

II Demons and (Mis)Diagnosis: A Cultural Case Study of Sleep Paralysis

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Learning Overview: The goals of this presentation are to: (1) review the core symptoms and prevalence of Sleep Paralysis (SP) with hypnagogic hallucinations; (2) describe the impact of cultural context in the interpretation of SP symptoms; and (3) identify the potential errors in psychiatric diagnoses of patients with SP.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by helping attendees appreciate the varied manifestations of SP in different cultural settings, allowing for accurate diagnoses and referrals. Attendees will increase cultural competency, avoid erroneous diagnoses, and effectively consider SP in the differential diagnosis of hallucinations.

SP is a relatively widespread phenomenon in which individuals awaken and are unable to make voluntary muscle movements. This phenomenon is frequently accompanied by hypnagogic hallucinations, often of a threatening figure or presence. SP is considered a parasomnia, a sleeping disorder, if it recurs frequently and is distressing. SP has a lifetime prevalence rate of 7.2%, with students and psychiatric patients experiencing SP more frequently.¹ It often accompanies other sleeping disorders, such as narcolepsy.

Interpretation of SP, especially the hallucination of an evil being, varies between cultures and countries. The “hag” in Shakespeare’s *Romeo and Juliet* is considered to be a manifestation of SP, while in Brazilian tradition, there is the character of Pisadeira, an old woman who lurks on rooftops and crushes sleepers’ chests.² More recently, individuals interpret their hallucinations during SP as part of an alien abduction.³ The cultural context of interpreting the symptoms of SP has a significant impact on the way individuals seek and receive treatment for SP; due to cultural stigmas, they may turn to confidential sources (such as herbalists and shamans) for help rather than seek treatment at medical institutions.⁴

Forensic evaluators routinely assess for the presence of psychotic symptoms but may not consider SP as an etiology. The differential diagnosis of hallucinations typically focuses on primary psychotic disorders, such as schizophrenia or substance-induced psychosis. *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* does not include SP in the differential diagnosis of psychotic disorders, but does include schizophrenia in the differential diagnoses of narcolepsy.⁵ Accordingly, an evaluator’s index of suspicion for a sleep disorder may be low in the context of bizarre and threatening hallucinations. An evaluator may err in diagnosing a major psychotic disorder or attributing “atypical” symptoms to malingering instead of referring an evaluatee for a sleep study. Errors in diagnosis may expose an individual to unnecessary treatment or result in a damaging label of “malingering.” This presentation illustrates the potential for error with a forensic case study of a man who interpreted vivid SP-related hallucinations as an evil demon spirit that threatened him. He interpreted the hallucination as a signal of his need to improve his religious practices. His family, who attended the same Baptist church, endorsed this interpretation. However, forensic evaluators concluded he was malingering and did not refer him for further treatment or evaluation.

Reference(s):

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5. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington Virginia: American Psychiatric Association, 2013.

Sleep Paralysis, Hallucination, Culture