Article

Nocturnal visitors

John O'Neill

A common thread runs through many paranormal experiences occurring with actual visitations from non-human entities. It seems irrelevant whether these visitors are ghosts to some, extraterrestrials to others, and angels or demons to other people. That thread is that the visitations occur during the night, regularly on the brink between states of sleep and wakefulness.

Often the hapless victim is powerless to resist the entity. They may feel physically overwhelmed or mentally controlled. Far from writing this article to proclaim these occurrences simply as bunk, I am actually writing to confirm at least an element of truth to the claims.

My support comes from a first hand experience that I had a couple of months back. Living in a small country town on the cusp of extensive farm and bushland, I am certainly in a location ripe for visitations by extraterrestrials. Indeed a not too distant edition of *That's Life*, or one of that type of magazine, featured a two page article on a UFO visit in the next town along, just 27km down the road. I am not so sure how ripe I am for visitations by ghosts, angels, demons, etc, but maybe they are in that realm as well

At home alone, I awoke in the wee hours of the morning to confront a disturbing experience. I perhaps should add at this point that I am not an especially sound sleeper, and waking during the night is not an infrequent experience for me. However what happened this night has, at least at the time of writing, only happened this once.

Lying flat on my back I attempted to roll over onto my side. Nothing happened. I attempted to move my arm to help push my body. Nothing. I attempted just to merely lift my arm. Still nothing. My body was utterly paralysed. I then attempted to speak (to this

day I am not really sure why, given that I was in the house alone, but I guess when you cannot move, you want to do something; anything). At best I was able to produce a guttural groan. No recognisable speech, and absolutely no possibility of producing any noticeably loud sound. I had the feeling of some other entity being in the room, but did not know and could not see what.

At this stage I have to admit I was starting to panic. I am a fit, healthy, relatively young man. I lift weights three or four times a week, and am above average strength, yet here I was literally unable to even lift a

finger to help myself. Suddenly the thoughts started flooding into my head of all those stories I have read and seen on TV. The way alien abductees, are often paralysed by their captors before being examined or ushered off into the spacecraft. It all made sense how a victim could be taken from their bed, while their partner sleeping next to them remained blissfully unaware of the abduction occurring. After all, if that was what was happening to me, there was no significant noise, and as I have said, I could not have made any action or sound to arouse a partner.

Then it happened. These thoughts caused some type

of skeptical connection in my mind. My thoughts raced onto readings I had done on the topic of sleep paralysis, in particular in Carl Sagan's excellent book *The Demon-Haunted World*. Suddenly my mind clicked up a gear as it realised what was happening, and I switched over from a very real and frightening semiconscious state into full consciousness.

Suddenly I could move and talk again, and I found myself alone in a dark room illuminated only by the faint glow of my digital clock. I pondered what might have been. If I had not been a Skeptic from way back, possessing that knowledge that helped my mind to switch into full consciousness, what could have happened to me? Would it have been possible that aliens could have abducted me, or a ghost paid me a visit? I was certainly primed for it and was not in a state to resist.

Despite having many years of sceptical understanding and reasoning, having actively pursued information in this area, I nonetheless had far greater exposure to stories of visitation and abduction than to possible explanations. Most people would only have the stories, and never have heard any

possible explanations. Even now looking back, despite the huge differences in physical control, there were only minor differences in mental alertness between the two states. There is absolutely no question about whether I was dreaming the incident; this was definitely a state of consciousness, yet I was massively suggestible, even to thoughts from the deep recesses of my own mind.

I have since gone back and revisited that material that helped shift me back into full consciousness and safety. I will quote here at length from *The Demon-Haunted World* (pp104-105, paperback edition):



Incubus

A common, though insufficiently well-known, psychological syndrome rather like alien abduction is called sleep paralysis. Many people experience it. It happens in that twilight world between being fully awake and fully asleep. For a few minutes, maybe longer, you're immobile and acutely anxious. You feel a weight on your chest as if some being is sitting or lying there. Your heartbeat is quick, your breathing laboured. You may experience auditory or visual hallucinations of people, demons, ghosts, animals or birds. In the right setting, the experience can have 'the full force and impact of reality', according to Robert Baker, a psychologist at the University of Kentucky... Baker argues that these common sleep disturbances are behind many if not most of the alien abduction accounts.

I must say I do not need Baker to tell me that these experiences could have the 'full impact of reality'. Following on from this quotation and my own experiences described above, consider the following defining experience of Peter Khoury, the coordinator of the *UFO*

Experience Support Association in Sydney, recounted in *The Oz Files* by Bill Chalker (pp.199-200

...I was paralysed, I could not move any part of my body but for the exception of my eyes which I could move, open or close. My brain was functioning but I could not do anything physically. I tried to call out to family members but I could not force the words out. At this stage I started to panic thinking I would not walk again. I thought I was truly paralysed.

He then goes on to explain an experience with alien beings, including having a 'needle-like flexible crystal tube' inserted into his head causing him to blank out. He later regained consciousness, and recounted lost time and described a scab and puncture wound left where the needle insertion occurred.

It was never my intent in this article to attempt to debunk stories such as this. Indeed in a very real sense these stories stand outside the realms of science.

They are one off occurrences that cannot be replicated and in most cases leave no investigable evidence, and are thus not subject to scientific inquiry.

Certainly Mr Khoury's story can be fairly easily explained away in a rational manner. Sleep paralysis explaining the paralysis. Hallucination explaining the experience with the extraterrestrials, followed by falling asleep explaining the blank out and the period of lost time. The puncture wound and scab could be from anything—a pimple, an insect bite or anything else in approximately the right location. The story also says he went to a family doctor following this experience for a checkup, but does not mention the doctor's verdict on this wound—a perhaps ungenerous assumption would therefore be that the doctor's analysis did not further support the story.

What I do not question is Khoury's genuineness about what he thinks he experienced. However I would

have to say that I think it highly likely that he experienced a situation similar to mine, with noticeably different outcomes. Sagan again, quoting the *Harvard Mental Health Letter* of September 1994:

Sleep paralysis may last for several minutes, and is sometimes accompanied by vivid dreamlike hallucinations that give rise to stories about visitations from gods, spirits, and extraterrestrial creatures.

Sleep paralysis is a very real phenomenon and may help to explain various paranormal experiences, but it is also interesting to further delve into its biological origins. Joseph Polanik, a researcher into sleep paralysis, identifies on his website the importance of sleep paralysis to everyone, and indeed then differentiates the phenomenon I have described above into a separate category known as *Awareness during Sleep Pa*-

ralysis (ASP). He says:

Sleep paralysis, by itself, has a very important protective function. About 4-6 times each night, whenever we cycle into REM sleep, the brain paralyses (sic) the body to keep us from harming ourselves or others by acting out our dreams. This is sleep paralysis and it usually passes unnoticed. When we do notice we are experiencing Awareness during sleep paralysis.

So what may be occurring is that the person essentially experiences a period of REM (rapid eye movement) sleep while in a partially awake state, and thus the body is in a natural state of paralysis for a short period of time. It should be noted that the condition does not only occur when people awake during a period of REM sleep, but can also occur as a person is falling asleep.

Al Cheyne from the Psychology Department at the University of Waterloo in Ontario, Canada, on what is almost certainly the best sleep paralysis site on the Web, concurs with the sentiments of

Polanik. However he prefers to refer to the phenomenon as *sleep paralysis with hypnagogic and hypnopompic hallucinations* or *experiences*, which refers to various sensations that I will describe in more detail later.

REM sleep is generally accepted to be the time at which dreaming is most common and most vivid. Cheyne, following other researchers, proposes that sleep paralysis may occur during an anomaly in the functioning of the neural populations that control the onset and offset of REM, as well as the neural populations that control sleep itself. Pharmacological treatments for sleep paralysis add support to the proposed neural mechanisms.

While it is closely related to REM sleep, Cheyne states that sleep paralysis:

...differs from REM dreams in that during SP there is little or no



Angel

blocking of exteroceptive stimulation and there is no loss of waking consciousness... the sensory cortex may be receiving both externally and internally generated information. The peculiarity of the [experience] may, in part, be a result of the brain's attempts to integrate endogenous cortical arousal originating in the pons with normal sensory input.

While some people experiencing sleep paralysis may just suffer simple illusions, Cheyne says that most people seem to undergo "hallucinations and quasi-hallucinations". While auditory hallucinations tend to be more common and more compelling than visual ones, either way the experience can be convincing. He emphasises the fact that the hallucinatory experiences undergone during sleep paralysis are far more potent than just dreaming. An hallucination:

...does not seem to be merely an idea. It has the quality of objectivity, that is, something beyond the willing and wishing of the experiencer. The "object" of the hallucination is taken to exist independently of the will of the experiencer... A

"full-blown" hallucination seems like a real experience and is believed to be a real experience.

Sagan also exhow plains hallucinations can be generated by electrical stimulation of certain parts of the brain, and how similar experiences can happen to people with temporal lobe epilepsy. Again he emphasises how real these experiences are to the people undergoing them. These hallucinations are:

The Nightmare, Henry Fuseli, 1781

...almost indistinguishable from reality: including the presence of one or more strange beings, anxiety, floating through the air, sexual experiences, and a sense of missing time... A continuum of spontaneous temporal lobe stimulation seems to stretch from people with serious epilepsy to the most average among us.

Cheyne goes on to explain how with education about sleep paralysis (or for some just their natural skeptical nature) experiencers, and especially repeat experiencers, may come to realise the hallucinatory nature of the experience. This however does not reduce the apparent reality of the experiences at the time. Some people indeed have such intense hallucinations that they cannot deny to themselves the reality of the experiences:

...they not only have vivid and complex imaginative experiences but are also convinced that these experiences have objective external sources. Such people are unlikely to describe their experience as one of sleep paralysis but perhaps as one of demon possession or alien abduction.

Many of the sensations felt by those experiencing sleep paralysis can be explained by its link to REM sleep.

The three most common sensations are the feeling of another being present (the so-called sensed presence) resulting in great fear, the sensation of a crushing pressure on the chest which may result in feelings of suffocation and fear of dying, and sensations of floating and out of body experiences.

The sensed presence may take on many forms—this will often vary from culture to culture and time to time. I have already suggested the possible link to aliens, and alluded to some other possible experiences like ghosts, angels and demons. Polanik raises some other common entities, which include the throttler, the crusher, the old hag, and the incubus or succubus (a spirit/demon that seeks sex with sleeping females or males respectively). Cheyne runs through several categories that the sensed presence may take on. Those mentioned by Polanik would all fit into Cheyne's 'evil presence' category, but some people will simply sense that 'something' is there,

while others will make realistic interpretations of the presence, such as that it is a housemate or partner. Other people will run through a series of possibilities, however overall a very high percentage of people associate the sensed presence with fear or terror.

The neural mechanisms explaining sleep paralysis in general also work well in explaining the sensed presence. Cheyne explains how during REM sleep motor output and sensory input are inhibited via the brain-stem, while the cortex is activated in-

ternally. During sleep paralysis bursts of neural activity may feed into the amygdala which under normal conditions would quickly evaluate dangerous situations. However as the presence is internally generated the amygdala is unable to confirm or deny a threat through sensory input, and an apprehensive state of suspicion may be maintained for an extended period of time. These conditions may then give rise to a ""thalamic" consciousness of an indefinite presence strongly associated with fear". As the paralysis continues, any further exogenous or endogenous stimuli, such as shadows or internally generated middle ear activity, will be interpreted as corroborations of the threatening presence.

The second common sensation of a crushing pressure on the chest is often linked to the sensed presence, for example sufferers often feel that the 'being' present is sitting on their chest. While this sensation is sometimes experienced in other forms than the chest pressure, including an associated feeling of being

choked, the general theme is a difficulty in breathing with thoughts of impending death.

Again this whole sensation is closely related to REM sleep causes. With paralysis of the body muscles, and the common REM respiration patterns of shallow, rapid breathing, hypoxia, and occlusion of the airways, breathing is quite different than normal. When conscious during sleep paralysis this experience can become quite frightening. This is then amplified when the individual tries to control their breathing, such as by taking deep breaths, and finds that they cannot do so due to the paralysis. These conditions may be interpreted as pressure on the chest and choking, with the possibility of suffocation. The sufferer may also associate these feelings with other sensations or hallucinations being experienced at the time, including the sensed presence and fear explained above.

The third common sensation is what could be termed the unusual bodily experiences. These include the sensations of floating, flying, and out of body experiences. These experiences can for some people be frightening like the other sensations, but some people report them as pleasurable or blissful. Indeed some people actively pursue sleep paralysis in an attempt to obtain these blissful sensations. Again the unusual bodily experiences can be associated with the sensed presence, for example a feeling that the presence is controlling the levitation or abducting the individual. Additionally it is not unheard of for individuals to report the seemingly almost contradictory feelings of the chest pressure pushing down on the body, and the feelings of floating at the same time.

Again these experiences can be linked to the REM neural mechanisms, where spontaneous activation of various brain centres, and in particular the vestibular nuclei, results in a contradiction with the proprioceptive feedback, and is interpreted as floating or flying. If the eyes are open during sleep paralysis this can lead to a further contradiction where the individual feels to be floating but can see that they are not. This, Cheyne says, "is resolved by a splitting of the phenomenal self and the physical body, sometimes referred to as an out-of-body experience".

Cheyne also gives very interesting figures on just how common sleep paralysis is, just in case anyone was thinking that this is a fairly rare occurrence happening only to somewhat unstable people. He reports that between 25 – 30% of all people have had a least a "mild form" of sleep paralysis, and the experience has recurred to about 20 – 30% of these people. In fact, so common does the condition appear to be, at least in mild forms, that he claims it is "entirely possible that almost everyone has experienced such a state but has scarcely noticed and soon forgotten the experience".

So sleep paralysis and spontaneous hallucinations may play a key role in the UFO visitation and abduction phenomenon, along with many other seemingly unrelated visitation and abduction phenomena, and yet the precursory conditions to these hallucinations may exist in almost everyone. As Sagan says:

There's no doubt that humans commonly hallucinate. There's considerable doubt about whether extraterrestrials exist, frequent our planet, or abduct and molest us. We might argue

about details, but the one category of explanation is certainly much better supported than the other.

The words of Peter Khoury, whose abduction experience I discussed earlier, seem to almost eerily echo the gist of the arguments presented about the reality and commonality of these experiences, and yet demonstrate the general reaction of society. He states:

When I tried to explain [to others] what had happened I was laughed at. I had no where to go for help... It was frustrating to experience something so bizarre, so strange, yet so real... What if you became a victim of the same circumstances? ..there are many individuals experiencing this phenomenon throughout the world.

In this world people experience all sorts of things and usually attempt to understand them as best they can. Often their attempts will fall short of what we may consider the most likely or most realistic explanations. In this article I have looked at possible causes for some relatively popular paranormal phenomena. Discounting the possibility for the time being that these experiences may be real (despite what many of those experiencing them believe) we perhaps should leave this story pondering why our society and our brains are structured in such a way that they allow these phenomena to occur so regularly and to so many people. It is easy to ridicule people that suffer these experiences, but really far more satisfying to attempt to understand them, and to help and educate them along the way.

I was perhaps saved from a paranormal experience simply by having educated myself. Thousands of others are not so lucky.

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