COMPLETE GUIDE TO SLEEP PARALYSIS
FACTS, CAUSES & BENEFITS
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Introduction

Considered a benign experience by conventional scientists, sleep paralysis refers to the sensation of being briefly unable to perform voluntary movements either at the onset of sleep (during what is known as the hypnogogic state) or upon awakening (during the hypnopompic state). Although many people have the feeling that the paralysis lasts an unbearably long time, in reality, these experiences are generally no longer than a few seconds’ duration.

Sleep paralysis, although not an uncommon phenomenon is generally not well understood. Individuals who have reported experiencing sleep paralysis commonly describe being fearful of the condition.

The phenomenon, however, is harmless and can have no effect on one’s health. The only potentially negative repercussion is the psychological impact that may result from ignorance of the actual processes related to this experience. It is ironic that this experience often precedes the out-of-body experience: a phenomenon that can eradicate fear of death and of superstitions like "evil spirits."

The technical term for this sensation of not being able to move the body, when unrelated to the pathological catalepsy, i.e. when related to the OBE, is projective catalepsy. Projective catalepsy is a benign phenomenon that even has the potential to catalyze one’s extrasensory perceptions.
A global survey on the OBE conducted by the International Academy of Consciousness (IAC), a leading research organization in the fields of out-of-body experience - also known as astral projection - and paranormal phenomena, revealed that 52.57% of individuals who have had an OBE claim to have experienced sleep paralysis in association with this phenomenon.

Projective catalepsy occurs when an individual becomes aware of departing from or returning to the physical body with the astral body, and at the moment at which the two bodies are not fully aligned. In this case, the individual feels himself to be inside the body, however the physical brain does not respond to his command due to this non-alignment.

The most beneficial posture to adopt in such moments would be to take advantage of the opportunity presented by the non-alignment of the two bodies and completely detach from the physical body. This would allow the person to have some perceptions of the non-physical reality of life. Such experiences can have very positive ramifications as they provide irrefutable personal proof of the existence of life beyond the physical body. Besides this unique opportunity, the individual may also undertake a series of observations and experiments aimed at learning more about the multidimensional nature of human life.

Some experiencers who naturally and frequently have sleep paralysis have utilized it as a convenient transition into the conscious OBE.
What Causes Sleep Paralysis?

What really causes sleep paralysis?

The short answer is no one knows. There is no definitive explanation or general consensus. In part it is because, in science, it is difficult to establish causes for phenomena. It is easier to establish statistical correlations.

In other words, we can say that there are certain things that appear to be related to sleep paralysis. That correlate could be a cause of sleep paralysis or the other way around.

Does it happen in the brain?

Experiences don’t happen in the brain. They are inner, subjective experiences (qualia). However, they can be correlated to biological events. There are also different paradigms among scientists. There is dominant paradigm that leads scientists to believe that all mental phenomena are caused by biological processes. There is a growing minority of scientists that are open to the possibility that Mind or Consciousness is not necessarily result of biology.

Consciousness can be seen as a vital principle that animates or even causes biology (quite the opposite). Even if there is a biological trigger or mechanism behind sleep paralysis, it does not mean the experience can be reduced to biology.

Our experience is subjective and internal to consciousness. In other words, while sleep paralysis and OBE are not necessarily imaginary, they can still have biological triggers and correlates. That said, if there is a mechanism of some sort, where could it be found?
Dr. Kevin Nelson (University of Kentucky, USA) has statistically corroborated what experiencers have known for a long time: that the OBE is correlated to sleep paralysis. The majority of out-of-body experiencers have had sleep paralysis and vice-versa. For this reason, Dr. Nelson suspects the temporo-parietal cortex could be related to sleep paralysis as this brain region is important for integrating information from the eyes, ears and body that contribute to the orientation and position of self in space (proprioception).

He points out that electrical stimulation of this region produces out of body experiences, as shown by Dr. Olaf Blanke (Switzerland).

Dr. Blanke reported using electrodes to stimulate the brain of a woman who had epilepsy to find the origin of her seizures. Stimulating the angular gyrus of her right cortex repeatedly caused her to report OBE-like perceptions.

To begin to understand how these disorders have such frightening effects, it’s important to know how the sleep cycle works. Sleep can be divided into four stages during which your brain activity, heart rate and breathing rate slow down.

A normal sleep pattern is thus organized: awake, stage 1, 2, 3, 4, 3, 2, REM; this cycle takes about 90 minutes.

REM sleep is characterized by eye-flickering (rapid eye movement). The first REM period lasts about 10 minutes, gradually lengthening which each cycle, up to about an hour. REM sleep is when most vivid, recalled dreams are thought to take place. Your heartbeat may increase during this stage and muscles may twitch occasionally (myoclonia).
Usually, muscle control resumes before regaining awareness. If you wake up before a cycle of REM sleep is complete, your body might not regain regular function in sync with your mind. Sleep paralysis then can be considered a form of intrusion into REM sleep (REM intrusion). Why is it a temporary and apparently involuntary condition? The slight out-of-sync timing of a natural, nightly-occurring process could account for this.

**People often report sensing an evil spirit or intruder during SP. Is that a hallucination?**

Hallucination may not be the most accurate term, but it is most likely an illusory experience like dream imagery. It would be natural for our brain to attempt to explain why we cannot move using cultural references - some may see an “old hag” while others might see “a demon.” When the experiencer is used to the experience and understands its cause as physiological or as related to the OBE, we understand - through anecdotal reports - that the fear subsides.
Lastly, out-of-body experiences could be exactly that: the consciousness projects into another dimension while the body is asleep. Those who discard this possibility think the OBE is illusory and is associated with structures in the brain known as vestibular nuclei that co-ordinate body movement. The feeling of viewing oneself from outside the body would be due to a connection problem between brain activity and body control. This would not explain how experiencers are able to make accurate observations at a distance or while the body is unconscious or in clinical death or even interact with each other during shared experiences.

The fact that the fear can fade away suggests it is not purely a biological reaction. Those who believe it must have a biological basis think that it could be caused by the combination of lower sensory detection thresholds and high activity in the amygdala, since it is known as the “emotional center” of the brain.

Other commonly reported aspects of the experience like breathing difficulty seem related due to paralysis of the muscles in the upper airways that causes feelings of choking and suffocation -- which for beginners could lead to dreamlike imagery of negative entities pressing them down or choking them.
Conclusion

There is no evidence that sleep paralysis is only an illusion caused by the brain. However, there are clearly biological mechanisms at play that cause the paralysis and difficulty in breathing itself. Biology could play a role in the fear, in the illusions and possibly the OBE-like sensations.

Frequent OBE experiencers, however, would argue that the projections are real, even though the illusions of intrusive negative beings that sometimes accompany sleep paralysis are usually not - not unlike the illusions of falling down a cliff that accompany jerk awake sensations.

Experienced projectors also become accustomed to sleep paralysis and do not fear it like beginners, suggesting the fear may not be fully biologically-based. Regardless, it is clear that sleep paralysis is considered a harmless phenomenon and that it is correlated to the OBE.

Those who have periodic sleep paralysis can use it to achieve OBEs and those who practice OBE should expect to experience sleep paralysis from time to time, understanding that there are normal physiological and consciousness processes at play, without true cause for fear.
CHAPTER TWO

SLEEP PARALYSIS FACTS
Chapter 2

Sleep Paralysis Facts

Sleep paralysis is a commonly misunderstood phenomenon. We’ve gathered some key sleep paralysis facts from scientific sources: “conventional” or reductionist science as well as consciousness-centric or “multidimensional” science (which admits the possibility of realities beyond this material reality).

What is sleep paralysis like?

Sleep paralysis (SP) refers to the sensation of being briefly unable to perform voluntary movements either at the onset of sleep (during what is known as the hypnagogic state) or upon awakening (during the hypnopompic state).

Although many people have the feeling that the paralysis lasts an unbearably long time, in reality, these experiences are generally no longer than a few seconds’ duration.

People frequently report feeling a “presence” that is often described as malevolent, threatening, or evil, most likely as an attempt to explain why they cannot move. An intense sense of dread and terror is very common, again due to the inexplicable inability to move. This fear is absent in people who are used to the experience, such as experienced out-of-body experiencers.

The presence is likely to be vaguely felt or sensed just out of sight but thought to be watching or monitoring, often with intense interest, sometimes standing by, or sitting on, the bed.
People frequently try, unsuccessfully, to scream or to move. After seconds or minutes one feels suddenly released from the paralysis, but may be left with a lingering anxiety.

Extreme effort to move may even produce phantom movements -- conventional paradigm scholars explain this as proprioceptive feedback of movement that conflicts with visual disconfirmation of any movement of the limb; however, OBE experiencers clearly identify this as their astral body moving apart from the body.

In other words, in an attempt to move the physical body, they ended up moving their astral body (head, limbs).

On some occasions people report the presence may attack, strangling and exerting crushing pressure on the chest. People also report auditory, visual, proprioceptive, and tactile perceptions, as well as floating sensations and out-of-body experiences (Hufford, 1982). Again, no surprise here, as the SP seems to be a common intermediary condition between the physical waking state and OBEs. These various sensory experiences have been referred to collectively as hypnagogic and hypnopompic experiences (HHEs).
How common is sleep paralysis? Who does it happen to?

Several surveys point to 25-30% of the population reports that they have experienced at least a mild form of sleep paralysis at least once; about 20-30% of them have them more than once (about 8% of the general population sleep paralysis with some regularity). In a few cases, these can be quite frequent for an extended period of time. Kazuhiko Fukuda, a professor at Fukushima University in Japan, suggest that it may strike between 40 percent and 60 percent of all people at least once.

Clearly, these experiences are quite common and universal and not rare, pathological conditions that a few people “suffer” from. The first episode of sleep paralysis typically occurs in the first three decades of life, especially in adolescence, but it can happen at any age.

People who have out-of-body experiences or near death experiences are more likely to report this effect, according to a survey led by Dr. Kevin Nelson published in the journal Neurology. The authors interpret this as evidence for a biological explanation for this mystical experience, but the correlation -- which has been known to lucid projectors for decades -- is not necessarily a causal relationship. It could also be exactly the opposite: that the OBE makes sleep paralysis more likely.

Dr. Nelson’s team found that 96% (24 of 25) of near death subjects having sleep paralysis also had an out-of-body experience either during sleep transition or near death. In a control group of 55 people, three reported that they had an out of body experience, two of which had experienced sleep paralysis.

While sleep paralysis and OBE are not necessarily imaginary, they can still have biological triggers and correlates. Dr. Nelson suspects the temporo-parietal cortex could be related to sleep paralysis as it is important for integrating information from the eyes, ears and body that contribute to the orientation and position of self in space (proprioception).
Can sleep paralysis be beneficial?

Arguably, the most beneficial posture to adopt in such moments would be to take advantage of the opportunity presented by what some interpret as the non-alignment of the physical body and the astral body and complete the process of the out-of-body experience. This would allow the person to have some perceptions of the multidimensional nature of life. Such experiences can have very positive cognitive shifts similar to those reported in near-death experiences: loss of fear of death, greater inspiration for one’s life purpose, enhanced sense of altruism and universalism, and more. Experiencers believe they provide irrefutable personal proof of the existence of life beyond the physical body.

Is sleep paralysis harmful? Are there risk factors?

Individuals often wonder “is it serious? Is it harmful? Is it negative?” It is not, but it is often scary at first. Those who have reported experiencing sleep paralysis commonly describe being fearful of the condition, which is why the world’s cultures have various spooky interpretations of the phenomenon ranging from alien abductions to evil spirits. However, SP is harmless and no more pathological than other naturally-occurring altered states.

It was thought in the past that sleep paralysis was a significant part of the so-called “narcoleptic tetrad”, but recent surveys of non-clinical populations suggest there is no correlation when compared to healthy populations.

The only potentially negative repercussion is the psychological impact that may result from ignorance of the actual processes related to this experience. It is ironic that this experience often precedes the out-of-body experience: a phenomenon that can eradicate fear of death and of superstitions like “evil spirits.”

He points out that electrical stimulation of this region produces out of body experiences, as shown by Dr. Olaf Blanke in Switzerland. He famously used electrodes to stimulate the brain of a 43-year-old woman who had epilepsy for 11 years to find the origin of her seizures. Stimulating one spot - called the angular gyrus of her right cortex - repeatedly caused what appear to be out-of-body experiences.
Sleep paralysis is a harmless, naturally-occurring experience that is more common that previously expected. At worse, it could be a scary experience at first. At best, it could become an exciting experience as one becomes used to it, because it heralds a likely out-of-body experience. Whether you see the OBE as a mere altered state or as a gateway to other consciousness realities, the OBE is largely seen as a healthy, positive, and inspiring experience.

Conclusion
CHAPTER THREE

HOW TO GET SLEEP PARALYSIS
Chapter 3

How To Get Sleep Paralysis

Often, what those who wonder how to have sleep paralysis (SP) are really after is the out-of-body experience or lucid dream and its associated sensations. In this case, rather than trying to get sleep paralysis for lucid dreaming (LD) or out-of-body experience (OBE), one should understand that SP is not a required trigger or cause of OBE and LD, but rather a common correlate.

In other words, follow recommendations on how to have an OBE or LD and SP will take place from time to time, but it is not a requirement for having them. In the process of developing lucid projectability, one will inevitably experience SP, sooner or later.

The more often you attempt conscious OBEs, the more often and easily you will likely have SP.

Accumulating experiences will also lead you to overcome fear of these phenomena, allowing you to make lucid dreams, OBE, and sleep paralysis fun or pleasant.

You may be among the 25 to 30% of the population that is estimated to have experienced at least a mild form of sleep paralysis at least once. You may even be among the 8 out of 100 people who have had them more than once or with some regularity.
Since people who experience near-death experiences (NDEs) or out-of-body experiences, in general, also tend to experience sleep paralysis, occasionally individuals draw the conclusion that one necessarily causes the other. While they are highly correlated, it is possible to experience SP without an OBE, and it is possible to experience an OBE without SP.

During REM sleep, most of the body’s muscles are stopped (except breathing and eye movement, clearly). This temporary paralysis protects sleepers from injuring themselves by unconsciously acting out their dreams.

If you wake up before a cycle of REM sleep is complete, your body might not regain regular function in sync with your mind. Sleep paralysis then can be considered a form of intrusion into REM sleep (REM intrusion).

Lucid dreaming and OBE techniques often lead you to become or remain lucid as your body enters or leaves REM, which could account for the high correlation between sleep paralysis and OBE/LD.

Conclusion

Sleep paralysis is often correlated to OBEs and LDs. Sleep paralysis, however, is not required to have OBEs and LDs. Think of SP as an associated phenomenon, rather than a necessary cause. The more often you attempt conscious OBEs, the more often and easily you are likely have sleep paralysis.
Chapter 4

Sleep Paralysis Benefits

While it is not the kind of experience one usually sets out to experience, it is great to think about how to make the most of sleep paralysis when it does happen, since it is so common. Some studies point to 25 to 30% of the population has experienced sleep paralysis, while others suggest as many as 40 or even 60%.

Some (around 8 in 100), experience it more than once or even periodically. It is very commonly associated to lucid dreams, out-of-body experiences, and is common among those who have had near-death experiences.

Panic is a common reaction to those who first experience it without prior knowledge of the phenomenon. Even those who have read about it might be a bit overwhelmed by this and other sensations related to the OBE (such as strong sensations of vibration).

Once the fear of the novel and unknown is overcome, it SP and related sensations usually begin to elicit more positive responses because they are not unpleasant. Much to the contrary, they signal an upcoming OBE, which can be cause for satisfaction. It is not unlike a roller coaster or other thrilling experience that can scare a beginner, but is later exciting and even quite pleasant for the experienced rider.
Rather than trying to fight off the temporary paralysis that occurs naturally in association to the normal sleep cycle (especially REM periods), one can focus on triggering a lucid dream or OBE. Instead of trying to move the body, one simply “goes along for the ride,” with mental commands to move away from the body, to roll or float away, often triggering an OBE.

Alternatively, one can conjure up an imaginary (oneiric) scenario and enter a lucid dream, whereby one controls the environment and plot of the dream. OBEs and LDs have a number of applications or benefits.

OBEs allow a person to have some insights on life from a multidimensional perspective. Such experiences can result in very positive cognitive shifts similar to those reported in near-death experiences: loss of fear of death, greater inspiration for one’s life purpose, enhanced sense of altruism and universalism, and more.

Experiencers often reach the conclusion that OBEs provide irrefutable personal proof of the existence of life beyond the physical body and of the human biofield (chi).

Night-time lucidity is correlated with improved problem-solving or insight, which is increasingly important in today’s knowledge and creativity-based economy and in a world that faces critical social challenges.

Increased mindfulness from bioenergy and OBE practices may lead to reduced stress levels which have well-known physical and mental health ramifications. OBEs and LDs provide opportunities for us to overcome fears and developing our sense of curiosity, develop or rehearse new skills while our body slumbers. Above all, we have new experiences that provide us chances for enhancing our self-knowledge, which can affect our relationships as well as our sense of happiness, purpose or meaning.
Sleep paralysis is a harmless, naturally-occurring experience that is more common than previously expected. It can be an exciting experience as one becomes used to it, because it heralds a likely out-of-body experience.

Whether you see the OBE as a mere altered state or as a gateway to other consciousness realities, the OBE is largely seen as a healthy, positive, and inspiring experience.

Bring inspiration to your life and career with these phenomena with IAC. Contact the nearest center for transformative training courses in person and online.
CHAPTER FIVE

CAN SLEEP PARALYSIS HURT YOU?
Chapter 5

Can Sleep Paralysis Hurt You?

Sleep paralysis refers to the sensation of being unable to perform voluntary movements either at the onset of sleep or upon awakening. Although many people have the feeling that the paralysis lasts an unbearably long time, in reality, these experiences tend to last just a few seconds.

You might be learning about sleep paralysis for the first time or you may have experienced it before. Either way, it is natural to wonder if sleep paralysis can hurt you.

While it may seem quite unusual and upsetting to someone who is not informed or experienced, it seems quite natural and positive to someone who has more multidimensional experience.

Conventional-paradigm scientists also do not find sleep paralysis to be a particular cause for concern, as it is a harmless, naturally-occurring state.

Sleep paralysis throughout history

In ancient times, sleep paralysis was feared and thought to be caused by negative spirits. The uninformed individual’s brain will attempt to make sense of this circumstance by creating an imaginary interpretation based on cultural references.
Some interpret a demon or evil spirit of some kind, like an old witch (or Old Hag such as in Medieval Europe), while others still envision an unfriendly extraterrestrial invader.

Like many other cultures, the ancient Chinese reportedly believed that a person’s soul was vulnerable to the influence of evil spirits during sleep when “ghost oppression” could take place.

It is worth pointing out that other cultures, such as some Amerindian nations, would emphasize a more positive take on sleep, seeing it as a time when the mind was able to have visions and contact with Elders, discussing these experiences regularly.

Other cultures have references to "the dark presser" (Turkey), "devil riding on your back" (Africa), "the crushing demon" (Hmong people of southeast Asia), “Kokma” attacks by the spirits of dead unbaptised babies (St Lucia), “Hexendruchem” or passing witches (Germany) and “Stand-stills” (UK).

Even words for bad dreams bear witness to SP in different languages: pesadilla in Spanish or pesadelo in Portuguese refers to weight and nightmare or cauchemar in French refers to a mythological demon or goblin that torments others with frightening dreams or an incubus, a demonic spirit that overpowers and takes advantage of women in their sleep.
Clearly, the phenomenon is universal and as old as humans. Most people have feared the experience and have assumed it is negative throughout history. However, people also feared sea monsters before humans mastered the seas. Fear thrives in the absence of knowledge.

**Sleep Paralysis Science**

With the rise of contemporary sciences, it was seen as a pathological condition correlated with narcolepsy. Today there is less of a tendency to label every phenomenon as a “condition.” Since sleep paralysis is fairly common and no more common among populations with particular illnesses, it is not likely to be an abnormal or even anomalous phenomenon.

From a “multidimensional” paradigm perspective, academics who have multiple out-of-body experiences do not tend to fear sleep paralysis.

They tend to understand that these two phenomena are natural, positive and interconnected. Frequent OBEs tend to replace fear of death and spirits with a de-mystified and less fearful attitude toward death and extraphysical entities.

In fact, SP can be seen as a beneficial experience: a springboard to the OBE, a particularly good chance to experience life beyond the material dimension and enjoy all the introspective, inspiring, transformative and even altruistic opportunities presented by out-of-body experiences.
Paralysis is a natural part of the sleep cycle which prevents us from acting out our vivid dreams. Most of the time, you are not conscious awake to realize this while it is happening. However, once in a while, you do: this is what happens during sleep paralysis. It is common for those training to have OBEs, which includes remaining lucid as the body falls asleep or remains asleep, to experience SP.

Naturally, SP and OBE are highly correlated. It is also natural that during this paralysis, if one panics, one would feel pressed down and experience some difficulty breathing deeply. However, this is not being caused by a negative entity, but our own physiology and our vivid imagination in a mixed sleep and wakefulness state.

We can either wake up by attempting to move a finger or we can use this ideal state of deep relaxation to have a conscious projection or OBE. We know from experience and anecdotal accounts that it is not unusual, even in the attempt to move the body, one ends up moving the “astral” body.

CONCLUSION

The scientific consensus is that these are natural, fairly common altered states. Hallucination may not be the most appropriate term to describe the experiences that accompany sleep paralysis.

Multidimensional science sees them as windows into other levels and aspects of consciousness, as it is highly related to out-of-body experiences, which can aide self-knowledge and self-development. This is why SP is also referred to as projective catalepsy. Sleep paralysis is a harmless, common, and natural experience.

It is normal to be scared at first, especially if uninformed about the phenomenon, as it has happened in many cultures throughout times.

As we learn more about natural phenomena, we tend to demystify them and no longer fear them. Sleep paralysis is no exception. Conventional-paradigm and consciousness-centric scientists alike consider it a harmless and natural phenomenon.

It could even become an exciting precursor to the out-of-body experience, which becomes very likely when one “goes with it,” rather than fight SP. Whether you see the OBE as a mere altered state or as a gateway to other consciousness realities, the OBE is largely seen as a harmless, healthy and potentially positive and inspiring experiences.
CHAPTER SIX

SLEEP PARALYSIS
HALLUCINATIONS
Chapter 6

Sleep Paralysis Hallucinations

Psychiatrists and therapists are sometimes contacted by patients who report sleep paralysis hallucinations. Priests, rabbis, imams and other religious counselors hear stories of demonic attacks in the bedroom, as do our out-of-body experience instructors.

The experience can be terrifying and exhausting for those who are uninformed that it is actually common, harmless and natural, potentially a springboard to positive, transformative experiences of self-knowledge and mind expansion. Ever feel paralyzed in your sleep and sensed a negative presence holding you down? It is not really a spiritual attack and it is not exactly a hallucination either. **So, what is it, then?**

Sleep paralysis as dream intruding the waking state

Studies show that between 25% and 50% of Americans have had sleep paralysis at least once and that around 8% have it with some regularity during an extended period of time. During REM sleep, our brains normally paralyze our muscles to prevent us from injuring ourselves as we dream.

This is a healthy mechanism that we are usually not aware of because we are dreaming with low lucidity. However, when we are more conscious during the beginning or end of this cycle, we can become aware of our body but find ourselves unable to move it for a brief period of time, which can understandably feel quite long and scary.
The inability to move can trigger dream-like scenarios related to this, such as “spirit attacks,” based on our cultural background.

The SP experiences of feeling “attacked” are more related to dreams than hallucinations, which are usually associated with seeing or hearing things that are not real or excessive distortion of our senses during the waking state.

This is not unlike the micro-dreams we have of falling down during jerk awake -- possibly related to the return or re-alignment of the “astral body” to the physical body. The correlation of sleep paralysis and OBEs explains why it is also referred to as projective catalepsy.

Hallucinations result in perceptions that are not normal for the waking state.

They can be visual, auditory, or otherwise and can be triggered by usual conditions like high temperatures, drugs, electromagnetic stimulation of certain parts of our brain, extreme hunger or thirst, and brain abnormalities or lesions associated with psychiatric disorders like schizophrenia.

They can be common, benign, fleeting “tricks of the mind” or persistent, disturbing and possibly a result of severe bodily and mental illness - and hence a cause for concern - unlike sleep paralysis which is considered a common and benign altered state.

**What are hallucinations like?**

A hallucination implies that the person is experiencing something that is detached from our consensual reality and should get checked by a health care professional right away.

The reason is that many medical and mental conditions that can cause hallucinations and may quickly become emergencies. The person should not be left alone to prevent harm to self or others.

Some hallucinations are common and not persistent, but fleeting and do not cause a serious detachment from reality, while others take place because one is exhausted or intoxicated. Some, however, could be a sign of a serious condition.
Hallucinations include:

- Feeling bodily sensations, such as a crawling feeling on the skin or the movement of internal organs.

- Hearing sounds such as music, footsteps, windows or doors banging -- these are normal during sleep or psi-related altered states, like intracranial sounds like before an OBE -- but not during the waking state when no one else can hear these.

- Hearing voices when no one has spoken (the most common type of hallucination). These voices may be critical, complimentary, neutral, or may command someone to do something that may cause harm to themselves or to others. While there are psi-phenomena, these take place during the normal waking state and generally are disturbing and persistent voices. Momentarily hearing the voice of, or briefly seeing, a loved one who recently died can be a part of the grieving process (and at times could be an actual psi phenomenon such as clairvoyance or clairaudience).

- Seeing patterns, lights, beings, or objects that are not there. When momentary, this is quite normal and happens to most people here or there. When persistent and disturbing, this certainly not usual and could signal a serious problem.

- Smelling a foul or pleasant odor. While this could happen momentarily due to a memory or an altered state, a persistent occurrence during the normal waking state could signal a serious health condition.
What causes hallucinations?

- As a result of consumption of mind-altering drugs as certain types of mushrooms, marijuana, LSD, cocaine, PCP, amphetamines, heroin, ketamine, and alcohol
- Deterioration of brain function with age, resulting in delirium or dementia (visual hallucinations are most common)
- Epilepsy that involves the brain’s temporal lobe (odor hallucinations are most common)
- Fever, especially in children and the elderly
- Narcolepsy, which can cause the unexpected, forced intrusion of dream imagery and sleep during what would be the normal waking state
- Mental disorders, such as schizophrenia and psychotic depression, usually correlated with neurophysiological abnormalities
- Sensory problem, such as blindness or deafness
- Severe illness that affects normal brain functioning, including liver failure, kidney failure, HIV/AIDS, and brain cancer
Conclusion

The scientific consensus is that these are natural, fairly common altered states. Hallucination may not be the most appropriate term to describe the experiences that accompany sleep paralysis, which is more closely related to dreams.

The term hallucination typically refers to a distortion of reality perceived due to ingestion of mind-altering substances or serious illness.

Multidimensional science sees sleep paralysis as more than benign: as one of several natural springboards into other levels and aspects of consciousness, as it is highly related to out-of-body experiences, which can aide self-knowledge and self-development.
CHAPTER SEVEN

SLEEP PARALYSIS TREATMENT
How do you cure sleep paralysis? Is there a treatment for it? This implies that sleep paralysis is a pathology. Generally, scientists do not consider it to be a disease, hence dispensing for the need for treatment. During REM sleep, most of the body's muscles are stopped (except breathing and eye movement, clearly). This temporary paralysis protects sleepers from injuring themselves by unconsciously acting out their dreams.

How does the body paralyze itself?

Two chemicals in the brain, GABA and glycine, which signal between brain cells, are responsible for switching off the neurons that allow the muscles to be active.

Usually, muscle control resumes before regaining awareness. If you wake up before a cycle of REM sleep is complete, your body might not regain regular function in sync with your mind.

Sleep paralysis then can be considered a form of intrusion into REM sleep (REM intrusion).

Why is it a temporary and apparently involuntary condition?

The slight out-of-syc timing of a natural, nightly-occurring process could account for this.

When the experiencer is used to the experience and understands its cause as physiological or as related to the OBE, we observe that fear tends to subside. The fact that the fear can fade away suggests it is not purely a biological reaction.

Those who believe it must have a biological basis think that it could be caused by the combination of lower sensory detection thresholds and high activity in the amygdala, since it is known as the “emotional center” of the brain.

Other commonly reported aspects of the experience like breathing difficulty seem related due to paralysis of the muscles in the upper airways that causes feelings of choking and suffocation -- which for beginners could lead to dreamlike imagery of negative entities pressing them down or choking them.
Dr. Kevin Nelson (University of Kentucky, USA) has statistically corroborated what experiencers have known for a long time: that the OBE is correlated to sleep paralysis. The majority of out-of-body experiencers have had sleep paralysis and vice-versa.

For this reason, Dr. Nelson suspects the temporo-parietal cortex could be related to sleep paralysis as this brain region is important for integrating information from the eyes, ears and body that contribute to the orientation and position of self in space (proprioception).

He points out that electrical stimulation of this region produces out of body experiences, as shown by Dr. Olaf Blanke (Switzerland).

Dr. Blanke reported using electrodes to stimulate the brain of a woman who had epilepsy to find the origin of her seizures. Stimulating the angular gyrus of her right cortex repeatedly caused her to report OBE-like perceptions.

Some people who suffer from narcolepsy do have sleep paralysis, but so do perfectly healthy individuals. So, as you can see, sleep paralysis is not only common (20-30% of people are estimated to have experienced it at least once), it has a natural, scientific explanation and is considered perfectly harmless among most scientists.

However, if one has any doubts, if it is more than a matter of getting scared at something we didn’t understand, but rather something that is disrupting our quality of life, it is always advisable to consult a licensed physician, clinical psychologist or psychiatrist, as appropriate, as only these certified professionals are qualified to diagnose and treat physical and mental illness.
It is not uncommon for sleep paralysis experiencers that allow their experience to unfold, rather than fight it off, end up having out-of-body experiences that transform their worldview: like near-death experiencers without the near-death component.

Experiences are not reducible to physical correlates and only an accumulation of personal experiences and further scientific evidence can reveal whether “there is more.”

**Sleep Paralysis and Demons**

It is natural to wonder if sleep paralysis has anything to do with demons or other supernatural dark forces, since people often interpret being unable to move, hearing voices as talking spirits with an attack of a demon or similar entity.

While some aspects of the experience lend themselves to ideas of possessions and negative spirit attacks, given the lore of human cultures, sleep paralysis is a perfectly natural and harmless experience.

Conventional-paradigm scientists do not find sleep paralysis to be particular cause for concern, as it is a harmless, naturally-occurring state. Some even consider it positive, as a precursor to the out-of-body experience (OBE) which is correlated with positive outcomes like decrease pain, increased creativity and problem-solving insight, and positive life changes.

At first, it may well seem quite unusual and upsetting to someone who is not informed or experienced, but as one learns more about the science of sleep or has positive experiences with OBEs, this fear tends to subside.

At worse, you will understand it as a harmless experience. At best, you may come to see it as a gateway to subtle realms of human consciousness.
In ancient times, before we knew more about the brain, sleep paralysis was feared and thought to be caused by negative spirits. The uninformed individual’s brain will attempt to make sense of this circumstance by creating an imaginary interpretation based on cultural references. Some interpret a demon or evil spirit of some kind, like an old witch (or Old Hag such as in Medieval Europe), while others still envision an ET abduction scenario.

The ancient Chinese spoke of “ghost oppression.” Other cultures have references to “the dark presser” (Turkey), “devil riding on your back” (Africa), “the crushing demon” (Hmong people of southeast Asia), “Kokma” attacks by the spirits of dead unbaptised babies (St Lucia), “Hexendruchem” or passing witches (Germany) and “Stand-stills” (UK).

Even words for bad dreams bear witness to SP in different languages: pesadilla in Spanish or pesadelo in Portuguese refers to weight and nightmare or cauchemar in French refers to a mythological demon or goblin that torments others with frightening dreams or an incubus, a demonic spirit that overpowers and takes advantage of women in their sleep.

Clearly, the phenomenon is universal and it has probably been a constant of human history. However, today sleep paralysis is accepted as a fairly common aspect of sleep.

From a “multidimensional” paradigm perspective, lay and academic experiencers who have multiple OBEs also do not tend to fear sleep paralysis after multiple experiences.

They tend to understand that these two phenomena are natural, positive and interconnected. Frequent OBEs tend to replace fear of death and spirits with a demystified and less fearful attitude toward death and the concept of spiritual entities.
Paralysis is a natural part of the sleep cycle which prevents us from acting out our vivid dreams - not malevolent forces.

It is also natural that during this paralysis, if one panics, one would feel pressed down and experience some difficulty breathing deeply.

However, this is not being caused by a negative entity, but our own physiology and our vivid imagination in a mixed sleep and wakefulness state. It is also common to hear noises, talking or voices in this intermediary state between sleep and lucidity.

**Conclusion**

It is normal to be scared of sleep paralysis, at first, as it has happened in many cultures throughout times. The scientific consensus is that these are natural, fairly common altered states. Multidimensional science sees them as outright positive, as sleep paralysis can act as springboard into other levels and aspects of consciousness.

It is known that sleep paralysis and out-of-body experiences are statistically correlated, which is why SP is also referred to as projective catalepsy. As we learn more about natural phenomena, we tend to demystify them and no longer fear them.

Sleep paralysis is no exception. Sleep paralysis and out-of-body experience are harmless, common, and natural experiences that can help us to confront and overcome fear of mystical or mythical concepts like demons and real concepts like biological death, so we can live more fully.
CHAPTER EIGHT

ABOUT US
About Us

The International Academy of Consciousness (IAC) is a non-profit organization dedicated to consciousness studies.

The IAC is committed to the investigation of the consciousness, its capacity to manifest outside of the physical body and a comprehensive associated range of parapsychic phenomena.

Demystifying these phenomena and clarifying the misconceptions often related to them empower individuals to understand and develop their own parapsychic abilities, allowing them to exercise greater control over their lives.

The Courses delivered by the IAC’s offices around the world offer participants a combination of information and practical training that allows them to understand and experience life beyond the physical body. First-hand experience of the non-physical reality brings about a paradigm shift and a greater understanding of one’s purpose in this life.

The IA employs a cosmoethical and universalistic approach in the dissemination of its studies. Participants are given the tools with which they can increase their awareness of their multidimensional nature. Central to the work is the principle embodies in the phrase:


The underlying intention behind all IAC research and educational activities is to provide assistance to those interested in deepening their knowledge of these subjects.
Courses

All of the IAC’s offices regularly hold free lectures which give an overview of the Consciousness Development Program and an introduction to the fundamental ideas related to the evolution of the consciousness and the out-of-body experience.

Core Courses:

The Consciousness Development Program (CDP)

The CDP is the IAC’s main curricular course. Delivered in four modules over forty hours, the CDP blends a wealth of technical, scientific and extraphysical knowledge with practical, experiential activities including guided attempts to provoke lucid out-of-body experiences using a variety of specially developed techniques.

Advanced CDP Courses

Three-day advanced courses are available to students who have completed the CDP module 4.

CDP - Advanced 1: Self-Knowledge
focuses on self-awareness through self-assessment with emphasis on the identification of one’s existential program and reprioritization of one’s life.

CDP - Advanced 2: Assistantial Energetic Field
is a bioenergetic immersion that brings the extraphysical dimension into closer proximity to the physical dimension, allowing participants to more easily perceive and experience a range of phenomena.
VIP Training

A private course carefully tailored to suit individual participant's needs, providing him/her with improved opportunities to experience OBEs, expand psychic abilities and master bioenergies. The course takes place at the IAC Campus, located in a peaceful country area which offers and ideal environment as well as consciential laboratories such as the Projectarium.

Non-Core Courses:

Short Thematic Courses

These courses, usually presented over three hours, give an overview of a specific theme, focusing on the essential aspects. They provide participants with a less formal opportunity to explore areas of personal interest.

Immersion Workshops and Courses

A number of immersive residential workshops of interactive courses of several days' duration are held on a regular basis. One such example is the Projective Field workshop, which aims to provide participants with optimized conditions known to facilitate conscious out-of-body experiences.

Other type of immersion courses include Goal: Intrusionlessness, delivered in four modules that combine technical theory and personal energetic coaching over a period of 9 months, and Mentalsomatic Gestation, a 60-hour course that assists in the execution of the existential program of the conscientiology scientist-researcher-writer.
Accreditation Course

Upon completion of a specified number of accredited courses, students will be awarded a Certificate in Conscientiology. To qualify, they must accumulate 120 points from the core courses and 120 points from the non-core courses for a total of 240 points. The points must be accumulated within a four-year time frame.

Research Campus

The IAC Research Campus is nestled among 250,000m² of cork and oak tree groves near the town of Evaromonte, in the bucolic Alentejo region of Portugal. The center is dedicated to conducting consciousness research using a blend of traditional and multidimensional methodologies, and presenting and debating findings.

It provides an optimized infrastructure for scientific symposia and conferences, for major educational events and workshops, and also for personal experimentation by individuals wishing to have parapsychic experiences and increase their multidimensional self-awareness.
A key feature of the complex is its innovative, leading-edge consciential laboratories, each designed to provide an ideal environment for self-experimentation and research on a specific theme. **Consciential laboratories may facilitate parapsychic experiences even for individuals with no history of such experiences.**

Self-experimentation engages the individual as the study's subject matter, and also as its researcher, observing and analyzing their own parapsychic experiences. Hence, this approach to experimentation is in line with the consciential paradigm, which establishes that direct experience is the best way to study consciousness, especially due to the lack of instruments to investigate elements that are not physical.

Many of the laboratories features spherical architectural designs that have proven ideal for activities involving energies and multidimensional phenomena.

A specialized energetic-informational field is established within each laboratory that reinforces the laboratory's theme or objective. That field is further reinforced with each incremental experimentation session, thus enhancing outcomes over time.

A noteworthy laboratory is the Projectarium, a remarkable spherical building with a diameter of 9 meters (30 feet) that is dedicated to facilitating out-of-body experiences.

As one of several distinctive design elements incorporated into the Projectarium to enhance experiential outcomes, self-experimenters will lies on a suspended platform in the center of the sphere, giving them the sense of being in a void. Results to date have been very encouraging.
In addition, the Campus features the Cosmoconscientiarium, dedicated to producing expansion of lucidity and cosmoconsciousness experiences, which is a sensorially isolated semi-sphere 8 meters (26 feet) in diameter, equipped with supporting devices, such as a miniplanetarium that projects the sky onto the dome aimed at aiding the experimenter to disconnect from day-to-day terrestrial and intraphysical matters.

Beyond the aforementioned, a number of other consciential laboratories are available, all focusing on topics that help catalize individual's awareness and evolution via firsthand experience of multidimensional reality.

Examples include the Phytolab, a wood structure built on a tree aimed at facilitating direct experiences with phytoenergies, the natural immanent energy of plants. These laboratories are the first of their type in the world.
CHAPTER NINE

FURTHER RESOURCES
Further Resources

“The IAC conducts both formal and informal research on psychic experiences and phenomena”

Free seminar
uk.iacworld.org/iac-free-seminars

Astral Projection videos
uk.iacworld.org/astral-projection-videos

Journal of Conscientiology
uk.iacworld.org/the-journal-of-conscientiology

Astral projection Q&A
uk.iacworld.org/the-obe-magazine-qas

Bookstore
uk.iacworld.org/bookstore

Do you believe you have a REAL purpose?
We are here to help you find out what it is.

Our International Research & Educational Organisation offers you:
✓ Seminars and courses in consciousness studies
✓ A self-research campus including cutting edge labs
✓ Scientific journal, specialty books and web library
CHAPTER TEN

GLOBAL DIRECTORY
Chapter 10

Global Directory

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