

RSPK 4.0 When Ghosts Get out of Line

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Abstract – After a short description of the „Freiburg RSPK model“, different new types of RSPK and their “profiles” are formulated by various case studies and supplemented with the presentation of praxis-proven interventions. The RSPK model assumes that typical RSPK shows the following features: There is a focus person with characteristic personality traits; the phenomena follow a describable development; specific phenomena are occurring, comprising inexplicable noises, mimicry noises, movement of objects etc. But the case studies show that more or less clear deviations from the prototype can be found for almost every feature. A change regarding the age of the focus person can also be observed. The six newly described types are referred to as the “Elderly People RSPK”, the “Neurotic RSPK”, the “Healing RSPK”, the “Burn-Out RSPK”, the “Depressive RSPK”, and the “Mourning RSPK”.

Keywords: RSPK – poltergeist – focus person – telekinesis

RSPK 4.0: Wenn Geister aus der Reihe tanzen

Zusammenfassung – Nach einer kurzen Beschreibung des “Freiburger-RSPK-Modell” werden verschiedene Formen von RSPK-Dynamiken und deren “Profile” durch Fallstudien beschrieben und praxiserprobte Interventionen vorgestellt. Das RSPK-Modell geht davon aus, dass der typische RSPK die folgenden Merkmale aufweist: Es gibt eine Fokuspersion mit charakteristischen Persönlichkeitsmerkmalen; die Phänomene folgen einer beschreibbaren Entwicklung; es treten spezifische Phänomene wie unerklärliche Geräusche, Nachahmungsgeräusche, Bewegungen von Objekten usw. auf. Die Fallstudien zeigen jedoch, dass für fast jedes Merkmal mehr oder weniger deutliche Abweichungen vom Prototyp gefunden werden können. Eine Veränderung des Alters der Fokuspersion

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ist ebenfalls zu beobachten. Die sechs neuen Typen werden als “Der Alters- und Seniorenspek”, “Der neurotische Spek”, “Der heilsame Spek”, “Der Burn-Out-Spek”, “Der depressive Spek” und “Der Trauer-Spek” bezeichnet.

Schlüsselbegriffe: RSPK – Poltergeist – Fokusperson – Telekinese

Introduction

In recent years we have been observing changes in the Parapsychological Counseling Office (PCO) of the Wissenschaftliche Gesellschaft zur Förderung der Parapsychologie (WGFP – Scientific Society for the Enhancement of Parapsychology), particularly with Recurrent Spontaneous Psychokinetic Phenomena (RSPK) commonly known as poltergeist phenomena. On the one hand it still exists – the classic RSPK – with loud rumbling, slamming doors, flickering lights and a juvenile RSPK focus person. On the other hand, we notice that numerous cases do not at all follow the script of a classic poltergeist. It is time to bring disorder into the existing order of classical RSPK cases. In this article we clean up with (pre-)judgments about RSPK, with categories and quick explanations – or confuse them. Because a teenager is not always there when the cups fall out of the cupboard – and we think about what the broken cup might be useful for ... because sometimes shards bring luck in the truest sense of the word.

Before we look at RSPK cases, which do not fit into the „classical Freiburg RSPK model“ (Lucadou, 1982, 1989, 2000; Lucadou & Poser, 1997; Zahradnik & Lucadou, 2012), we will briefly outline what we thought we knew about RSPK so far. The „Freiburg RSPK Model“ sees RSPK as an external psychosomatic reaction triggered by a RSPK focus person. In this sense, the spooky event is understood as a metaphorical expression of the subconscious. For a better understanding, the „Freiburg RSPK Model“ will be explained in more detail below. Among other things, the course of phases, phenomenology, characteristics of the so-called focus person and the aspect of stage-likeness will be addressed. Early case collections (Bender, 1979, 1980; Gauld & Cornell, 1979; Moser, 1977; Roll, 1977; Thurston, 1955; Tizané, 1951) report on RSPK cases that obviously follow very typical patterns. These patterns have been systematically researched and described by various authors (Huesmann & Schriever, 1989; Lucadou, 1982, 1989, 1992, 2000; Lucadou & Zahradnik, 2004; Owen, 1964 and much more).

First of all, therefore, the characterization of the “typical” RSPK events should be the focus of attention. Then we take up some cases from the PCO and show on the basis of these cases to what extent there is also “atypical RSPK”, in which the events do not fit into the typical patterns at all. The atypical RSPK shows itself in different manifestations and dimensions. Thus,

2 RSPK does not take place in secret, but mostly in front of an audience on a „stage“ so to speak. In this sense, a systemic view of the haunted event makes sense, as will be shown in the following.

as we will show in the following, the so-called “Elderly People RSPK” clearly differs from the “Youth RSPK”. In addition, it is shown that a differentiation makes sense with regard to phenomenology and certain personality traits – the “Depressive RSPK” shows completely different characteristics than, for example, the “Neurotic RSPK”. Also external life circumstances play a fundamental role with the emergence of RSPK, as can be illustrated very clearly in the “Mourning RSPK” or the “Burnout RSPK”. The cases also repeatedly pose ontological questions and sometimes it is not easy to differentiate them from psychological disorders, or the question arises to what extent certain disorders interfere with RSPK. Therefore the missing “stage” in some instances should be discussed in detail, because this has fundamental effects on the credibility of the affected persons and the subjective suffering pressure increases partly by the absence of observers and witnesses.

Do we need a reevaluation of RSPK? We think so, because it is precisely with regard to interventions that a more differentiated view of RSPK makes sense. The aim of this article is therefore to develop and present a typology of RSPK derived from practical experience, i. e. from every day and practical dealings with affected persons. A more differentiated view of RSPK expands the spectrum of methods and helps affected persons and actors in the field to find a different way of dealing with extraordinary phenomena. Using various case studies, new “RSPK profiles” will be formulated and following on from these, tried and tested interventions will be presented.

But first we want to describe the system-theoretically based model of RSPK, which has proven itself in our decades of consulting work.

The Classical Freiburg RSPK Model: Systemic Aspects of RSPK

The starting point of a system-theoretical approach to RSPK is firstly the restriction to structural-law statements, which means that no reductionist program is pursued; i. e. it is not assumed that physics is more fundamental than, for example, psychology. Rather, the description of a system depends on the perspective and interest and thus on its purpose. In this sense, system theory assumes that spatial information, i. e. structural information, and temporal information, i. e. behavioral information, are complementary concepts, such as location and momentum in quantum mechanics. This is one of the basic assumptions of the model of Pragmatic Information (MPI) and Generalized Quantum Theory (GQT), which are described in detail elsewhere (Atmanspacher, Römer & Walach, 2002; Lucadou, 2015; Lucadou, Römer & Walach, 2007). The terms “complementarity” and “entanglement” are important in connection with the RSPK model.

Complementarity

If the categories structure and behavior play such a fundamental role in the description of systems, this should also be reflected in the description of RSPK phenomena. In a study of 54 RSPK cases carried out by M. Huesmann and F. Schriever, a cluster and factor analysis of 46 items obtained from testimonies actually showed that there are two factors in RSPK reports that can be described as “structural” or “behavioral” factors (cf. Huesmann & Schriever, 1989) and can be interpreted as complementary description categories of the phenomena.

The complementarity or incommensurability between structure and behavior can be formally expressed as follows:

$$R * A = B * E = I$$

A reliable, complete and precise functional description of a system implies high “reliability” (R) of the system, it does not allow “autonomy” (A) (autonomy) of the system. Autonomous systems, on the other hand, can only be reliable to a certain degree. The incommensurability between autonomy and reliability is determined by the amount of pragmatic information (I). This is the information that at least affects the system when a “measurement” is made on it.

In order to understand the right part of the basic equation, one must know what constitutes a system and how an “observer” interacts with the “observed system”. Imagine a biologist wanting to describe a captured animal – for example, a raven – as precisely as possible. Taken on its own, this animal is an “organizationally closed system” (Varela, 1981), which “separates” itself from its surroundings, i. e. has its own “surface” and therefore cannot be “observed” without interaction with the “outside world”. The biologist must therefore become “active” if he wants to describe the animal. He must lock it in a cage. The biologist’s goals in describing the “raven” system are now very important. If he is behaviorally biologically oriented, he will not be interested in severely restricting the autonomy of the raven in order to enable the greatest possible variety of behavior patterns. However, this goes hand in hand with a low reliability. If, on the other hand, he is an animal anatomist, he is not interested in the autonomous behavior of the raven, but in a reliable investigation of the anatomical structures. He will put the raven to sleep and thus increase his

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- 3 Items assigned to the *structural factor* indicate “something new, something added within an existing structure” (Huesmann, & Schriever, 1989: 80). This is the case, for example, when objects appear to form in the air. The *behavioral factor* “is marked by items in which something existing undergoes change, the *behavior* of already existing objects is reported, whereby the behavior is anomalous and not the object itself” (ibid.). The latter is the case, for example, when objects suddenly move without a conventional cause for the movement being found.
 - 4 In quantum physics, “I” corresponds to Planck’s quantum of action “h”. In the MPI, however, “I” depends on the complexity of the system. Each “measurement” on a system simultaneously means a “preparation” of the system and *vice versa*.

reliability. The pragmatic information thus represents a kind of measuring probe that can destroy the phenomenon on the one hand (as in the case of the killed raven), and on the other hand could also be absorbed in an “immunization reaction” and would then no longer represent a scientific investigation (an object behaves so unpredictably that it cannot be reliably examined).

Entanglement

From a systemic perspective, we regard a RSPK case, i.e. a poltergeist event embedded in a social context, as an “organizationally closed system”. Within an “organizationally closed system” there is entanglement (in the quantum-physical sense), i.e. pattern matches (correlations) emerge that cannot be traced back to causal processes. This has the effect that extreme “thermodynamic super-fluctuations” (with low entropy, cf. Micadei, Peterson, Souza, Sarthour, Oliveira, et al., 2017) can occur, which are normally extremely unlikely, e.g. that a cup falls over “by itself” because all atoms suddenly oscillate in the same direction. In the case of RSPK, however, the cup can no longer be considered isolated from the rest of the “psycho-physical” environment, but is “entangled” with the system, whereby the classical thermodynamic probabilities no longer apply.

While according to the basic equation of the MPI the organizationally closed system behaves in such a way that the product of “autonomy” (A) and “reliability” (R) remains constant, the interaction with the observer, e.g. the scientist or psychologist who is asked for help, is reflected by “novelty” (E) and “confirmation” (B). The component of novelty indicates what is really new and surprising about the information transmitted. However, pure novelty could not be “understood” because there is no reference system into which it could be classified; it would not show any “effect”. Therefore, the component of “confirmation” must always be present, which in a way guarantees the “anchoring” of the new information in such a reference system with the observer. But pure “confirmation” is also no information; it has long been known and thus has no effect. Above all, the scientific demand for reproducibility requires confirmation. RSPK, however, supplies first and foremost novelty.

From the interplay of reliability and autonomy, or confirmation and novelty, which change with every interaction with the system, but must remain the same in the product, there results not only a completely natural explanation for the strange elusiveness of RSPK, but an explanation for the “mechanisms” underlying RSPK.

Model of an “ideal-typical” RSPK case

In order to “construct” an “ideal-typical” RSPK case according to our model, we start with the RSPK agent (also called focus person). He or she is usually in a difficult phase of development

(e. g. puberty). In other words, the focus person is in a problematic embodiment. “Embodiment” refers to the manifold embedding of a human being in his environment. However, “environment” here means more than the physical environment (environmental influences), the home, and the workplace, but also the social, societal, cultural and historical embedding. All these aspects consciously or unconsciously affect the state of the focus person, who in turn affects the “environment” in many ways; consequently, he or she tries to communicate his or her problems in some form to his environment. In order for the pragmatic information of his or her “message” to “hit home” and be understood, he or she must “dose” the relationship between novelty and confirmation in such a way that he or she receives the necessary attention (stage-likeness of RSPK). If we now continue to assume that he or she falls on “deaf ears” in his or her environment (family), then it may be that the RSPK agent consciously or unconsciously pursues the strategy of, above all, increasing the novelty in his or her message. As is well known, novelty is a source of attention, and a hearty prank, a hoax but also psychokinesis can certainly arouse the attention of the surroundings. The *surprise phase* of the RSPK shows this very clearly. From a psychodynamic perspective, the “pure” pranks are by no means less important or harmless than cases with real psi phenomena and therefore they are also a worthwhile object of study.

Whether with jokes or psychokinesis the RSPK agent can be sure that during the first phase, the *surprise phase*, the full attention of the “audience” is given for him or rather the phenomena. But is his “cry for help” really understood? The “naïve” observers search for all possible causes for the “inexplicable”, though do not recognize its real meaning. Paradoxically, the chances that the environment will finally “understand” what is at stake are sometimes greater in a prank than in a “real” RSPK. When the originator has been determined there is at least the subsequent possibility to get an explanation for the focus person’s actions. If the phenomena are genuine RSPK this way of understanding is blocked in the first place. The causes are sought in a completely different place: in the case of technical faults, evil neighbors, ghosts or goblins, the “true” message does not arrive. That is why the RSPK can continue to “let off steam”, nourish itself and at the same time prevent itself from understanding its surroundings through curiosity. Already in this phase, the elusiveness of the RSPK shows up. Of course, people want to see “something”. They can do that only where it’s not expected. Eventually, one realizes that there is a person standing in the “center of the cyclone”.

Then the second phase begins, the *displacement phase* of the RSPK events. The “naïve” observers and the focus person create a new “organizational closure” (Varela): They form the (conspired) unity of those who have experienced the “genuinely inexplicable miracles” of the focus person themselves and are now exposed to the disbelieving, penetrating questions of the critical observers. These can be journalists and researchers who want to see something with their own eyes, not merely believe it. In this phase, the focus person, who was previously iso-

lated, usually becomes the focus of the “naïve” observers, i. e. the social group to whom the call for help was directed. The focus person is seen as something “special,” as a “medium connected to the spirit world,” as a witch or as a paranormally gifted child prodigy. In this respect, he or she would have achieved his or her goal had it not been for the “critical” observers. They create a considerable expectation pressure and change the observed system through their observation. The aim of their description of the system is to document the phenomena reliably and without any doubt, i. e. to prepare their object of observation reliably, which according to the above equation, naturally leads to a decrease in novelty and to the third phase, the *decline phase*.

After all, the critical observers are still interested in the “thing”, albeit often less in the person concerned. So, it is not impossible that they, too, can catch a glimpse of some of the original dynamics. Of course, it is more likely that something will be staged for them, perhaps not even in bad faith. This staging may well be a joint work of the group. The amazingly simple moral justification for such manipulations often consists in the fact that those affected “know” how things “really” were and find nothing to help the phenomena on the leaps.

At the border between the self-organizing, organizationally closed, socio-psycho-physical system in which entanglement phenomena occur that express a disturbance of the embodiment of the focus person, and society in general, fraud also thrives. It is usually impossible to decide whether fraud, a natural cause or entanglements are the cause of a RSPK phenomenon. Therefore, we speak of a macroscopic uncertainty relation or undecidability.

After this “transitional existence”, RSPK ends with the repression phase, the phase of silence. The society and the state organs have no interest in the anarchy of the RSPK events. Their goal is to have (or rule over) reliable systems. The “system-preparing” effect of the public is also evident in the RSPK events.

Variants of RSPK Cases

The experience gained in our counselling office suggests that there are variants and developments that make a modification of this proven RSPK model as well as our overall idea of the phenomenology of RSPK necessary. This concerns not only the “RSPK personality” itself but also the question of the observer and the “stage”. Depending on the “RSPK personality” (Taboas & Alvarado, 1981), observers are by no means always present (see the sections “The Elderly People RSPK” and “The Neurotic RSPK” below) (Lucadou & Zahradnik, 2004, 2006). We also follow the hypothesis that due to the lack of evidence character of film and image material,

5 From this point of view it is certainly no coincidence that lawyers, forensic doctors and police inspectors of all people feel called – at least here in Germany – to put an end to the RSPK (and parapsychology) (cf. Bender & Mischo, 1978).

it might be possible in the meantime that the “stage” of RSPK has shifted to the medial level, since a supposed spooks video clip could always also be a manipulation or forgery. Thus, the prerequisite of a certain “uncertainty” or “macroscopic undecidability” (Lucadou, 1989, 2015) is certainly given in spooks videos and creates a completely new stage for RSPK.

Ultimately, the question of (to continue with the metaphor) “thematic content of the stage play” is central to handling everyday RSPK; i. e., the question “What does RSPK want to communicate?” Especially in the practice-oriented accentuation of this actual question to RSPK, it becomes clear that for the affected as well as the helpers this question is a priority compared to questions from outsiders, who all too often remain at the surface of the phenomena and their emergence. Of course, the question of whether and how telekinetic movements of objects are possible is also certainly justified. However, the people concerned hardly ask themselves this question because they often believe to have directly experienced that such phenomena can actually be real.

For the person concerned, his previous principle of reality is in question and usually difficulties arise in integrating the experiences into his own world view. For this reason, our article will also focus on answering the question about the meaning and handling of RSPK phenomena. We show that not every measure is suitable for every RSPK focus person, and introduce approaches we consider meaningful in the respective cases.

Firstly, we observe a change in RSPK with the age of the focus persons. A study carried out in 1989 (Huesmann & Schriever, 1989) shows that of the 51 cases examined, most were in puberty (see Fig. 1). An own recent study from 2016 shows the different distribution (see Fig. 2).

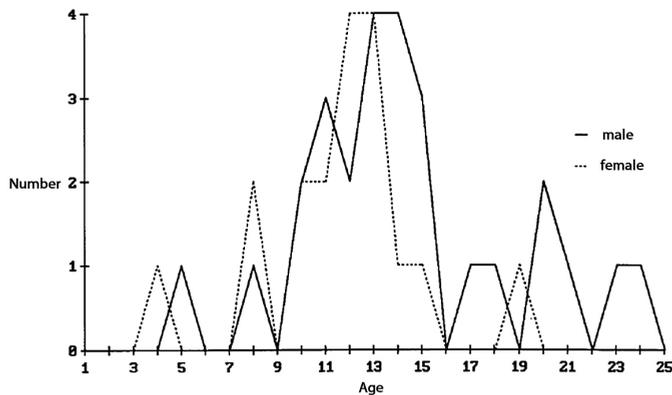


Fig. 1: Age distribution of focus persons from the Huesmann & Schriever-1989 study. Age of the focus person at the beginning of the RSPK phenomena, separated by gender; plus six focus persons over 25 years (N=51).

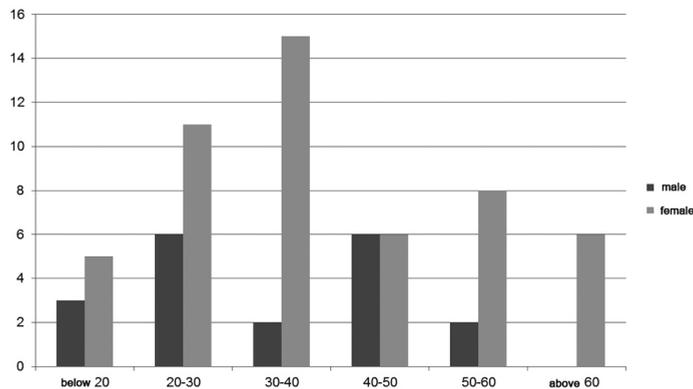


Fig. 2: N = 70, investigation period 2 years. Parapsychological counseling office

What we can see is that the focus persons who get in touch with the counseling office are obviously older. One can speculate about the interpretation of this result; for example, as to whether the statistics do also reflect a change in the way people seek help. This is at least one possibility that needs to be considered. However, considering that RSPK in the youth room is less frequent, explanations can similarly be found that are plausible against the background of the Fach's concept of a problem of "autonomy and bonding" (Fach, 2011). The living conditions of young people have changed significantly (Calmbach, Borgstedt, Borchard, et. al., 2016; Shell Deutschland Holding GmbH, 2015). Today's youth are also called "Generation Nesthocker" ["boomerang kids", or "generation boomerang"] (StBA, 2016; Leibert, 2017; Tossi & Gähler, 2016), referring to the tendency to stay longer in the parental home. With these new limitations, the probability of externalization through RSPK increases, reflected in the statistics presented above (Fig. 1). What is shown here: The general frequency of occurrence and age distribution of RSPK cases is apparently also related to social developments, and age shifts can be interpreted against this background.

Although we have now shown that the assessment and perception of the young generation has changed, there are still young focus persons. To contrast this so-called "Youth RSPK" with the so-called "Elderly People RSPK" provides very clear findings on the question of what effects the RSPK personality, or its age, has on the genesis, phenomenology and course of RSPK. If we compare these cases, we find that some youth-specific characteristics are obviously also reflected in the "Youth-RSPK", such as youthful egocentrism (Fuchs-Heinritz, Klimke, Lautmann, et al., 2011; Stangl, 2019), which favours stage-actor behavior in young people. This tendency to the stage situation is a characteristic that can be found in many earlier RSPK cases. With this article we follow the hypothesis that most cases documented in the 1950s to 1980s, follow the typical patterns of a "Youth RSPK" and that the characteristic of

the “stage” and the “audience” do not seem to be a characteristic feature for RSPK in general but, rather a characteristic for so-called “Youth RSPK”. If we compare the “Elderly People RSPK” with the “Youth RSPK”, we find that the “stage” is often missing among older focus persons – this also corresponds to the tendency of older people to increasingly withdraw and to be less and less present in public. These differences in the RSPK concerning the age of the focus persons are not only reflected in the aspect of the stage/observer, but can be found in other areas: A “Youth RSPK” usually lasts shorter (see Huesmann & Schriever, 1979), whereas “Elderly People RSPK” tend to become chronic and usually longer-lasting. Additionally phenomenology seems to adapt to the age of the person. The phenomena in adolescents are often loud, impressive, dynamic, and increasingly relate to the media and virtual worlds of life. However, older focus persons’ phenomena are more discreet, less intrusive and significantly less related to virtual worlds of life or technical devices, unless the focus person has an increased affinity to such things. We can already see in the comparison of different age groups of focus persons that there are tendential deviations from what has been assumed so far about the RSPK in general. The fact that we have had a relatively homogeneous picture of RSPK is probably due to the fact that so far predominantly young focus persons have been examined. In the meantime, the social circumstances have changed. More often other forms of RSPK are reported and promotive circumstances for the emergence of RSPK in other life situations arise.

Now, the different, but by no means exhaustive dimensions of RSPK are to be introduced and discussed. As previously mentioned with the age of the focus persons, it can be stated that there are further deviations from the classical RSPK model. They suggest that RSPK is a very general phenomenon belonging to humans; it adapts flexibly to life circumstances, individual, psychological predisposition and external events and is by no means a “privilege” of youth.

The subsequent description follows a continuous scheme: first a case is presented; then generalizable characteristics follow, which can also be confirmed in comparison with other individual cases of the same category. Finally, we show which interventions could be helpful in the mentioned case and possibly in general to better understand and integrate the extraordinary phenomena into one’s own life. We propose a distinction into the following types:

- Elderly People RSPK
- Neurotic RSPK
- Healing RSPK
- Burn-Out RSPK
- Depressive RSPK
- Mourning RSPK

The Elderly People RSPK

Case Vignette

“Right from the start: I don’t suffer from dementia or Alzheimer’s disease. In this respect, I only secured myself last month during my annual routine check-up. I am in good health, apart from the usual signs of wear and tear that age brings with it, nothing is missing. Occasionally I have rheumatism, and also walking is more difficult, but I am already 87. Now to my experiences: For approximately one year strange things take place in my small dwelling. Again and again things disappear and reappear in completely impossible places. But what’s really crazy is that some things seem to multiply. For example, this letter opener that my son brought me from a trip to Africa suddenly exists twice. And the round pocket mirror that I bought 40 years ago is now also available in two versions. The fountain pen, which is also a gift, is three times there. In addition there are the strange noises. When I sit in my armchair, I always hear a loud ringing, as if my earlier telephone was ringing. But this telephone no longer exists. In addition there are the footprints. As if someone had walked through my apartment in heavy and dirty hiking boots. But nobody was there – I only get a few more visitors and could remember them, and I also don’t have any shoes that make such impressions. When I recently came home from shopping, all the windows were open, and I took special care to close them all, as rain was announced. And the other evening all the lights were on when I came home, I looked up and it was as if there was a black shadow at the window. Since then I have been very afraid. (...)”

Profile: Elderly People RSPK

Audience/Stage	Nonexistent
Phase progression	Longer duration; mostly in earlier phases of life RSPK experiences; acute phases alternate with quieter phases (multiphase)
Typical phenomena	Objects disappear; objects decay/break; objects are in places where they don't belong; noises/sounds
Characteristics focus person	Few social contacts; retreat; inhibitions to make new contacts/activities; low self-esteem (fear of being a burden); thus moderately robust (age-related complaints)
Life themes/changes	Retirement; death of significant others; physical decline; own impending death
Functionality	Loneliness prophylaxis; changes/movement into deadlocked processes; connection to the deceased relative (positive)
Potential accompanying disorders	Dementia; degenerative diseases; age-related forgetfulness – undecidability increased (whether it is an incipient degenerative process or RSPK)

Interventions

Critics of the RSPK hypotheses will raise objection that there is no evidence at all to be found for the occurrence of anomalies in the environment, especially with elderly people. The question of the ontological status of the experience is firmly in focus here. The hypothesis that this could be a case of age-related forgetfulness or beginning dementia is at the forefront and must, of course, be examined. In many cases this has already been clarified by the persons concerned; however, there could also be a depressive disorder, which is known to be associated with psychotic states, or forgetfulness and concentration disturbances. This must also be checked. The withdrawal from the world of work, the death of relatives, the confrontation with illness and aging, and the loss of social contacts can often lead to a mild to moderate depression. All of this requires consideration before a hypothetical narrowing towards an “Elderly People RSPK” is undertaken. And last but not least, it must also be recognized that overlaps are possible.

The question, nevertheless, should now be: How ought RSPK manifest itself in elderly people if we assume that this could be a psychosomatic reaction that has been displaced to the outside world, and that it would be possible to relate back to age, life issues, etc.? In fact, the clearest marker can be found here in various individual cases – because in contrast to the “Youth RSPK” that comes along loudly, suddenly and rumbling, the “Elderly People RSPK” expresses himself according to his age much quieter, slower and longer lasting. Age and, as we will see later, personality traits are apparently transferred to the RSPK events. Phenomenology is very specific, especially in the case of “Elderly People RSPK”, and frequently deals with the disappearance, duplication and reappearance of objects, often linked with mimicry noises and changes in the home.

If we follow the RSPK hypothesis then there should theoretically be a stabilizing, if not a positive or preventive component in the experience of the persons concerned. The functionality of “Elderly People RSPK” can consist in a form of loneliness prophylaxis, which also explains why affected persons often react ambivalently when asked whether they want the phenomena to stop. In the case presented, the patient always spoke to the daughter on the phone when phenomena occurred. If counselors and patients succeed in discovering such functionality behind the events then a first important step has already been taken. Additionally, further interventions will be presented helping to integrate the events into the individual life story and reduce fears. Usually these events can be integrated if they are given meaning and significance and if a positive framing takes place. In this case, the events lose their disturbing, frightening characteristics allowing events to become a resource.

During the clarification conversation, the consultant finds those concerned oftentimes have no interest in the phenomena ceasing completely. They want to experience the phenomena as controllable. Apart from that, they can well imagine to harbor a “house spirit”, or whatever the

phenomena are couched in terms. For example, in some cases, the person concerned assumes that a deceased partner or relative could be behind such phenomena. Under certain circumstances, this can play a decisive role in the mourning process (see also “Mourning RSPK”). Nevertheless, it makes sense to identify with the person concerned what message could possibly be behind the RSPK, i. e. what the often-suspected ghost or dead person would like to communicate. It is helpful to know and to understand basic topics concerning elderly people due to their age. Of course, this does not replace individual references and issues. It is recommended to inquire about the following areas of change:

- social contacts (e. g. due to death, illness, etc.)
- leisure time and everyday activities
- nutrition and health
- the family sector
- physicality, sport and movement
- spiritual questions

Questioning these areas helps to clarify how basic needs are being met, while showing whether there are restrictions in the autonomy of the person concerned – often due to external circumstances. Thus, healthy autonomy is an expression of good relationships. A disturbed autonomy can interfere with a good relationship to oneself and/or to others. The suspicion is that in the case of the occurrence of RSPK there first is the autonomy disturbed by external influences resulting in consequences for the relationships. These observations can also be generalized and applied to other RSPK forms and correspond to a certain extent with the observations of Fach (2011).

It is important to check whether and to what extent the above-mentioned changes are conscious and acceptable to the person concerned. Working with a timeline, for example, is useful here. It is important to find out whether there have been drastic life events that can be related to the occurrence of RSPK and could possibly have led to a restriction of autonomy. In the longer term, the aim of the measures is either to strengthen relationships or to accompany the person concerned in coming to terms with and accepting the changed situation. Often it is very relieving to have the opportunity to talk to someone about their respective problems. In many cases this has already brought about a change in the RSPK dynamics.

With “Elderly Person RSPK”, a strong preoccupation with the phenomena itself is not indicated because it can have an unfavorable effect on the maintenance of social contacts and leisure activities. Asking how the person concerned reacts to the RSPK can help to find out the functionality behind the phenomena. For example:

- Who is called for help?
- What steps have been taken?
- With whom was it discussed?
- To whom would one like to confide?
- With whom does one feel safe?
- In which places and at which times does the person concerned feel comfortable?

It also makes sense to explore in which situation no phenomena occur, i. e. when the person concerned has his or her peace for certain.

Older people need the certainty of being able to make frequent contact and of having a constant contact person who takes the time to look behind the phenomena. The underlying issues often require sensitivity and time, and cannot be changed by simple measures in comparison to a youth haunted person. Rather underlying issues are of the nature of the aging person. The RSPK in this sense is a side effect of aging and can be used to deal positively (in a constructive way?) and consciously with one's own aging process. It can also be used to break out of certain routines and to rethink some firm beliefs and convictions. Understood in this sense, the RSPK offers access to various topics and areas of life that help to see the existential challenge of aging in a new light.

The Neurotic RSPK

Case Vignette

"I urgently need help. You are my last hope. I've been living in the apartment for 20 years. So far I've always felt comfortable. Now the strange things have been accumulating for a year. I think there is some presence here. It all started with the fact that I saw fingerprints on my velvet couch, then it continued with the fact that things changed in my apartment. The blanket on the table had slipped, the bird food on the balcony had disappeared, and my flowers were in another place. My bag had discolorations... At first I thought someone would get access and put cameras everywhere. I can rule out anyone coming into the apartment. Then it went on with strange crackling and knocking noises. These came sometimes from the roof, then again from the bathroom. These things happen almost every day. I have terrible fear and panic. I can hardly sleep anymore and have therefore had a sedative prescribed for me, but it does not get better. (...) Now various roof tiles have been lying on the floor, fallen off the roof so to speak, (...)"

Profile: Neurotic RSPK

Audience/Stage	Mostly not available; loneliness
Phase progression	Chronified, for more than one year; insidious onset
Typical phenomena	Disorder and pollution (unknown particles in the apartment); things get broken
Characteristics focus person	Meticulous documentation (photos, videos, and objects are sent); observation intensifies the RSPK; neurotic/paranoid personality with tendency to compulsiveness; "control freaks"; increased attention to deviations in the environment
Life themes/changes	Fear of change and disorder, desire for control
Functionality	Übersteuerung (overriding control)
Potential accompanying disorders	Constraints; compulsive/neurotic personality

At first glance, this case also does not seem to fit into the scheme of the classic RSPK. Again, the observers are missing, which limits the credibility of the person towards third parties. Another peculiarity is the meticulous observation and documentation of the events. Often in such cases we are literally overwhelmed with photos and material to prove changes in the environment. Due to the lack of witnesses, those affected are under pressure to provide evidence. During home visits, it quickly becomes apparent that they usually live in a meticulously clean apartment, that all things have a fixed place, and that usually importance is attached to cleanliness. The apartment is not a comfortable place as much as it is as a room kept under control. Mostly, there are slightly compulsive tendencies; the people concerned say that it is very difficult for them to endure disorder. Friendships and social relations are rather sparsely cultivated; and, there are tendencies towards very rigid overcontrolled behavior. The desire for controllability is also partly lived out in neurotic behavior. Irregularities irritate and are immediately documented and recorded. If there is no natural explanation for the emergence of disorder or wear and tear, concepts develop that emanate from the influence of ghosts to demons or something else. Disorder is perceived as alien to one's personality and externalized. The aim here is to integrate and accept disorder as part of the personality.

Interventions

Paradoxical interventions are particularly effective in such cases (e. g., to mess things up oneself, so that the “ghost” does not have to do that). It can also be useful to observe what changes the “ghost” brings into the home, and to ask those concerned to anticipate the “ghost” and make these changes themselves. In such cases, an RSPK diary is counterproductive. There is a tendency for meticulous observation anyway. A playful approach via the so-called “bean exercise” can be effective. It requires one to observe as many irregularities as possible in the environment. For each observed irregularity, a bean moves from one trouser pocket to the other of the persons concerned. The aim is to observe as many irregularities as possible, this is rewarded. The persons concerned will quickly notice that the more they wish for such irregularities, the less they will occur. They discover that their own attitude and perception have an influence on their experience. This gives back a feeling of controllability, which is especially important for people with such a personality structure. At the same time the fear of the phenomena is reduced. Through the reward, the phenomena are reframed and positively connoted. In addition, topics can be worked on such as endure disorder, plan more activities, get among people. This usually has a preventive long-term effect, assists long-term change, and targets the root of the problem.

A shift in focus away from deficit perception towards perception of positive things in the exterior (perception exercises) can also help not only to perceive negative change, but also to consciously focus on positive changes.

In the presented case we received the following feedback:

“It is now 1 year since I wrote. Thank you very much for all the phone calls. I am not answering because I need help, but because I want to tell you that nothing is happening anymore. You helped me a lot. In the beginning I found it a bit ridiculous to produce as much RSPK as possible, but then I began to see it sporty and challenged my house spirit to bring more action and disorder into my apartment. He didn’t ... You also advised me that I should take care of disorder myself, so that the ghost doesn’t have to do this, well, what can I say, that was hard for me to do that. But I thought about it: Either I practice enduring disorder, or I am stuck with this stupid ghost. I really had to work on myself, but now I don’t have to clean up all the time, it helps me if I’m not so much at home. (...)”

The Healing RSPK

Case Vignette

“For years I had this being in my house. It controlled my thinking and feeling. It caused pain in all parts of my body. I have done a lot of things. For any reason I feel physically better; these years of pain, for which no doctor could find a cause and which were sometimes unbearable, have almost completely disappeared. I can also fall asleep better. The only crazy thing is that this being, which probably occupied my body before, is now in the apartment. Doors slam, lights go on and off, the television turns itself on again and again, recently even the stove. I hear sounds again and again, as if someone is opening the garbage can. That frightens me and at the same time I am glad that my body is better. Imagine I can jog again. Nevertheless, I would like to have my peace. What can I do to finally get rid of this being? I am afraid that it will go back into my body again ...”

Profile: Healing RSPK

Audience/Stage	Existent
Phase progression	Preceded by a phase in which the person concerned was somatically not well
Typical phenomena	RSPK takes place first at the body surface; touches, cold sensations, violent touches (blows), hematomas; rumbling; objects move
Characteristics focus person	Previously no somatic robustness; dissociative; "internalizer"
Life themes/changes	Early traumatization; physical resilience increases; living conditions stabilize; social and physical activities are resumed
Functionality	Intrapsychic topics are better externalized; distance to stressful topics is built up; healing process progresses through externalization
Potential accompanying disorders	Somatoform disorders in subsidence; so-called bewitchment syndrome; ⁷ traumas

At this point it is important to make one thing clear in advance: Depending on the point of view, every RSPK has healing components. The earlier one understands the signals of the “poltergeist” and is prepared to implement changes, the more it can have a useful effect on the lives of the people concerned. This hypothesis presupposes that RSPK is a mouthpiece of the unconscious; therefore, it makes sense to learn to understand this kind of language. Nevertheless the “Healing

⁶ This term was coined in the Parapsychological Counseling Office. People with the so-called bewitchment syndrome usually feel influenced by third parties and also feel this physically (Lucadou, 2002).

RSPK” is a special form where it is worth taking a look at the atypical development of the event. Originally, focus persons were expected to have a special somatic robustness, to keep things at bay, and do not suffer from stressful situations, stress etc., but instead develop RSPK (Lucadou, 2000). In this case, RSPK is preceded by a phase of somatoform disorders, which seem very untypical. At second glance, this makes sense. It can be a sign of an improvement of the condition if the person concerned succeeds in making a change of strategy: instead of internalizing, they begin to externalize. This flexibility and extension of the reaction possibilities loosens up the inner physical system, creates more room for maneuver and in this case is an expression of the physical recovery since with the RSPK a new coping strategy for stress was learned, as it would be.

Interventions

What to do if a symptom like this is already a sign of improvement? In this case, the process of improvement must be supported. This means that we can cautiously bring in this positive framing as an interpretation concept and relieve the person concerned by the prospect of a prognostically more beneficial course (here storytelling is suitable as a method). It is important to support those concerned to find and maintain a positive interpretation and not to interpret the phenomena as threatening. In these cases, a process reflection is similarly necessary. For example, a timeline is used to work out what has changed during the past months. The focus must be on the question of what the person concerned has contributed to the change him or herself. Thus, in retrospect he or she can experience a form of self-efficacy and strengthening regarding this point. In such cases, resource orientation and focus on the things that are going well is an unusual point of view for the persons concerned that should be further trained. The strong reference to the perception of psychological and physical complaints usually recedes significantly in this phase. At the same time, the perception is again increasingly focused on external processes. In this context RSPK may be interpreted as a sign of a physical or psychological healing process: the further the phenomena are shifted outward, the better the person concerned feels. Externalization can create a healthy distance to stressful issues; fears are reduced, and the tense self-observation gives way to a tense external observation. Usually such changes do not occur by themselves, but the people concerned have tried and done some things. It is important to work this out and to appreciate it. It is especially important to develop a beneficial narrative with those concerned, which transforms the anxious external observation into a curious and interested attitude. In this case, too, the person concerned contacted us:

“Do you still remember me? We often spoke on the phone half a year ago. Meanwhile there is peace in the house – at least most of the time. I finally have a job again. I feel really good, I do sports

7 Storytelling is used in “narrative psychology” as a therapeutic technique. (Bishop, 2011; Standish, 2013).

regularly and know that I have to be very careful not to neglect my body. When there's another bang or I feel like I'm being breathed on, then I know exactly – off the couch and into the jogging shoes. I think the ghost is my inner pig, who sometimes yelps at me a little, but actually means well with me and wants to rouse me a little.”

The Burnout RSPK

Case Vignette

“We have been living in an old house for 6 years, which we have renovated ourselves. It has become really great and could actually be our dream house. We are both very professionally involved and often work all day long. We also have three children. Ever since we have lived there, we have felt strange things in the house. Maybe it has something to do with the previous tenants. For example, we heard children talking and laughing, although our children were actually with their grandmother. Again and again the motion detector jumps on for no reason and we sometimes see shadows scurrying through the house. I also always feel the presence of a child. Recently a cup just fell out of the cupboard and shattered. Our idea is that maybe a child died violently and still haunts this place. A healer we visited also noticed a restless child. At the moment it is particularly violent. (...)”

Profile: Burnout RSPK

Audience/Stage	Existent
Phase progression	Mostly extreme stress situation; much stress; acute
Typical phenomena	Classical RSPK phenomena
Characteristics focus person	Somatic robustness; dissociativity; externalizer; blind spot; seemingly no possibility for stress reduction; mental constriction
Life themes/changes	Multiple burdens (financial and occupational); new or terminated partnerships; family changes (care of parents, birth of children)
Functionality	"Before I blow the fuses – the fuses blow in the house"; burnout prophylaxis, stress reduction
Potential accompanying disorders	Burnout disorders; fatigue depression

Interventions

This form of RSPK occurs particularly frequently and reminds in its course and phenomenology strongly of classical RSPK. In these cases, RSPK is usually associated with difficult situations that generate stress and are repressed by the person concerned. Thus, we have numerous cases in which there are medium to strong RSPK symptoms in connection with problems of partnership which are not or covertly communicated. In a very memorable case, for example, the light bulbs burned out or exploded during stress. In such cases, the language of the poltergeist is metaphorical and it makes sense to focus on the meaning of the phenomena. In principle, systemic perspectives and questions are meaningful; especially through storytelling, externalization can be initially maintained, and it is nevertheless possible to establish a self-reference during the process. In such cases, burdensome topics should be communicated in individual conversations, family conversations are usually not the appropriate framework. The focus should be on wishes for change as well as question of exceptions and resources. Scaling questions to all persons concerned about the level of perceived suffering can be informative in order to find out who suffers the most.

In the example case cited, a solution was found. The discussions revealed that the mother, in particular, suffered greatly from being exposed to too much stress at work. She would have liked to see more of the children. She felt that the children would fall by the wayside, and she also made a connection between the absence of the children and the intensification of anomalies in the house. When the family succeeded in reducing stress at work, the RSPK phenomena also subsided.

The Depressive RSPK

Case Vignette

“Everything breaks! A pair of trousers, which I bought only 3 weeks ago, has holes, the cleaning sponge crumbles in my hand, the underwear has huge cracks, probably 4 cm, the cupboards have quirks, as if someone had beat them with a hammer, and even the glued edge strips on my PVC floor come loose. I photographed everything; after all I have to justify it to the landlord. It can't be right things to be ... when something gets broken, that may be, but everything? Really everything!! Even the new bag I bought last week got a hole in no time because a thread came loose ... explain to me what's going on.”

Profile: Depressive RSPK

Audience/Stage	Nonexistent
Phase progression	Chronified, usually for years; no dramatic, but insidious onset
Typical phenomena	Accumulation of defective objects; decay; things break down; sometimes slight acoustic phenomena and the feeling of present being
Characteristics focus person	Limited room for maneuver; withdrawal; high dissatisfaction; victim role; rigid personality structures; fixed world views; lack of perspective; narrowing of mental scope
Life themes/changes	Depression; loss of long-term relationships and autonomy; age; incipient bodily changes. Decay; relocation to a smaller apartment; changing of long-standing structures that provided security.
Functionality	Expression for dissatisfaction; inner state is reflected in the exterior
Potential accompanying disorders	Depression

This description of the case is justifiably followed by the question: “Is this really a RSPK or rather a form of selective perception?” This is not the place to get bogged down in ontological discussions. Clients perceive the phenomena as RSPK and offer this interpretation. Usually, it is of little use to question the interpretations and perceptions of the clients, but we try to pick them up and work with them. Ultimately, it turns out that the way we deal with those concerned does not change when we get involved with the interpretation of them.

Interventions

We have been seeing an increase in this RSPK type recently. Sometimes there are also mixed forms of “Elderly People RSPK” and “Neurotic RSPK”, i. e. concerning people who tend to meticulously observe. However, the greatest conspicuousness lies in the phenomena themselves: these are usually characterized by destruction, decay and destructiveness. Things and objects frequently lose their functionality, become perforated, and decayed. The people concerned usually observe these phenomena over a long period of time. At first there is no assumption that there could be an external cause. Only with increasing frequency does the idea begin to take root among those concerned that things cannot be right. Those concerned are querulous and show little initiative to try out suggestions for change. They usually do not want to take responsibility. Very often there are also signs of depression. But its manifestation often tends towards states of agitation and restlessness. A longer-term therapeutic and medicinal treatment can be useful. Due to the low willingness to engage in a therapeutic process, there are usually hardly any changes. The client tries to give responsibility for his problems to the environment. The client’s objective is to delegate responsibility to the outside world and it is usually difficult to formulate a new joint task in consul-

tation processes. Experiencing self-reliance and self-efficacy is challenging for clients. At the same time, the poltergeist phenomena help build a distance to stress and problems. These ambivalent references sometimes complicate clear goal-setting in therapeutic processes. Nevertheless, it can be relieving if binding appointments are offered and the person concerned is given a limited space to describe his or her problems. Suicidality must absolutely be clarified in these cases. The drive is often very much reduced and usually it requires a lot of appreciation for the client's situation and his or her previous suffering and endurance. For these individuals it is necessary that they feel seen in their suffering. After some time, it may be possible to focus more on inner processes and to reflect on the message behind the phenomena.

The Mourning RSPK

Case Vignette

"I'm very worried. Believe me, I am not crazy, but since two weeks it happens again and again that in our bathroom the water faucets are fully turned on. We live with three people in an old house; the faucets have a screw cap, which normally can only be operated with some effort. Large puddles appear again and again in the kitchen; we have had all pipes checked and the roof is also in order. (...)

I've had a lot of stress in the last few weeks. On top of that, my brother died 8 weeks ago in a car accident. I can't explain all this to myself. Is it my brother who can't find peace, or is it the house? (...)"

Profile: Mourning RSPK

Audience/Stage	Existent
Phase progression	Acute, sudden onset within the first six months after the loss of a person/pet; duration correlates with the grieving processing.
Typical phenomena	Water; feeling a presence; mimicry sounds; meaningful phenomena
Characteristics focus person	Cooperative; curious; "customers" (De Shazer, 1988); ⁹ no pronounced externalizers; short contact is sufficient; no psychic preloads; often good bonds
Life themes/changes	Loss; change through death; non-integrated grief
Functionality	Invitation to mourn and conscious processing; contact felt with the deceased
Potential accompanying disorders	Adjustment disorder

8 "Customers" are, according to the clients typology by De Shazer (1988) client that visit a therapist with the objective to "buy" something – in contrast to the "complainants" and the "visitors".

Interventions

We very often encounter this form of RSPK when it comes to a form of mourning to be processed. Grief counselors and people who have experienced a loss very often report anomalies and extraordinary experiences around the death of people (see e.g. Nahm, 2012). As a rule, it always takes a while until people concerned have found a way to cope with their loss. Consequently, it is necessary to include a psychoeducational unit in such cases in order to normalize anomalies after the death of a person and to reduce the anxieties associated with them. It is also important to establish individual connections to loss and grief. As in our case, this can be done via the symbolic language of the phenomenon (e.g. water stands for retained tears). Usually people with “Mourning RSPK” quickly succeed in establishing a self-reference. Externalization is not a strong characteristic, but a temporary strategy to keep away threatening feelings. Usually this form of RSPK is temporary and stops even without intervention. However, the phenomena can also be used consciously to process a loss even better. Farewell rituals can help to create good transitions in such situations of upheaval. In our culture, the reference to such rituals has often been lost. Dealing with the deceased as a resource is also no longer common practice. So, it can be a valuable suggestion to help people concerned to set up a memorial corner for the deceased or to design or find a place where the deceased is remembered. Creative forms of processing are also very beneficial here. Basically, this form of RSPK invites clients to rediscover access to one’s own feelings and emotions.

Conclusions

Despite their differences, all various dimensions of RSPK cases have some similarities. These similarities concern less the development, the course of the phases or the characteristics of the focus person than some essential observations on the meaning of RSPK in general. Primarily it can be stated that RSPK often has temporary system-stabilizing components. This concerns both intra-psychic as well as family systems and systems such as the workplace or a peer group. Despite the initially drastic form of expression, protective elements often appear in the RSPK by referring to what is essential for the psyche, hence creating scopes of action. RSPK in this sense is a warning light that flashes before the psychological and physical organism is severely damaged. At the same time, the symbolic language of RSPK offers solutions for stuck, worn down situations and states. The system is irritated to the maximum. RSPK challenges us to take care of certain repressed issues and problems before they manifest themselves psychosomatically.

But this also became clear: It would be grossly negligent to reduce RSPK to a certain cause. RSPK is a multifactorial event. Causes can be of different nature. RSPK also does not always

develop linearly, but there are different courses (punctual, multiphasic, recurrent, chronic, monophasic, ...). The clear life-world reference of the RSPK becomes particularly visible in the spread of the virtual RSPK event. For example, in recent years, clients have repeatedly told us about a wide variety of poltergeist phenomena that take place in chats, social networks or on smartphones. The concept of the focus person also appears in a new light because obviously there are no pronounced standard RSPK personalities, but the focus person adapts to the personality or the life situation. Transitions to and from somatic complaints are fluid. In practice, this means that we also have to focus on the individual during the RSPK process and the proposed interventions must be selected very carefully and adapted to the respective individual or situation. It is urgently necessary to refrain from generalizations regarding the choice of methods. In this respect, we hope that with this article we have contributed to providing the people concerned with even better and more situation-adapted help.

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