SPECIAL SECTION: TRAUMA AND DREAMS

The Nightmares of Puerto Ricans: An Embodied 'Altered States of Consciousness' Perspective

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Abstract This article examines nightmare narratives collected as part of a personcentered ethnographic study of altered states of consciousness (ASCs) and supernaturalism in a mainland Puerto Rican community in the late 1990s. Utilizing a descriptive backdrop informed by cross-cultural studies of ASCs and highlighting the relevance of recent insights from the cognitive sciences of religion and from the anthropology of embodiment or cultural phenomenology, I examine the lived experience and psychocultural elaboration of diverse Puerto Rican nightmare events. Taking the nightmare to be a trauma in its waking-nightmare sense (i.e., through the extreme fright caused by sleep paralysis) as well as an intrusive, traumatic memory in its posttraumatic sense (i.e., a reliving of trauma themes in dreams), I show how the perceptual and interpretive processes evoked by intensely affective ASCs both inform and are informed by Puerto Rican religious and spiritualistic orientations and values.

Keywords Nightmares · Altered states of consciousness · Puerto Ricans · Dreams · Spiritualism · Embodiment

Please God, don't ever leave me there again. Maria; single mother, 30 Vision is the best kind of camera. Your brains retain everything. Carlos; Korean War vet, 75 It happened once; why do I have to keep reliving it? Margarita; divorced abuse victim, 55

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Introduction

Considered in the everyday and clinical senses as a vivid and often repetitive dream that disturbs sleep-and, in the less-recognized, sleep paralysis sense, as an experience of immobility accompanied by an approaching or oppressive presence either before falling asleep or upon awakening-the nightmare has received relatively little attention from anthropologists. This is surprising because, in their emotionally and mnemonically vivid—and often compellingly ego-alien—character, nightmare accounts of various types open a privileged window not only into the lived experience or subjectivity of terror but also into the role of embodied memory, language and culture in shaping the perception and meaning of these experiences for the individual and others. Nightmares generate or rehearse strongly, affectively charged memories that can be considered episodic or "flashbulb"-like in character, not unlike those evoked (and perhaps exploited) in terrifying religious initiation rituals observed cross-culturally. Nightmares are also altered states of embodiment or embodied consciousness, and, often filled with a realistically sensed presence of menacing otherness, they point to the role of the body and emotion in intersubjective or other perception. In their "telling" or social and moral elaboration, nightmares also draw from, and appear to experientially inform, local religious and spiritualistic sensibilities and orientations. These are all potentially rich domains of anthropological inquiry that remain largely unexplored by ethnographers and other social scientists.

Aimed at partly remedying this inattention, this article examines a variety of nightmare narratives collected as part of a person-centered ethnographic study of altered states of consciousness (ASCs) and supernaturalism in a mainland Puerto Rican community in the late 1990s. Utilizing a descriptive backdrop informed by Bourguignon's (1972) cross-cultural studies of ASCs and aiming to highlight the relevance of recent insights from the cognitive sciences of religion (Whitehouse 2006) and from the anthropology of embodiment or cultural phenomenology (Csordas 1994a, b), I examine the lived experience and psychocultural elaboration of diverse Puerto Rican nightmare events. Taking the nightmare to be a trauma in its waking-nightmare sense (i.e., through the extreme fright caused by sleep paralysis) as well as an intrusive, traumatic memory in its posttraumatic sense (i.e., a reliving of trauma themes in dreams), the analysis suggests how the embodied perceptual and interpretive processes evoked by such altered states of consciousness provide a glimpse of what it means to be a self with others within a highly morally and spiritualistically elaborated Puerto Rican "behavioral environment" (Hallowell $1967)^{1}$

I begin by providing a more detailed theoretical framework for this study, particularly by situating nightmares in the broader context of the study of ASCs and

¹ Here and below I refer to the "behavioral environment" as used by A. I. Hallowell in his "Culture and Experience" (1967, and especially in Chap. 4, "The self and its behavioral environment) to indicate how a culturally habituated and normatively oriented self interacts with an environment of others and objects that is culturally constituted or objectified. In Hallowell's discussion of the Ojibwa behavioral environment, supernatural visitors in dreams and visions can be key actors in this "context" very much as they are, we will see, in this Puerto Rican community.

embodiment. In the study itself, I examine the range of Puerto Rican nightmare types, including traumatizing sleep paralysis nightmares and the nightmares of trauma victims. In the Discussion, I reflect further on the study's findings through the optic of ASCs and embodiment theory.

Nightmare Types, Altered States of Consciousness, and Embodied Memories

The relative lack of anthropological attention to nightmares can be attributed to various obstacles, including recognition and definition, frequency and observability and cultural suppression or stigma. The theoretical value of an embodied ASCs approach to Puerto Rican nightmares can be better grasped by more fully understanding these obstacles and how psychological anthropologists—and, more recently, clinical researchers—have addressed them.

The English term *nightmare* is defined in many modern dictionaries in one of three ways: (1) as a terrifying or deeply upsetting dream that disturbs sleep; (2) as a demon (formerly) believed to lie on, oppress, or sexually violate people during sleep (mare > O.E. *mare*, incubus or goblin > from P.Gmc. *maron*, goblin [see Hufford 1982, 2005]); and (3) as a situation or experience having the character of a terrifying nightmare. In everyday conversation, it is generally not difficult to distinguish the account of a real-life situation described by someone as a "nightmare" or "nightmarish" (definition 3) from an account of a sleep-related nightmares. However, due in large part to social and cultural factors shaping the expression or suppression of terrifying dream experiences (Hufford 1982, 2005), it can be more difficult to distinguish conversationally, ethnographically or clinically between accounts of bad dreams, sleep paralysis-type nightmares and other kinds of "nightmares" (definitions 1 and 2).

One of the few anthropological studies of nightmares, Hufford's *The Terror that Comes in the Night* (1982), examines the experience and folklore of "Old Hag," sleep paralysis-type nightmares in Newfoundland [see, too, the special issue Culture and Sleep Paralysis (Hinton et al. 2005a)]. Combining analysis of phenomenologically detailed accounts of the Old Hag with a review of the literature on supernatural assault traditions, sleep paralysis-type hallucinations and laboratory studies of Rapid Eye Movement (REM) sleep, Hufford suggests that a consistent pattern of experience resembling the Old Hag and rooted in the physiology of sleep paralysis can be found in a variety of cultural settings. This cross-cultural pattern also appears to be related to the more archaic and generally forgotten meaning of nightmare in English (definition 2), namely, that of sleep paralysis.

Involving the sense of awakening paralyzed in familiar surroundings and feeling terrified, sleep paralysis-type nightmares typically include a strikingly realistic and disturbing 'sense of presence' and, often, a visual or auditory hallucination of an *other*. Because these terrifying and realistic experiences are commonly understood as actual spiritual assault or affliction, there is—particularly in modern societies—a suppression of reporting. The result is both a general absence of the "knowledge of the experience of awakening paralyzed in the company of a threatening presence" and an "underestimation of its prevalence" (Hufford 1982).

Cultural differences in the recognition, definition and disclosure of disturbing dreams and nightmares—as well as difficulties in distinguishing among accounts of REM-sleep nightmares (i.e., nightmares while asleep), sleep paralysis nightmares of both the hypnagogic (before falling asleep) and the hypnopompic (upon awakening) type, and other kinds of visions-challenged the psychological anthropologist Bourguignon (1972) in her cross-cultural studies of trance. Trance was defined as any dissociative, fugue, hypnotic or hallucinatory state or any "altered states of consciousness in which contact with self and others is modified in some particular way," and was meant to include a full range of generally ritualized behaviors including possession trance. Examining the ethnographic record, she discovered (like anthropologists before her (e.g., Lincoln 1935; Hallowell 1967; Wallace 1959) that some reports of trance and visionary experience were indistinguishable from reports of dreams and dreaming. Dreams and REM sleep were thus included along with trance and possession trance as major points or nodes on a cross-cultural psychological continuum of altered states of consciousness, as shown in Fig. 1. As we will see, the continuum anticipates some of the experiential and lexical ambiguity seen in the data below, and it places the nightmare in the context of other highly religiously elaborated and ritualized forms of ASCs.

When Tedlock (1987a, b) reviewed the anthropological dream literature in 1987, she noted the virtual absence of ethnographic studies focused on the end of the continuum nearest REM sleep (shaded oval in Fig. 1). Since then, and particularly in the last decade, researchers have confirmed the widespread occurrence of sleep paralysis with hypnagogic and hypnopompic hallucinations in different cultural settings (Cheyne 2001; Fukada et al. 1996; Hinton et al. 2005b; Law and Kirmayer 2005; Ohaeri et al. 1987). Various studies suggest that between 5% and 40% of individuals report having had at least one such experience in their lifetime (De Jong 2005; Hinton et al. 2005c; Hinton et al. 2005a). Cheyne (2003) conducted surveys

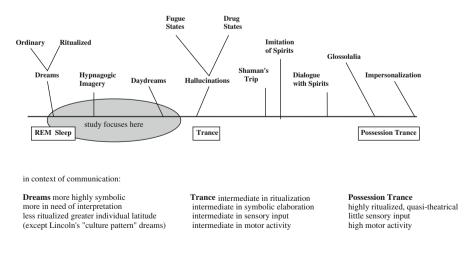


Fig. 1 Sleep trance–possession trance continuum of psychological dimensions (adapted from Bourguignon 1972, p. 424)

with Canadian university students and with volunteers on the Internet and found that sleep paralysis nightmares fall into three experiential subcategories (based on factor analyses): *intruder*, involving a fearful sense of presence, with audio or visual hallucinations; *incubus*, involving fearful sense of bodily pressure, breathing difficulties and pain; and unusual bodily experiences, involving sensations of flying, falling, being "out-of-body" or autoscopy (the experience of seeing one's body, while awake, from an external vantage point).

I have also previously described disturbing hypnagogic nightmares as part of an analysis of folk-religious conceptions of evil and its rhetorical use in accounts of self and other in this community (Jacobson 2003). Depicting, in one case, the sensation of being pressed, face down, against the bed by an 'evil presence' and, in another, an autoscopic sensation interpreted as the devil pulling her spirit away from her body, these accounts were presented to highlight their Christian interpretation and their "resolution" through desperate prayer. I also discuss some of the forms of waking visionary experiences of participants in and outside of religious contexts and among persons with and without recognized psychiatric diagnoses (see also Jacobson 2001).

Nightmare-related disorders are recognized within the widely used DSM and ICD psychiatric nosologies, primarily when these experiences become repetitive or functionally impairing (DSM-IV [APA 1994] and ICD-10 [World Health Organization 1994]). Sleep paralysis nightmares involving hallucinations are known to be associated with sleep disorders such as narcolepsy (Benca 2007) and with anxiety, trauma and panic disorders (Hinton et al. 2005c, d; Paradis and Fiedman 2005). The nightmares that involve the reliving of prior trauma that are so often experienced by persons with posttraumatic stress disorder are thought to occur during REM sleep (Hartmann 1984, 1996).

Bourguignon's cross-cultural survey of any "altered state of consciousness in which contact with self and others is modified in a particular way" aimed to elucidate and better understand the role and meaning of these experiences not as normative or psychiatric phenomena but as elements of religious ritual and spiritualistic worldviews cross-culturally. However, the potential of the nightmare— as a private experience and/or memory of terror—to evoke supernaturalistic characterizations and reminisces like the public "rites of terror" of interest in the cognitive sciences (Whitehouse 2006), or to clarify the role of the emotionally aroused body in the perception of self, other and the sacred in religious contexts (Csordas 1994a, b), has yet to be fully explored. Neither attempting to review these highly active domains of scholarship nor attempting to resolve their inherent epistemological contradictions, I would like to briefly suggest several, mutually reinforcing strands of relevance for the study of the nightmare and its meaning for religious experience, imagery and ritual.

Given recent theoretical developments in the anthropology of religion—where evolutionary and cognitive science approaches are thriving—and in psychological and medical anthropology—where embodied phenomenological approaches to the body, emotion and self have taken hold—the lack of anthropological attention devoted to the way terrifying nightmare experiences vividly evoke the body, the imagined other and the supernatural represents an opportunity. An anthropology of embodiment that focuses on the lived experience of embodied consciousness or the subjective body provides a particularly apt perspective for understanding the constitution and accrual of meanings and interpretations triggered by the existentially threatening nightmare. Focused on the body not as an object but as "a ground of perceptual processes that end in objectification," such a perspective relies on phenomenologically detailed descriptions of apperceptive processes. What makes the nightmare experience so ripe for the investigation of human perceptual and meaning-making processes from either a phenomenological or a cognitive standpoint is the way it can remain 'near' or 'present' through its vivid and terrifying emotional-somatic imagery and resonant religious-existential concerns. If, as a thin but growing cross-cultural evidence base suggests, there are common phenomenological forms and structures evident across many of these experiences, then we should look to cognitive sciences for the outlines of these forms²—all the while keeping the body in mind.

Drawing on research in cognitive science to understand regularities in the crosscultural forms of some religious rites, Whitehouse (2006) argues for the importance of episodic memories, which form under circumstances of intense arousal and "shocks to the cognitive system ... [and which] give rise to special kinds of long-lasting memories ... [that] seem to be etched in our minds." Their formation in the ritual context of group initiation is thought to ensure reflection on the intentional meaning of the rite as well as to establish enduring and cohesive bonds with those who were present. As fearful experiences of lived terror, easily but not always willingly recalled and recounted, nightmares, like real trauma experienced within or apart from the ritual context, also appear to be "etched" in memory. Indeed, in some contexts, sleep paralysis events and the associated "nightmares" (i.e., hallucinations) are so terrifying as to be considered clinical traumas (for a review, see Hinton et al. 2005c). As suggested by this and the wider clinical literature, nightmares not only rehearse and replay former traumas, but also traumatize; despite their private and unritualized setting, they shock the person through affectively intense, embodied encounters with "others" that have lingering personal, and often religious, meanings.

In this article, I advocate an approach that views the affectively vivid nightmare event as an ASC activating evolved cognitive capacities and theoretically related religious sensibilities but that stresses the role of embodied subjectivity in shaping the meanings, memories and sense of self that emerge from these traumatizing experiences.

Methods

The cases and narrative data presented and discussed here were gathered in the late 1990s in a midsized, inner-city Puerto Rican community in the northeastern United States as part of a person-centered ethnographic study of altered states of

² The concerns and questions of the two perspectives are mirror images of each other. From the subjective side: Who is this ominous other? What is happening to me? Am I going to die? Why me? Why now? These are all starting points for cultural elaboration and interpretation. From the objective side: why would the mind terrify itself? What causes the sense of presence? What neurological mechanisms are involved? These are all key questions for evolutionary and neuropsychological consideration.

consciousness. A community convenience sample of 60 respondents included 22 psychiatric outpatients receiving case-management services through community mental health agencies (i.e., disabled, unable to pay, having no private insurance). Most of the nonpsychiatric respondents were recruited through church, social recreation, and social services institutions and often included both the staff of these institutions and their clientele. Audio-recorded interviews were conducted mostly in participants' homes (75%), generally in Spanish (about 80%), and almost always in a private or one-on-one format (98%).

Based on an open-ended, life-history checklist used by Robert Levy in *The Tahitians* (1972; see also Hollan and Wellancamp 1993), the primary, semistructured, open-ended interview was usually completed in two sessions of about an hour each. Modified to include a wider range of probes on traumatic life events and on locally conceived spiritual and visionary experiences (or ASCs), the interviews sought phenomenologically rich accounts of common, unusual, repeating or otherwise remarkable dreams, nightmares and visions. In these, particular attention was paid to affective content or feelings, somatic-kinesthetic content (including sensations of paralysis, pressure, suffocation, running, flying, etc.), and what Bourguignon has called their "ego-alien" content. Interviews also typically queried aspects of the sharing of the experience as well as personal or other theories about their causes and effects.

With the informed consent of participants (and review and approval of overall protocol and data collection by a university IRB) interviews were audio-recorded. These were transcribed verbatim in the original Spanish with all identifiers removed. Qualitative analysis of the transcripts was facilitated by cataloguing the transcripts and coding their "semistructured" sections using a computer software program (NUDIST; QSR International 1997). This included comprehensive labeling or tagging (by investigator-author for subsequent retrieval and analysis) of any discussions of altered states of consciousness including separately coded dream and nightmare accounts (see Jacobson 2001, 2003 for summaries of the data and methods). The current study involved a careful rereading and immersion into this previously coded and retrieved dream and nightmare material and-wherever needed for interpretive purposes in individual cases-the associated life-history content. With an interest in demonstrating experiential subtypes of nightmares and describing variations in these in individuals with and without psychiatric histories and reported traumas, a handful of characteristic accounts have been selected for more extended analysis and to represent the larger set of distressing dream and nightmare narratives in general.

Results

Before analyzing specific types of nightmares, I begin by providing an overview of the general types of dreams revealed in the interviews as well as some typical attitudes toward dream sharing and interpretation. As the findings suggest, local dream theories and typologies, as well as a general cultural disposition to share dreams, greatly influence nightmare disclosure. One highly prevalent dream type that falls under the category of "ritualized dreams" on Bourguignon's continuum model exemplifies how many dreams were interpreted, shared and responded to.

Easily the most commonly reported dream type in the interviews involved what is known as "number dreaming" (soñar numeros) or "making combinations" (hacer combinaciones), that is, converting dreamed objects into numbers for playing the lottery (*la bolita*). Virtually everyone in the sample knew about it, and most had used it at some point to select lottery numbers. This was despite well-known religious—especially evangelical Protestant—disapproval of dream reading, numerology, gambling and belief in or commerce with saints and spirits, which are all considered idolatrous. As a form of prescient dreaming, number dreaming as practiced widely in this group showed a clearly future-directed or "progressive"³ orientation. It was also highly socially elaborated, as many respondents reported sharing these dreams (and lottery successes), and others mentioned relatives who were known to inquire about one's dreams in order to make combinations. Newcomers to the community from the island were thought to have particularly lucky or prescient dreams. "Number dreaming" shows how, in local dream theory, any dream can be reevaluated through time, and it illustrates the fundamental, prescient-interpretive character of many dreams.

The prescient use of "bad dreams" was also noted in several interviews. Exemplifying the waking use and communication of the dream, rather than its fearful or anxious phenomenology, these bad dreams also suggest how distress or anxiety experienced in a dream may linger in daily life until its prediction or foreboding is fulfilled. Some of these dream accounts take the form of a post hoc recognition of a prescient dream, as when one female participant foresaw the murder-including the location and victim's clothing-of an acquaintance in Puerto Rico or when another (also in her mid-30s) foresaw the collective suicide of Jim Jones' cult members in Guyana. Other prescient bad dreams cast their sense of foreshadowing over common everyday family activities. This is exemplified in 38-year-old Norma's suggestion: "I am afraid of my mother's dreams because they come true. A dream that my mother has will come true for others [sale con otras personas].... Yes. Her bad dreams, her nightmares, will be realized in others' lives." These kinds of "bad dreams" are told less as remembered dream experiences than as accounts of real-world events foreshadowed by (or resembling) a prior disturbing, but memorable dream. Many respondents provided examples of dreams that gave foreboding feelings, and like those who used elements of their dreams to play the lottery, they can be seen as attempting to draw out the waking and future implications (rather than latent meaning) of the dream imagery.

As in English, the everyday Puerto Rican Spanish expressions for "bad dream" (*sueño malo*) or "to have a bad dream" (*soñar con algo malo*) and nightmare (*pesadilla*) or "to have a nightmare" (*tener una pesadilla*) are largely interchangeable. In addition, as in American English and as shown in the examples presented next, individuals asked about *sueños malos* or *pesadillas* sometimes describe what

³ Basso (1987, p. 86) defines "progressive" dream cultures as those in which "dreaming is interpreted by using the contemporary experiences of the dreamer to construct a vision of some aspect of the dreamer's future life". In several places in the article, I describe Puerto Rican dream interpretation as "progressive" in this general sense.

appear to be intrusive and recurrent trauma-related dreams or what appear to be sleep paralysis experiences.

In describing what appeared to be sleep paralysis experiences, a number of respondents also openly questioned the adequacy of the term *pesadilla* for describing such realistic and horrifying experiences. Indeed, in their occasional use of the language of waking visions or apparitions associated with folk spiritualism (e.g., espiritus/spirits, celajes/silouhettes, sombras/shadows) and evangelical and charismatic Christianity *demonios/demons*), they suggested important conceptual and phenomenological resonances with these popular traditions. Resembling and apparently rooted in popular religious conceptions shared by both Mesa Blanca Espiritismo (a Puerto Rican adaptation of 19th-century French Spiritism) and Afro-Caribbean religions, the vague, shadow-like images or "presences" referred to by these terms are typically briefly glanced or sensed 'out of the corner of one's eye' and are thought to be supernatural beings meddling in human affairs. Depending on the situation and setting, they might be described and interpreted as *demonios* (e.g., with the ability to possess and cause angry outbursts in the subject), as meddlesome but largely innocuous spirits or even as guardian spirits (as described for the espiritista pantheon by Harwood 1977, pp. 84–94). Among the religiously active in charismatically oriented traditions, demonic interpretations were most common. As we will see, depending on where they are encountered, they are not always distinguishable, in their telling or experience, from certain kinds of nightmares.

On the basis of the analysis of the nightmares, certain narrative-experiential types were identified. These subtypes are described below and examples are given. In these, I pay particular attention to embodiment, perceptual processes and moral and religious dimensions. The manner in which material for the nightmare analysis was gathered can be illustrated by one participant's response to the question: "Do you remember your dreams?" Fecundo⁴ (FE) begins with a dream account recalling his childhood, playing outside in rural Puerto Rico, to which I responded, "It is a nice dream." He then described his nightmares:

FE:	I've had pretty bad dreams too, quite ugly ones.
JJ [the author]:	Can you tell me one of these bad dreams or nightmares?
FE:	Dreams that there are animals chasing me, like cows, horses
	and, and I have felt the presence of someone next to me
JJ:	On the bed? like who?
FE:	I would say it's the malevolent one.
JJ:	El maligno?
FE:	The malevolent one is the devil.
JJ:	And he lies next to you with what motive?
FE:	They have grabbed me by the neck and tried to cut off my
	breathing
JJ:	Really?
FE:	and I have also felt that they have sat on my back.

⁴ All names are pseudonyms. Descriptions of respondents' circumstances have been altered slightly to protect their identities.

At least two distinct nightmare types are recognizable in Fecundo's brief account. The first, involving a chase scene and frightened flight, evokes a visually and kinesthetically elaborated imagery set in the countryside, and it suggests REM sleep dreaming. Though we return to disturbing REM dreams and the motif of pursuit with anxious flight later, the second discernible type, involving the sensation of being pressed against in bed, is the first of the nightmare subtypes examined.

Group I: Sleep Paralysis Visitors

Sleep Paralysis and Suffocating Sombras

Closely resembling hypnagogic- and hypnopompic-type sleep paralysis nightmares as described in the literature, Fecundo's accounts of someone lying next to him in bed, cutting off his breathing or sitting on his back, are notable more for their somatic than for their emotional imagery. Though not verbalized, the horror of being suffocated by an unknown oppressive presence can be safely assumed. A relative lack of phenomenological detail (and follow-up) prevents us from distinguishing between different experiences and the particular ordering of sensations and perceptions; however, the unresponsive, recumbent body, the sense of a human-like "someone" or agent pressing against the body and the attribution of diabolic intentionality are all evident. It is notable in Fecundo's case that he was a recent and enthusiastic convert to an evangelical Christian church where he describes having been demonically possessed.⁵

Nightmares of this general type were fairly common in the study sample, with about 14 of 60 participants reporting a similar, menacing and somatically compelling "sense of presence" at the edge of sleep. These experiences occurred across the genders and age groups, among the previously abused and traumatized and among persons both with and without psychiatric illness. In some cases they were labeled with the waking visionary language of *sombras, celajes,* or *demonios* rather than the sleeping language of "*sueños*" or "*pesadillas,*" but they were generally set in the respondents' sleeping quarters and told as if they were either an actual waking perception or a very realistic dream. These sleep paralysis nightmares were also often shared among family members, between bedmates and, especially, between mothers and daughters.

The account of a menacing *sombra*, or shadow presence, by a 65-year-old monolingual female, Flora (F), again demonstrates the presence of the body, primarily through its absence and immobility, along with a threatening and, in this case, disapproving agency. Flora is nominally Catholic and occasionally attends services. She denies any psychiatric history or symptoms or any abuse or traumas growing up. Her nightmare account not only exemplifies sleep paralysis with hallucinations, but also suggests the fairly common sharing of dreams among family

⁵ The phenomenological parallels between the oppressive nightmare and the imagery suggested in the commonly used Christian evangelical expression "*demonio(s) encima*" (lit. devil upon someone, a commonly used idiom describing a person who has been possessed or affected by the devil) are unmistakable and represent a possibly ritualized form of the sleep paralysis nightmare experience.

members in general. I use the term *pesadilla* in my inquiry. She reciprocates but eventually switches to the term *sombra*.

- JJ: Have you ever had *pesadillas*?
- F: Yes, I have had nightmares.
- JJ: Can you tell me one?
- F: Well one time, I remember it was horrible. My daughter called me from Puerto Rico, and she told me that her husband had been sleeping and he began, you know, it was a really bad nightmare for him, and the next day he described feeling as if he couldn't move. I thought to myself, what could that be? And then one day, I went to bed one night. I felt like I had a fever and I lied down, and then I saw a very large shadow that seemed to come out of my closet, big, big as if it were going to throw itself on top of me. And it gave me the idea that I was very meddlesome [*que yo era muy metiche*], that I should keep my nose out of [things], that I was prying. So, I couldn't move and I started to scream, and that's when my husband touched me and called to me because ... it was just awful [*fue una cosa bien mal*].

The matter into which Flora felt she was prying and that she took as the key message of this "horrible" experience concerned an upcoming and, in her opinion, objectionable marriage in the family. The nightmare experience was too frightening to ignore and partly convinced her to stifle her objections. Sharing and discussing the experience with her daughter also appeared to play a role. Showing a recall for detail characteristic of episodic memory, Flora's account foregrounds the message of the moral and disapproving agency and backgrounds the immobilized, terrified body. Told almost in the form of an allegory, the nightmare story emphasizes its meaning and relevance for ongoing social tensions and reiterates the commonly progressive interpretation of dreams in general. Still, the body's absence, the other's presence and the moral religious imagination evoked by terror are all evident.

A feature that, by its absence, distinguished Flora's account from many of the other sleep paralysis nightmares was its lack of reference to desperate, pleading prayer. In many of the sleep paralysis nightmares, the sense of existential terror is palpable in the desperate prayers and prayerful responses participants depict in their accounts. "For the sake of my children, God," "Please God, don't ever leave me there again" and "Please, God, help me" were all offered in response to nightmares like these. In an earlier analysis of some of these prayer responses I discuss how, in describing them and their efficacy in dispelling the presence, respondents signaled and affirmed their Christian identity (Jacobson 2003). But if diabolical attribution and efficacious prayer response can be understood as expressions of Christian identity, they should also be understood, like Flora's scream before she awakens, as cries or whimpers of desperation.

This desperation is poignant in an account provided by 75-year-old Claudia. Widowed at 45, she lived with her parents until they died (10–15 years preceding the interview). She suffered from depression most of her adult life and, at the time of the interview, was living alone in an apartment close to the senior center where a number of participants were recruited.

I had a nightmare awhile ago. Since I take so much medicine, I don't really dream, I don't dream about anything. But awhile ago I had a nightmare that I was trying to get up from the bed, and I wanted to open my eyes but I couldn't, and everything was dark and I couldn't see anything, and I wanted to turn on the light, but I couldn't move. There was somebody lying against me holding me as if they wanted to do like this (arms locked in a hugging position, squeezing) and I could feel the hands, the fingernails grabbing me and I yelled out to my father and mother, and I was calling to God too, *al Señor*, but it was so hard because I knew I was dreaming and I was looking for a way to wake up, and finally I just couldn't do it any more and I just screamed. And then I woke up.

Given that her parents were long since deceased, Claudia's calls to them and to God suggest the world-shaking nature of the experience. Her account also suggests how an otherwise quiescent dream life may be interrupted by the clear and existentially threatening imagery of the oppressive nightmare. Claudia's telling is not so much of a demonic presence but of the call for divine presence and intervention, or (and perhaps first) for anyone else who might be listening. Again, the immobilized, ineffective body is aware of another pressing, embodied presence that ultimately evokes terror and an existential-religious plea for intervention.

In the remaining accounts depicting a sense of immobility or the feeling of being pressed against while in bed, emotional arousal and the sense of other agency appear to be attenuated. In statements such as "Someone was lying behind and against me," or "Someone is lying beside me, holding me in the back," or "Someone is at my side when I wake up, but I can't tell if it's real or not," we can see the sense of alterity accompanying this subtype. But in these nightmares, despite their easy recall, the accounts are short and include little reference to the intentions or motivations of the agency or to the terror or fear evoked.

Sleep Paralysis with Sexual Visitation: Sexual Incubus

Sexual incubus constitutes a major subtype within the sleep paralysis grouping. While specific accounts were never referred to as nightmares (*pesadillas*) or even "bad dreams," I have included them because they are ethnoconceptually grouped with other sleep paralysis experiences and because they share in the sleep paralysis phenomenology of an immobilized but aroused body-subject accompanied by an oppressive but, in this case, not altogether threatening otherness. Accounts were given in a detailed, often sexually graphic idiom with descriptions of sensations including pressure on the mattress as well as on the body, orgasm and bruising/ blushing. Such experiences were characterized less by terrified helplessness than by passivity, with intense sexual arousal displacing terror as the principle affect. The "presence" may be anonymous or familiar, as when widow(er)s are visited by their deceased spouses, but like its more frightening, oppressive counterpart within the sleep paralysis grouping, the sexual incubus experience is typically described less as a dream than as an actual visitation.

Among respondents and in the interviews in this study, there were both first- and second-hand accounts of these experiences (all female). All of the second-hand accounts, in which the nocturnal sexual visitors of an acquaintance are reported on, are given by respondents who openly doubt the veracity of the accounts, despite their graphic details. Two of the three-first-hand accounts are provided below. As with the others, each appears to portray the general sense of the reality of the sexual experience and of the physical sense of presence of the visitor, who may also be felt to press on the mattress.

In this example, Naomi, a separated woman in her late 30 s, recalls an experience from her adolescence involving smothering imagery with the sense of sexual violation. Unsure of the reality of the experience, she associates it with apparently similar "asphyxiating" dreams that she has also had. She calls these *sombras*. Clearly sharing features with the "suffocating *sombra*" type of account above, this account (or series of accounts) adds sexual violation and thus suggests some conceptual and experiential overlap between the two subtypes.

I see the shadow, I mean look, I sincerely can't say specifically if it was a *person* who raped me. I mean, I'm not sure that it was only one person because in my mind there is a shadow, and I am in a room, and like I see myself lying down in the bed, but I see ... like a man lying beside me and then like someone on top of me. I have had dreams where it feels like that person is on top of me, asphyxiating me and then I wake up. Those are the shadows that I see.

As in the opening account of Fecundo, Naomi seems to be suggesting several differing kinds of experiences, one of which she calls a "rape" (*violación*). In suggesting "those are the shadows I see," Naomi, like Flora, above, also uses the language of waking visions of her mixed Catholic-Spiritualist belief.

Although suggestive of rape, Naomi's image of the *sombra* seems to stress its oppressive and smothering agency rather than its explicit sexual contact or motivation. This is in clear contrast to the following sexual incubus example, which is one of two similar and relatively detailed accounts among the interviews. Santidad (SM) is a 42-year-old female living with one of her two teenage children. The other lives with his father in Puerto Rico. Previously active in spiritualism and raised Catholic, Santidad denies any current religious involvement, although she has attended Pentecostal services occasionally.

- JJ: You told me that your deceased husband has "visited" once or a couple of times?
- SM: Several times. He came to visit me several times, at night, and he, we were together, and everything. Because I felt him and it's not a lie. God is my witness.
- JJ: And what is it that you felt?
- SM: Well, we made love. But it wasn't like in real life. He was much more, he used to be very very, he was a man of many vices.
- JJ: So he came and he made love to you in a good way.

- SM: [Uh-huh]. Yes, I felt it. Everything, every last bit [*todo, todo, todo*]. Look, I haven't even said anything about this to my daughter, because I, since I was raised to be very modest, [and] it makes me shy [*me da pacho*]. He came to visit and I felt when he got up from the bed and when he sat down. When he came in I felt the mattress press down and he lied down. When he finished, he left, and I felt the mattress again when he left.
- JJ: You say he was gentler?
- SM: He was gentler. In life ... he was rough. In spirit, he was more affectionate.
- JJ: If I were a skeptic, I might say, "But that could have been a dream!"
- SM: I say it was not a dream because I had just lied down [sic]. So, I lived in my sister's house and when it [happened] ... I told her about it the same day.
- JJ: And how did you feel afterwards?
- SM: I felt good, but I felt very sad, you know, real sad.
- JJ: For having seen him?
- SM: Yeah, for having shared with him, because I didn't really love him that much, you know, because he gave me such a terrible life. But no, I felt very sad because my daughter loved him very much, you know?

Santidad's account, which stresses and displays a certain discretion, is one in which the body remains largely concealed, passive and recumbent while an intruder joins her in bed, has satisfying (to her) sexual relations with her and then departs. Although not explicit in this account, the sense of immobility and oppression accompanied by other intentionality is implied (and evident in other accounts). As in the more frightening sleep paralysis nightmare accounts above, the telling is partly shaped by—and provides an opportunity for the expression of—the respondent's identity, in this case as a sexually modest female, widow and single mother. And like the more frightening nightmares that evoke detailed, embodied memories of alterity and threatening agency, Santidad's incubus account invokes a moral-spiritual order and meaning.

Group II: REM-Sleep Nightmares

The second major grouping of nightmares is less somatically oppressively and more highly visually and spatially kinesthetically elaborated. Resembling REM dreams and apparently occurring later in the sleep cycle, they typically cause awakening accompanied by lingering affective content and/or fatigue or drowsiness. REM nightmares encompass three major subtypes: (1) chase dreams, characterized by imminent danger to self, with terrified flight; (2) death/loss dreams, characterized by other loss and grief with crying and compulsion to fact-check upon waking; and (3) posttraumatic nightmares involving autobiographical traumatic events that are replayed and often overlaid onto one of the two previous subtypes (chase fear or grief-loss) and frequently involving repetition: "It happened once; why do I have to keep reliving it?"

Chase Dreams: Frightened Flight

Chase or frightened flight dream accounts were provided by participants from the general community and by those with psychiatric and trauma histories. They are distinguishable from sleep paralysis nightmares by their relatively elaborated and mobilized kinesthetic imagery, which involves a sense of running or fleeing from an approaching fiendish character generally recognizable from participant biography (e.g., large farm animals) or popular culture (monster characters from folktales, stories, and movies). Two participants refer to flight dreams in which the character Freddy Krueger (from Craven's film *Nightmare on Elm Street* 1998) is the chaser. Two others refer to malicious extraterrestrial aliens, one from the movie *Independence Day* and the other invoking an *X-Files* episode. A number of these accounts were very brief, involving little more than a reference to a frightening chase and perhaps an anxious awakening.

We saw a brief example of the frightening chase scene in the earlier comments and nightmare typology offered by Fecundo. This emotional structure or theme is evident also in the dream account of 30-year-old Lupita (LM), who was asked, "Have you had any kind of repeating dream in your life?" She responded with an account evocative of a creature resembling King Kong:

- LM: Yes, hold on, this one dream, since I was a little girl, I remember this dream and I'm in the back part of the house with a little dress on, and there's a mountain and a gorilla's coming down, and he's coming to get me. I've always had that same dream, again and again.
- JJ: And what's the gorilla like?
- LM: Oh ... big and horrible, big, huge, gigantic and he comes walking down the mountain, and as he does, the earth shakes. And I remember that in the dream I have my little dress.
- JJ: And what do you think the dream means?
- LM: I don't really know what to tell you. I know that when I hear the steps, I look up towards the mountain and I see the gorilla coming down and I try to open the door and it's very difficult, but I'm able to do it, and then I try to put the lock on the door but it's so hard because my hands are shaking terribly, and then I take off and I run into my room and get under the bed. I've always had that dream for years, since I lived in Puerto Rico, and I don't know what it means.

In evoking mass culture, folklore and autobiography, these kinds of nightmares suggest the psychological impact and power of frightening images and their potential for diffusion.

Loss and Grief Nightmares

A subgroup of bad dreams or nightmares revolved thematically and phenomenologically around scenes in which someone loved or cared for is lost or has died and the primarily grief-related emotions associated with these. An example from Luis, age 66 and retired, captures the core emotional imagery and affect: Nightmares in which there's been a misfortune, and I am in desperation, screaming because somebody has been killed. That happens to me. A terrible desperation and I wake up and think, "Thank God that didn't happen."

Portraying imagined deaths of living others rather than memories of actual deaths, these dream accounts often included an awakening in which tears and sobs continued. These dreams also often compelled the dreamer, in the manner of a prescient dream, to check on the welfare of the real-world subject. As Lupita reported:

Recently I dreamt that one of my caseworkers, they were looking for her to kill her, and it was such a terrible dream, and I couldn't get up because I was "en stress." I knew they were looking for her to kill her, but I couldn't get up [wake up], and then I woke up crying.

Lupita's awakening is tearful ("I woke up crying") and immediately filled with concern for the dreamed-about other (the caseworker), whom she later tries to contact. Awakening with sobs of grief begun in a dream also characterizes the following account by Teresa (T):

- T: If I have a bad dream, I grab the telephone immediately and call someone and tell it.
- JJ: Can you give me an example?
- T: One time I dreamt that my little brother had died. I didn't see how, but I saw people putting flower arrangements on his grave and, dear God I was terrified and I cried, and I woke up crying and immediately told my mother. It was awful, and I'll always remember it.
- JJ: Did anything happen?
- T: No, thank God.

In this loss dream, David (DC) explains that his brother in the dream-thennightmare, Ramon, is recently divorced and drinking a lot:

- JJ: So you dreamt about your brother and then you went to look for him afterwards?
- DC: I'd say I was dreaming about my brother in a fight ... and then, it was like a nightmare and that's when I began to cry, and then ... that same nightmare ... I woke up at that moment, and I was awake and I looked around and everything, but I just kept crying and crying, an unstoppable crying, I mean like crying a river, like when someone is just crying [sob sob] in a big way, and my wife asked me, "What's going on with you?" and I said I don't know and I just kept crying and crying and crying to the point where I still ask myself, "What's going on here?"

Later, and fearing the worst, David goes looking for Ramon and stops at their sister's house, where he also tells his dream and, later, learns that Ramon is fine.

In attempting to explain his own sobs and crying, David acknowledges some baseline concerns about his brother's living situation, and his dream is reminiscent of earlier scenes in his life involving his brother and barroom fights. But while the dream has posttraumatic qualities, it follows a culturally normative, "progressive" pattern and looks toward the coming day. David's behavior emphasizes the dream's potentially *prescient*, and effective, quality, rather than its latent meaning as an expression of (or intrusion by) an underlying sentiment or memory.

Posttraumatic Nightmares

These accounts all occurred in respondents who had also reported prior sexual or physical abuse or trauma. All but Carlos—who had little to say about nightmares other than what is quoted in the epigraph—were recruited through the mental health system. In general, these distressing dreams appeared to follow either of the two REM-dream templates discussed above (chase-anxiety or loss-grief), with the additional incorporation of traumatic autobiographic details and, often (as in Hartmann 1996), a reference to these as being "like memories." In this sense, their interpretation and meaning are divergent from many other dream types' that are understood progressively.

The following example from 35-year-old Magda (M) echoes Carlos' invocation of memory as a source or template for some nightmares. Magda was raised in the United States from a very young age. Recently diagnosed as HIV positive, she describes being removed from her home at a young age along with several siblings, due to the neglect and alcoholism of her parents. She grew up mostly in and out of local orphanages. She tells of being gang-raped at 14, having longstanding drug and alcohol addictions and working mostly as a bartender, dancer and prostitute before acquiring HIV (original in English):

- JJ: Do you remember your dreams at night when you sleep?
- M: You know yeah, I do, sometimes they're the worst, ugliest dreams.
- JJ: Do you remember any that you can tell me about?
- M: Hummmm. Sometimes I have dreams, or maybe not even dreams, thoughts, of being abused, I do have a lot of abusive dreams, where I sit in a corner and always hold myself like this like somebody is ... you know, or I dream of somebody else getting abused.

Magda also mentions flight dreams in which she hides away in rooms of a building that are also like rooms or compartments "in her mind."

Another example of the posttraumatic type nightmare is provided by Margarita (MR), a divorced 55-year-old female who moved to the United States after marrying at 18. She has married again twice since first divorcing at 22. She describes a long history of childhood sexual and physical abuse as well as spousal abuse. When answering questions about childhood abuse, she tells of not being sure which of two older male relatives (or perhaps both) had repeatedly come into her bedroom and touched her sexually at night. This nightmare account involves her sexually predatory father in a rooftop chase scene ending in her descent into or underneath a building to hide from him.

- JJ: Do you ever have nightmares?
- MR "...'chacho siempre" [muchacho siempre; "Boy, do I ever, all the time!"]. When he used to cut his hair and shave, he had this long ... thing, like a razor, and I always dream that he says that he wants to have me, that he wants me, and that I have to be with him, and that I have to be with him. And I say no. No! Because I am your daughter, and then I take off running, flying, flying and making a path across the tops of the houses, and jumping from house to house so that he won't catch me, and then I find a place to hide myself, down underneath and inside a building where it's all cement and I hide myself there so that he won't find me. But he wants to cut me with those knives, and I hide them, and I am very afraid and when I dream this, my heart is jumping out of my chest, and I am just terribly nervous, believing that it's real and I am flying, flying, flying, and I tell myself, "He's not going to get me, because I'm flying." And ... when I wake up from the dream I look around, and see that it's nothing [just a dream] ... I have to get up ... or ... I'll keep dreaming the same thing, over and over and over.
- JJ: And how often do you dream that?
- MR: It happens to me all the time.

Repetitive, reminiscent of prior abuse, and sleep-disruptive, these nightmares appear to occur at a later stage in the sleep cycle, as there is never mention of "just going to bed" as in the others, and the desire to get more restful sleep is the objective of the "splash of water in [her] face."

A final example, which may represent a hypnopompic nightmare, concerns a 45-year-old female, Luchita (LM), who lives with her two younger teenage children and a boyfriend. Luchita reports a history of depression with suicidal ideas and is guarded and seemingly anxious in the interview. Her religious background is varied and noncommittal. She has attended many different churches locally, most recently a storefront Pentecostal congregation.

- JJ: Do you recall any nightmares at all in the last couple of years?
- LM: No, no nightmares. I don't know, the only bad ... I don't know if it was a nightmare, but there is something that I don't really like to talk about because it upsets me [*me pone mal*], but I had a dream about the devil. I had a dream that there was this terrible struggle, awful, something that I felt I couldn't win. He had closed the doors, the shutters, and then he began to hit me and throw me against the walls, he would hit me so hard that I would fly through the air, and I was panic-stricken, terrified, and I wanted the dream to end but I couldn't end it and as I struggled I got weaker and weaker, and as a last resort [*a lo ultimo empiezo a pedirle a dios*] I began to pray to God, and I say, "My God help me, God, I am here with you. You are here with me, help me. You can't, can't let this [evil] overcome me." And then the struggle ended and he disappeared. And when I woke up the next day, I was bruised and my body ached terribly as if I had been in a fight.

Interestingly, Luchita had shared a vague but similar account of an actual beating by a former boyfriend in a previous interview, and based on the comparable imagery and known history, I have classified the dream as "posttraumatic." However, Luchita never connects her nightmare account to the previously mentioned abuse or memories of them. Suggesting dissociation perhaps, this failure to remember or acknowledge the parallels also reflects a disposition to interpret the dream/nightmare experience within a religious existential framework that is oriented more toward the moral-religious character and fate of the individual (in a progressive sense) than to the role of psychological trauma and psychodynamic processes (regressively, looking to past traumas). A hint of this orientation is also evident in Margarita's question: "I already experienced it once [the sexual abuse]; why do I have to keep reliving it?" which acknowledges the memory, but seems to point to a larger, divine plan or judgment.

Though characterized by some visually and kinesthetically elaborated imagery (doors and shutters slammed, self being thrown around), Luchita's account also displays features of a sleep paralysis experience. Described as not quite like a nightmare, involving intense struggle and desperation ("as a last resort I began to pray...") and emphasizing its postsleep effects, her account is suggestive of a hypnopompic (prewaking) sleep paralysis experience.

Bringing us back to the (other) edge of sleep and to a place where, in a sense, we began—with the hypnagogic and hypnopompic sleep paralysis nightmare—this account reiterates and summarizes the ambiguities, analytic and objective but also subjective and existential, that are evoked by nightmares of various kinds.

Discussion

As shown by the presentation of cases, many kinds of bad dreams and nightmares described by Puerto Rican respondents involved trauma, either in the lived form of a perceived supernatural assault or in the vivid reliving of prior trauma or abuse. Described in rich, multisensorial terms involving kinesthetic, somatic, visual and emotional imagery, these typically horrifying experiences provoked a variety of moral-religious and cultural interpretations and responses. The cases have also revealed the utility of a continuum of "altered states of consciousness" (ASCs) framework that accommodates both biologically based cognitive understandings and more subjective, cultural-phenomenological accounts of sleeping and waking visions. Considering traumatic nightmares to lie along a continuum allows us to further frame several of the key study findings.

For one, in emphasizing the importance of analytically grouping sleeping, sleep paralysis and waking visionary experiences of locally recognized folk spiritual entities and apparitions (e.g., *sombras*, *celajes* and *demonios*), the current study underlines the importance of notions such as worldview and behavioral environment for culturally contextualizing the experience, interpretation and sharing of these events. Participants' ability and willingness to discuss and characterize these experiences in terms of the spiritual entities recognized by their faiths were facilitated by a general, shared understanding of the existence and occasional appearance of these beings. In this community, the behavioral environment as such is not one in which physiologically inscribed memory traces re-emerge anomalously in a sleeping or hypnotic state. Rather it is one in which, for a spiritualistically and religiously conceived self, dream messages and occasional nightmare visitations provide reminders of a larger, if generally unseen, world of moral-religious design and judgment.

Second, the current study revealed how nightmares exist along a continuum of human behaviors and experiences often found at or near the core of religious faith and identity. Perhaps due to their terrifying affective intensity or to their literally 'gripping' sensation of ego-alien presence, the nightmares reported here typically evoked the impression of spiritual or demonic visitation and, often in response, the saying of a prayer for divine intercession. In these perceptions and responses, we see the action of a number of cognitive faculties considered important by cognitive scientists of religion for explaining the sources, form and extent of religious behaviors in human societies. The ability to anthropomorphize uncanny sensations, to imagine and realistically perceive an intentional agency or to remember in detail and continue to reflect on the emotions and interpretations associated with these perceptions, these are key psychological capacities involved in many kinds of religious trance and rites cross-culturally. Nightmares of diverse types, such as those reported here, show a more private and unritualized, but no less culturally elaborated, example of these capacities.

Finally, emphasis on the role of the embodied consciousness of nightmare experiences, especially in forms of intense affect, helps to clarify how and why these and other ASCs may be understood in spiritual or religious terms. From an embodiment perspective, "perception is first and foremost an embodied experience" (Merleau-Ponty 1962), but because the phenomenal body is generally taken for granted or "absent" from consciousness, it is often best revealed in "anomalous" forms of embodiment such as in illness or distress (Leder 1990). The nightmares discussed here clearly exemplify such conditions and have provided an opportunity to explore how meaning arises in response to these experiences. In the sleep paralysis nightmare and sexual incubus experience, the body is described as immobilized and oppressed: "like a person is on top of me asphyxiating me" or "cutting off my breathing." This sense of immobilization is characterized by intensely fearful or erotic arousal and the sense of other presence and agency. However, some cases in which waking immobility is described involve sense of presence but comparatively attenuated arousal and sense of agency: "like someone is lying beside or against me." Emotional intensity accompanied by awareness of the paralysis-induced state, an altered state of embodiment, may contribute to the sensation of alterity or ecstasy associated with strongly felt emotions; or, somewhat in the fashion of a phantom limb, it may animate, or intentionally occupy, a feeling of otherness.

From a cultural phenomenological viewpoint, the direction or valence of emotional response to an ASC can be partly understood as culturally and historically shaped, as can the participant's further elaborations or interpretations. In suggesting their experiential and thematic resonance with spiritual entities that may transpire in charismatic Christian services, or with those waking and sleeping "visitations" and "signs" that are expected in Puerto Rican Spiritualism and some forms of folk Catholicism, I have presented some basis for understanding participants' familiarity with altered states comparable to the nightmare. In this convenience sample, there was a greater association of the direction of sleep paralysis affective content with religious orientation than with psychiatric history, with evangelical and charismatic Christians reporting demonic fearful interpretations almost exclusively, and others showing a mix of neutral, erotic and frightening interpretations. Especially for those with a strongly spiritualistically influenced folk-Catholic background like Magda, the response to these nightmare events takes the form of an expectation that such experiences can happen, and a sense of calm recognition when they do.⁶

For many, the nightmare had the character of episodic memory—an image and situation etched in the mind—but with a strong emphasis on the realistic emotionalsomatic imagery even if or when situated in bizarre or unfaithful and mnemonically unfaithful scenes and settings. Suggesting emotional embodiment in the form of terror upon attributing the event to a malevolent agency, these REM nightmares, in particular, show the confluence of emotional (embodied) and eidetic (cognitive-visual) impressions in nightmare imagery. They also reiterate the phenomenologically ecstatic nature of intense emotion and suggest its key importance in ASCs generally.

Many of the nightmares described in this study resulted in awakening and prolonged frightened arousal, and they often led to specific actions. Such was the case for dreams involving the theme of loss and grief. From an embodiment perspective, these other-loss dream accounts suggest a particular kind of affectively intense arousal and "other" experience, but in this case the other's absence is the object of horror. Evoking a simulacrum—and perhaps memory—of the experience of a significant other's unexpected death and its anguishing aftermath, these loss nightmares affectively animate and disturb the sleeping body with traumatizing emotional images much like threat and flight nightmares. However, the disturbing implications of a "threat to self" are replaced with an emotionally intense image of the death and loss of an "other." In these cases, the dreamer returns to a grieving body reminded of its dependence on, and care for, others. For dreamers in this sample, such nightmares also typically compelled dreamers to seek out and connect with the lost other as if needing to dispel an embodied sense of loss and to assure themselves that the nightmare was not, like the mother's dreams that "always come true," a foreshadowing of events.

The realistic and affecting sense of grief experienced in loss nightmares seems to be etched not only in memory but in the body, and as with terrifying nightmares, the rising affect draws the dreamer 'back' into the emotionally aroused and awakened body. Like real traumas, various kinds of nightmares provide blunt and vivid reminders of the tenuous, social-existential conditions of their embodiment in the world and with others. Sometimes reminiscent of prior traumatic experiences

⁶ This was exemplified in M's case earlier in the interview when talking about waking visions such as *celajes* and *sombras*. She acknowledged that both she and daughter see them at times. When asked what she says to her daughter when she sees them, M responded that she tells her to "say hi."

(explicit or unrecognized), nightmares also reveal embodied capacities for experiencing both mundane and spiritual 'others' in affectively intense, or ecstatic, ways. Resonating in this community with both contemporary evangelical Christian notions of demonic affliction and more traditional, folk-Catholic conceptions of spiritual influence, the nightmare accounts reported here provide insights into how such beliefs are sustained, how they take on a strong emotional valence.

In this article I have examined a variety of accounts of *pesadillas* or nightmares provided by respondents in a person-centered, ethnographic study of religious and altered states of consciousness in a mainland Puerto Rican community in the late 1990 s. Focusing on the emotional and embodied content and the forms of sharing and interpretation of various kinds of reported nightmares, I have suggested how these experiences constitute and replay traumas and create emotional states filled with other presence. Although based, in most cases, on a single nightmare report and vulnerable to the many forms of self presentation and social editing that may accompany the sharing of nightmare and other personal experiences, the descriptions are consistent phenomenologically with many appearing in the literature, and they are internally consistent with other aspects of the individual life histories collected. The current study also suggests the potential for a more theoretically robust dialogue between cultural phenomenology and the cognitive sciences of religion, a dialogue that can be enriched by approaching the nightmare as one of many forms of embodied ASCs that evoke religious sensibilities and ritual forms cross-culturally.

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References

American Psychiatric Association

1994 Diagnostic and Statistical Manual of Mental Disorders. 4th Edition. Washington, DC: APA. Basso, E.B.

1987 The Implications of a Progressive Theory of Dreaming. *In* Dreaming: Anthropological and Psychological Interpretations. B. Tedlock, ed., pp. 86–104. New York: Cambridge University Press.

Benca, R.M.

2007 Narcolepsy and Excessive Daytime Sleepiness. Diagnostic Considerations, Epidemiology, and Comobidities. Journal of Clinical Psychiatry 68(Suppl. 13): 5–8.

Bourguignon, E.

1972 Dreams and Altered States of Consciousness in Anthropological Research. *In* Psychological Anthropology. F. Hsu, ed., pp. 403–434. Cambridge, MA: Shenkman.

Cheyne, J.A.

2001 The Ominous Numinous: Sensed Presence and "Other" Hallucinations. Journal of Consciousness Studies 8(5–7): 133–150.

Cheyne, J.A.

- 2003 Sleep Paralysis and Structures of Waking-Nightmare Hallucinations. Dreaming 13(3): 163–179. Csordas, T.J.
 - 1994a The Sacred Self: A Cultural Phenomenology of Charismatic Healing. Berkeley: University of California Press.

Csordas, T.J., ed.

1994b The Body as Representation and Being in the World. *In* Embodiment and Experience: The Existential Ground of Culture and Self, pp. 1–23. London: Cambridge University Press.

- 2005 Cultural Variation in the Clinical Presentation of Sleep Paralysis. Transcultural Psychiatry 42(1): 78–92.
- Fukada, K., R.D. Ogilvie, L. Chilcota, A.M. Vendittelli, and T. Takeuchi
- 1996 The Prevalence of Sleep Paralysis among Canadian and Japanese College Students. Dreaming 8(2): 59–66.

Hallowell, A.I.

1967 The Self in Its Behavioral Environment. *In* Culture and Experience (Chap. 4). New York: Schocken Books.

Hartmann, E.

- 1984 The Nightmare: The Psychology and Biology of Terrifying Dreams. New York: Basic Books. Hartmann, E.
 - 1996 Who Develops PTSD Nightmares and Who Doesn't. *In* Trauma and Dreams. D. Barrett, ed., pp. 100–113. Cambridge, MA: Harvard University Press.

Harwood, A.

1977 Rx: Spiritist as Needed: A Study of a Community Mental Health Resource. New York: Wiley. Hinton, D.E., D. Hufford, and L. Kirmayer, eds.

- 2005a Sleep Paralysis in Cross-Cultural Perspective. Transcultural Psychiatry 42(special issue): 5–145. Hinton, D.E., D.J. Hufford, and L.J. Kirmayer
- 2005b Culture and Sleep Paralysis. Transcultural Psychiatry 42(1): 5-10.
- Hinton, D.E., V. Pich, D. Chhean, and M.H. Pollack.
- 2005c 'The Ghost Pushes You Down': Sleep Paralysis-Type Panic Attacks in a Khmer Refugee Population. Transcultural Psychiatry 41(1): 46–77.
- Hinton, D.E., V. Pich, D. Chhean, M.H. Pollack, and R.J. McNally
- 2005d Sleep Paralysis among Cambodian Refugees: Association with PTSD Diagnosis and Severity. Depression and Anxiety 22: 47–51.

Hollan, D.W., and J.C. Wellancamp

- 1993 Contentment and Suffering: Culture and Experience in Toroja. New York: Columbia University Press.
- Hufford, D.J.
- 1982 The Terror that Comes in the Night: An Experience-Centered Study of Supernatural Assault Traditions. Philadelphia: University of Pennsylvania Press.

Hufford, D.J.

2005 Sleep Paralysis as Spiritual Experience. Transcultural Psychiatry 42(1): 11-45.

Jacobson, C.J.

2001 Spirits, Demons and Nightmares: Moral Images of Self and Other in Puerto Rican Life History and Religious Discourse. Unpublished Ph.D. dissertation. Case Western Reserve University.

Jacobson, C.J.

2003 '¿*Espirtus? No. Pero la Maldad Existe*': Religious Change and the Problem of Evil in Puerto Rican Ethnopsychology. Ethos 31(3): 1–34.

Law, S., and L.J. Kirmayer

2005 Inuit Interpretations of Sleep Paralysis. Transcultural Psychiatry 42(1): 93–112.

Leder, D.

1990 The Absent Body. Chicago: University of Chicago Press.

Levy, R.I.

- 1972 The Tahitians: Mind and Experience in the Society Islands. Chicago: University of Chicago Press.
- Lincoln, J.S.

1935 The Dream in Primitive Cultures. Baltimore: Williams and Wilkins.

Merleau-Ponty, M.

1962 Phenomenology of Perception (trans. Colin Smith). New Jersey: The Humanities Press.

- Ohaeri, J.U., A.O. Odejide, B.A. Ikuesan, and J.D. Adeyemi
- 1987 The Pattern of Sleep Paralysis among Nigerian Medical Students. Journal of the National Medical Association 81: 805–808.

De Jong, J.T.V.M.

Paradis, C.M., and S. Fiedman

2005 Sleep Paralysis in African Americans with Panic Disorder. Transcultural Psychiatry 42(1): 123– 134.

Qualitative Solutions and Research

1997 QSRNUD*IST 4 User Guide. Thousand Oaks, CA: Scolari.

Tedlock, B.

1987a Dreaming and Dream Research. *In* Dreaming: Anthropological and Psychological Interpretations. B. Tedlock, ed., pp. 1–30. New York: Cambridge University Press.

Tedlock, B.

1987b Zuni and Quiche Dream Sharing and Interpreting. *In* Dreaming: Anthropological and Psychological Interpretations. B. Tedlock, ed., pp. 105–131. New York: Cambridge University Press.

Wallace, A.F.

1959 Cultural Determinants of Response to Hallucinatory Experience. Archives of General Psychiatry 1(1): 58–69.

Whitehouse, H.

2006 Terror and Religion. *In* The Oxford Handbook of Religion and Emotion. J. Corrigan, ed. New York: Oxford University Press.

World Health Organization

1994 International Classification of Diseases. 10th rev. Geneva: WHO.