Simon

I read the Mahabharata and the Bhagavad Gita, and you know that keeps it away. And I meditate. Yeah, the mantra, chanting that's my meditation. I chant the mantra in my mind, you know. I repeat the cycles, and it keeps them away, also, I listen to a lot of music. I just listen to music all day. And the mantra, it's in a four-quarter note. So, almost all music that I listen to is in the fourth quarter notes, so you can just join the mantra on the beat of the music, you know, so yeah, it's just like music to me. I just keep repeating it in my thoughts, that's, that's how I meditate.



Simon is using a range of techniques to manage his SP. Interestingly, he begins by stating that 'it's not good to sleep on your back', which was discussed previously in my AE extract, detailing the techniques I use to manage SP. Of equal interest is his belief that the bed's position in relation to the door affects SP, which also concurs with my attempts to manage the episode. However, when I moved the bed, it did not reduce or impact the SP episodes.

Simon refers to the Mahabharata and the Bhagavad Gita, which are religious Hindu texts denoting spiritual protection, which was also suggested by Marcia's (21) father whilst discussing demons and the need to ward them off. These texts are also used as part of his meditation and mantra chanting, combined with music, providing a blend of musical beats that are repeated to form a continuous chant. Simon uses a holistic approach to managing his SP, which combines spiritual and mental strategies to mitigate it. Participants also recited religious texts before going to sleep and would call out 'Jesus help me' during the episode to wake up immediately.

Carson's wife helps him during his SP episodes as he states that he is unable to manage it for himself during the episode:

(25) Carson

But when hallucinations start happening, I can never reason with myself, and I am always scared. And in that scared moment, you're panicking and trying to shout. And so, my wife she sleeps next to me, and she's used to this. She says it sounds like I'm just, just moaning like, and in my mind, I'm saying help, but it just comes out as a groan and then she'll, she'll shake me, and I will pop out of it. This totally takes the experience away.

For Carson, the support of his wife is crucial in managing his SP, not only due to the physical act of waking him up but because she is familiar with the condition and can recognise the signs of the episode and intervene effectively to halt it. In Lucy's case, the management of her SP is aligned with her internal empowered state, as she states:

(26) Lucy

It feels like I'm a bit more in control. But who knows, the next one could be really scary, so I don't know. I feel like I've got resources within me that can deal with it.

Lucy understands that SP is unpredictable and can occur at any time. With this acknowledgement, she understands the uncertain nature of the episodes and recognises that future episodes of SP can be challenging. A shift in her self-management of the episodes can be seen, as she states, 'It feels like I'm a bit more in control', implying that she previously felt like she was not in control. Lucy believes that she possesses the internal resources to manage future episodes, and her extract suggests that these have been developed over some time, having had several episodes of SP. During the interview, she stated that 'I've been meditating a lot more' and 'focussing on my thoughts', which she attributes to giving her more control during the episodes. Additionally, her confidence in managing the episodes suggests emotional resilience that will help her manage the fear and anxiety she has experienced. In her interview, Lucy conveys that she has learnt from past SP experiences and is using these to develop strategies to manage future episodes. Her account suggests that the experience of SP is being used to find out what does and does not work in terms of the future management of SP, suggesting managing SP is something of an ongoing, evolving and responsive process.

The data demonstrates that SP experiencers use a range of self-help, 'tried and tested' methods to manage SP. Consistency can be seen in techniques such as not sleeping on your back and meditating. Participants drew variously on spiritual, mental, and practical solutions, packaging these together in ways that make sense to them, sometimes complemented by attempts to seek medical solutions by seeing their doctor. In addition, the repetitive action of techniques such as prayer, meditation, chanting and the rhythmic repetition of musical notes features in some of the management techniques used by participants, indicating that in performing repetitive actions, a degree of control is exerted over the mind and body. Whilst this is a speculative finding, it is discussed further in Chapter Seven.

## **Conclusion**

The impact of SP on the daily lives of experiencers is grossly unaddressed within scholarly literature and society generally. Consequently, this study presents a unique opportunity to augment the limited data and undertake further research, as suggested in the concluding chapter. This can immensely benefit SP experiencers and anyone who provides support, informing holistic approaches to managing and treating SP and supporting SP experiencers. The data has demonstrated that the lived impact of SP encompasses several aspects of everyday life, with individuals attempting to make sense of and manage their SP without a framework or scientific structure capable of explaining and non-pharmaceutically treating the experience.

Additionally, the data has shown that the scientific framework for understanding SP is challenging to experiencers seeking support from medical organisations due to the rigidity of the prevailing scientific theories and the approach taken by medical and counselling staff. The effect of this is isolation for experiencers and continued frustrations when confronted with phenomena during SP that can not be scientifically explained. This is discussed further in the following chapter, providing additional opportunities for further research.

It has also been demonstrated that SP significantly impacts the identity of those who experience it, manifesting in guardedness and limiting their social circle as they cautiously approach disclosing or sharing their SP. Some participants opt to keep their SP secret, motivated by apprehension and fear of social repercussions, including misunderstandings, damaged reputations and ridicule. Consequently, this fosters seclusion and withdrawal. Nonetheless, online social groups support individuals impacted by SP, who can engage, share experiences and gain support from other experiencers.

Stigma and the experience of being misunderstood present a considerable challenge for SP experiencers, with empirical data indicating that stigma coming from medical and social spheres compounds the sense of isolation felt by experiencers. Consequently, it is not unexpected that participants found self-help strategies to manage SP, some of which are ratified in academic studies (Johnson, 2023; Cheyne, 2002; Jalal et al., 2020). This evidence emphasises the broader societal need for increased awareness, understanding, and

acceptance of SP. This is a central part of the discussion in Chapter Seven, as revisions to the phenomenology of SP and broader societal understanding will aid both academic and public understanding.

## **Chapter Seven: Conclusion**

### **Introduction**

The objective of this study was to gain an in-depth understanding of the SP experience and consider the implications of these findings for how we conceptualise and define SP. It recognised the dominant neuroscientific approach to SP and aimed to bridge the gap between it and the spiritual, paranormal and otherworldly accounts from experiencers. This study offers a rich and in-depth analysis of the lived experience of individuals who have SP episodes, analysing how they perceive, manage and make sense of their experiences and the impact that it has on their lives, with the intention that a revised phenomenology would support experiencers within medical and social environments and contribute to expanding our understanding of SP and its implications.

The study adopted a multifaceted approach that included interviewing people who had experienced three or more SP episodes alongside the integration of extracts from my AE. The dual methodology culminated in a body of rich, nuanced, comprehensive data, shedding new light on the phenomenon of SP and suggesting it should be understood in significantly different terms to its current contemporary framing.

This concluding chapter begins by exploring the main findings and contributions of the study, focusing on SP as a spiritual, metaphysical, and transcendental phenomenon that impacts the sleep state and everyday lives of experiencers. It acknowledges the history of SP, from its early connection with mythology to its current positioning as a neurological disorder, highlighting the impact of historical events on what we traditionally understand the phenomena to be. This foundation is central to expanding and revising the current phenomenology and social understanding of its features and impact. The chapter then argues for a broader understanding of SP, integrating spiritual and supernatural aspects as core experiential features. This direct relationship has been generally neglected in scholarly texts. I will then expand on the methodological approaches used in the study, examining both the successes and challenges of these. I will also explore how my role as an SP experiencer has impacted the study and how completing it has affected me personally. This

is then followed by final reflections on the gaps in existing research and the overlapping of SP with other anomalous phenomena, suggesting recommendations for further research areas.

### **Review of Major Findings**

The study has illuminated several pivotal findings that challenge and expand upon the traditional understanding of SP, supporting a new framework drawn on the data from the interviews and AE, alongside engagement with the existing literature. The findings are organised below into themes that collectively contribute to a comprehensive re-evaluation of the phenomenon, not only within the academic community but also across broader societal and cultural contexts. This will help facilitate a reframing of SP from what is academically and medically seen as a neurological disorder to one that encompasses spiritual, metaphysical and paranormal aspects. This shift can markedly influence many aspects of societal discourse and practice. These themes and their respective findings are discussed below.

#### ***The Historical Impact of Events on the Traditional Understanding of Sleep Paralysis and the Diversity of Contemporary Experiences***

The historical analysis of SP in the introduction and literature review chapters found that perceptions of SP have been cyclical, with an extended period of mystical and spiritual interpretations followed by scientific explanations that attempted to subdue the spiritual perspective. With the findings from this study pointing towards spiritual and paranormal aspects, individuals are drawing on these kinds of framings, even if the ‘scientific’ frameworks dominate more formally. This study presents a deeper understanding of the anomalous phenomena experienced during SP, allowing for further exploration by the academic community and experiencers.

The characteristics of the SP experience have informed this cyclical shift, with individuals in the study discussing the same anomalous phenomena and entities discussed before the Enlightenment period, when it became pathological, if not heretical, to openly state that it had been experienced (Hufford, 2005b). Therefore, it is understandable that a substantial amount of scholarly literature that analysed SP from the perspective of it being a

neuropsychological disorder is to be found. Despite this, the findings of this study have demonstrated that SP is far more diverse than what is understood through the scientific lens of ‘sleep paralysis’, a term which captured only the physiological aspects of the phenomenon and further endorsed its medical categorisation as a sleep disorder.

Folklore traditions worldwide have persisted in representing SP as ‘demonic’ and ‘evil’, which is embedded in its etymology (see Appendix 1). The findings of this study have also supported these experiential and etymological traditions, with participants’ experiences and language sharing the same features. Considering the persistent references to ‘entities’ and otherworldliness made by participants in the study, the inevitability of the conclusion that SP is an experience which engages paranormal and spiritual phenomena cannot be dismissed. The study has shown similarities in the entities experienced across diverse cultures, pointing towards an external phenomenon experienced cross-culturally rather than a culturally specific experience or one that is produced at will.

It has been 42 years since Hufford (1982) first compiled a list of primary and secondary features of SP, based on his work in Newfoundland (Appendix 3), and whilst his list of features remains consistent with those found in this study, this research has identified several additional experiential and societal phenomena listed in Fig. 7 below:

	<b>Characteristics and Features of Sleep Paralysis Identified in the Study</b>
<b>1.</b>	<b>Immediately Before the Episode</b>
	Sonic cues precede or announce the experience, e.g. a high-pitched sound
	Lowering of temperature in the room
	Room changes ‘frequency’
<b>2.</b>	<b>During Sleep Paralysis</b>
<b>2a.</b>	<b>Sensory Perception</b>
	Waking up in an environment that feels real
	Waking up in the same environment that the individual went to sleep in

	Body buzzes
	Humming felt in the mind
<b>2b.</b>	<b>Negative Experiences</b>
	Body paralysis / Unable to move or speak / Can move eyes
	Seeing, feeling, hearing, sensing a presence
	Sensing an overwhelming feeling of fear and foreboding / Anticipatory Fear
	Feeling terror and fear
	Crushing pressure on the body/chest
	Feeling like death is imminent
	Malevolent entity
	Fear created through sound, touch
<b>2c.</b>	<b>Altered States of Consciousness</b>
	Out-of-body experiences/ Astral projection / Flying / Light body
	More than one version of the self, observing and experiencing at the same time
	Lucid dreaming – the awareness that you are in a ‘dream’ state which can be controlled
<b>2d.</b>	<b>Non-Physical Communication</b>
	Telepathy between the individual and the entity/non-human intelligence
	The entity/non-human intelligence can hear and respond to the thoughts of the individual
<b>2e.</b>	<b>Positive Experience</b>
	Feelings of bliss
	Transcendence
	Feeling empowered
<b>2f.</b>	<b>Locations Traversed</b>



	Tunnels and light tunnels
	Different planets
	Different dimensions
<b>2g.</b>	<b>Encounters</b>
	Spiritual beings / Higher beings/ Guardian angels / Angels / Loving entities / Spirit guides / Spirit team
	Higher self / Light body
	Dark entities / Gargoyle bats – glowing orange eyes / Beasts / Demons, e.g. resembling Anubis / Incubus / Shadow entities / Shadow or mist that can take solid form
	Different people that they knew / Friends / Family members
	The entity looks like the individual
	Light that is conscious
	Engaging themselves in a different role / parallel life
<b>2h.</b>	<b>Actions by Entities/Non-Human Intelligence</b>
	<b>Positive</b>
	Physical healing on the individual
	Helps with leaving the body
	Light transforming an entity positively
	Protecting the individual from other entities
	Warning the individual of danger
	<b>Negative</b>
	Creating fear-based situations
	Slow movements, e.g. feeling a hand slowing moving up the leg
	Changing shape and form
	Manipulation, taunting, e.g. to open your eyes
	Rape
	Sexual intimidation
	Fighting the individual

	<b>Wake State Experiences</b>
<b>3. 3a.</b>	<b>Positive Experiences</b>
	Feels gifted
	Knowing that there is more than the physical existence
	Transcendence
	Empowerment and agency
	Feeling special/Selected/Chosen to have SP
	Psychic abilities, including precognition, remote viewing, sensitivities
	Looking forward to the next episode
	Curious to know more
	A heightened awareness of multiple dimensions that exist around them
	People who experience SP play a larger role for humanity
	Wisdom and knowledge
	Gratitude for having SP
	Feeling powerful
	Knowing that you can disable the 'self/spirit' from the body
	Death is not final - it is a progression
	Recognising the living of dual, multiple, simultaneous lives
	A connection to something that is much more than what is experienced
	Confirmation of information received during SP – Precognition
	Community involvement for support – Not mainstream
<b>3b.</b>	<b>Negative Experiences</b>
	Feeling abused / Victimised
	Physical injury that took place during sleep is felt when awake
	Fear of sleeping / Avoiding sleep / Feeling guilt for falling asleep
	Feeling stigmatised
	SP is not only restricted to sleep – the entities are felt whilst awake
	Previous exposure to paranormal activity during childhood

	A societal lack of understanding about unexplainable phenomena and the need to confine it to something explainable
	Introversion/shy/withdrawn/loner/dark humour
	Guardedness
	Discernment in choosing individuals to closely associate with
	Feeling traumatised for a few days after the episode
	Keeping the experience to themselves / unable to share / hidden secret
	Being ridiculed and laughed at
	Inability to function 'normally'
	Experiencing a changed reality
	Being misunderstood
	Confusion upon waking up
	Dismissal from others as a bad dream
	Openly interpreted by others as an engagement with ghosts
	Being called or thought of as crazy
	Being different to others
	Conflict re. medical/spiritual explanation
	Lack of confidence in medical approach
	Negative impact on mental health
	Feeling cursed
	Feeling that 'they' are still there during the wake state (potentially linked to an awareness of different dimensional states)

**Figure 7.** Characteristics and Features of Sleep Paralysis Identified in the Study

Fig. 7 identifies the complex range of phenomena that occurs during and after the experience, daily in the lives of experiencers. It communicates the breadth of the experience and the very diverse positive and negative impacts that it can have on the human psyche. With this list of phenomena, it is easy to understand why many

experiencers view the experience through a spiritual or metaphysical lens and are careful with whom they disclose their experience.

The findings listed in the table differ significantly in scope and depth to those of Hufford's (1982) list (see Appendix 3). Fig. 7 presents a more nuanced and comprehensive account of the SP experience, capturing a broader range of sensory, psychological, and metaphysical phenomena. This list introduces elements beyond the traditional understanding, such as sonic cues before the episode, changes in room frequency that can be palpably felt, and sensory perceptions like the body buzzing and the humming felt in the mind. It also incorporates as part of the SP experience altered states of consciousness, non-physical communication, and encounters with various entities, including spiritual beings and malevolent entities, which are often associated with paranormal or supernatural interpretations of SP. These findings expand on the emotional and psychological impacts during and after the episode, highlighting positive and negative experiences and suggesting a more complex interplay between consciousness and the SP phenomenon. The findings suggest spiritual and psychic aspects and acknowledge societal misunderstandings and stigma. Hufford (1982) provided a foundational understanding of SP, endorsing the traditional view of SP often represented in clinical and general studies of SP. The new findings offer a richer, more detailed understanding of SP that integrates paranormal, spiritual, metaphysical and sociological dimensions into the experience.

This array of phenomena has been traditionally dismissed as hallucinatory by the scientific community (Cheyne and Girard, 2009; Sharpless, 2016; Molendijk et al., 2022; Cheyne and Girard, 2004; Liu et al., 2018), which, given the data, is an extreme response to an individual seeking validation, particularly when, as stated throughout this study, there are no conclusive causal factors for experiencing SP. However, it could be argued that the hallucinatory perspective of SP is expected due to the scientific dominance over spiritual causations, which helps with rationalising the experience. It should also be highlighted that no term accurately captures an experience that is neither a dream nor a hallucination. It feels perceptually real and defies everyday scientific laws that conflict with its 'realness', causing the individual to be confused upon waking. It is an experience independent of

cultural influences and unique to the individual, with experiential commonalities across cultures and the consistent feature of fear being experienced.

Consequently, society often resorts to terms like "dream" or "hallucination," which fail to convey the entire nature of the experience. Attempts to rationalise the experience by attributing them to a hallucination, a pathological condition or an individual disorder are the dominant institutional responses to SP, as the rational and scientific models have no space to make sense of the experiences' 'realness'. There is a dire need for a framework that can accommodate the potentiality of SP beyond the scientific explanation and allow for an alternative rationalisation.

Within this framework exists the ontological debate relating to the nature of reality, which has surfaced in this study, beginning with Tracy's (1) extract in Chapter Four. Participants in the study believed that their experiences were real, and whilst the subjective experience and perception are the focus of this study, the notion of what constitutes 'real' is also important. Ontologically, the phenomenon of SP raises fundamental questions about the boundary between subjective and objective reality. Participants' accounts suggest that the subjective nature of SP blurs the line between what is considered "real" and what is not.

Scholars such as Ritchie (1892) have explored the idea that subjective experience, even when it cannot be objectively verified, holds a form of reality that is undeniable to the experiencer. In the case of SP, the features experienced suggest that perception itself is a reality, even if it does not correspond to the physical world as understood by mainstream science. The study's findings support a view that aligns with phenomenological and existential perspectives, emphasising the importance of individual perception as a legitimate form of reality.

Regardless of the reality debate, the SP experience, leaves many experiencers hesitant to speak about their experiences, often due to concerns about being misunderstood or stigmatised due to the scientific explanations that have trivialised spiritual or supernatural ones. This study demonstrates that this paradox of the SP experience is due to society's focus on scientific explanations and unwillingness to conceptually adapt to anything outside

of it. Simply put, society is not ready to accept the totality of the SP experience without it making sense scientifically, and as this study has shown, science has not caught up with the anomalous phenomena that take place during SP, to the detriment of experiencers who are having experiences that are out of place in a scientific culture. To some extent, this is comparable to the Enlightenment period, where experiencers suppressed their experiences out of fear of being associated with witchcraft. Today, the fear of being stigmatised and 'labelled as crazy' continues to contribute to the suppression of the experience. However, it is anticipated that the broader phenomenology of SP identified by the study could help facilitate the scientific community's understanding of the phenomena and the everyday understanding of SP, ensuring that experiencers are supported.

### ***The Terminology and Language of Sleep Paralysis***

The language of spirituality used by SP experiencers is another significant finding in the study. The importance of this finding is twofold. Firstly, it demonstrates that SP experiencers use a specific language to communicate their experiences to others who have had the experience (including myself as the interviewer). In doing so, they convey the features of the experience without detailing them explicitly. Both parties share the language whilst discussing the experience. This language is underpinned by spiritual terms and interpretive repertoires (Potter and Wetherell, 1987), regardless of whether the individual explicitly identifies as being spiritual or having spiritual values or beliefs. This finding helps to highlight why there is often a lack of understanding of SP by persons who have not had the experience, as they sit outside this shared repertoire of language and because the SP experience is extremely difficult to articulate and describe, particularly to those who do not share in the experience. This causes experiencers to find support in online groups and communities, where other experiencers share and discuss the experience collectively. There are implications for this finding, as what I have termed the language of spirituality is only accessible to SP experiencers. Whilst individuals who haven't experienced SP can generally follow and understand what is being described by those who have, the language available often falls short in fully conveying the depth of the experience. This forces experiencers to fit their descriptions into limited language, which doesn't entirely capture the complexity of what they go through. As previously discussed, this can be

addressed by revising the general understanding of what constitutes SP. The expanded phenomenology of SP and its wider acceptance would ensure that the SP features and its impact on lives are recognised, understood and supported more widely.

Secondly, and perhaps more significantly, the study found that the term 'sleep paralysis' does not adequately reflect the full experience, which compounds the lack of understanding from non-experiencers. SP involves far more than just paralysis during sleep. It encompasses seeing entities, telepathic engagements, the receiving of messages, psychic abilities, etc. (see Fig 7), which contradict everyday scientific laws. The term SP was coined based on physical 'scientific' features identified during the 1920s, following the suppression of 'spirit' associated with Modernity (Hufford, 2005b). The terminology has not been updated to facilitate this new understanding of the features, leading to misunderstandings and a lack of comprehensive terminology to describe the unique nature of the experience.

Additionally, as this study demonstrates, spirituality's views, attitudes and language are not reserved for those who partake in spiritual activities. SP highlights that 'spiritual', 'supernatural', 'otherworldly', 'paranormal' and 'metaphysical' themes are overlapping concepts contained within the singular SP experience, demonstrating the need for a broader form of conceptual understanding that can provide a holistic framework for understanding the SP experience through a social scientific lens.

Consequently, today's understanding of SP is based on outdated features that create confusion when experiencers discuss various anomalous phenomena. The findings have highlighted the need for a linguistic framework to support the shared understanding of the diversity of SP. 'Sleep paralysis' is no longer satisfactory in articulating SP experientially, considering the list of features that the study has identified and its subsequent impact on the lived experience. Based on my work, the experience has physical, spiritual, paranormal and metaphysical aspects. Experiencers refer to sensory experiences outside the scope of our current scientific understanding, where the rules of physicality and space do not apply. They have OBEs, LD and AP and can experience the sensation of being in multiple places simultaneously. They can experience a reality that feels real, like waking life, but they exist within and outside of it, as whilst sleeping, they can hear and see what is going on around

them in their natural setting. These features point to the expanded term Extraordinary Sleep Phenomena (ESP), which more aptly conveys the breadth of the experience, shifting the emphasis away from the paralysis aspect of ESP to the broader extraordinary phenomena. ESP, as the respective term, combined with the revised phenomenology, would ensure that the experience is communicated to include the anomalous phenomena and their transcendental and other impacts experienced upon waking.

### ***The Supernatural and Paranormal Aspects of Extraordinary Sleep Phenomena***

As demonstrated in Fig. 7, the findings reveal that ESP is far more complex than the traditional descriptions of feelings of dread caused by an evil hallucination. It includes a range of anomalous experiences that are currently unexplainable within our existing scientific framework. It is firmly situated within the domains of the supernatural, paranormal and metaphysical phenomena, which cannot be explained by existing scientific models. The consistency and type of the phenomena experienced during ESP support this conclusion, which, ironically, was stated over 4000 years ago, according to Cox (2015), with the demon succubus and its connection with the 'night-mare'. There is, however, a leap to be made for the social acceptance of ESPs representing supernatural phenomena, yet the data presented in the study points to this conclusion. The social acceptance of the ESP being supernatural in origin is outside of the scope of this study; notwithstanding, the data presented points to the existence of supernatural, paranormal phenomena engaged during sleep.

The study showed that psychic abilities and 'sensitivities' are experienced by those who experience ESP, including messages that are received by persons who have died. This bridges the connection with NDEs (Near Death Experiences), as similarities were found with the NDE and ESP, namely OBEs (Out of Body Experiences), LDs (Lucid Dreaming) and specific ESP features, including the seeing of tunnels, light and 'beings'. Participants had extra sensory abilities, which were impossible to explain scientifically and paranormal activity during the mundane day was cited by experiencers, reinforcing the connection between



ESPs and the supernatural, showing how ESP bleeds into wakefulness and lived everyday realities.

### ***The Lived Experience of Extraordinary Sleep Phenomena***

It has been stated several times throughout the study that there is a gap in understanding ESPs from a sociological perspective. A lack of scholarly research that examines the phenomena sociologically was found, with most of the research focused on the medical perspective (American Academy of Sleep Medicine, 2014; Jalal and Ramachandran, 2017; Johnson, 2023; Jalal, 2018). This has also contributed to societal misunderstandings, as the findings have shown that ESP impacts mundane daily activities, affecting the experiencer's overall well-being. The first of these is the reluctance to disclose their experiences within social circles and the medical environment as stigma may be experienced due to the association with hallucinations, evil, and demons, which, as shown in Chapter One, has its roots in historical periods, perceptions and events. The second area of everyday lived experience that ESP impacts is the identity of the experiencer. The findings suggest that ESP does not change the individual's identity. It forms it. This finding is based on the various phenomena that the experiencer encounters during the episode, which impact and shape their identity, either negatively, whereby the individual is withdrawn, a loner and sullen, and/or positively, where transcendent experiences influence and shape how the individual perceives the universe and their role within it.

The study also found that some ESP experiencers felt empowered, 'special', and 'spiritually' advanced compared to non-ESP experiencers, and they believed that they were gifted to have ESP. The transcendental features left experiencers feeling that they had had an ineffable experience beyond the 'everyday', which impacted who they were and what they believed themselves to be. They awoke knowing there was more to their physical existence than they previously believed. What this consisted of, they did not know. This significant finding moves the ESP experience from the traditional negative or fear-based experience to one of wonderment and confusion upon waking, having experienced a different 'reality' and a profound sense that they had taken part in an experience that confounded their logic.

The final aspect of the lived experience found in the study was the importance of social media platforms for experiencers to access a community of persons who share the experience. Within these communities, they can express themselves and provide and receive support. The role of these platforms, which was primarily Reddit, should not be understated, as given the current narrow perception of ESPs, it is within these communities that support can be gained, and the sharing of the language associated with ESP takes place. However, it should be noted that most of the participants were recruited through social media, so the participants' endorsement of specific social media platforms is to be expected, as well as the impact of their endorsement on the findings.

The overall research aim, which was to explore how a greater understanding of how people manage and make sense of their ESP experiences might enhance our conceptualisation of this phenomenon from the lived experience perspective, was thoroughly addressed, and whilst the answers have raised additional questions, valuable and rich insights have been gained, establishing a platform on which further research can take place

In summary, the key sociological findings in the study are that ESP needs to be understood as a sociological phenomenon and that the current framework used for understanding ESP needs to be expanded. The existing neurological and psychological model limits ESP to a purely physical or psychological phenomenon, overlooking the diverse, subjective experiences that include sensory anomalies and encounters with perceived forms of non-human intelligence reported by individuals. Additionally, this narrow framework does not account for the cultural, social, and linguistic dimensions significantly influencing how ESP is experienced and understood. Expanding this framework and the sociological understanding of the phenomenon is essential to capturing the full complexity of ESP.

Additionally, the language used by experiencers fails to adequately describe these experiences, reflecting a broader sociological issue where individuals are forced to fit complex, non-ordinary experiences into culturally accepted explanations that may not capture the full breadth of their reality. Whilst a unique language of spirituality was identified and used by experiencers, the inability of a language to fully convey the

complexity of these experiences can leave individuals feeling misunderstood and isolated, highlighting a gap between personal experience and societal validation.

Sociological themes and findings related to agency, empowerment, stigma, identity, belief, negotiating transformative experience, making sense of (and managing scepticism of claims for) marginal experience, and challenging prevailing norms that may not fit into current scientific paradigms are also interwoven throughout the study.

For interview questions that had findings included in the study, the following findings were identified:

1. What are the features of the SP experience?

The extended and consistent list of features and characteristics identified (Fig. 7) provides a broader phenomenology of the experience, with features that overlap with those of the NDE (near-death experience). The perception of non-human intelligence can accompany the experience in a range of different guises, for example, the incubus, deceased loved ones and spirit entities, and positive aspects can also be experienced, including transcendence, empowerment, feeling special, gifted and spiritually advanced. Beliefs related to the supernatural and engaging in spiritual activities are not determinants of whether ESP will occur. This expanded phenomenology of ESP extends our knowledge by demonstrating that ESP is not merely characterised by paralysis and fear but a complex anomalous experience that intersects with spiritual, existential, psychological, sociological and cultural dimensions, recognising the positive well-being and transcendental aspects.

2. To what extent and in what ways are experiencers required to negotiate and manage stigma around their ESP?

The data found that participants experienced a sense of social isolation and fear of being misunderstood and stigmatised. They are hesitant to share their experiences due to concerns that they would be seen as 'crazy' or that their experiences would be dismissed. This impacted their social environments and those which were health-related, including medical help-seeking encounters. Building on this knowledge, the findings extend our understanding of how stigma and the fear of being misunderstood affect individuals beyond

the immediate experience. It demonstrates that stigma not only isolates individuals socially but also creates barriers to accessing healthcare, as the fear of disbelief or misunderstanding leads to avoidance of professional help. This insight adds depth to the existing understanding of the social consequences of ESP, addressing a gap in the literature concerning how such experiences intersect with health-seeking behaviours and social well-being. By highlighting these impacts, the findings suggest the need for greater sensitivity and education in medical and social contexts to better support individuals experiencing ESP.

### 3. To what extent has sleep paralysis impacted experiencers' self-identity and notion of the self?

The negative impact of ESP on self-identity was significant, as participants reported that their experiences with ESP had reshaped how they viewed themselves; for example, Devon (1) in Chapter Six, stated that he became shy and introverted, and his humour became darker. The nature of the anomalous phenomena and the feelings of transcendence led some participants to reconsider their notion of self, with many reflecting on existential aspects of who or what they are, including the positive aspect of feeling 'gifted'.

### 4. How do people make sense of, rationalise and speak about their ESP experiences?

ESP experiences were rationalised and discussed as spiritual, metaphysical, neurological, or extraterrestrial (or non-human) engagements. The lack of a framework to explain the phenomena contributed to individuals determining their own way of making sense of the experience. This finding is significant as it highlights the diversity and subjectivity involved in interpreting ESP, demonstrating that without a structured explanation, people draw upon a variety of cultural, spiritual, and scientific narratives to understand their experiences. This insight is novel as it moves beyond clinical or purely neurological explanations, revealing how personal and cultural factors shape meaning making.

Moreover, this research contributes to existing scholarly literature by illuminating the complexity of ESP as an experience that sits at the intersection of science, spirituality, and culture. It underscores the need for more inclusive frameworks that integrate these diverse perspectives rather than isolating ESP as solely a medical or psychological phenomenon. By showing how individuals adapt and apply different belief systems to make sense of their ESP,

the study opens new avenues for understanding how ESP is contextualised and processed within various social and cultural backgrounds. This contributes to broader discussions about the role of cultural, spiritual and personal narratives in the interpretation of ESP, thus filling a gap in both psychological and sociological research on ESP.

5. What routines, strategies and practices do experiencers adopt to manage their ESP? The importance of social media platforms where experiencers can receive and give support was utilised, with some individuals deliberately inducing AP (astral projection) and consequently experiencing ESP. These platforms serve as spaces for support, allowing individuals to share their experiences, validate their perceptions, and receive verification from others with similar experiences. This community validation helps to contextualise their experiences, reducing feelings of isolation.

For the ongoing management of ESP, a range of approaches were found, ranging from praying to sleeping in a specific position. These approaches are culturally embedded with different cultures using different methods. For example, Chinese experiencers may visit temples for support (Hsieh et al., 2010), whilst Italians believe that placing a broom by the door with sand on the bed could help prevent ESP (Jalal, Romanelli and Hinton, 2015).

More broadly, the findings demonstrated that the term 'sleep paralysis' is outdated. It focuses only on the biological and scientific aspects of 'sleep' and 'paralysis,' leading to the need for a revised framework. It also found that the persistence of folklore traditions and the etymology of 'sleep paralysis' convey aspects related to the sensation of crushing, different types of entities, pervasive evil and fear, and spiritual beings, highlighting commonalities in the experience worldwide. This study also highlighted the cyclical nature of understanding the phenomenon over time, moving from a spiritual experience to a scientific condition historically, to what is now suggested to be a spiritual phenomenon, with the opportunity to blend the physiological data gathered about the different sleep stages and the physical paralysis. By acknowledging the cyclical shifts in understanding ESP, this study suggests that this blending can provide a more comprehensive and nuanced exploration of ESP that honours the empirical evidence while also recognising the deeply personal, often transformative, nature of ESP.

The study has facilitated findings that challenge existing approaches to ESP, establishing a broader phenomenology that, if developed further, could provide opportunities for experiencers to gain support and understanding about their experiences. In the following section, the supernatural aspect of ESP is discussed.

### **Expanding Perspectives and Integrating the Spiritual, Supernatural, and Experiential**

The Introduction (Chapter One) and Literature Review (Chapter Two) have charted the historical stages that led up to the current scientific era, which reduces the supernatural element of ESP. There is overwhelming evidence to support the supernatural perspective of ESP, which has remained consistent experientially for thousands of years (Cox, 2015; Gordon, 2015; Davies, 2003) and was expressed similarly by the participants in the study and myself. Whilst the experience has mysterious and frightening qualities, Fig. 7 shows that there is scope for these findings to be integrated with scientific findings, such as the role of various sleep stages and the physiological paralysis that takes place, utilising a multidisciplinary model. Both approaches are equally evidenced to support their blending into a broader phenomenology, establishing a powerful platform for further research. As stated previously, there is no conclusive cause for ESP, but what is evident are the physiological responses, the sleep stage information, the experiential data and the societal perspectives that have prevented the discourse from being taken seriously to the extent that propositions relating to supernatural events being ontologically real are defined as 'irrational'. Mackian (2012) argues that there is reluctance within discourse to engage with subjects pertaining to otherworldly themes explicitly, stating that there is a 'distinct lack of attention given to the 'mystery' or 'otherworldliness' of such spiritualities, and how this may affect the everyday world as we know it' (p. 2). The limited amount of scholarly work related to ESP from a spiritual perspective exemplifies this 'lack of attention'.

A willingness from the academic community to explore, analyse and pursue answers to the questions raised by this study is necessary to move forward.

Themes related to 'evil' entities, witchcraft, telepathy and the intentional creation of fear have been presented in the data through the lived experiences of participants who may or may not have beliefs related to the supernatural, demonstrating that prior belief systems do not influence the experience. This highlights that the experience has aspects which relate to paranormal and supernatural phenomena, which have been overshadowed by the neuropsychological reductionist approach, which has attempted to ignore the existence of supernatural phenomena.

However, whilst belief in the supernatural is not a factor in having the experience, the evidence presented in the Literature Review from Goldstein et al. (2007) and others clearly shows that widespread belief in the supernatural persists and is widely acknowledged and accepted in the Western world. According to Goldstein et al. (2007), the question that should be asked is, 'Why have we for so long overlooked the extent of contemporary belief in the supernatural?' (p.66), stating that as a result of the historical thinking associated with religion and science, the social sciences have:

Created a notion of supernatural belief as antithetical to modern thought and, therefore destined for imminent demise. The usual expectation among North American intellectuals is that anyone who believes in "science" will not believe in such phenomena as ghosts, spirits, or witches. (p. 64)

Furthermore, McCain and Segal (1969), whilst discussing witches and belief at the start of their book, states:

Why don't you believe in witches? That question may seem ridiculous— but our ancestors, who were probably as bright as we are, did believe in them and acted accordingly. Why are we so different and superior? The evidence for or against witches is no better than it was 400 years ago. For us, it is almost impossible to believe in witches; for our ancestors, it was equally difficult to deny their existence. Our new beliefs exist, in part, due to the development of "scientific attitudes." (1969, p.3)

These opening sentences by McCain and Segal (1969) convey the attitude that has prevented research in ESP from a supernatural perspective. Although the extract refers to

witches, it could be attributed to ESP. Hunter (2015) suggests that we should move away from 'why' questions and ask 'how' instead to explore the processes involved and, by doing so, bypass ontological questions. I argue for the direct asking of ontological questions such as: What is the nature of reality during ESP? What is the nature of consciousness during ESP? And do the entities encountered during ESP have an independent existence? Whilst it has been beyond the scope of this study to address such questions, the rich narratives of participants suggest that we should be asking these questions, particularly those related to the nature of reality and that there is much more within this area that could be explored.

Research on ESP does not typically involve experiencers directly, meaning that their voices and lived experiences of ESP are often hidden or overlooked. This highlights the ongoing and pressing need to hear more from experiencers about how they interpret and understand their experiences. This study is a forerunner to this approach, proving it to be successful, educational and enlightening, with answers that have revealed additional anomalous phenomena as a part of ESP and highlighted how experiencers of ESP manage and make sense of ESP as part of their everyday lives.

A final concluding point in this section relates to the range of terms used throughout the study to capture the supernatural aspect of the phenomena. Terms such as paranormal, otherworldly, mystical, metaphysical, and spiritual have been used interchangeably throughout this study by the participants and me, which points to a linguistic gap in adequately communicating ESP. A blending of these terms is needed to capture the essence of the experience, which is an aspect of each of these terms. For instance, while the experience possesses metaphysical and spiritual dimensions, it is not exclusively confined to either. This gap in terminology has contributed to confusion in communicating the experience. Further linguistic analysis of the language used to convey the overall experience would provide a clearer conceptual understanding of the phenomena. In the following section, reflections on the methodology are discussed.



## **Methodological Reflections**

As an experiencer of ESP since my early twenties, it has had a profound impact on my life. It is an intrinsic part of who I am, shaping my mundane daily experiences and expectations of sleep, an activity generally taken for granted. The episodes created a vacuum in my life. A private space where I was unable to communicate the experiences as I believed that no one understood them and the trauma they created. I was alone with my experiences, apart from my casual engagement on social media platforms, which served to remind me of the experiences that I faced. I am what I call a chronic ESP experiencer, with episodes occurring at their peak a few years ago 3-4 times each week, several times during the night. I would sometimes awaken, having had an episode and fall back asleep only to continue from where I had left off. With 'professional' educational information suggesting that the episodes were 'hallucinations' and possible symptoms of a mental health disorder, my feelings of isolation were compounded by my intuitive knowing that the experiences were some form of spiritual or supernatural engagement that was 'real'. Upon reflection, whilst the episodes impacted my mental well-being, there was never any doubt that I was not going 'crazy' or that I did not have some form of neurological disorder despite my strange visit to the doctor.

It was my assumption before undertaking the study that I was part of a small minority of experiencers who viewed the experiences from this perspective. It was enlightening to hear that others viewed their experiences the same way I did and that there was a consistent thread of the same experience with everyone I spoke to. I also noted that we had normalised the experiences, often personalising the entities, referring to them as 'they', 'he' or 'it' and spoke to each other naturally as we conversed with these pronouns, which we both understood.

Even more reassuring was that this was not due to having shared beliefs, similar backgrounds or interests in spirituality. It was evident in the universal language we used to convey the experience. Through this language, valuable knowledge was shared, unlocking experiences that have remained consistent for over two millennia. Overall, researching ESP from the perspective of an experiencer was an extremely empowering opportunity, with outcomes that can contribute to understanding the nature of ESP.

As a researcher, completing this study has been an experience of personal growth. The phenomenon has been uniquely articulated by the participants and me in a way that brings enlightenment to the subject. ESP has been expressed from lived experiences that highlight the complexity of an experience that has been misunderstood for thousands of years. It has provided a forum where progress towards unravelling ESP has occurred to facilitate a new shared understanding. This research process has not only developed my understanding of methodological approaches, it has also given me the confidence to discuss a topic from an unconventional viewpoint, challenging the mainstream perspective.

Given my experience with the topic at the centre of this study, using autoethnographic (AE) techniques was an important approach alongside the traditional qualitative interviews. The advantages of the AE approach, such as 'theoretical freedom' (Braun and Clarke, 2006) and understanding myself as a researcher (Chang, 2008) were fully realised, as I could use my experiences within a theoretical framework. On reflection, this choice worked well, as my experiences were articulated alongside those of the participants, demonstrating a shared experience with similar features, emotions and impact. As participants came from various countries worldwide, this supported the argument that people globally have the same experience with the same features, sharing the same fears and mundane everyday experiences. Although the sample was small, this methodological approach allowed for an intimate focus on the phenomena, resulting in a deeper, richer understanding, which could not have taken place through using an alternative method.

This raises again the importance of speaking to people who experience ESP to gain deeper insights. The AE approach contributed to answering the research questions, as my experiences were directly related, and interestingly, memory and recall of the experiences, despite the controversy related to memory and traumatic experiences (Van Der Kolk, 1998), took place effortlessly as the experiences had left a 'scarred' effect on my memory.

However, the approach raised distinct challenges. Reconciling my role as researcher and experiencer was psychologically problematic, with no clear line differentiating the two roles. It was not until the interviews occurred that this became apparent, highlighting the need to

distinguish the roles. Boundaries between participants and interviewer were constantly reviewed and maintained throughout the interview process as participants shared their experiences. This was done by acknowledging the participants' experience whilst maintaining my focus, actively listening and not relating to their experience unless specifically asked. I maintained professional boundaries, and the interview guide helped with this, as I could use third-person language such as 'some people' when asking questions.

Additionally, my personal bias and perspectives were managed internally, as I listened intently to alternative views, acknowledging my role as a researcher and that I did not want my views to compromise the research data and the participants' views. The positioning of my values and beliefs within the research process was an essential factor that I felt needed to be maintained. Accepting that this is part of the qualitative interview process, yielding rich results was necessary, as well as receiving the therapeutic aspect of the interaction, previously discussed in Chapter Three.

Overall, the methodological challenges were minimal compared to the depth of data that it yielded. There were challenges with the slow, intense recruitment process, which resulted in 29 participants and the meticulous nature of the transcribing, which retrospectively could not have been any different. Should the qualitative aspect of the study be duplicated, the interview guide worked well, and there are limited recruitment options, except for working with a medical institution where patients experiencing ESP are regularly seen. It is understandably challenging to engage experiencers due to the points previously raised around stigma and disclosure.

There was one particularly challenging thematic aspect. Whilst the themes used throughout the study worked well and built on the pilot study's findings, several themes were often found in clusters within an experience, making it challenging to exclude others when discussing a singular aspect. For example, when talking about an experience of ESP, themes related to entities, sound, sensations, communication, embodiment, emotions, etc, would arise. The overall experience in this example contained six sub-themes. This supports Jnanathapaswi (2021), who suggests that themes are grouped into categories. Whilst this is accurate theoretically, it was impossible to group the themes as they emerged through the

manual transcribing process. To some extent, themes and sub-themes emerged as an ongoing process. In the example given, themes such as sound could also be broken down into additional sub-themes to include different types of sound. Entities could have sub-themes relating to the various types of entities and so on. On a more positive note, now that this study has been completed, there is a foundation for building more research. Themes have been identified, and the list of characteristics and features (Fig. 7) allows for more analysis based on what has been identified.

Recognising the sociological impact of ESP on me was also challenging, as the narratives expressed by participants relating to identity, stigma, disclosure and their empowered and transcendental states reflected the ESPs impact on me—an effect which had previously been unacknowledged. Using our 'spiritual language' facilitated a deeper awareness, as the opportunity to discuss ESP in such detail had not arisen before the interviews. Conclusively, we created a shared reality that contradicted mainstream perspectives and people, including friends and family members, laying the foundations for future research, which is discussed in detail in the following section.

### **Implications for future research**

The historical events discussed in Chapter One that have shaped today's interpretation of ESP are fundamental to realising the steps that led to the scientific and spiritual views that are currently held. These historical events have led to today's rejection of the 'spirit' as a 'real' phenomenon, suggesting that this study will challenge the academic community's status quo. The findings constitute a significant shift in the collective understanding of ESP, with far-reaching potentials medically and sociologically, in the lives of experiencers and the fields of spirituality, neurology, psychology, and metaphysics. This study marks the emergence of a new framework in the study of ESP, conclusively demonstrating the ways in which experiencers of ESP centre the spiritual and paranormal aspects over those scientifically rooted in neurological and psychological theories.

To determine directions for future research, this section reflects on existing gaps by focusing on three central themes that emerged through the data that warrant further investigation:

(1) advancing the understanding and conceptualisation of extraordinary sleep phenomena, (2) the boundaries of human consciousness and (3) the positive aspects of extraordinary sleep phenomena. The gaps identified create limitations in terms of improving the societal perception of ESP, the subsequent reception and support that ESP experiencers receive upon disclosure and perhaps more significantly, they hinder our knowledge and understanding of paranormal phenomena, which, as highlighted in the study, has the potential to impact health and well-being positively. Recommendations and avenues for further research are therefore proposed throughout this section, whilst also considering how ESP can be positioned across different disciplinary areas.

### ***Advancing the Understanding and Conceptualisation of Extraordinary Sleep Phenomena***

The first of these themes prioritises advancing the understanding and conceptualisation of ESP within society generally and, more specifically, medical institutions. The literature review has shown the impact of historical periods and events on today's understanding of ESP. The data presented in the study shows how this understanding is grossly outdated due in part to the limited amount of research that has been undertaken from perspectives that are not related to neurology, physiology or psychology, the academic community's reluctance to examine phenomena that is 'otherworldly', the stigma associated with the phenomena and the general lack of knowledge related to what ESP is and the impact that it can have on lives. There is an urgent need to redress these challenges, redefine societal perceptions and challenge the existing conceptual framework, thereby creating new theoretical constructs. The current interpretation of what constitutes ESP is narrow and simplistic, inadequately representing what is a far more complex phenomenon. The benefits of this approach outweigh those provided by the outdated paradigm, acknowledging the positive aspects to the experiencer's support systems and, more broadly, understanding what takes place during ESP as part of the human experience.

Remarkably, the examination of what ESP *is* has been overlooked in favour of focussing on the experiential features. Research that has attempted to examine what ESP consists of is physiologically based sleep research, which has suggested that ESP is a REM (Rapid Eye Movement) disorder that is possibly neurologically based (Cheyne and Girard, 2009;

Sharpless, 2016; Cheyne and Girard, 2004). As stated, there is no evidence to substantiate this conclusion, and the additional occurring phenomena have either been overlooked or dismissed as mere hallucinations. The study has given us an alternative lens to think about ESP outside of reducing it merely to hallucinations. As an experiencer of ESP, I ask the question: If they are not hallucinations, then what are they? Almost no research has been undertaken to examine this question from a non-medical perspective. ESP may or may not be a metaphysical or paranormal experience, but by examining the characteristics of ESP, how and why it manifests in different individuals and correlating factors, headway can be made in determining what ESP is, potentially adding new research to the fields of folklore, the paranormal, metaphysics and psychical arenas. Qualitative studies are necessary to provide data to understand the experience and the individuals who experience it. To achieve this, a multidisciplinary research approach is needed. This approach should incorporate insights from various academic fields such as neuroscience, psychology, physiology, metaphysics, spirituality, parapsychology, philosophy, sociology of religion, folklore and cultural studies to develop a holistic understanding of ESP.

The importance of speaking to experiencers has been stated previously. When considering advancing the understanding and conceptualisation of ESP, exploring the nuanced lived experiences of individuals and the diverse impacts of ESP is a fundamental area of further research. By speaking directly to experiencers, as opposed to participants completing questionnaires, researchers will access details in conversations that include descriptions of their episodes, which would otherwise be lost in a survey. The context in which the experience occurs, such as the environment, their emotional state and personal beliefs, can be discussed in spaces where experiencers can safely express their feelings, fears and emotional reactions, and the complex questions about spirituality, embodiment and the metaphysical can be explored.

Examining the extent to which ESP impacts the lives, mental health, and well-being of experiencers, as well as the social implications of having ESP, is a universal concern, particularly as ESP episodes take place globally with an average of 32.5% of the population (e.g. Sharpless and Barber, 2011; Cheyne, Newby-Clark and Rueffer, 1999b; Ohayon et al., 1999; Wing, Lee and Chen, 1994). Understanding how people cope with ESP and the tools

and strategies employed to manage the episodes, including those that are psychological, medical, and spiritual, and their effectiveness, is imperative to understanding and providing solutions to support experiencers. Medical practitioners also need to be aware of the lived experience of ESP and offer treatment methods that align with the experiencer in terms of their beliefs and preconceptions. With the development of various technologies and AI, there are opportunities for innovative approaches to mitigate the effects of ESPs independently or within existing sleep technology. For example, Fitbit watches (and other models) can capture sleep stage data, recording how many hours were slept, the amount of time the individual was in a particular sleep stage, and when the disruptions occurred. AI technology can monitor and analyse episodes in real-time and over time. These aids are excellent for empowering individuals to manage their sleep and record disruptions. For an experiencer of ESP, this technology is a helpful tool that can be utilised. Considering the history of ESP discussed in Chapter One and the various approaches to the phenomena, these developments support its understanding within this modern age using scientific technology.

Conducting long-term longitudinal studies to observe changes in ESP experiences and their impacts over time will also be beneficial in understanding and conceptualising the ESP. ESPs can be observed to determine if and how it evolves and why the frequency or intensity of the episodes change. Triggers and patterns can be identified, and any causal physiological, psychological or environmental relationships can be highlighted. Spiritual and paranormal indicators can be included, and the impact of interventions can be observed over time.

Studies also have the potential to provide validation to experiencers that ESPs, regardless of the approach taken to understand them, to ensure that their health and well-being are taken seriously, not from the perspective of the episodes being a mental health concern that could present safety issues for the individual and others but as significant health-related experiences warranting holistic, interdisciplinary attention. Whilst this aids the normalisation of the experience, it also creates an opportunity to develop a plan for the experiencer to self-manage the phenomena. Additionally, it recognises that trauma has been experienced that needs processing. It is encouraging to note that Farooq and Anjums (2023) have provided information for practitioners in neutrally explaining what 'sleep

paralysis' is and how to counsel patients, but this represents a small part of what should be a much more extensive approach. In the following section, I expand on the exploration of what ESP is by considering areas related to consciousness and their interconnectedness with ESP.

### ***The Boundaries of Human Consciousness***

The data from participants suggests that ESP is interwoven with psychic phenomena, alternative dimensions, and consciousness theories, indicating that participants experienced their consciousness as transcending the physical body and engaging with forms of consciousness beyond their physical perception. Examples of this are demonstrated by the out-of-body experience (OBE ) (Hollier, 2023), the astral projection (AP) phenomena and the entities engaged, implying that alternate forms of consciousness can be engaged during ESP. The ESP accounts reflect an unexpected range of conscious experiences that challenge prevailing notions of the boundaries of consciousness

Overlapping with consciousness themes are near-death experiences (NDEs) (Greyson, 2006) and lucid dreaming (LD) (Campillo-Ferrer et al., 2023), with experiential features of each found within ESP. Research is currently available in each of these as isolated and overlapping phenomena (Campillo-Ferrer et al., 2023; Hollier, 2023) and the ESP should be central to future research in these areas, as OBEs, LD and features of NDE may take place simultaneously within an episode of ESP. The study has highlighted the significant role that these have during an episode of ESP, suggesting that their characteristics, implications and common themes need further research to understand their relationship.

With 'spirituality' consistently mentioned throughout the study, questions are raised relating to the 'spiritual' aspect of the experience. Traditionally, spirituality is associated with 'love, compassion, altruism, life after death, wisdom and truth' (Spencer, 2012, p.1). However, despite using the term 'spiritual' in the study, it does not fully capture the complex array of ESP features. The findings suggest the need for a more nuanced vocabulary encompassing the supernatural, otherworldly, paranormal, metaphysical and transcendent dimensions of ESP. Expanding the term 'spirituality' to include these aspects



could enhance our understanding and support a more comprehensive framework for ESP. It would also support individuals who do not identify themselves as being spiritual with making sense of and communicating their experiences.

### ***The Positive Aspects of Extraordinary Sleep Phenomena***

The data provided in this study examines the lived experience of ESP, which has positive aspects experienced during the episode and those that become apparent in the aftermath. These include experiencing transcendence that has a phenomenal effect on how the individual perceives themselves and the world that they live in. It is important to acknowledge the sense of empowerment that can be experienced during and after the experience as participants used language that related to their sense of empowerment, and the extra-sensory perceptions subtly exposed through mundane daily activities or overtly as deep knowings and precognition. Whilst negative aspects such as those related to sleep deprivation, fear of sleeping, living with trauma and stigma were also found in the study, there are opportunities for further research to build on the positive outcomes, such as transcendence, empowerment, and feeling gifted to have ESP.

The ESP can be used positively to enhance health and well-being. Methods can be developed to harness the experiences, highlighting and extracting the positive aspects rather than focussing on those that are negative. This can lead to enhanced self-efficacy as individuals improve their self-image, self-esteem and belief that they can overcome their challenges, which leads to confidence in handling life's situations and a willingness to take on new opportunities. The development of resilience and coping skills can be fostered, as experiencers have, to some extent, faced terrifying ordeals that can equate to the ability to overcome obstacles in life.

Likewise, experiencing transcendence can profoundly affect the experiencer's spiritual, psychological and emotional well-being, which, with further research, can foster personal transformations and enhance feelings of purpose and satisfaction. These areas provide unique opportunities to explore and develop the spectrum of well-being.

There is extensive research into psychic phenomena, but not from the perspective of it being attained through ESP. This represents a new area of research with numerous individual and collective benefits. The research would validate the sensitivities experienced and contribute to the broader understanding of the phenomenology of ESP. These sensitivities are often overlooked in discourse related to 'sleep paralysis' as the more terrifying aspects are highlighted.

### ***Positioning the Findings Within Other Disciplinary Areas***

#### ***The Study of Non-Human Intelligence***

Throughout the study, terms such as entities, intruders and references to communication with forms of intelligent consciousness have been suggested. Whilst science has presented no evidence supporting non-human intelligence, the data points to participants reporting interactions with different forms of consciousness that are, at the very least, of equal intelligence to ourselves. When discussing the implications of the findings for future research, this particular finding can impact our conceptualisation of interactions with non-human intelligence, elevating the ESP experience beyond the conventional, demanding more academic attention and rigour. The resistance to examining ESP as a spiritual experience from the academic community has been previously discussed. However, the data suggests that interactions and communication take place during sleep, and whether this is initiated by spiritual activity or extraterrestrial sources, some form of non-human interaction occurs, which, as researchers, we are duty-bound to examine.

Fortunately, some academic studies have examined ESP, where it has been linked to the 'alien abduction' or non-human intelligence phenomenon (Sharpless and Barber, 2011; Hufford, 2005b; Groome and Roberts, 2024; Holden and French, 2002) due to the otherworldly nature of the experiences that include a non-human presence. Turner (2008) suggests that very little attention has been given to communication 'between human society and other worlds' (p. 219), with Mackian (2012) suggesting that this is linked 'to the hierarchical structures associated with religion' (p. 61), which the reformation period significantly contributed to.

Of particular attention is the work of Strassman (2000), a clinical psychiatrist and researcher with expertise in psychopharmacology, whose work on the hallucinogenic effects of DMT (a psychedelic drug) produced results which surprised him as he states:

When reviewing my bedside notes, I continually feel surprise in seeing how many of our volunteers “made contact” with “them,” or other beings. At least half did so in one form or another. Research subjects used expressions like “entities,” “beings,” “aliens,” “guides,” and “helpers” to describe them. The “life-forms” looked like clowns, reptiles, mantises, bees, spiders, cacti, and stick figures. It is still startling to see my written records of comments like “There were these beings,” “I was being led,” “They were on me fast.” (p. 157)

These results led him to adopt the approach that they were real events, recognising that this approach gave him the freedom to be empathetic and to ‘see where it led’ (p. 170) regardless of his personal opinion. He admits that: ‘I was neither intellectually nor emotionally prepared for the frequency with which contact with beings occurred in our studies’ (p. 159), and his views regarding the previously discussed reluctance of the academic community to pursue topics which challenge traditional scientific paradigms, he states that for him personally:

It may be that I have such a hard time with these stories because they challenge the prevailing world view, and my own. Our modern approach to reality relies upon waking consciousness, and its extensions of tools and instruments, as the only ways of knowing. If we can’t see, hear, smell, taste, or touch things in our everyday state of mind, or using our technology-amplified senses, it’s not real (p. 157).

There is also a synergy with the work of Strassman (2000) and this study pertaining to the different form of non-human intelligence that are experienced, with Strassman (2000) taking seriously the experiences of his participants in the hope that ‘that these reports will accelerate interest in the nonmaterial realms, using whatever intellectual, intuitive, and technological tools we possess’ (p. 158)

Non-human intelligence and their communication with ESP experiencers is a lesser-known discussion in scholarly literature, with the relationship between ESP and the 'abductee' experience being cited as having similar features (Hufford, 1992; McNally and Clancy, 2005; Spanos et al., 1993; Davies, 2003). Whilst the 'abductee' experience was not explicitly discussed in the study, it is an important inclusion for further research, particularly as the experiences relating to stigmatisation discussed by abductee experiencers are the same as those for individuals who experience ESP and who have experienced non-human phenomena.

Furthermore, reports of UAPs (Unidentified Ariel Phenomena) and the belief in non-human intelligence have been steadily increasing since World War II, with the reporters either being classified as psychologically disturbed or fantasy-prone (Spanos et al., 1993). Features including complete bodily paralysis, terror once awoken in the dream state, the awareness of wakefulness whilst sleeping, seeing some 'thing' dark above them, feelings of levitating off the bed and difficulties discerning the entities in the darkness of the room, have been cited by abductees, with McNally and Clancy (2005) providing us with this abductee experience:

Another female abductee was lying on her back when she woke up in the middle of the night. She was completely paralyzed, and felt electrical vibrations throughout her body. She was sweating, struggling to breathe, and felt her heart pounding in terror. When she opened her eyes, she saw an insect like alien being on top of her bed.

A male abductee awoke in the middle of the night seized with panic. He was entirely paralyzed, and felt electricity shooting throughout his body. He felt his energy draining away from him. He could see several alien beings standing around his bed (p. 116).

The examples above show similarities to the data presented in this study. Unfortunately, very few studies examine the relationship between ESP and non-human intelligence phenomena, and this study provides an opportunity for further research.

### ***Anomalistic Phenomena***

According to Wong (1989) the term 'anomalistic phenomena' is used alongside terms such as 'paranormal beliefs, occult beliefs, psychic beliefs, extraordinary beliefs, parapsychology, and the supernatural force' (p. 1). Collectively, they refer to:

Psychokinesis or PK (moving physical objects through the power of the mind) and extra sensory perception or ESP (perceiving through non-sensory channels), the latter including telepathy (reading other people's minds through psychic abilities), clairvoyance or remote viewing (seeing objects or events not present to the senses), and precognition or prophetic dreams (foreseeing the future). The paranormal also includes phenomena such as reincarnation (the process by which souls return to earth taking on a new life), UFOs (extra-terrestrial life forms), astral projection (out-of-the-body experience), bigfoot (extraordinary life form), and faith healing (curing a disease through psychic or spiritual means) (Wong, 1989, p.1).

In addition, Mayer and Schetsche (2020) suggest that if an event or any part of it is interpreted as paranormal, it constitutes a scientific anomaly, becoming a potential area of anomalistic research. The range of phenomena associated with ESP naturally lends itself to anomalistic exploration and analysis as ESP sits outside of conventional science, and each feature identified in the study could constitute a separate area of research. Whilst anomalistic studies typically explain phenomena from a scientific perspective, usually psychological or physiological, there is ample data with which to examine the extent of the experience from a spiritual perspective, which may result in a re-evaluation of the dismissive attitude, acknowledging instead that the experience can be positive, transformative and transcendental.

Aspects of ESP, such as OBEs and broader research into the ability of consciousness to exist outside of the body, also fit well within anomalistic studies, questioning the nature of reality. If, as the findings potentially suggests, consciousness can exist without a physical body, the metaphysical aspect of the experience allows itself to anomalistic exploration with the potential to challenge existing scientific boundaries.

### ***Sleep Disorders***

There is a natural fit between ESP and the study of sleep disorders, although the data suggests that ESP is not a 'disorder'. The contribution of this research has the potential to impact medical institutions worldwide, affecting the lives of millions of people annually. There is an overlapping of physiological and metaphysical phenomena resulting in disrupted sleep that the neurological perspective alone does not answer. At the very least, this future research would acknowledge the gap in understanding and recognise the features identified in this study. Within the study of sleep disorders, this research has the greatest potential to support experiencers directly. This support, achieved through further research, can be reflected in improved holistic support and treatment, encouraging a nuanced view of the mind-body connection. Treatment could include mindfulness and meditation techniques to alleviate anxiety and stress, and mental health support that allows for personalised care recognising the emotional aspects of the experiences.

The study also highlighted the use of ritual and repetitive actions by participants to manage the episodes. Chanting, musical/rhythmic repetition, and prayer were discussed, and there may be potential in exploring how bringing these together can underpin the successful management of ESP episodes, as these actions and their focussing ability, tend to exert control over the mind and body in the same way as meditation. This treatment could emphasise the reduction of anxiety and fear associated with the episodes.

There are also some cultures that attribute the experience to spiritual events. More research could highlight these cultural narratives to ensure that traditional beliefs are not dismissed in support of scientific perspectives. Medical staff training is needed in this instance to ensure that this is managed sensitively, and that diverse worldviews and cultures are acknowledged. These views should not be trivialised, particularly as these perspectives can be empowering and positive, with the potential for transformative self-discovery, as opposed to pathological occurrences. A shift in perspective, particularly as the causation of ESP has not been identified, can lead to increased resilience and personal empowerment.

Stigma related to ESP has been identified in the findings, impacting the lived experience of individuals. Further research, can help to reduce the stigma associated with the experience. The reframing of SP as ESP shifts it from a 'disorder' to a potentially significant 'spiritual' or metaphysical experience. Experiencers may then feel less isolated, 'alone' or ashamed of their experiences and more willing to discuss them openly.

## **Conclusion**

As I conclude this study, one final reflection stands out: the idea that, at our core, we share a fundamental commonality, with the potential to experience similar phenomena, no matter how unique or varied it may be, and, expanding the phenomenology of ESP and establishing a new framework challenges this idea. Throughout history, laws, social norms, and cultural constructs have been created to reinforce this premise that enforces that all humans are fundamentally the same with equal capacities for experiences and abilities. This belief underpins many aspects of society, from the concept of universal human rights to the notion of equality in opportunities and potential. However, ESP suggests that some individuals possess a distinct sensitivity or predisposition to have experiences that we cannot comprehend or explain. They potentially have positive trans-dimensional aspects that can transform and empower an individual, aspects that remain inaccessible to the majority of people.

Whilst most people dream and have the occasional nightmare, only a subset will experience the extraordinary phenomena that accompany ESP and have OBEs and engage entities, raising questions relating to how similar we truly are, as social and physiological norms suggest. Furthermore, the experiences reported during ESP—such as telepathic communication with entities, astral projection (AP), and lucid dreaming (LD), might be seen as evidence of a more complex and diverse human experience than is commonly acknowledged, implying that some individuals have a natural ability to engage these phenomena.

If we acknowledge that ESP is far more than a sleep disorder, we open the door to new findings, more understanding and the exploration of uncharted territory. Rather than

dismissing these experiences as neurological disorders, there is great value and potential in understanding aspects of the human experience. As researchers, we are responsible for contributing to the advancement of knowledge without fear of loss of reputation or social standing.

This study advances research into ESP by exploring it from an unconventional perspective rooted in the lived experience. Studies like this address the phenomenon and challenge the stigma and scepticism perpetuated by the traditional scientific paradigm. By doing so, this research paves the way for a broader understanding, encouraging the academic community to approach such topics with openness and courage. As a trailblazer, I believe this study sets the stage for future research, in the hope that these studies will be taken seriously.



## Appendix 1: Cultural Terms for Sleep Paralysis/Night-mare

Note: Adapted from Sharpless, B. and Doghramji, K. (2015), Olunu, E. et al. (2018) and Hufford (1976)

No.	Country/Culture/ Language	Sleep Paralysis Term	Translation	Source
1	African Americans	<i>sleep paralysis</i>	Being bedridden, being attacked by witches, or other paranormal phenomena	Ramsawh et al, 2008
2	Botswana	<i>sebeteledi</i>	Someone who exerts pressure/force	Mdlalani, 2009
3	Botswana	<i>setshitshama</i>	That which paralyzes	Mdlalani, 2009
4	Cambodia	<i>khmaoch sangkat</i>	Ghost that pushes you down	Hinton, Pich, Chhean, & Pollack, 2005
5	Cambodia	<i>khyâl</i>	Impaired bodily function and frozen body. They describe it as having their soul scared out from their body by a demon.	Hinton et al, 2005; Golzari and Ghabili 2013
6	Cambodia	<i>sleep paralysis</i>	Interpreted as a dream but can be easily affected by an individual's cognitive attitudes	Fukuda et al 2000
7	China	<i>bei guai chaak</i>	Being pressed by the ghost	Hufford, 2005; Wing,

				Lee, & Chen, 1994
8	China	<i>E-meng</i>	"Dream of surprise" thought to closely resemble sleep paralysis	Wing et al., 1994
9	China	<i>gui yà chuàng</i>	Ghost oppression	Awadalla et al., 2004; Wing et al., 1994
10	China	<i>bèi gui yà</i>	Held by the ghost	Wing et al., 1994
11	Croatia, Republic of	<i>morica</i>	Nightmare	Davies, 2003
12	Czech Republic	<i>Muera</i>	Night-mare	Adler, 2011; Cheyne, Rueffer, & Newby-Clark, 1999
13	Egypt	<i>al-Jathoom</i>	From yajthum—sits  It is associated with extreme fear with the belief that SP may result in death	Adler, 2011  Carvalho et al., 2016 & Jalal, Hinton 2015
14	Egypt	<i>Jinn</i>	It is associated with extreme fear with the belief that SP may result in death	Jalal, Hinton 2015
15	England—Old English	<i>maere or mare</i>	From Anglo Saxon word Merran - "to crush"	Cheyne et al., 1999;

				D. J. Hufford, 2005
16	England—Old English	<i>hagge</i>	A woman supposed to have dealings with Satan and the infernal world	Cheyne et al., 1999
17	English medical literature	<i>night palsy</i>	A temporary numbness and paresis of an extremity caused by its compression during sleep	de Jong, 2005
18	English medical literature	<i>delayed psychomotor awakening</i>	Other term for sleep paralysis	Goode, 1962
19	English medical literature	<i>cataplexy of awakening</i>	Other term for sleep paralysis	Goode, 1962
20	English medical literature	<i>post-dormital chalastic fits</i>	Other term for sleep paralysis	Goode, 1962
21	England (12 th Century Latin text	<i>intolerabili phantasia vexari</i>	Nightmare experience (attributed to a demon)	Davies, 2003
22	England (12 th Century Latin text	<i>in somnis oppressus</i>	Crushed in dreams (by a demon)	Davies, 2003
23	England (14th Century)	<i>night-mare</i>	Night mare who lays on top of people at night	Davies, 2003
24	England (Cornwall)	<i>Hilla</i>	A large hairy thing that lays upon you with dead weight and almost stops your breathing	Davies, 2003
25	England	<i>Stand Stills</i>	Condition resulting from the spirit leaving the body when	Dahlitz & Parkes, 1993

			asleep and not returning upon awakening	
26	England	<i>Wizard-pressing</i>	Other term for sleep paralysis	Bond, 1753
27	England	<i>Witch-riding</i>	Other term for sleep paralysis	Bond, 1753
28	Estonia	<i>luupainaja</i>	The one who presses your bones	Davies, 2003
29	Ethiopia	<i>dukak</i>	Evil spirit (or devil) who disrupts sleep and threatens individuals, and/or causes nightmares; his presence is associated with withdrawal from khat (a native plant with stimulant properties).	Berhanu. Go, Ruff, Celentano, & Bishaw, 2012
30	Finland	<i>painajainen</i>	From pantaa “to press or apply pressure”; something weighing on you	Davies, 2003; Kuhn & Reidy. 1975
31	Finland	<i>unihalvaus</i>	Sleep paralysis	Google translate
32	France	<i>appesart</i>	Derived from the verb peser, meaning "to press down upon"	Davies. 2003
33	France	<i>cauchemar</i> ( <i>macouche</i> , <i>couchemache</i> , <i>couchemal</i> )	From caucher “to tread on”	Adler, 2011; Cheyne et al., 1999; Roberts. 1998

34	France—Older Medical Literature	<i>crise de Fetal de veille</i>	Crisis of the waking state	de Jong, 2005
35	German medical Literature	<i>verzochertes psychomotorisches Erwachen</i>	Delayed psychomotor awakening	de Jong. 2005
36	Germany	<i>Alpendrücken</i>	Alps press	de Jong, 2005
37	Germany	<i>alpdruck</i>	Elf pressure	Cheyne et al., 1999
38	Germany	<i>hexendrucken</i>	Witch pressing	Cheyne et al., 1999
39	Germany	<i>Mar</i>	To crush/male love phantom	Roscher. 2007
40	Germany	<i>Mare</i>	Female love phantom	Roscher. 2007
41	Germany	<i>Mahr</i>	Mare	Cheyne et al.. 1999
42	Germany	<i>nachtmahr</i>	Old German word for nightmare	Adler. 2011
43	Greece	<i>ephiahes</i>	Hurricane, nightmare, or something thrown on you. throttling demon, (to spring upon)	Haga. 1989
44	Greece	<i>mora/Moppti</i>	Monster, ogre, spirit, old lady wearing black	Cheyne et al., 1999
45	Greece	<i>pan ephialtes</i>	Pan who leaps upon you	Cheyne et al., 1999
46	Greece	<i>Graiae/graia</i>	Monster, ogre, spirit	Cheyne et al., 1999
47	Greece	<i>pnigaleon/pgnalion</i>	Suffocation/throttle	Aegineta, 1844; Aurelianus,

				1950; Roscher, 2007
48	Greece	<i>epofeles</i>	Something climbing over one and settling upon ones chest	StoL 1993
49	Guinean Fulani	<i>kibo kibongal</i>	Someone that strangles you	de Jong, 2005
50	Hawaii	<i>Hauka'Ipo</i>	Night marchers— ancient warriors believed to rise from the ground and avenge their death; often associated with heavy footsteps	Conesa, 2000
51	Holland	<i>nachtmerrie</i>	Nightmare	Davies, 2003
52	Hungary	<i>lidercnyomas</i>	Derived from nyomas—"pressing*	Davies, 2003
53	Hungary	<i>boszorkany-nyomas</i>	Witches' pressure	Davies, 2003
54	Hungary	<i>liderc</i>	Pressing entity that often took the form of a chicken; this was sometimes a witch's familiar	Davies, 2003
55	Iceland	<i>matrod</i>	From "troda"—to press, squeeze, ride	Haga, 1989
56	Indonesu	<i>dtcekek</i>	Choked or strangled	Grayman. Good. & Good. 2009
57	Indonesia	<i>digeunton</i>	Pressed on	Grayman et al.. 2009
58	Indonesu	<i>tindihan</i>	Someone's weight on top of you	Conesa, 2000

59	Inuit	<i>uquamairineq</i>	Condition described as "hypnotic states, disturbed sleep, sleep paralysis, dissociative episodes and occasional hallucinations"	Tamovetskaia & Cook. 2008
60	Inuit	<i>uqumangirniq or Aqtuqsittiq</i>	Paralysis resulting from attack by shamans, devils, or malevolent spirits	Law & Kirmayer. 2005
61	Iran	<i>bakhtak</i>	A type of jinn that sits on the dreamer's chest, making breathing harder and movement difficult or impossible	Druffel. 1998
62	Iran	Kabus	a feeling of heavy presence sitting on the chest and pressing down, therefore, causing difficulty in breathing	Shakeri et al., 2016
63	Ireland	<i>tromlui; tromlaige</i>	Being pressed upon, often experienced as a large bird	Adler. 2011; Davies. 2003
64	Ireland— Old Irish	<i>Mar/More</i>	Nightmare	Cheyne et al., 1999
65	Islam	<i>Jinn (Al Jin)</i>	Creatures existing in a realm between humans and angels, capable of human possession and suppressing movement and breathing when one awakes in the night	Druffel. 1998; Jalal. Simons-Rudolph, Jalal, & Hinton, 2014

66	Italy	<i>Incubo</i>	Nightmare; to lie upon	Adler. 2011
67	Italy	<i>pesuarole</i>	From pesante - "weight"	Adler. 2011
68	Italy (Abruzzo region)	<i>pandafeche</i>	Stems from visitations of witches or a supernatural being which often attacks when individuals lie facing upward. "Pandafeche attack" is when a person feels a presence of a supernatural being immobilizing the person by sitting on his/her chest	Carvalho et al., 2016 & Shakeri et al., 2016
69	Japan	<i>kanashiban</i>	Bound or fastened by metal	Arikawa, Templer, Brown. Cannon. & Ithomas-Dodson. 1999
70	Korea	<i>ka wi nulita</i>	Scissors pressed	Firestone. 1985
71	Kurdistan	<i>mottaka</i>	Ghost/evil spirit that suffocates people during the night	Lockwood, 2010
72	Laos	<i>tsog tsuam</i>	To crush, press, or smother	Adler, 1991; Adler. 2011
73	Laos	<i>dab tsog</i>	Nighttime phantom that robs you of your breath	Adler. 1991; Adler. 2011
74	Laos	<i>poj ntsoog</i>	Pressing spirits	Adler. 2011



75	Malaysia	<i>kena tindih/ kenndihan</i>	Being pressed	Lockwood, 2010
76	Malta	<i>Haddtela</i>	Attack by Hares, the wife of a poltergeistlike spiritual entity	Lockwood. 2010
77	Mexico	<i>se me subió el muerto</i>	A dead body climbed on top of me.	Jimenez- Genchi, Avila- Rodriguez. Sanchez- Rojas. Terrez, & Nenclares- Portocarrero. 2009
78	Mexico— Tzintzuntzenos	<i>pesadilla</i>	Derived from the verb <i>peser</i> , meaning "to press down upon"	Adler. 2011; Simard & Nielsen. 2005
79	Morocco—Arabic	<i>boratat</i>	Someone who pressures you	de Jong. 2005
80	Netherlands	<i>nachtmerrie</i>	Nightmare	Davies. 2003
81	Neuchâtel	<i>tchutch muton</i>	Nightmare causing fairy that appears in the guise of a black sheep	Davies, 2003
82	Newfoundland	<i>aggrog or agrog or Old Hag</i>	Hag-ridden Dream like experiences where the individual is 'being chased by an evil creature; being crushed; falling; and "being unable to wake yourself up."	Friedman & Paradis, 2002; Ness, 1978 Hufford, 1976, p.74

83	New Guinea	<i>suk ninmyo</i>	Sacred tree of life—eats the human spirit at night so as not to disturb people in the daytime. The person being eaten is often awakened and paralyzed.	Lockwood, 2010
84	Nigeria—Yoruba	<i>OgunOru</i>	Demonic infiltration of the body and psyche during dreaming.	Aina & Famuyiwa, 2007
85	Nigeria/ Christian Faith Healers	<i>oppression</i>	Other term for sleep paralysis	Awadalla et al., 2004
86	Norway	<i>mareritt</i>	Mare-ridden	Davies, 2003
87	Norway (old Norse)	<i>Mara</i>	A supernatural being usually female who lay on people's chest at night, suffocating them	Davies. 2003
88	Norway	<i>Svartalfar</i>	Black elves who paralyzed their victims with arrows (elf shot), sat on their chest, and whispered horrible things to them	Hurd. 2011
89	Persia, Medieval	<i>kabus</i>	Incubus/Nightmare	Golzari et al., 2012
90	Philippines	<i>bangungut</i>	"To rise and moan in sleep" (aftereffects of a nightmare similar to SP, also possibly related to sudden and unexplained death in sleep)	Munger & Booton, 1998
91	Poland (sandomier	<i>Vjek</i>	Old man	Roscher. 2007

92	forest dwellers) Poland (sandomier forest dwellers)	<i>Gnotek</i>	Small oppressor	Roscher. 2007
93	Poland	<i>zmora</i>	Ghoulis entity, bedroom visitor; people who are able to disturb their neighbor's sleep by making them feel an enormous weight resting on their body	Cheyne et al., 1999; Davies. 2003
94	Poland	<i>strzyga</i>	From latin striga— associated with dead people's souls	Davies. 2003
95	Portugal	<i>pesadelo</i>	From pesado - "heavy"	de Jong. 2005
96	Roman Italy	<i>lamia</i>	Demon who eats children	Cheyne et al., 1999
97	Roman Italy	<i>incubus/succubus</i>	One who presses or crushes— noctumally- assaulting spirit/ demon	Cheyne et al., 1999
98	Roman Italy	<i>ephiahes (described by Galen)</i>	Nightmare	Davies. 2003
99	Russia	<i>kikimora (KUKUMOpа)</i>	A legendary creature; a female house spirit	Cheyne et al., 1999
100	Scandinavia— Old Norse	<i>mara</i>	Nightmare	Cheyne et al., 1999
101	Serbia	<i>more</i>	Nightmare	Davies, 2003
102	Serbia	<i>nocna mora</i>	Nighttime incubus	Ignjatic et al., 2002

103	Serbia	<i>zaoduh</i>	Incubus	Ignjatic et al., 2002
104	Slav	<i>Murawa</i>	Nightmare witch	Roscher. 2007
105	Slav	<i>Pschezolnica</i>	Female spirit	Roscher. 2007
106	Southeast Asia	<i>dabtsog</i>	Sudden unexpected nocturnal death syndrome	Adler, 2011; Hufford. 2005
107	Southern Africa— Tswana-speaking	<i>tokoloshis</i>	and	Gangdev, 2004
108	Spain	<i>pesadilla</i>	Derived from the verb <i>peser</i> , meaning “to press down upon’	Cheyne et al., 1999
109	Spain (Catalan)	<i>pesanta</i>	Enormous dog or cat that goes into people’s houses and sits on their chest	Lockwood. 2010
110	Sri Lanka	<i>amuku be or amuku pet</i>	Ghost that forces you down	Lockwood, 2010
111	St Lucia	<i>Kokma</i>	Attacks by dead spirits or unbaptized babies that jump into a body and squeeze the throat	Dahlitz & Parkes 1994
112	Sweden	<i>mara</i>	Anglo-Saxon and Old Norse term for a demon that sat on sleepers’ chests, causing them to have bad dreams	Hufford. 2005
113	Thailand	<i>phi urn</i>	Ghost covered	Firestone. 1985
114	Thailand	<i>phi khau</i>	Ghost possessed	Firestone. 1985
115	The United Kingdom	<i>sleep paralysis</i>	The United Kingdom Defined as the disappearance of	Dahlitz & Parkes 1994

			spirit during sleep and failure to get in the body when an individual is waking	
116	Turkey	<i>karabasan</i>	Dark presser/black buster	Adler, 2011; Ronnevig, 2007
117	Uganda (Syan tribe)	<i>emisambwa</i>	Spirits of the dead responsible for pressuring and throttling sleepers	Davies, 2003; Huntingford, 1928
118	United States	<i>shadow people</i>	Paranormal (perhaps transdimensional) entities that one generally sees at night in their peripheral vision	Vila-Rodriguez, MacEwan, 8c Honer, 2011
119	United States (Southern Black)	<i>Ridden by the witch</i>		Hufford, 1982
120	Vietnam	<i>made</i>	Held down by a ghost	Lockwood, 2010
121	Vietnam	<i>bóngdè</i>	Held down by a shadow	Lockwood, 2010
122	Wales	<i>gwrach y rhibyn</i>	Dribbling hag; hag of the mist	Editors of Time-Life Books. 1988
123	West Indies	<i>kokma</i>	Spirit of a dead baby that jumps on the chest	Davies, 2003; Friedman 8c Paradis, 2002; Ness, 1978; Nickell, 1995
124	Zanzibar	<i>popabawa</i>	Bat wing—the dark shadow cast when the bat attacks.	Blackmore, 1998;

				Nickell, 1995; Walsh, 2009
125	Zimbabwe (Shona)	<i>madzikirira</i>	Witch pressing one down	Lockwood, 2010

## **Appendix 2: Interview Guide**

### **How people manage and make sense of their sleep paralysis experiences**

#### **1) Introduction**

- Introduce myself. Thank the participant for taking part in the research
- Go over the participant information sheet and address any questions / clarify any issues
- Obtain written consent if not previously submitted
- Remind the participant that they can take a break or withdraw at any time, and do not need to answer all questions
- Encourage participants to give as full and detailed a response as possible

#### **2) *To what extent are you predisposed to spiritual engagements e.g., seeing 'ghosts', level of spiritual activity e.g., tarot cards, meditation, level of psychic senses such as clairvoyance and intuition?***

- So, before we start talking about your sleep paralysis experiences, could you start by telling me a bit about you?
  - What is your age and ethnicity?
  - Family? Relationships? Job? Background? Education? Hobbies and interests?
  - Do you consider yourself to be a spiritual person? why or why not? what does that mean to you?
  - What are your thoughts around new age spirituality and things like using tarot cards, spiritual guides and meditation?
  - Have you ever had an experience that could call paranormal like seeing a ghost or hearing voices when no one was there? Could you tell me a bit about it? What about your intuition and clairvoyant abilities?

#### **3) *What are the features of your sleep paralysis experience?***

- How many episodes of sleep paralysis have you had and what is their frequency? An estimate will do
- Is the experience always similar/same, or does it vary? Has it changed across the life course? Or change according to their emotional state or where they are? If experiences vary, can they still identify patterns or consistencies?
- How old were you when you had your first sleep paralysis experience?
- Have you been able to identify any correlating factors that might have contributed to having the experiences? Could you tell me a bit about it? {Discuss stress or an emotional feeling such as sadness as possible triggers}
- Tell me about your sleep paralysis experiences. The one that is most prominent for you? Start if you can from what you were doing before it happened. {Was he/she at home, what time was it, did they consume any alcohol or drugs prior, was there a disturbance in the home etc.,}
  - How long did the experience last?
  - Do you recall what time you woke up?

- When you awoke after the experience, what were your immediate thoughts and feelings?
- Going back to the experience there are a few things that I'd like to explore. {These questions depend on the level of description in the previous answer}.
  - What did you see, touch, smell, feel, bodily sensations, hear? {Water seems to be a common factor in the pilot work}
  - What was the environment like? Was it dark, light, daylight etc
  - How did the environment feel?
  - Did you see any entities {build a description of the entity}
    - If yes, did you feel threatened by the entity
    - Have you tried to interact with the entity? What happened
    - Did you feel like you were being watched? What was the object of attention?
    - Was there anything pleasurable about the experience?
    - Were there any sexual connotations or actions
      - If yes, please describe it and was it a positive or negative experience
  - Did the experience feel like an earthbound dream or an alternative reality?
    - Give your reasons for choosing either
- Does this image mean anything to in relation to the SP experience {Show them the Henry Fuseil image}

**4) To what extent and in what ways do you negotiate and manage stigma around your sleep paralysis?**

- Did you tell anyone about your experience?
- If yes, who was it {friend, family, GP}?
  - Why did you choose this person?
  - What was the response?
  - How did you feel explaining it to them?
  - From what angle did you explain it, for example, was it a bad dream, an otherworldly experience or something medically related?
- If no, why not?
  - How did/do you the episodes make you feel? {ashamed of the experience?}
  - Do you hide the SP experiences?
  - Is there an impact on you because you felt ashamed?
  - Do you think that there is a stigma towards persons who experience sleep paralysis?
  - If yes, do you think this is within your immediate circle or society in general?

**5) How do you make sense of, rationalise and speak about your sleep paralysis experiences?**

- How is the overall experience of one minute being safe at home in bed and the next, having this experience rationalised? How do you make sense of it?
- Did you experience any phenomena that you are unable to make sense of {probe for areas such as floating, seeing oneself, seeing others who are in the room – things that defy physics} How is this accounted for?



- Some scientists think that the inconsistencies in REM sleep is the cause of the hallucinatory experience. What do you think?
- What are your views relating to the experience being paranormal or spiritual in nature?

**6) *Your Self Identity and the Notion of Self***

- Has the sleep paralysis impacted on who/what you think/thought you are?
- How has the experience left you feeling about who/what you are?
- Are you now afraid to sleep?
  - Do/did you feel vulnerable?
  - How else do you feel in relation to the episodes?
- Have you experienced any positive benefits of having sleep paralysis? What are these?

**7) *What routines, strategies and practices do you adopt to manage your sleep paralysis?***

- Have there been any tools or strategies you've used to manage your sleep paralysis?
  - Books? Podcasts? Routines? Exercise etc.? Online community etc.
  - Thoughts? Emotions?
  - Specific practices?
- Have your behaviours changed? What do you do differently?
  - E.g. Relaxation leisure and hobbies? meditation? Sleeping in a different position?
  - What about your overall sleeping pattern?
  - Have the episodes impacted on your overall health and wellbeing? How?

**8) *Close and thanks***

- Ask if there is anything else they would like to add or talk about
- Stop the recording
- Ask how they are feeling and refer to support organisations on the information sheet if necessary.

### Appendix 3: Sleep Paralysis Features

	Features of Sleep Paralysis
<b>1.</b>	<b>Primary Features</b>
<b>1a.</b>	Impression of wakefulness
<b>1b.</b>	Paralysis (general, perceived as restraint, uncertain or variously perceived, progressive onset)
<b>1c.</b>	Real setting accurately perceived
<b>1d.</b>	Fear
<b>2.</b>	<b>Secondary Features</b>
<b>2a.</b>	Phenomena and subjective impressions (sensation of presence, sounds heard, appearance of an attacker, other things seen e.g. door opening, motion e.g. bed moves, pressure, respiratory difficulty, odours)
<b>2b.</b>	Things done by victim (makes noises, foams at the mouth, touches 'it')
<b>2c.</b>	Position of victim (supine, on side, doesn't matter)
<b>2d.</b>	Termination of attacks (victim moves, being touched, mental: command of victim, other: spontaneous, victim speaks, victim screams)

(Hufford 1982 p. 267)

## Appendix 4: Recruitment Social Media Posts

Facebook, Instagram, LinkedIn and Twitter Posts



## Have you ever experienced Sleep Paralysis?

I'm seeking persons who have experienced sleep paralysis to help with current research. If you are interested send an email to [info@sheilaprycebrooks.com](mailto:info@sheilaprycebrooks.com) saying that you would like to take part.

Thank you

## Reddit Posts


 **r/AstralProjection** · 2 yr. ago  
sprycebrooks

...

### Would you talk about your sleep paralysis experience?

General Question

Hi! I'm a 2nd yr Sociology student studying sleep paralysis for my thesis. I know that this is an Astral Projection Group, but the two are sometimes linked with sleep paralysis being experienced whilst astral projecting. I need to speak to more people about their experiences and how they make sense of it. Please upvote this if you would be okay talking about your sleep paralysis for a research project! (all anonymous, of course) thank you. (I hope it's ok with the Admin for me to post this)

 138 

 91



 Share

 **r/Sleepparalysis** · 2 yr. ago  
sprycebrooks

..

### \*Repost\* Would you speak about your sleep paralysis experience?

Hi! I decided to repost this as the response to my first post was very low and I'm not sure why. I'm a 2nd yr Sociology student studying sleep paralysis for my PhD thesis. I've spoken to people from some of the other groups and really wanted to support and prioritise this group. I need to speak to people about their sleep paralysis and how they make sense of it. The findings so far are really interesting and I'm more than happy to share them. Please upvote this if you would be okay talking about your sleep paralysis! (all anonymous, of course) and DM me. Thank you. (I hope it's ok with the Admin for me to post this)

 24 

 32



 Share

## Appendix 5: The University of York Newsletter Post

### Do You Experience Sleep Paralysis?

Persons who have experienced a minimum of 3 **sleep paralysis** episodes are needed for research that explores how sleep paralysis experiences are made sense of and managed. If you would like to take part in this ground-breaking research send an email to Sheila Pryce

Brooks at: [sapb502@york.ac.uk](mailto:sapb502@york.ac.uk).





**Would you like to share  
your sleep paralysis experience?**

---

I'm doing research into how people manage and make sense of their sleep paralysis experiences.

**To be eligible you must:**

Have had at least three episodes

---

Contact Sheila Pryce Brooks at [sapb502@york.ac.uk](mailto:sapb502@york.ac.uk)  
to take part or for more information

## Appendix 6: Participant Information Sheet



### **Participant Information Sheet**

#### **Background**

*I am currently a 2nd year PhD student at the University of York. My research is focused on understanding how people manage and make sense of their sleep paralysis experiences.*

*As a long-term experiencer of sleep paralysis, this topic is of particular importance not only to me personally, but also to anyone who has similar experiences and the wider public. Your consideration of taking part in this project is greatly appreciated. Before agreeing to take part, please read this information sheet carefully and let me know if anything is unclear or if you would like further information.*

#### **What is the purpose of the study?**

The aims of my research are to explore how sleep paralysis experiences are made sense of and managed in terms of social interaction and individually by the experiencers. Ultimately, my research will ask: How does society respond if you say that you experienced sleep paralysis? And how does the individual make sense of and manage the experience to ensure that their everyday lives are not negatively impacted?

This research adds to the existing body of research and addresses the important area of self-care in relation to sleep paralysis. It also provides current information about societies' view of sleep paralysis as an extraordinary spiritual experience, providing accurate information with the potential to develop interventions for experiencers. It allows for the devising of programmes and training for health professionals and those who experience sleep paralysis. This research data can also be shared to the health/medical and sleep research community.

#### **Interview Details**

The interview will consist of a 1-hour interview using Zoom. It will be recorded and include questions such as: What were the features of your sleep paralysis experience? And, Did you talk to anyone about your experiences? Directly after the interview, it will be transcribed and deleted from the Zoom platform and securely stored on the University's Google Drive.

#### **Why have I been invited to take part?**

You have been invited to take part because you have experienced sleep paralysis a minimum of 5 times.

### **Do I have to take part?**

No, participation is optional. If you do decide to take part, you will be given a copy of this information sheet for your records and will be asked to complete a Participant Consent Form. If you change your mind at any point during the study, you will be able to withdraw your participation at any time during the study without having to provide a reason.

### **On what basis will you process my data?**

Under the General Data Protection Regulation (GDPR), the University has to identify a legal basis for processing personal data and, where appropriate, an additional condition for processing special category data.

In line with our charter which states that we advance learning and knowledge by teaching and research, the University processes personal data for research purposes under Article 6 (1) (e) of the GDPR:

Processing is necessary for the performance of a task carried out in the public interest

Special category data is processed under Article 9 (2) (j):

Processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes

**Research will only be undertaken where ethical approval has been obtained, where there is a clear public interest and where appropriate safeguards have been put in place to protect data.**

In line with ethical expectations and in order to comply with common law duty of confidentiality, we will seek your consent to participate where appropriate. This consent will not, however, be our legal basis for processing your data under the GDPR.

### **How will you use my data?**

Data will be processed for the purposes outlined in this notice.

### **Will you share my data with 3<sup>rd</sup> parties?**

No. Data will be accessible to the project team at the University of York only.

### **How will you keep my data secure?**

The University will put in place appropriate technical and organisational measures to protect your personal data and/or special category data. For the purposes of this project, we will ensure that all audio/video recordings will be kept on password protected and encrypted devices. These are:



- The Zoom platform
- My laptop
- My University linked Google Drive

The files will be downloaded and deleted from the Zoom platform directly after the interview and saved to an encrypted file on my laptop. The Google Drive will serve as a backup.

Pseudonyms will be used to replace real names in the research data and my thesis to ensure anonymity and confidentiality. Use of participant ethnicity, gender and age is requested on the Participant Form. Anyone who does not want this information disclosed will not be excluded from the research. The participant data will only be discussed with my supervisors and participants will not be aware of who the other participants are.

Information will be treated confidentiality and shared on a need-to-know basis only. The University is committed to the principle of data protection by design and default and will collect the minimum amount of data necessary for the project.

#### **Will you transfer my data internationally?**

No. Data will be held within the European Economic Area in full compliance with data protection legislation.

#### **Will I be identified in any research outputs?**

No. All data will be anonymised by using pseudonyms

#### **How long will you keep my data?**

Data will be retained in line with legal requirements or where there is a business need. Retention timeframes will be determined in line with the University's Records Retention Schedule.

#### **What rights do I have in relation to my data?**

Under the GDPR, you have a general right of access to your data, a right to rectification, erasure, restriction, objection or portability. You also have a right to withdrawal. Please note, not all rights apply where data is processed purely for research purposes. For further information see, <https://www.york.ac.uk/records-management/generaldataprotectionregulation/individualsrights/>.

#### **Questions or concerns**

If you have any questions about this participant information sheet or concerns about how your data is being processed, please contact Sheila Pryce Brooks at the following email

address [sapb502@york.ac.uk](mailto:sapb502@york.ac.uk) in the first instance. If you are still dissatisfied, please contact the University's Acting Data Protection Officer at [dataprotection@york.ac.uk](mailto:dataprotection@york.ac.uk).

### **Right to complain**

If you are unhappy with the way in which the University has handled your personal data, you have a right to complain to the Information Commissioner's Office. For information on reporting a concern to the Information Commissioner's Office, see [www.ico.org.uk/concerns](http://www.ico.org.uk/concerns).

## Appendix 7: Thematic Analysis Extract

The SP Features. (Note the cluster nature of the experience, looking like a family member and the black smoke coming into the room)	Association with Houses	Previous knowledge about sleep paralysis	Being a willing participant	Protection Techniques - Attempt experiences and their i
"I experience the paralysis all the time, everytime. I do everything that I can to come out of it and my wife will hear me moaning and grunting and making strange noises and I am aware that I making these noises and doing everything I can to get out of it."			"With me and my studies I am trying to communicate with these entities on my own."	"Going to the institute for the retreat and the Institute"
"The environment is the exact same environment that I fell asleep in and I don't smell or taste anything at all. Its just that I am able to myself sleeping. If its during the day its daylight and if its during the night its dark."			"one of the ways to access these other worlds is through meditation and I practiced one of the Monroe Institutes meditations and whilst there wasn't an OBE at the time, there was later that evening as I was going to sleep."	"The Monroe institute has an app that has all rely on soundwaves to help you to get into tha based on scientific evidence. On Saturday I us later that night is when I had the experience."
"There are times when I'm outside of my body and able to do different things. For as long as the time lasts I can go based on my thoughts. If I want to go here during the process I go there and sometimes it feels like its happening to me and I another experiences where it felt like I was parked in a garage and in a hallway to a big building and my wife and family were there. it felt like it was happening to me. "			"I think the whole purpose of the meditation is to relax your body and your mind to get it to the point where you are able to be receptive to entering that realm"	"The Rabbi recommeneds visualising the rabb move a finger or an arm or making a noise ho me up."
"Sometimes I float to a place, like when I visited my old house and I went where I wanted to be and the other time it happened to me. Its always based on thought that I'm having whilst I'm in the experience. I also plan what I want to do and where I want to go. When it happens I am			"I'm trying to be more thoughtful during the experience and had planned out what I wanted to do during the experience. I planned to visit my wife who is recovering from COVID so that I could verify the experience. Instead what happened was that I travelled back to a home i used to live in in Los Angeles and was inside the home once again and no one was home and it	

## Appendix 8: Participant Consent Form



### Participant Consent Form

#### How people manage and make sense of their experiences of sleep paralysis?

To be completed electronically prior to interview. Please tick (or mark) the appropriate answer

1. Would you like to take part in the research project: How do people manage and make sense of their experiences of sleep paralysis?

Yes ☐ No ☐

2. Have you read, or has someone read to you, the 'Participant Information Sheet' about the project?

Yes ☐ No ☐

3. Do you understand what the project is about and what taking part involves?

Yes ☐ No ☐

4. Do you understand that if you take part in the research that your words will be used but you will not be identifiable in any way? A pseudonym will be used, and no other identifying data will be included.

Yes ☐ No ☐

5. Is it ok for me to include your ethnicity, age and gender in the research thesis and any subsequent publications? Your details will be anonymised.

Yes ☐ No ☐

6. Do you understand that the information you provide may be used anonymously in all research?

Yes ☐ No ☐

7. Do you know that if you decide to take part and later change your mind, you can leave the project any time after your interview without giving a reason?

Yes ☐ No ☐

8. Is it okay to record your interviews by:

Video: Yes ☐ No ☐

Audio: Yes ☐ No ☐

9. Is it ok for your data to be retained in case you decide to take part in future research?

Yes ☐ No ☐

10. Where did you find out about this opportunity?

---

Please type your name here (in BLOCK letters):

---

Please initial your name here (electronic signature):

---

Please add the date here: \_\_\_\_\_

Please add the best email address to communicate with you:

Email \_\_\_\_\_

Thank you  
Sheila Pryce Brooks  
PhD Student

## Appendix 9: Compliance Declaration

This declaration must be returned, fully completed, along with each submission made to ELMPS.

On completion, please return a copy of this form by email to [elmeps-ethics-group@york.ac.uk](mailto:elmeps-ethics-group@york.ac.uk), signed by the Applicant and, if applicable, the Applicant's PhD Supervisor.

Those making a resubmission **must also complete section 6, on page 2.**

### 1. The Applicant:

Name: Sheila Pryce Brooks

Position: PGR Student

Centre/Department: Sociology

Contact details: email address: sapb502@york.ac.uk

Telephone number:

07543809236

### 2. Supervisors:

Doctoral Supervisor: Prof. Robin Wooffitt, Dr Emily Nicholls

(if applicable)

Head of Research: Merran Toerien

Head of Department: Professor Nik Brown

### 3. The Project:

Project Title: **How do people manage and make sense of lived experiences of sleep paralysis**

How is the project funded?: ☒ Self-Funded

☐ External funder

Funder (if applicable):

### 4. Other Jurisdictions:

Please indicate whether your proposal has been considered by any other bodies:

- ☐ External Sponsor
- ☐ Another University of York Ethics Committee
- ☐ NHS Research Ethics Committee

**5. Declaration:**

I confirm that I have read and understood:

- x the ELMPS guidelines on consent; and
- x the ELMPS information sheets for researchers working with human subjects; and
- x the University of York data protection guidelines.

*Signature of applicant:*  
(Type name if submitting electronically)

Sheila Pryce Brooks

---

*Date:* 3<sup>rd</sup> February 2022

I confirm that the applicant and myself have read and understood the ELMPS guidelines on Consent and Data Protection)

*Signature of Research Supervisor (if appropriate):*  
(Electronic signature required)



---

*Date:*

08/03/22

**6. Additional Declaration for Resubmissions:**

I have read and understood the ELMPS response to the initial application, and consider that the attached response deals appropriately with its recommendations.

*Signature of applicant:*

---

*Date:*

Please attach an additional sheet/file with a point-by-point response to the recommendations issued by ELMPS.

I have read and understood the ELMPS response to the initial application, and consider that the attached response deals appropriately with its recommendations.

*Signature of Research Supervisor (if appropriate):*

---

*Date:*



## Appendix 10: Participant Vignettes

### Overview

The following vignettes provide a concise narrative overview of each participant, outlining available demographic details, including age, country, gender, location, ethnicity, and spiritual or religious orientation, followed by a summary that captures the nature and character of their sleep paralysis experiences. Rather than categorising participants as having broadly positive or negative experiences, the vignettes acknowledge the layered and overlapping nature of what was shared. Participants described a wide range of phenomena, often blending seemingly contradictory elements such as peaceful and terrifying, and mundane and extraordinary, within individual episodes or across multiple events. Their narratives also moved between overlapping thematic areas.

Given this complexity, the vignettes aim to represent the nuance of each participant's account, avoiding reductive classification and instead allowing space for the richness of their lived experience to be conveyed.

#### 1. Mark (UK, Male, 53)

Mark is a 53-year-old man from the UK who was raised in the Catholic tradition and now identifies with a spiritual worldview. His experiences of sleep paralysis were frequent and vivid, often beginning with auditory disturbances and shifts in perceptual reality. These episodes brought a sense of entering otherworldly or liminal spaces, sometimes accompanied by the presence of perceived negative entities. While initially disturbing, Mark interpreted his experiences as part of a spiritual testing process, which ultimately became a source of strength, wisdom, and personal growth. He reflected on the empowering nature of these events, describing them as meaningful encounters that contributed to a deeper awareness of self and reality. Mark's experiences mainly reflect research themes of spiritual transformation, anomalous perception, and engagement with non-human intelligence.

#### 2. Martin (USA Male, 57)

Martin, a 57-year-old man from the USA, was raised as a Catholic and still goes to mass regularly. He described experiencing visitations since early childhood, including encounters with a tall, faceless, hooded figure and recurring auditory phenomena such as footsteps, music, or voices. Although his episodes initially invoked fear and were perceived as a curse, Martin later came to see them as both terrifying and transformative. Over time, his interpretation shifted toward one of personal and spiritual growth, viewing SP as a catalyst for inner development. His experiences reflect themes of fear-transformation, entity or non-human intelligence encounters, and empowerment.

#### 3. Sara (UK, Female, 42)

Sara is a woman from the UK whose experiences with SP prompted deep personal reflection about the nature of being human. She has a religious background, and her episodes led her to question the idea that she was only a physical being, suggesting instead that she possessed dimensions beyond the material body. While she could not articulate exactly what those other aspects were, she was certain that her identity extended beyond what she had previously believed. Her narrative points to SP as a co-constituting force, shaping rather

than simply reflecting her beliefs about human nature. Sara's account particularly reflects the themes of ontological disruption, identity expansion, and the spiritual implications of SP.

**4. Michael (USA, Male, 76)**

Michael, a deeply Catholic man, had a longstanding interest in paranormal and spiritual topics, and described his SP experiences as deeply intense and formative. He reported classic features of SP such as immobility, auditory disturbances, and the presence of entities, including being physically held down and strangled during an episode. His experiences extend beyond SP into broader metaphysical contexts, including comparisons with near-death experiences and spirit visitations, which he interpreted as part of a shared spiritual realm.

**5. Marcia (Belgium, Female, 21)**

Marcia, a 21-year-old woman, used to be religious and now says that she has moved to the spiritual side. She employed extensive personal rituals and environmental strategies to manage her SP episodes. These included controlling room temperature, the layout of objects, lighting, and the presence of her cats. Her family members offered varying interpretations, ranging from religious and psychological to intergenerational explanations, which added layers of complexity to her understanding. Marcia's experience reflects themes of environmental control, spiritual-animal alliances, and the interplay between belief systems and SP management.

**6. Johnny (USA, Male, 46)**

Johnny was raised in the Baptist church and is no longer involved in church activities. His relationship with SP evolved significantly over time. Initially disturbed by vivid, uninvited experiences he referred to as "intrusions," he wrestled with the ambiguous nature of these encounters, uncertain whether they were spiritual, extraterrestrial, or psychological. He noted the unpredictable nature of SP and the way in which perceived entities seemed capable of deception, disguise, and boundary-crossing behaviours. Despite early fear, Johnny eventually reframed the phenomenon as meaningful, describing a sense of being "chosen" or "visited" for a purpose. His account reflects a shift from avoidance to fascination, highlighting themes of transformation and a growing openness to research and self-exploration through anomalous experiences.

**7. Carson (USA, Male, 60)**

Carson is a devout Jew, following daily practices and teachings. His experiences of SP reflect a dual orientation—both existential fear and spiritual curiosity. He reported intense moments of terror during SP episodes, especially when he was unable to communicate, despite efforts to call out for help. His wife often intervened to "shake him out" of the episode, which he noted would instantly remove the altered state. Yet, Carson's broader worldview framed SP within a wider metaphysical context. He believed these states provided access to simultaneous realities and were part of a deeper human purpose. His accounts included positive out-of-body experiences (OBEs), such as flying and observing the physical world from above, which he described as deeply joyful. Carson's narrative reflects themes of ontological insight, dual emotional states, and the transformative potential of SP through expanded awareness.

#### **8. Samantha (USA, Female, 52)**

Samantha holds no religious or spiritual beliefs apart from those gained from her direct experiences. She described her experiences as extending far beyond the physical world. She explained that through her encounters with SP and other phenomena, she moved from belief to confirmation—no longer questioning whether these realms existed, but knowing they did through direct experience. Samantha saw reality not just through a physical lens but as a complex energetic field composed of interwoven dimensions. She described a gradual release of the ego or fictitious self in favour of a deeper connection with the consciousness within. Her account illustrates themes of spiritual emergence, expanded perception, and ontological transformation.

#### **9. Betty (UK, Female, 27)**

Betty's experiences of SP are deeply interwoven with her intuitive and spiritual worldview. Having long been open to signs, symbols, and messages, she describes herself as empathetic and spiritually sensitive. Her initial encounters were marked by fear, particularly involving dark, shadowy figures and a strong desire to protect herself from harm. This included physical sensations of being attacked, alongside dream imagery of her ex-partner, which she interpreted as symbolic of unresolved emotional trauma. Betty's narratives reflect themes of symbolic dream guidance, the spiritual significance of SP, and attempts to exert psychic and emotional boundaries. Her continued exploration of dreams, lucid states, and symbolic interpretation suggests an evolving relationship with SP.

#### **10. Michelle (UK, Female 52)**

Michelle comes from a family of psychically attuned individuals—her grandmother was a psychic medium—and although she doesn't see visions herself, she feels energy acutely and has the ability to read people's emotions and even detect physical pain. Her experiences of SP are unusually intense and involve full-body OBEs. During episodes, she feels as if an entity, described as demonic in sensation, though she does not believe in demons, is forcibly pulling her out of her body. These episodes often escalate into energetic battles, with a recurring fear that being taken out through the window would result in death. The vividness of these episodes, including seeing her own body from above and the sense of crashing back into it, reinforces the link between SP, psychic perception, and themes of spiritual warfare. Michelle's story aligns with the themes of altered states, and the co-existence of psychic ability and engagement with non-human intelligence.

#### **11. Paisley (UK, Female, 20)**

Paisley has a traditional Church of England upbringing and began experiencing SP around the age of 14 or 15, typically in short bursts or clusters, a few episodes within a month, followed by long periods without any. Initially, the experiences were non-visual: she would wake frozen and paralysed, unable to move or speak. The earliest episodes occurred while dozing off in cars, but they soon began happening in bed as well. Over time, the experiences intensified. What started as auditory phenomena—such as screaming or crying—eventually included vivid visions of figures touching or climbing onto her. For Paisley, these episodes were often frightening and morbid in nature. Her experiences include the themes of entity contact, the impact of sleep positions and environmental triggers on SP, as well as the emotional imprint of early episodes on adolescent development.

#### **12. Roger (USA, Male, 28)**

Roger does not believe in God and does not go to church. During one of his most terrifying SP episodes, he saw a figure at the end of his bed. Although he had experienced SP for years and had learned to calm himself by reminding himself it wasn't real, this episode was different. As he tried to reassure himself, he heard the figure respond directly to his thoughts, challenging his disbelief and declaring its reality. This interaction pushed Roger beyond fear, prompting him to get up immediately and avoid going back to sleep. He found comfort and validation in online communities, particularly Reddit, where others shared similar experiences. For Roger, connecting with others has been a vital part of processing and coping with SP. His experiences engage the themes of intelligent interaction, existential dissonance and highlight the boundary between disbelief and perceived reality.

#### **13. Tracy (USA, Female, 23)**

Tracy comes from a religious family but does not consider herself religious. Her SP experiences have included being physically dragged from her bed by an unseen presence, and a fear of being taken. More disturbingly, she described episodes of sexual violation during SP, which she later discovered aligned with descriptions of an incubus. She expressed frustration that such experiences are not taken seriously, highlighting a gap in how SP-related assaults are culturally and clinically addressed. Tracy's account highlights the themes of the emotional toll of not being believed, the marginalisation of anomalous experiences and the invisibility of SP-related harm.

#### **14. David (USA, Male, 32)**

David approaches spirituality as a belief in realities beyond the five senses. His SP experiences shifted his worldview, making him more open to the idea that human consciousness can access unknown realms. He views these episodes as part of a "higher life," offering insight into the unseen. Themes of altered perception, remote viewing, and psychic knowing recur in his account. SP also led him to reconsider mental illness, particularly schizophrenia, as possibly tapping into something beyond conventional understanding.

#### **15. Patsy (UK, Female, 29)**

Patsy is deeply religious and attends church regularly. Her most intense SP episodes occurred during a period of spiritual devotion when she was actively trying to strengthen her relationship with God. At the time, she was also in therapy where her SP was discussed, but found that her therapist dismissed anything not grounded in science, which left her feeling invalidated. Patsy experienced a strong sense of isolation, noting that others often mocked or diminished her experiences. Her partner accused her of wanting to feel "special," and her brother was only told she had a dream, never the full truth. This led her to suppress the full extent of her encounters, despite feeling that what she experienced was beyond scientific explanation, she learned to censor herself. Her experience reflects themes of spiritual conflict, social stigma, and the silencing of anomalous experience within both clinical and relational contexts.

#### **16. Lucy (China, Female, 45)**

Lucy is deeply religious, although she does not attend church. Her experience of SP includes elements of fear, transformation, and perceived spiritual presence. While acknowledging

the unpredictable nature of her episodes, she expressed a sense of increased self-efficacy and the belief that she possesses internal resources to manage future occurrences. One episode included typical SP features such as chest pressure, paralysis, and fear. However, Lucy also described an immediate invocation for light and the subsequent perception of an angelic child-like figure, accompanied by a profound emotional shift from fear to peace. This reflects the recurring theme of spiritual transformation within SP, where participants reinterpret distressing symptoms through a transcendent lens. Lucy's experience further supports themes of spiritual agency, co-constitution, and the recontextualisation of threat.

**17. Ben (USA, Male, 19)**

Ben is not religious and does not see himself as being spiritual. His experiences of SP often involve spatial disorientation and a sense of detachment from his physical environment. He reports moments where the surroundings appear to shift, such as believing he is in a different room from where he physically lies, prompting questions about altered states of consciousness. These experiences have led him to consider whether he may be inadvertently engaging in astral projection, though the immobility of SP complicates this interpretation. His reflections engage key themes including perceptual distortion, questions of consciousness beyond the body, and the blurred boundary between dream, waking, and other states. Ben's narrative contributes to the broader inquiry into whether SP facilitates access to non-ordinary dimensions of experience.

**18. Angela (UK, Female, 39)**

Angela was raised within a Christian household, although she does not go to church. She understands SP as a gateway to other realms, describing it as a mechanism through which the soul or light body detaches from the physical form in order to travel. Her experiences are closely tied to themes of astral projection, parallel lives, and interdimensional exploration. She often journeys with spirit guides or angelic presences, encountering both familiar people and alternate versions of herself in different realities. Angela's narrative reflects broader research themes, including multidimensional selfhood, agency during SP, and the idea that SP facilitates access to parallel existences that both mirror and diverge from waking life.

**19. Rebecca (USA, Female, 39)**

Rebecca states that she is deeply spiritual. Her experiences reflect a spiritually attuned and energetically sensitive orientation toward life, shaped by her history with SP and the strategies she has developed to manage it. Her account is embedded in themes of energetic self-beliefs, grounding, and embodied spiritual practice. She describes perceiving the world in layered dimensions, noting that natural environments are alive with spirit or entity energies that others may not perceive. To manage these sensitivities—and to prevent SP—Rebecca engages in deliberate grounding rituals, such as walking barefoot and visualising energy transmutation through the earth. Her narrative illustrates the transformative power of spiritual embodiment and suggests that proactive energetic engagement can reduce the incidence of SP and enhance well-being. This aligns with themes related to agency and multidimensional perception.

**20. Devon (Israel, Male, 44)**

Devon is not spiritual or religious. His experiences illustrate how long-term experiences of SP can become formative elements of identity, shaping not only internal perception but also social engagement and personality development. His account includes the enduring psychological and relational impact of SP, particularly the need to conceal or manage how it is disclosed. Themes of identity formation, emotional trauma, and social withdrawal are especially prominent. Rather than experiencing SP as a temporary disruption, Devon presents it as a foundational influence on his worldview, interpersonal boundaries, humour, and communication style. He describes having to carefully curate his social circles to protect himself from misunderstanding or judgment, especially when episodes carry paranormal elements that are difficult to explain. His case highlights how SP, when experienced from a young age, can be deeply woven into one's sense of personal normality.

**21. Olivia (USA, Female, 35)**

Olivia was raised to believe in God, and her experience brings forward themes of trauma, silence, and withdrawal, particularly the impact of experiencing SP without social validation or safe spaces for expression. She describes SP as invasive and emotionally devastating, often leaving her feeling miserable and confused. The inability to speak openly about her experiences contributed to a pattern of geographic dislocation, as she repeatedly moved homes in response to what she perceived as haunted or energetically unsafe spaces. Olivia's story reflects the themes of disempowerment, secrecy, and the struggle for grounding. While she does not actively engage in online communities, her silent presence in digital spaces such as Reddit reflects a need for belonging and understanding without the vulnerability of disclosure. Her case illustrates how SP can shape not only internal states but also material life choices, reinforcing the argument that SP is an identity-shaping phenomenon with multidimensional effects.

**22. Ajay (UK, Female, 28)**

Ajay, who is deeply religious and actively involved in her church community, interprets her SP experiences through a spiritual lens, particularly as encounters with negative or dark energy. Her narrative demonstrates the role of instinct and discernment in identifying spiritual threat, highlighting the way SP can be perceived as a metaphysical intrusion rather than a purely physiological event. The experience left her physically immobilised, unable to speak or open her eyes, and fully surrendered to what she described as an unfamiliar and overpowering presence. Ajay had no prior knowledge of SP at the time, which intensified her fear and confusion and led her to rely entirely on prayer as her only form of resistance. Her account touches on core themes of disempowerment and spiritual interpretation.

**23. Desmond (UK, Male, 26)**

Desmond is not religious and approaches his SP experiences from a logical rather than spiritual standpoint, demonstrating a curiosity about the mechanisms behind the phenomena rather than adopting metaphysical interpretations. While he does not identify as spiritual, he entertains hypotheses about perception and frequency, particularly the possibility that human senses are limited to a narrow range of bandwidths. He considers whether SP might allow temporary access to expanded perceptual states, potentially explaining reports of spirit guides or higher-dimensional entities. His account reflects themes of multiple dimensions and the interface between scientific reasoning and

unexplained experience. Desmond's perspective contributes to the grounding of SP within models of consciousness and physics, while remaining receptive to anomalous phenomena.

**24. George (USA, Male, 51)**

Raised in a strict Baptist household, George's SP experiences disrupted and reconfigured his early religious framework. His episodes involved sensations of leaving the body, guided by a silhouetted figure that resembled himself. Despite his tendency toward fear, the presence was not experienced as threatening. George described recurring transitions through dark clouds that transformed into animated, non-threatening monster forms, followed by entry into unfamiliar realms. His accounts reflect themes of self-duplication, out-of-body travel, and altered spiritual perception, suggesting that SP served as a catalyst for shifting from inherited belief to personal experiential insight.

**25. Simon (Surinam, Male, 41)**

Simon, who follows Hindu spiritual traditions, incorporates a range of religious and meditative practices to manage and prevent SP. He avoids sleeping on his back or left side, particularly when facing a doorway, which he believes increases the likelihood of entity encounters. His strategies include prayer, chanting mantras, and reading sacred texts such as the Mahabharata and Bhagavad Gita. Simon described his meditation practice as rhythmically syncing mantras to music, using this as both a spiritual discipline and a protective measure. His account reflects themes of spiritual-musical integration and perceived vulnerability.

**26. Jason (USA, Male, 54)**

Jason, based in the USA, described a period where SP occurred almost nightly, severely disrupting his sleep and work life. With a religious upbringing but no current church affiliation, he ultimately framed his experiences as spiritual rather than medical, expressing scepticism toward clinical intervention. Financial limitations and concern over being pathologised kept him from seeking medical help, reinforcing his belief that SP was not a disorder but a deeper phenomenon. His experiences culminated in a mental health crisis, compounded by feelings of isolation and fear of judgment. Jason's narrative highlights themes of barriers to clinical support and interpretation, and the psychological toll of recurrent SP.

**27. Sophia (Canada, Female, 32)**

Sophia, who was raised within a religious tradition, described keeping her SP experiences private for much of her life, due to concerns about stigma and disbelief. She expressed a clear mistrust of medical professionals, feeling that her experiences would be dismissed or misunderstood. Instead, she framed her perspective around self-trust and inner knowing, asserting that what she experienced was valid regardless of others' scepticism. Sophia's account reflects themes of marginalisation, rejection of medicalisation, and the relationship between private knowledge and public stigma.

**28. Dawn (USA, Female, 35)**

Dawn, who does not identify with any religious belief, expressed frustration with both medical and therapeutic responses to her SP experiences. She described a lack of understanding from clinicians, including a therapist who interpreted her descriptions as

panic attacks. This mismatch in interpretation left her feeling invalidated and without adequate frameworks for understanding. While sceptical of purely medical explanations, Dawn was open to the possibility that SP involved more than is currently understood. Her account engages with themes of clinical dismissal, explanatory gaps, and the search for validation beyond biomedical models.

**29. Sandy (Canada, Female, 42)**

Sandy described a significant shift in her relationship with SP, moving from previous fear to a place of acceptance and curiosity. On one occasion, after consciously expressing a desire to have an episode, she experienced a vivid encounter involving a perceived dark presence followed by the opening of a tunnel of light. Despite the initial tension, she remained calm and open, which seemed to transform the experience into something awe-inspiring. Her account reflects themes of fear, transformation, intentional engagement, perceived presence, and light-based or transcendent phenomena.



### Appendix 11: List of Participants

No.	Country	Gender M/F	Age	Pseudonym
1	UK	M	53	Mark
2	USA	M	57	Martin
3	UK	F	42	Sara
4	USA	M	76	Michael
5	Belgium	F	21	Marcia
6	USA	M	46	Johnny
7	USA	M	60	Carson
8	USA	F	52	Samantha
9	UK	F	27	Betty
10	UK	F	52	Michelle
11	UK	F	20	Paisley
12	USA	M	28	Roger
13	USA	F	23	Tracy
14	USA	M	32	David

15	UK	F	29	Patsy
16	China	F	45	Lucy
17	USA	M	19	Ben
18	UK	F	39	Angela
19	USA	F	39	Rebecca
20	Israel	M	44	Devon
21	USA	F	35	Olivia
22	UK	F	28	Ajay
23	UK	M	26	Desmond
24	USA	M	51	George
25	Surinam	M	41	Simon
26	USA	M	54	Jason
27	Canada	F	32	Sophia
28	USA	F	35	Dawn
29	Canada	F	42	Sandy

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