Literature and Sleep

An Instance of Sleep Paralysis in *Moby-Dick*

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**Summary:** It is suggested that picturesque medical conditions can, at times, be encountered in literary works composed prior to their clinical delineation. This is true of sleep paralysis, of which the first scientific description was given by Silas Weir Mitchell in 1876. A quarter of a century earlier, Herman Melville, in *Moby-Dick*, gave a precise account of a case, including the predisposing factors and sexual connotations, all in accord with modern theory. The details of Ishmael's attack of sleep paralysis, the stresses leading up to it, and the associations causing him to recall the experience are given here. **Key Words:** Sleep paralysis—Literature—*Moby-Dick*—Picturesque disorders—Predisposing factors.

Picturesque medical disorders have, on occasion, been delineated in fiction before entering the scientific literature. Such is the case with the so-called restless legs syndrome, originally reported by Ekbom in 1944 (1) but precisely described 42 years earlier by Thomas Mann in his story "Tristan" (2). Another instance would be sleep paralysis, vividly depicted by Herman Melville in *Moby-Dick*, the first edition of which appeared in 1851, a quarter of a century before its medical counterpart (3). A brief outline of sleep paralysis and an exposition of Melville's portrayal of it will comprise the remainder of this paper.

**THE DISORDER**

Sleep paralysis is a frightening but harmless condition that can mimic myocardial infarction, epileptic seizure, or anesthetic accident. Its main components are an inability to initiate any motion whatsoever and even to speak, lasting from a few seconds to a few minutes, although the sufferer can recall every detail of the surroundings and what transpires there (4). Observers report such signs as unresponsiveness to noxious stimuli or verbal command, flaccid paralysis, and areflexia. The pathogenesis is thought to be "... a generalized flaccidity of muscles with full consciousness in the transition zone between sleep and waking" (5).

Many people who experience sleep paralysis do not seek medical assistance, often out of a sense of shame over the possibility that the condition represents a serious psychological disturbance (4). There is little doubt that some cases are familial (6) and that others appear against an ethnic background as with the old hag phenomenon in Newfoundland, held by Ness to be isomorphic with sleep paralysis (7). Here, a strong association with superstition and a tolerant belief in witchcraft are the distinguishing anthropological features (7). When the true nature of sleep paralysis comes to light in the consultation, the victim may express relief and there can be an amelioration in the frequency and severity of attacks (4).

**HISTORY**

Most authorities agree that the first clinical report of the disorder was given by Silas Weir Mitchell, who published his observations of this condition in two healthy, young men in 1876 (8). Some recent research has revealed an earlier, terse allusion to it by Binns, appearing in 1842 in a book entitled *The Anatomy of Sleep; or, the Art of Procuring a Sound and Refreshing Slumber at Will* (9). There, the following occurrence in the course of a daytime nap is described and termed a "daymare": "... utter incapacity for motion or speech, difficult respirations, and extreme dread" (9).

Mitchell's description of sleep paralysis is given as follows: "The subject awakes to consciousness of his environment but is incapable of moving a muscle; ly-
ing to all appearances still asleep. He is really engaged in a struggle for movement, fraught with acute mental distress; could he but manage to stir, the spell would vanish instantly” (9).

THE UNCANNY

Melville’s description of sleep paralysis is put into the mouth of Ishmael, the chief protagonist of Moby-Dick: “... and slowly waking from it—half steeped in dreams—I opened my eyes and the before sunlit room was now wrapped in outer darkness. Instantly I felt a shock running through all my frame; nothing was to be seen and nothing was to be heard; but a supernatural hand seemed placed in mine. My arm hung over the counterpane, and the nameless, unimaginable silent form or phantom, to which the hand belonged, seemed closely seated by my bedside. For what seemed ages piled on ages, I lay there, frozen with the most awful fears, not daring to drag away my hand; yet ever thinking that if I could but stir it one single inch, the horrid spell would be broken” (3). The striking similarities between this passage and Mitchell’s report—“could but stir”, “spell”, “awful fears”, “acute mental distress”—add to the strangeness.

SEXUAL CONNOTATIONS

Van Der Heide and Weinberg (10) believe that sleep paralysis may be an expression of passive-submissive needs connected with sexuality. In his investigations of the old hag phenomenon, Ness encountered a number of sexual themes (7). He also noted that most of the sufferers were male, while the person casting or paralyzing them was female—a hag. One of the men he questioned reported an apparition whose approach he could hear. He saw her enter the room, and she came to sit on his chest, pinning him down and paralyzing him. His brother recalled several occasions when the hag had seized his private parts, leaving him with an uncomfortable ache for several hours (7).

Returning to Melville, we find that the incident evoking Ishmael’s memory of sleep paralysis is recounted with definite homosexual overtones: “Upon waking next morning about daylight, I found Queequerg’s arm thrown over me in the most loving and affectionate manner. You had almost thought I had been his wife” (3). The story of the phantom hand is then told. Although the paralytic episode itself, occurring in childhood, appears free of such an association, it is interesting that it recalls itself to Ishmael as the result of a near homosexual experience.

Schneck suggests that sleep paralysis may be produced by conflict over latent homosexuality (11). Van Der Heide and Weinberg (10) speak of awakening as a time of sexual arousal and propose that sleep paralysis can repress the libidinous drive.

PREDISPOSING FACTORS

Although claims have been put forth implying that the pathogenesis of sleep paralysis is understood (5), its etiology remains obscure and may well be multifactorial. There is, however, general agreement on several predisposing factors, among them stress, arguments, frightening films, emotional upset, fatigue, irregular life pattern, sleep deprivation, and improper food (4).

The events leading up to Ishmael’s attack of sleep paralysis and his hypnopompic hallucination are described by Melville in considerable detail, and they enable us to understand how the experience came on. As a boy, he was sent to bed at 2:00 p.m. in the afternoon of June 21 by his stepmother for having attempted to climb the chimney from the fireplace. Here he recalls his frame of mind: “I lay there dismally calculating that sixteen entire hours must elapse before I could hope to get out of bed again. Sixteen hours in bed! the small of my back ached to think of it. And it was so light too; the sun shining in at the window, and a great rattling of coaches in the streets, and the sound of gay voices all over the house . . . . For several hours I lay there broad awake, feeling a great deal worse than I have ever done since, even from the greatest subsequent misfortunes” (3). These lines certainly contain their share of stress. In addition, the reference to discomfort in the small of the back suggests a supine position, also held to predispose a person to attacks of sleep paralysis (7). Finally, having been packed off without supper, the boy Ishmael definitely had “improper food” (7).

CONCLUSIONS

Literary creations are said to require the strange and the uncanny in order to liberate themselves from the influence of distinguished forebears (12). This fact probably explains their frequent preoccupation with the pathology of psyche and soma. If we accept Whitehead’s dictum to the effect that “Everything of importance has been said before by someone who did not discover it” (13), then it is virtually certain that the present paper is not the first to deal with Ishmael’s sleep paralysis. Moreover, scientific writers have noted the disorder in works of fiction by authors in addition to Melville, among them Hardy (7) and Hemingway and Fitzgerald (14). Perhaps the most striking aspect

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of Melville’s description is its exemplification of how accounts of disease can move back and forth between literature and medicine, making it difficult, if not impossible, to determine what came “first.”

REFERENCES