

Locked in Sleep, a personal experience

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Abstract

I have had for some years I can't count, a daily terrible night experience, and so disturbing that I feared the night when it fell and released its curtain down. I knew that on sleeping it would visit me and would horrify me, causing extreme distress. It's like witnessing death; I can't talk, I can't shout for help or scream or cry out. I can't move, I can't open my eyes, despite struggling hard. I just feel impending doom on my chest squeezing me very hard, where I can't breathe in fully, along with hearing buzzing and hissing sounds loudly for a few seconds, maybe minutes and then it releases as I am brought back to life, to reality, reborn as a spell lets go and passes away after a great struggle.

I never knew what it was until I heard about sleep paralysis and narcolepsy. So, I wanted to dig deep to find out why and what triggers this scary nocturnal phenomenon.

Keywords: sleep paralysis, myths, dream, muscle atonia, REM sleep, sleep disorder, narcolepsy.

Introduction and aetiology

Sleep paralysis (Parasomnia) happens when you cannot move your muscles as you are waking up or falling asleep and are not able to act out dreams. This is because you are in sleep mode but your brain is active, so the sleeper is awake or half awake and is aware of what is happening but can't move. It's not clear why sleep paralysis occurs but it has been linked with insomnia (2), sleeping supine, substance abuse, shifted nights, and the body not moving smoothly between different sleep phases. It can also be genetic and run in families.

Sleep paralysis is a period of paralysis at either sleep onset or upon awakening and is often accompanied by terrifying hallucinations (3).

A typical night's sleep has phases of 4-5 sleep cycles, with progression from non-rapid eye movement which takes 75% of our sleep phase, until the last phase of rapid eye movement where it shifts and the eye moves quickly and dreams happen along with complete relaxation of the body and the muscles turned off. If you become aware of REM, then you can't talk or breathe and feel paralysed. The REM accounts for 20-25% of every 7-8 hours spent in bed, and a complete sleep cycle takes about 90-110 minutes to finish.

During rapid eye movement (REM) sleep, your body is relaxed and your muscles don't move. Sleep paralysis occurs when the sleep cycle is shifting between stages. When you wake up suddenly from REM, your brain is awake, but your body is still in REM mode and can't move, causing you to feel like you're paralysed.

During these episodes, individuals remain aware of their surroundings and can open their eyes, despite the momentary inability to speak or move their muscles. Extreme fear reactions and hypnagogic and hypnopompic hallucinations can occur (i.e., seeing, hearing, and feeling things that are not there)(8). Sleep difficulties can serve as predisposing factors that may make episodes more likely to occur.

Research denotes likely influencing factors such as the intensification of anxiety symptoms, a tendency to apprehension, the presence of post-traumatic stress disorder (PTSD) symptoms, and behavioural factors such as the consumption of psychoactive substances (caffeine, alcohol, nicotine), sleep deprivation, along with poor sleep hygiene (2).

In countries like Libya, Egypt, and some Arab countries, they think it's a sort of evil occupying your body and is called 'Gotama', "jinn attack", as a result of aliens, spirits, or ghost visits during sleep. Similarly, China believes it is ghost oppression.



Figure 1 https://vrglovevs.life/product_details/4218034.html access on 28/03/2024

A study in Denmark supported and ascribed causes such as brain malfunctioning and reduced blood flow in the brain to their sleep paralysis episodes rather than supernatural creatures (1).

Analysis and Conclusion

Often this experience is associated with hearing loud buzzing in the ears, sensations of flying, along with difficulties in breathing. Some researchers thought it was connected with some sort of ‘alien abduction’.

There is, however, no cure for sleep paralysis, but advocacy about changing sleep positions, adjusting sleep environment and patterns, as well as the use of various relaxation techniques can be helpful to prevent sleep paralysis episodes. Also, attempting to move extremities and smaller body parts (e.g., fingers and toes) as well as trying to “calm down” at the moment were reported to be the most effective disruption techniques. The treatment consists of managing the risk factors that trigger the condition. In many cases, sleep paralysis is a one-off occurrence and the person does not have a recurrence. Most of us may expect to experience sleep paralysis at least once in our lives.

Sleep paralysis is a temporary inability to move or speak when you’re waking up or falling asleep. It’s not harmful and should pass quickly, but can be frightening. It can affect anyone but is most common in young adults. I recall I was terrified to go to sleep in bed as I knew what I was expecting.

Most descriptions of sleep paralysis demons have two things in common: ‘being unable to move or speak’, as well as ‘the sense of being held down by a malevolent, often supernatural, intruder’. Many people also describe a feeling of their chest being crushed. I recall how my chest was squeezed so hard to the level I couldn’t shout or cry out. I was just trying to get a release of that power compressing me.

It’s entirely safe to wake someone up from sleep paralysis. In fact, they will probably be hugely grateful. If you suspect your bed partner is experiencing sleep paralysis, you could try talking to them, tapping their shoulder, or gently shaking them.

Sleep paralysis can occur in otherwise normal sleepers, and is surprisingly common in its occurrence and universality. It has also been linked to certain conditions such as increased stress, excessive alcohol consumption, sleep deprivation, and narcolepsy which is a sleep disorder in which the brain fails its ability to regulate sleep.

After an episode of sleep paralysis, you may feel absolutely exhausted. The experience may be emotionally overwhelming, and draining and some patients wake up gasping or crying. Other symptoms are sometimes reported, such as a rapid heart rate.

During an episode of sleep paralysis, you might have the sensation of a harmful presence in your bedroom, or pressing down on you — but you can’t move or scream.

Sleep paralysis refers to the phenomenon in which resumption of consciousness occurs while muscle atonia of REM (rapid eye movement) sleep is maintained, leading to intense fear and apprehension in the patient as the patient lies awake without the ability to use any part of their body. It is often complemented by visual hallucinations of the intruder and Incubus array. The former involves the observation of a dangerous person or existence in the room, while the latter is categorised by a hallucination with a feeling of pressure on the thorax, and is supplemented by feelings of extreme anxiety, and paralysis, along with feelings of suffocation.

The usual phase of the sleep cycle in which it manifests is the REM sleep phase. During non-REM sleep, there is an increase in parasympathetic tone and a decrease in sympathetic tone, while during phasic REM sleep, there are surges in sympathetic tone. It prevents movement of body parts in response to the dreams and muscles of the body become paralyzed temporarily. If the patient achieves wakefulness in this state, it creates the dissociation between perception and motor control that is characteristic of sleep paralysis (5).

Another condition is called narcolepsy, which is a disorder of rapid onset rapid eye movement (REM) sleep characterized mainly by excessive daytime sleepiness (EDS), frequent uncontrollable sleep episodes as well as sleep fragmentation and can be associated with cataplexy, sleep paralysis, and hypnagogic hallucinations (4). It is a chronic, long-term neurological disorder characterized by a decreased ability to regulate sleep-wake cycles.

Some clinical symptoms enter into differential diagnosis with other neurological diseases.

The majority of people with narcolepsy experience cataplexy, which is a loss of muscle tone. Many people experience neurological complications such as sleep cycle disruption, hallucinations, or sleep paralysis. Because of the associated neurological conditions, the exact pathophysiology of narcolepsy is unknown (6).

There is another phenomenon, called Isolated sleep paralysis which is a benign nonetheless fear-provoking condition characterised by a momentary failure to move at sleep onset or upon awakening.

To conclude, nightmare disorder can cause insomnia due to the distress of falling asleep through dread of nightmare occurrence. After all, sleep paralysis signifies a dissociated state, with the persistence of REM atonia into wakefulness. It’s postulated that deviations in circadian rhythm genes could be the culprits. Inclining problems include sleep deprivation, irregular sleep-wake schedules, medications such as sertraline(9), and jetlag(7). The most effective therapy consists of avoiding those factors(7).

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