

The Figure in the Room

Sleep Paralysis, the Sensed Presence, and the Question of Spiritual Attack

Alisha Bradley, M.A.

October 2026 | Version 1.0

Independent working paper. This paper presents developing hypotheses, research questions, and interdisciplinary inquiry. It has not undergone peer review.

Abstract

Sleep paralysis is a well-described sleep-wake phenomenon in which consciousness returns while rapid-eye-movement (REM) muscle atonia persists. Yet the experience frequently includes more than immobility. Across cultures, people report a sensed hostile presence, a shadowy human-like figure, footsteps or voices, chest pressure, suffocation, terror, and the conviction that an entity is in the room or on the body. Sleep science offers plausible mechanisms involving REM intrusion, respiratory changes, hypervigilance, body-schema disturbance, and dream imagery entering waking awareness. Cross-cultural research also shows that supernatural interpretations differ in their cultural details. Still, the recurring structure of the experience raises a question I want to keep open: does a shared neurobiology fully explain the recurring “intruder,” or could a biological sleep state also represent a point of vulnerability through which some people experience what Christian theology would call spiritual oppression? This paper examines both possibilities without treating demonic causation as scientifically established.

Author's Note

I am currently developing a methodology and applied modality concerned with the convergence of mind, soul, physical body, and spirit. These working papers document the questions, theoretical propositions, and research directions informing that work. I distinguish reported experience, established scientific findings, Christian theological interpretation, and my own developing hypotheses. The purpose is not to replace psychiatric, medical, or sleep evaluation with a spiritual explanation, but to ask whether our existing explanatory categories are sufficiently complete.

Why the Reports Are So Striking

The part of sleep paralysis that interests me is not simply that people cannot move.

It is that so many people describe an intruder.

A person wakes and knows they are in the bedroom. They cannot move or speak. They may feel pressure on the chest or difficulty breathing. Then there is the presence: something is there. Sometimes it is invisible but unmistakably sensed. Sometimes it appears as a dark or shadow-like human figure. Sometimes footsteps, whispering, breathing, voices, touch, or movement are perceived. Some people describe an entity sitting on or pressing against the body.

The reports are not literally identical, and culture influences what the figure becomes. But the recurring structure is striking enough that sleep researchers have names for it: the “intruder” experience and the “incubus phenomenon.” A systematic review describes the incubus phenomenon as an almost stereotyped presentation involving an apparent being, thoracic pressure, paralysis, fear, and sometimes aggressive or sexual behavior (Molendijk et al., 2017).

So my question is not based only on folklore. The recurring experience itself is documented.

Why does a REM-related state so often produce the experience of an intelligent, threatening presence?

What Sleep Science Explains Well

Sleep paralysis occurs at the boundary between sleep and wakefulness. During REM sleep, the brain normally suppresses most skeletal muscle movement - REM atonia - while vivid dreaming occurs. In sleep paralysis, awareness emerges while that muscle inhibition has not yet fully released.

That explains the paralysis.

REM physiology also helps explain other features. Dream imagery can intrude into waking consciousness as hypnagogic or hypnopompic hallucinations. Reduced respiratory muscle activity and the supine sleeping position can contribute to sensations of chest pressure or restricted breathing. Hypervigilant threat systems may become activated when a conscious person discovers that the body will not move. Reviews propose that the “intruder” experience may involve this hypervigilant state combined with internally generated sensory material, while vestibular-motor disturbances may contribute to floating, out-of-body, or movement sensations (Denis et al., 2024; Olunu et al., 2018).

This is a coherent biological account.

It explains why paralysis occurs. It offers plausible mechanisms for chest pressure, dream imagery, sensed presence, and fear. It also explains why episodes cluster around sleep disruption and REM transitions.

The scientific account deserves to be understood before any supernatural conclusion is made.

But Why a Presence?

The unresolved part, for me, is the social character of the hallucination.

Why does the brain so often construct not merely a random shape, sound, or dream fragment, but an agent - someone or something that is present, watching, approaching, pressing, threatening, or acting intentionally?

Contemporary reviews acknowledge the recurring global report of shadowy human-like figures, frightening presences, footsteps, and pressure. One recent review describes the universal aspects of sleep paralysis as including a sensed frightening intruder and a shadowy human-like figure, while suggesting that shared neurobiological factors may account for the cross-cultural similarities (Denis et al., 2024).

That may be correct.

A shared human nervous system can produce shared human experiences. If the same sleep-state machinery fails in the same way, recurring perceptual patterns are not surprising.

But the recurrence also generates the question I am interested in: Is the sensed presence merely the brain's best threat-model under paralysis, or is the brain-state explanation describing the conditions under which the experience occurs without necessarily settling whether anything beyond the brain is present?

Those are not the same question.

The Cross-Cultural Record

Sleep paralysis has been interpreted supernaturally for centuries and across geographically separated cultures.

A review of sleep paralysis in folklore describes traditions involving the Old Hag in Newfoundland, ghost oppression in China, vengeful spirits in Japan, jinn in Egypt, evil spirits in Ethiopia, a pressing spirit among Hmong communities, demonic beings in Nigeria, and the Brazilian Pisadeira - a frightening figure said to press on the sleeper's chest. Other work documents the Turkish Karabasan, Cambodian ghost attacks, Italian Pandafeche, and other culturally specific intruders (de Sá & Mota-Rolim, 2016; Jalal et al., 2021).

This evidence requires careful interpretation.

It is not accurate to say that people who do not know one another all report precisely the same being. They do not. Culture clearly shapes the identity, appearance, narrative, and meaning of the experience.

What does recur is a narrower architecture: paralysis, fear, sensed presence, intrusion, pressure or suffocation, and human-like or supernatural agency.

Science can reasonably argue that this common architecture reflects common REM physiology while culture supplies the costume.

A supernatural interpretation could make a different argument: perhaps cultures are giving different names and images to encounters with a category of hostile non-physical presence.

The existing data do not decide between those ontological interpretations. They do show that the phenomenon is more interesting than a single modern cultural story.

A Christian Theological Reading

Christian theology already contains a category for hostile non-physical agency: demonic or unclean spirits. The New Testament portrays spiritual evil as personal rather than merely symbolic, and Christian traditions have long interpreted some experiences of nocturnal oppression through that framework.

That does not mean Scripture describes REM sleep paralysis. It does not.

There is no biblical passage that says a shadow figure seen during sleep paralysis is a demon. To make that equation as though it were explicit biblical teaching would go beyond the text.

Theologically, however, a Christian can ask whether states of reduced physical control, terror, altered perception, or sleep-wake transition could ever coincide with spiritual oppression. The possibility follows from the broader Christian ontology, not from a sleep-paralysis proof text.

I am interested in that possibility because my larger work asks how spiritual phenomena, if real, would be experienced through an embodied nervous system.

Sleep paralysis provides an unusually clean example. We know a distinctive biological state is occurring. The question is whether biology is the complete ontology of the event or the bodily condition through which the event is experienced.

A Two-Level Hypothesis

The hypothesis I want to explore is not “sleep paralysis is demonic.”

It is this:

A REM-related dissociative state can account for the physiological vulnerability and many perceptual features of sleep paralysis. Within a Christian ontology, it remains conceptually possible that some episodes could also be experienced as spiritual oppression, with the biological sleep state functioning as the embodied context rather than the ultimate source of every feature.

That creates two levels of explanation.

Level one is mechanism: REM atonia, sleep-wake dissociation, respiratory sensation, hypervigilance, dream imagery, body-schema disruption, and threat perception.

Level two is ontology: What, if anything, is being perceived?

Current sleep science is equipped to investigate level one. It can test brain states, sleep stages, physiology, risk factors, and perceptual mechanisms. It cannot directly demonstrate that a non-physical being is or is not present.

The existence of a mechanism does not logically establish an external spiritual cause. It also does not, by itself, settle every metaphysical question about the experience.

What Research Could Actually Ask

A better research program would begin with phenomenology rather than assumptions.

What percentage of people sense a presence? How often is the presence visual, auditory, tactile, or purely sensed? What features remain stable across cultures, and which are culturally shaped? Does prior belief in demons, ghosts, jinn, or other entities predict the form of the hallucination? What do people with no prior supernatural framework report? Do first episodes differ from later episodes after a person learns a cultural explanation?

Researchers could also examine physiology. Are episodes with an “intruder” distinguishable from paralysis without an intruder in autonomic activation, breathing, heart-rate variability,

sleep stage, or neural activity? Does terror precede the sensed presence, or does the sensed presence precede terror? Does the order differ across people?

For a spiritual hypothesis, a harder evidentiary question would be required. Does anything occur during these episodes that cannot be accounted for by dream imagery, expectation, memory, sensory ambiguity, or known sleep physiology? Are there independently verifiable perceptions? Are there consistent effects of spiritual interventions that exceed expectancy, arousal reduction, or other plausible mechanisms?

Prayer may be deeply meaningful to the experiencer and may reduce fear. That is not the same as proving that an entity was expelled.

The research has to preserve that distinction.

The Similarity of Reports Is Evidence of a Phenomenon - Not Yet Its Cause

This distinction is particularly important because the cross-cultural similarity is compelling.

When people in different places report paralysis, pressure, a threatening presence, and a shadow-like figure, we have evidence that there is a recurring human phenomenon requiring explanation.

We do not yet have evidence, from similarity alone, that the recurring cause is a demon.

The same observation can support competing hypotheses. Shared neurobiology predicts recurring perceptual structure. A supernatural model might predict recurring hostile-agent experiences. Cultural models predict variation in how the presence is named and visualized. The actual literature contains evidence relevant to all three levels: biological commonality, phenomenological recurrence, and cultural variation.

That is precisely why I think the phenomenon belongs in a convergence framework rather than being claimed exclusively by either sleep medicine or spiritual warfare.

Clinical and Spiritual Care Can Coexist

For most people, isolated sleep paralysis is frightening but not dangerous. Recurrent episodes can be associated with sleep disruption, narcolepsy, anxiety, trauma, and other conditions, and persistent or distressing episodes warrant clinical assessment.

A Christian who experiences sleep paralysis does not have to choose between learning about REM sleep and praying.

Someone can improve sleep regularity, evaluate narcolepsy or other sleep disorders, address trauma or anxiety, and also seek spiritually meaningful support. What should be avoided is using a demonic explanation to discourage appropriate medical or sleep evaluation, or telling a frightened person that the presence was definitely a demon when the evidence cannot establish that.

The convergence I am interested in leaves room for spiritual seriousness without requiring clinical irresponsibility.

The Question I Am Carrying Forward

Sleep science has given us a compelling account of how the body can be awake while REM paralysis remains. It has plausible explanations for dream intrusion, chest pressure, fear, and the sensed presence.

And I am still left with the figure in the room.

Why does the experience so often become social? Why an intruder? Why agency? Why the conviction of presence? Why the recurring shadow-like human form? How much of that is produced by the architecture of the human threat system? How much is learned through culture? Is there any remainder that current models do not explain?

And if Christian theology is correct that reality includes hostile spiritual intelligences, what evidence would allow us responsibly to distinguish a spiritual encounter from an internally generated sleep-related hallucination?

I do not think the responsible answer is to declare every shadow a demon.

I also do not think the intellectually responsible answer is to stop asking the question simply because REM physiology is real.

The biology is real. The experience is real. The interpretation remains open to investigation.

References

- de Sá, J. F. R., & Mota-Rolim, S. A. (2016). Sleep paralysis in Brazilian folklore and other cultures: A brief review. *Frontiers in Psychology*, 7, 1294. <https://doi.org/10.3389/fpsyg.2016.01294>
- Denis, D., et al. (2024). Recent insights into sleep paralysis: Mechanisms and management. *Cureus*. PMID: PMC11344621.
- Jalal, B., et al. (2021). Beliefs about sleep paralysis in Turkey: Karabasan attack. *Transcultural Psychiatry*. PMID: PMC8060736.
- Molendijk, M. L., Bouachmir, O., Montagne, H., Kloosterboer, M. A., & Blom, J. D. (2017). Prevalence rates of the incubus phenomenon: A systematic review and meta-analysis. *Frontiers in Psychiatry*, 8, 253. <https://doi.org/10.3389/fpsyt.2017.00253>
- Olunu, E., Kimo, R., Onigbinde, E. O., et al. (2018). Sleep paralysis, a medical condition with a diverse cultural interpretation. *International Journal of Applied and Basic Medical Research*, 8(3), 137-142.
- Sharpless, B. A., & Doghramji, K. (2015). *Sleep Paralysis: Historical, Psychological, and Medical Perspectives*. Oxford University Press.
- The Holy Bible. Ephesians 6:12; Mark 5:1-20; Luke 8:26-39; James 4:7.