

Eskimo Sleep Paralysis

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ABSTRACT. Sleep paralysis is an essentially rare condition of unknown aetiology associated with both the narcolepsy-cataplexy syndrome and with psychological dissociative experiences. This supposedly rare condition seems to be well known to Alaska Eskimos, having Eskimo names, a traditional cause, and a method for treatment. Pertinent literature is reviewed on sleep paralysis, Eskimo personality dynamics, in particular the use of hysterical mechanisms, and traditional explanations for phenomena of this type including literature on shamanism. Suggestions are made for the clinical approach to patients in the cross-cultural setting.

RÉSUMÉ. *La paralysie du sommeil chez les Esquimaux.* La paralysie du sommeil est une condition essentiellement rare d'étiologie inconnue associée tant bien au syndrome narcolepsie-cataplexie qu'à des états de dissociation psychologique. Cette condition qui est sensée être rare, semble être bien connue de l'Esquimau de l'Alaska qui lui a donné des appellations esquimaudes, une cause traditionnelle et un mode de traitement. La littérature traitant de la paralysie du sommeil est passée en revue ainsi que la dynamique de la personnalité esquimaude, en particulier le recours aux mécanismes de l'hystérie et les explications traditionnelles des phénomènes de ce genre, y compris la littérature sur le chamanisme. On trouve des suggestions quant à l'abord clinique des malades dans un cadre de mélanges culturels.

Резюме. *«Сонный» паралич среди эскимосов.*

«Сонный» паралич является по существу редко наблюдаемым состоянием неизвестной этиологии, связанным как с синдромом нарколепсии-катаплексии, так и с психологической диссоциацией. Это считающееся редким состояние хорошо известно среди живущих на Аляске эскимосов, имеющих для него собственные эскимосские названия, традиционные причины возникновения, а также метод лечения. В работе дается обзор литературы по «сонному» параличу, динамике характера эскимосов и, в частности, по применению механизмов истерии и по традиционным объяснениям феноменов данного типа, включая литературу по шаманству. Вносятся ряд предложений по клиническому подходу к больным в условиях смещения культур.

INTRODUCTION

Over the years, studies of clinical syndromes in the North in relation to native peoples' cultures have been of three main kinds. First came descriptions of the so-called culture-specific disorders; the major example of these among the Eskimos was the "pibloktoq" syndrome and its variants (Brill 1913; Murphy and Leighton 1965), but there was also the phobic-like syndrome "kayak-angst" as it appeared in western Greenland (Gussow 1963). Secondly, and more recently, there has been a study of mental disorders as they are conceptualized within particular Eskimo tribes; and both Murphy (1965), working in western Alaska, and Vallee (1960), working in central Canada, have made contributions to it. A third, and still more

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recent and promising line of research has been developed by Briggs (1970) who describes the shaping of the aggressive drives in an Eskimo family: as these drives are modified by cultural demands one can see the development of what might be called psychoneurotic phenomena within the Eskimo child as it comes to appreciate the aversion exhibited by its elders to the open expression of anger.

The objective in the present paper is to describe and analyse the syndrome of sleep paralysis as it appears among the Eskimo people of Alaska; to relate it to the literature of Eskimo personality dynamics and to traditional Eskimo explanations of phenomena of the same type involving the non-empirical world and, indirectly, shamanism; and to indicate the importance of culturally relevant data in the clinical treatment of mentally-disturbed people of ethnically diverse origin.

DESCRIPTION OF THE SYNDROME

A very detailed description of this sleep paralysis is available from the original case notes concerning a 30-year-old married Eskimo woman who presented herself for help at the Counselling Office of the Anchorage Community College. Originally from a village in northwestern Alaska, she had come to live in Anchorage with her Eskimo husband and their children. She said she had first experienced her trouble before the age of eleven, but had not gone to the doctors in the Alaska Native Health Service (a branch of the Indian Health Service of the U.S. Public Health Service) until she was eighteen.

She provided the following description of an attack:

"Just before going to sleep and waking up, I get paralysed. Sometimes it starts with a buzzing. Sometimes I can almost see something and it scares me. My grandparents told me it was a soul trying to take possession of me, and to fight it.

After the buzzing sound I can't move. Sometimes I really start feeling like I am not in my body anymore, like I am outside of my body and fighting to get back. If I don't get back now I never will. I really get panicky. It takes me a long time to move sometimes, like forever. I feel like if I don't get back into my body that I am going to die. That is the first thing that I think of. I finally wake up and move and my heart is just pounding, and I am all shaken up and frightened."

She continued with a description of her visit to the Alaska Native Health Service:

"I told the doctors the native name for this and that lots of natives have this . . . no impression except funny looks by doctors . . . I was put on valium and chloral hydrate and tranquilizers. Saw Dr. B. who did an EEG (electro-encephalogram) and he had Dr. R. read it and he said sleep paralysis. Dr. B. continued the valium and chloral hydrate and I relaxed at first and got right to sleep but now and then still had paralysis

and had headaches the next day. Dr. B. left and Dr. S. said he didn't believe in drugs and referred me to a neurologist, Dr. J., and a psychologist, Miss A.; Dr. J. said that the EEG showed nothing, I guess. Miss A. said I was sane. Dr. D. said I was getting addicted to the valium and wants me to see Dr. J. again for an exam and spinal tap.

I feel my muscles are so tense, my muscles twitch, my eyes don't feel clear. I don't know what to do if I am addicted. I don't trust the doctors if I am an addict, but then who can I trust? I feel depressed and scared, like I don't know what to do and the doctor said you know that you're getting addicted. When I get up I am so tense that I can hardly move. My husband rubs me and gives me a hot bath. I feel like I am going to explode. I had sleep attacks last week over and over. I feel funny like shaking outside, uncoordinated. I am waiting for someone to show . . . In class I look to see when someone comes in the door. I don't like to be alone because I might kill myself. My kids would be better off if I were dead."

Following the initial examination, it was decided to conduct what may be referred to as a cross-cultural interview with the object of analysing the patient's statements, to confirm that she was suffering from a condition well-known to Eskimos from her area, and to learn as much as possible about that condition, how common it was, how conceptualized, how other counsellors handled cases of it and, finally, how people recovered from it, and whether the shaman was involved in treatment. In the process, speakers of the two basic Eskimo dialects of Alaska — the northern Inupiaq and the southern Yupik — were interviewed.

The results of the cross-cultural interview served to confirm the statements made by the patient. The syndrome occurs when an individual is going to sleep or waking up. It is characterized by an inability to move, an awareness of surroundings, a clear consciousness, and a feeling of great anxiety bordering upon panic. The person has no control over his body, may attempt to call out, but finds that he cannot utter a sound. The attacks may be accompanied by some prodromal warning; in the case cited the patient almost always experienced a buzzing sound prior to the attack and usually lasting through it. Other persons interviewed had experienced a smell or a clanging sound prior to an attack. Attacks usually ended spontaneously after a variable interval of time, but could also come when the person afflicted was touched by another person aware of his struggles.

The syndrome appears to be well-known and may be fairly prevalent among the Eskimos of Alaska. Aside from the initial informant, sixteen people were asked about it — eight Inupiaq-speaking and eight Yupik-speaking — with ages ranging from thirteen to eighty. All of them had heard of the syndrome and some had experienced it.

Although it is difficult to be certain about the meanings of words in the two dialects, or how they should be spelt, it appears that "augumangia" is the word most closely descriptive of the syndrome in Inupik, and "ukomiarik" in Yupik.

Traditional explanations for the events of the syndrome were discussed openly. The symptoms were explained by the relationship between man and the spirit

world. There is a belief that when people are entering sleep, sleeping, or emerging from sleep, they are more susceptible to influences from the spirit world. The existence of a relationship between man and the spirit world is for many an accepted part of life. One of the informants felt that if an individual did not believe in the spirit world he would be challenged; "a spirit would come to you and make you realize that there are spirits." Another wrote, after hearing a tape-recording of the initial interview:

"This sleeping thing can happen to anybody, if he or she knows that the certain place is haunted or if there's a spirit of someone in the certain place . . . I didn't know about this room till I told one of the workers about my sleeping paralysis, previous to that year there was someone died that used to stay in that room and even used to stay on that bed."

In the sleep cycle, the soul is believed to be more vulnerable to influences from spirits and more likely to leave the body. As indicated in the description cited above, the patient first interviewed felt during an attack that she was not in her body, and that she was fighting to get back in. Apparently, the paralysis relates to the body which has been left by its soul, and so is without the quality essential for life. There was clear implication that if the state of paralysis continued it would result in death.

Other people explained the sleep paralysis syndrome as a possession state in which a spirit enters the body of the susceptible person. The paralysis is related to the fact that the sufferer is "controlled" by the spirit and thus cannot initiate movements of his own.

The symptoms of sleep paralysis were not always easy to distinguish from other phenomena associated with sleep. There are different Eskimo words for bad dreams, nightmares, and sleep walking. Although these matters were not investigated in detail in connection with the present study, it may be surmised that similar phraseology may be in use in explanations of all sleep-related phenomena.

Any discussion of the relationship between sleep paralysis and shamanism was met with resistance. This is not surprising in view of the fact that shamanism was driven underground earlier in the present century, especially by church organizations. The present authors feel that with more exploration the link between the sufferer and the shaman would become more clear.

Several things were said in relation to treatment. The first patient stated that her grandparents always told her that "if you see any spirits, tell the people about it." There was the implication that discussion of the events with other people would be helpful. Another person wrote:

"Last of all, I would like to say how you should control yourself while having sleeping paralysis. From my parents I have learned that, when I have such things, I should be patient and try to take it easy. If I can't move and am stiff, I should try to move one of my joints, especially try to move my finger joints and toes. As soon as something moves you'll be relaxed. I have known about this ever since I was a kid, so does my fellow natives."

It was also suggested that the syndrome was related to the manner in which a person conducted his life. The "good" person would suffer from this condition less than the "bad" person. The psychological exploration of what might constitute good and bad was not undertaken in this study.

DISCUSSION

Rushton (1944) describes the essential elements of the sleep paralysis syndrome as follows:

"Sleep paralysis is a transient, benign paralysis at the beginning or end of sleep and usually associated with a clear consciousness. The paralysis always occurs during the transition between wakefulness and sleep or vice versa . . . Even though he may have experienced previous attacks and may realize that he will recover soon from this one, he usually cannot suppress a feeling of great fear . . . Recovery may be spontaneous or induced. If the latter, it is always by bodily contact. At times vigorous shaking is needed, but often a light touch is sufficient to dispel the attack within a few seconds. The frequency of attacks may vary from several times a week to once in six months or more."

The aetiology of the sleep paralysis syndrome is apparently unknown; however, it is often associated with the narcolepsy-cataplexy syndrome. West (1966) classifies sleep paralysis as a "disassociative experience related to sleep." He feels that the condition may be related to spontaneous waking during REM (Rapid-Eye Movement) sleep during which time the muscular relaxation related to this type of sleep is still in force. He also feels that there has not been "sufficient systematic studies to gain any good idea of its incidence or of its degree of correlation with other dissociative symptoms in the same person."

Rushton's description of sleep paralysis fits very closely with that reported by the Eskimo persons interviewed in connection with the present study. What is surprising is that sleep paralysis, which is described as a rare condition, seems from first report to be quite prevalent among Eskimos.

The fact that the syndrome may be classified as a dissociative type of a hysterical reaction may provide some clues to its seeming prevalence among the Eskimo population. Hysterical mechanisms have been postulated in the literature as a basic Eskimo reaction pattern. Brill (1913) sees them as the basis of the *pibloktoq* syndrome, and Parker (1962) sees an evident tendency toward hysterical type behaviour as a basic reaction pattern in Eskimo psychopathology. It has been the present authors' experience that hysterical behaviour, especially dissociative reactions associated with alcohol use and the breakthrough of anger, are very common phenomena. Certainly more systematic study of the sleep syndrome, in which account is taken of psychological, and possible organic, factors will have to be accomplished in order to shed further light on its aetiology.

Regardless of aetiology, the traditional explanation of this phenomena deserves further comment. The spirit world has existed and continues to exist as a reality for many Eskimo people. Burch (1971) has detailed the extent of the "non-empiri-

cal environment" of the north Alaskan Eskimos. He describes a total range of phenomena including "a wide variety of entities that range from human-like creatures at one pole to totally invisible beings at the other." The description of the sleep paralysis syndrome is thus consistent with the total range of Eskimo relationships with non-empirical events.

Some other elements of the syndrome are also of interest. There is little in the literature regarding the meaning of sleep to Eskimos. Spencer (1959), in his study of the North Alaskan Eskimos, reports that dreaming is experienced as the wandering of the soul. This also seems to be the major mechanism in the sleep paralysis syndrome. The other explanation — of a possession state — does not seem to be as significant here. Soul wandering, or soul loss, has been extremely important in both the causation and cure of disease. Murphy (1964) points out that it was at night, when the soul was considered to wander, that it was susceptible to influences which could cause disease. The possibility for the separation of body and soul was, on the other hand, an extremely important matter for the Eskimo shaman. It was his supposed ability to have his soul leave his body and travel about with his "familiar" spirits which provided the basic mechanism for him to seek out the causes of disease.

Separation of body and soul also relates to the concept of death. Lantis (1960), in interviews conducted with Nunivak Island Eskimos, records the following statement:

"That time, when I looked at the sick man, I saw two men: the body of the man and his shadow right next to him . . . A shaman told me that the shadow was the man's soul. When a person is going to die, his soul starts to leave."

The traditional explanations detailed above shed light on Eskimo world views, the relation of man and the spirit world, and the relation of the spirit world to symptom formation. The importance of understanding in this area is clear in the case presented in this paper in that the original patient lived in Anchorage, far from her home village, and was an "acculturated" person in all outward respects. However, she obviously retained an inner set of beliefs and explanations which were a reality to her. The possession of this information is of crucial importance to any mental health worker attempting to treat such a woman. Furthermore, the act of eliciting the information is an effective way of reducing the distance which may exist between such a patient and those charged with helping her.

CONCLUSION

More will have to be done in the future in an attempt to further delineate the syndrome of sleep paralysis. It is not, however, natural to clinicians to ask the questions which would elicit the type of material described in this paper, and so persons will have to be trained to ask different types of questions. As the questions change so will the data and, hopefully, the patient may be able to experience a form of therapy which strengthens his internal sense of reality and continuity rather than contributes to its destruction.

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