

A Virtually-Facilitated Investigation of Anomalous Household Disturbances Reported During the COVID-19 Pandemic

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Abstract: Reports were received from a middle-class family in the Silicon Valley area of California concerning a burst of anomalous experiences (AE) which disrupted their lives while quarantined at home during the COVID-19 pandemic. They reported unexplained cellular dialings, object movements, noises, tactile sensations (pokes, brushes, & bodily “scratches”), and the appearance of liquids. They also reported extreme stress, anxiety, and confusion due to the inexplicability of the phenomena.

Preliminary interviews indicated that this report met the criteria for cases of the anomalous episodic communal kinetic occurrence (AECKO)-type (described in Appendix A) and we agreed to: 1) investigate the AE; and, 2) assist the family. Investigation proceeded using a virtual approach, and the family’s stress, anxiety, and confusion were initially addressed by supplying evidence-based information on similar cases. We recommended family counseling and the parents completed 18 Zoom telehealth sessions involving stress reduction, family communication skills, intuition training, and basic education about anomalous phenomena.

Key findings include a steady decline in the AE correlated with the progress of counseling, up to AE cessation. Analysis of 295 individually logged AE events indicated that features of this case were consistent with other cases in the literature. This case highlights that: 1) an investigator’s personal visit may not be necessary for conducting a detailed and credible investigation of an RSPK-type case; 2) the dual goal of investigating the etiology of the disturbances and assisting the family are complementary rather than conflicting; and 3) a team approach including a licensed clinical health professional is highly recommended for these cases.

Keywords: anomalous experience (AE), poltergeist, recurrent spontaneous psychokinesis (RSPK), field investigation, clinical parapsychology, Anomalous Episodic Communal Kinetic Occurrence (AECKO)

Investigations of spontaneous anomalous phenomena typically involve, as early as possible, on-site visits for observing, photographing, and diagramming the location(s) of the reported anomalous events; observing and interviewing reporters and witnesses of the events; observing physical (trace) evidence of

the events; and witnessing event recurrence, if possible. This is often considered to be a crucial step in determining whether the claimed phenomena might be genuine or not (Auerbach, 1986, Sect. 4; Rogo, 1986, Ch. 10; Roll, 1972/2004, Appendix).

We report here a case of anomalous household disturbances in which we faced a unique circumstance stemming from the 2019 novel coronavirus disease (COVID-19) pandemic, where quarantine conditions prevented an on-site investigation. To circumvent this, we devised and implemented a virtual investigative approach that involved conducting interviews and telehealth counseling sessions with family members using the online video-conference platform Zoom.

In addition to further adding to the case literature on field research, we feel that this case merits reporting for three reasons:

First, a virtual investigative approach may be required in similar quarantine scenarios and other circumstances (e.g., limited scheduling or funding issues). It may also be a useful supplemental tool for other types of field study, as well as for investigators living in different parts of the world who may want or need to collaborate at a distance.

Second, the psychotherapeutic approach utilized in this case, the means by which it was presented virtually, and its outcomes will be of interest to clinical parapsychologists.

Third, the features and patterns in this case are consistent with those found in many well-documented cases of the recurrent spontaneous psychokinesis (RSPK)-type from the past, which suggests that the etiological processes at work in this case – *whatever they may be* – are similar, or perhaps even identical, to these prior cases. That is, the features and patterns observed suggest that it belongs in this group.

Fortuitously, just prior to learning of this case, G.F.S. was formulating the Anomalous Episodic Communal Kinetic Occurrence (AECKO) approach (see Appendix A) to spontaneous cases of the RSPK-type, in discussion with B.J.W. and L.A., among others (Solfvin, 2020, 2021; Solfvin & Williams, 2021). In doing so, it was deemed necessary to create a new rubric – the AECKO acronym – that encapsulated and reflected a basic foundation for a systematic approach to field research. A new acronym was necessary because:

We need an *operational definition* that will clearly identify a specific type of case which lends itself well to scientific investigation;

While RSPK was a major improvement over the folkloric and spiritualist terminology, Roll (personal communication) recognized it as a flawed first step towards building a systematic science;

AECKO builds upon Pratt and Roll's (1958) important (and underappreciated) rubric of RSPK, but it is *not* the same. AECKO elevates the *Communal* (group/family) and *Episodic* (narrative/story) aspects as key identifying features, while de-emphasizing the usual obsession with identifying an "RSPK agent," and entirely dropping the human PK theory as the key etiological factor (PK is not assumed, but is certainly a possible factor). Moreover, AECKO is *organic*, changeable, and grows as new evidence is gathered, and therefore involves considerable re-thinking of the purpose, expectations, and goals of the investigation and re-conceptualizes how best to accomplish it.

The present investigation may also serve as a practical model for how investigators with various backgrounds (field study, clinical, and analytical) can pool their individual knowledge, techniques, and resources to work with witnesses who are experiencing potentially disturbing phenomena and help bring useful insight and resolution.

Brief Background of the Case

The present case involved ostensibly anomalous physical disturbances that were said to be taking place in a small, three-bedroom townhouse occupied by a middle-class family living in the Silicon Valley region of California. The family consisted of Eileen (a 50-year-old stay-at-home mother & wife), Robert (a 56-year-old Silicon Valley engineer), and their two teenage children: 16-year-old Nathan and 14-year-old Emma (all pseudonyms).

The disturbances first became readily apparent to the family in mid-June of 2020. There were some hints that they may have begun as early as April or May, about a month or two after the family began observing a mandatory state-wide “shelter-in-place” lockdown order on March 19, 2020 in response to the emerging spread of COVID-19 in California and across the United States. This forced Nathan – who was visiting the Middle East on an 18-week study abroad program at the time – to return home to California after only seven weeks. The family soon found themselves living together in close quarters twenty-four hours a day, seven days a week, not only due to the mandatory pandemic quarantine lockdown but also the severe air quality hazard alerts from the wildfires that subsequently broke out in the Santa Cruz Mountains and in Napa Valley in August, September, and October.

Another event which closely preceded the disturbances, and which Eileen felt may have played a relevant role in stimulating their onset, involved a pet rabbit that the family had been fostering from February 1 to June 1. For much of that time (starting in mid-March), the rabbit was housed in a pen that took up roughly half of the small living room that the family used as a multi-purpose area (serving as a temporary office, meeting room, and leisure space), and the resulting reduction of available space became a source of stress for several members of the family. The eventual need to return the rabbit when the fostering period was over also took a strong emotional toll on Emma, who had developed a bond with the rabbit and did not want to give it up.

According to Eileen, the disturbances in the home were initially reported to occur “almost daily.... On some days it goes on for several hours in a row; other days, it’s just 1 or 2 ‘events’ per day” (e-mail communication to B.H., 7/31/2020). As they progressed, effort was made by Eileen and B.H. to diligently chronicle the disturbances in a written observational log that noted the date, approximate time, witnesses present, and relative circumstances under which each one seemed to occur. For reasons of brevity, we provide only a few illustrative examples from this log in Table 1, and for further details, we refer readers to a concise summary of the disturbances that has been presented elsewhere (Auerbach et al., 2022). A full chronological table of all 295 events recorded in the log is available on request as a separate 22-page Appendix file.

Table 1
Types of Disturbances Reported in the Silicon Valley Case

Type	Examples
object movement/ displacement	"July 27, 2020: Robert and Emma were in the kitchen discussing the disturbances when an empty food blender moved off the counter and landed on the floor. October 5, 2020: Eileen, Nathan, and Emma were in the kitchen when Eileen’s cellular phone, which was charging on the island counter, disconnected from its charger and flew to the floor near the refrigerator."
percussive noises	January 19, 2021: On three consecutive occasions, Emma heard knocking sounds on her bedroom wall, which seemed to be coming from outside of the front of the house (on the other side of the wall). The sounds were also heard by Eileen and Robert, but upon checking on two of the occasions, Robert found no one outside.
materialization/de- materialization	"Various types of liquids (antibacterial gel, soap, water, food coloring, ink) would be found smeared on the walls and/or on other personal objects. July 28, 2020: After Emma told Eileen and Nathan about how she “loves” to clean up after her friend’s dog, pieces of fecal matter (presumed to be canine in origin) were discovered on the hallway floor, even though the family does not have a dog (or any other free-roaming pet). Small amounts of food, sweets, and beverages would suddenly appear or disappear."
electrical malfunction	"Each of the family’s cellular phones would spontaneously dial the 911 emergency number on various occasions. While parked in the garage on three occasions, the alarm sounded and the head/tail lights flashed spontaneously on Eileen’s new car, with no one handling the car key fob. Emma and Robert were in the garage on two of the occasions, while Robert was working alone in the garage on the third."
tactile sensations	Feelings of being touched, brushed, poked by something unseen were reported by Emma, Nathan, and Eileen. Emma also reported instances of being “scratched” (accompanied by the appearance of dermal marks on her skin).

Investigative Procedures

On June 22, 2020, L.A. received an initial e-mail referral to the present case and he subsequently established phone contact with Eileen and Robert, who were seeking an explanation and eventual eradication of the disturbances. A brief account given during the initial contact appeared to match the AECKO criteria (AO, K, E, & C; as outlined in Appendix A). These criteria are based upon phenomena historically reported in cases of the RSPK-type published in peer-reviewed journals and books (e.g., Barrett, 1911; Bayless, 1967; Bender, 1974; Carrington & Fodor, 1951; Carvalho, 1992; Cox, 1961; Gauld & Cornell, 1979; Huesmann & Schriever, 1989, 2022; Owen, 1964; Rogo, 1986; Roll, 1972/2004, 1977; Thurston, 1954).³ The possibility that the case was a deliberate hoax was mitigated by the following considerations:

3 The IGPP Freiburg group (founded by Hans Bender) and its affiliates and associates have made impressive progress in the understanding

The family reached out to us for *help*, and not for publicity or any other (known) reason; the family had already notified the local police to ask for *help*; the police discovered no signs of fraudulent or suspicious activity while investigating; the family intentionally avoided sharing any details with friends & neighbors; the family was cooperative with any suggestion which might reduce or end the disturbances; the family agreed to, and insisted upon, anonymity (consenting to scientific publication only); the family did not seek any other outside help after being presented with our investigative plan; and the family readily agreed to our counseling suggestion, despite the financial costs to them.

Given the COVID-19 quarantine, we employed a virtual investigative approach in this case. An AECKO case is investigated as a *system*, a complex collection of interrelated parts, or subsystems, which results in observable phenomena (von Bertalanffy, 1968; Maturana & Varela, 1980; also see Appendix A). The AECKO investigative approach relies upon the investigators identifying, controlling for, or removing as many *a priori* assumptions as possible. For example, all observations within and around the time/space window of the AECKO case are considered potentially relevant, and no individual part or subsystem is assumed, *a priori*, to be more (or less) important than others. Also, it is *not* assumed that the goal (1) of collecting scientific data on the anomalous experiences (AE) is more (or less) important or urgent than the goal (2) of providing clinical parapsychological assistance to the experiencers, or that these goals are independent of one another. Further, the AECKO investigative approach does *not* assume that the investigative team is separate from the AECKO process (as objective observers), but rather, that it may become a part of it. The investigation process is thus driven by the observed situation, the needs expressed (e.g., by witnesses), by practical limitations, and by the natural flow which promotes smooth introduction of the investigative team into the system.

Many previously documented cases of the RSPK-type have emerged out of underlying *psychosocially adverse situations* occurring among the experiencers coincident with the case onset. Such adverse situations include (among others): anxiety, stressful work- & school-related issues or relationships, marital problems, unresolved bereavement, and changes in health & well-being (for a concise overview, see Williams, 2019). The identification, documenting, and addressing of psychosocial factors in an AECKO case may not only provide some relief to the experiencers, but may also offer insights for the nascent field of clinical parapsychology, and may suggest possible relationships with the etiology of the anomalous occurrences for future study.

In the present case (as is common in others), we make effort to address the needs of the family whose overt goals is to stop the disturbances. This was done as follows:

Listening nonjudgmentally to their account of the disturbances, from beginning to current;

Giving *assurances* that: 1) their experiences are not necessarily an indicator of mental illness; 2) other “normal” families have experienced similar phenomena; 3) we *can* help them; and 4) the disturbances *can* (and will) go away; all with cited examples;

Outline a plan, with the reporting persons’ input, for *steps* to be taken (e.g., data collection, interviews, site visits, providing education/information including reading materials);

of classical RSPK-type cases, including developing a viable theoretical model (Pohl & von Lucadou, 2019; von Lucadou & Zahradnik, 2004), a comprehensive therapeutic model (Belz & Fach, 2015; Fach, 2022), and anomalistics case studies (Mayer, 2020).

Obtaining informed consent on what the team will and will not do; make suggestions and help arrange additional resources (e.g., counseling) as needed.

The scientific investigation of AECKO cases does not differ significantly from previously published procedures for RSPK-type investigations (Auerbach, 1986, 2004; Rogo, 1986; Roll, 1972/2004). However, the AECKO approach places emphasis on *systems theory*, and the reframing of observations as being multi-purposed and potentially relevant to either or both the psychosocial and physical environments, without favoring one over the other.

The implemented virtual approach consisted of personal interviews, a clinical evaluation session, and a series of telehealth sessions that were conducted virtually through private, interactive online video sessions held via Zoom. Prior to the first Zoom session, Eileen and Robert were supplied with, and willingly returned, signed forms of consent to treatment by B.H., a licensed clinical psychologist. Consents included permission to participate in a research study and to make digital audio-visual recordings of the online chat sessions under the condition that, for the sake of privacy, the recordings would only be accessible to the investigative team. Both parents provided written and verbal consent for their two children, who were both under the age of consent.

Personal Interviews

Interview sessions with Eileen and Robert were conducted on seven occasions by L.A. (June 24, 2020; July 3, 2020, July 18, 2020; July 10, 2021) and/or G.F.S. (July 22, 2020; October 18, 2020; July 6, 2021).

Clinical Evaluation Session

B.H. conducted an initial evaluation session with Eileen and Robert on August 4, 2020, to assess the family's general situation and identify any personal psychological issues they might be facing which could relate in some way to the disturbances. Collaborative family therapy included discussion of family history and dynamics, potential stressors, and desired therapeutic goals.

In addition to the narrative interviews and reports from those in attendance, some clinical self-assessment measures were separately completed:

- *Adverse Childhood Experiences (ACEs) Checklist*: A 10-item, self-report checklist designed to assess history of trauma, which can be used to evaluate or predict future potential personal issues such as alcoholism, difficulties with work performance, depression, and suicide risk (based on the results of the original ACEs study conducted by Kaiser Permanente and the Centers for Disease Control, which found a correlation between a history of exposure to childhood trauma and the development of personal issues later in adulthood; Felitti et al., 1998). Completed by Eileen and Robert.
- *Los Angeles Symptoms Checklist* (King, King, Leskin, & Foy, 1995): A 43-item, self-report checklist designed to assess possible symptoms of post-traumatic stress disorder (PTSD) and general psychological distress. Items are rated on a 5-point Likert qualitative scale indicating the degree to which each listed symptom may be problematically affecting the individual (from "no problem"

to “extreme problem”). Higher scores are suggestive of greater exposure to psychological trauma. Completed by Eileen and Robert.

- *Parapsychological History – Narrative Client Questionnaire*: A general questionnaire, abridged from a set of questions presented in Auerbach (1986, Appendix), which is designed to assess an individual’s history of ostensible psychic experiences. Completed by Eileen and Robert.
- *Highly Sensitive Person (HSP) Self-Assessment Scale* (Aron, 1996; Aron & Aron, 1997): A 27-item, “true/false” questionnaire designed to assess an individual’s personal degree of sensitivity and emotional reactivity to sensory stimulation and sensory processing overload. Rating twelve or more items as “true” on the scale is generally taken as an indicator of likely being “highly sensitive.” An informal online version of the scale (<https://hsperson.com>) customized for children (containing 23 items, with a HSP rating cutoff threshold of 13 or more) was completed by Emma at the encouragement of Eileen. Eileen completed the adult version, in which a threshold of 14 or more was taken as indicative of HSP.

Apart from Emma completing the HSP self-assessment scale, the children did not attend or actively participate in the evaluation session.

Telehealth Sessions

Following the evaluation session, a total of 18 family telehealth sessions were conducted by B.H., starting on September 14, 2020 and ending on March 9, 2021. The sessions were each around 50 to 75 minutes in length, and were initially scheduled on a weekly basis (from September 14 to November 18), but were later reduced to bi-monthly (from December 2 to January 20) as some progress seemed to be made. They reverted to weekly for a brief time (February 17 – 23) as the family began facing brief setbacks prior to the apparent cessation of the phenomena on February 3. As no further phenomena occurred after that date, the family felt that weekly sessions were no longer needed, and only one other session was held on March 9 to bring closure to the therapeutic relationship.

Participation in the telehealth sessions varied among the individual family members. Eileen and Robert attended all of the sessions, and were the prime participants. Although he did not participate in the evaluation session, Nathan began to attend for a brief time (approximately 10 to 20 minutes) at the beginning or end of almost every subsequent session, fitting around his school homework schedule. Despite being asked on several occasions, Emma steadily refused to attend any of the sessions, and thus did not actively participate in any of them; in lieu of this, any information relating to her own personality and behavior was openly volunteered during the sessions by Eileen, Robert, or Nathan, based on their own personal recollections and impressions.

(This relative lack of telehealth participation by the children was not considered an issue, as systemic family therapy recognizes the family as a single emotional unit. Individual member interactions are part of a dynamic, complex, interconnected system of reciprocal interactions. In family therapy, social engagement, connection, disengagement, and/or emotional reactivity echo and reverberate within the family system. As a result, the whole system is impacted by way of any one member within the system interacting with one or more of the other members. While it is ideal for each member of a family unit to attend ther-

apy, it is not essential to effect positive change in the system: If any one member of the system changes, the whole system changes. For additional background on systemic family therapy, see e.g., Kerr, 2000; Titelman, 2015; Winek, 2009, Ch. 5).

During the sessions, B.H. employed a broad spectrum of psychotherapeutic and intuitive techniques to help guide the family in resolving issues and achieving therapy goals, with the assumption that doing so would be helpful in reducing or eliminating the disturbances. The techniques included:

- *Education: Basic information was provided about RSPK-type phenomena and the current parapsychological research findings, theories, and perspectives associated with them, in an effort to reduce any potential fears or misconceptions;*
- *Strategic “Brief” Personal Therapy Techniques & Assigning of Homework: Basic stress reduction and crisis intervention techniques were introduced as a means of regaining calmness and de-escalating tense situations. These techniques, primarily focused on “embodied awareness,” are listed in Table 2. The techniques were put into self-practice through homework assignments completed between sessions.*

Table 2

Stress Reduction & Crisis Intervention Techniques Used in the Present Case

Technique	Details
breathwork practices	
mindfulness-based “self-observation” methods	
inner feeling/sensation identification	personal feelings (emotional and sensate) were named by providing a vocabulary of various recognized subtle feelings (sensate – “felt sense,” emotional, & intuitive), allowing for clarification and discussion of one’s inner experiences with other individuals
need awareness	coaching was provided on how to become aware of one’s own deeper unexpressed needs, as well as those of others
energy work and/or eye-movement desensitization and reprocessing (EMDR) therapy	used if PTSD was present to reduce acute trauma reactions and/or PTSD reactions induced from the shock of witnessing or experiencing unusual phenomena. Recent meta-analytical findings suggest that EMDR can be effective for some patients in this regard (Chen et al., 2014; Davidson & Parker, 2001).
intimacy enhancement exercises for the marital dyad	provided to Eileen and Robert to address issues of situational disengagement, stemming from their frequent inability to share any private time together as a couple during the lockdown

- *Family Systems, Transpersonal, and Clinical Parapsychological Techniques which were utilized with the family. These are listed in Table 3.*

Table 3

Family Systems, Transpersonal, & Clinical Parapsychological Techniques Used in the Present Case

Technique	Details
communication skills training	education was provided on personal understanding of how individuals all need to feel seen, heard, understood, and confirmed. Training in skills related to deep listening (i.e., listening with the whole body, heart, & soul), speaking (self-expression through “I” statements, instead of “you” statements), honestly sharing praises & gripes, empathic/telepathic impressions of others’ needs, checking out assumptions, and negotiation was also provided.
exploration of cultural & transpersonal elements	cultural/spiritual/religious orientation, beliefs, and practices were individually acknowledged and discussed, with examination on how this might be contributing to (i.e., helping or hindering) the resolution of the disturbances.
intuition training	expanding sensory perception into possible extrasensory perception, including practices focused on enhancing empathetic-telepathic connections with others were introduced and supported by “inner listening” to one’s self, and “listening with the ears of one’s heart” to others (Hedva, 2020).

Observational Data Analysis

To see how the reported disturbances might have changed as the case temporally progressed, the individual events recorded within the observational event log kept by Eileen and B.H. were tallied as a function of time (measured in units of days). The recorded events were also subdivided into categorical clusters in order to examine for any subtle symbolic themes which might have possibly been reflected in the disturbances.

Results

Psychotherapeutic Evaluations

From the initial clinical evaluation and the series of telehealth sessions that B.H. conducted with the family, it was possible to construct basic psychological profiles of the individual family members which could provide some possible insight into their psychosocial dynamics and how it might have related to the disturbances reported in their townhouse:

Eileen – As the wife and mother of the family, Eileen typically manages the entire household during the day and found her regular homemaking and caregiving duties being expanded as a result of the mandatory quarantine lockdown. These expanded duties included: supervising the children’s sudden transition to full online education (after public schooling facilities were closed due to the pandemic), organizing & coordinating family events and activities at home, and establishing new family routines while they re-

mained homebound. In addition, she had to mediate the increased number of quarrels and conflicts that had erupted between the children while living in close quarters during the lockdown (this markedly contrasts with the children's relations prior to that time, which she described as being "close"). She reported feeling that she was "playing the bad guy" to motivate Emma to do her share of household chores. At times she found herself questioning whether she might be suffering from PTSD.

Eileen's responses on the ACEs checklist indicated no history of trauma, substance abuse, neglect, or family violence (score of zero). However, her Los Angeles Symptoms checklist responses were indicative of slight to moderate problems with: tension & anxiety, difficulty in expressing feelings, excessive jumpiness, difficulty concentrating, appetite changes, difficulty falling asleep, and marital issues (stemming from her frequent inability to share any private time together with Robert during the lockdown; she expressed a need for connection and feeling close to her husband). Two possible signs of the physical toll that stress was having upon her were an abrupt loss of body weight (she reportedly lost ten pounds while the disturbances were active), and finding clumps of her hair having fallen out onto her pillow by the end of January 2021.

Eileen's responses to the online HSP self-assessment scale resulted in a score of 17, suggesting that she could be classified as highly-sensitive.

As her means of coping with stress, Eileen was often engaging in exercise, maintaining a front yard plant, and practicing pranayama yoga.

Robert – As the sole income provider of the family, Robert had to adjust to working from home during the lockdown, initially by making the dining room table into a makeshift work desk, and later by converting part of the townhouse garage into a temporary office. In addition to deadline pressures and maintaining other regular tasks of his employment, he found his patience tested on several occasions by the children's frequent quarreling, leading to feelings of annoyance, stress, and difficulty concentrating. Having a background in science and engineering, he has generally adopted a mechanistic worldview ("I like to know how things work; I like structure and routine. If none exists, I create it"), and has admitted to feeling anxious and "confused" about how to explain the disturbances because they "seemed to defy the laws of physics." He avoided discussing the disturbances for this reason, and reported he "just wants it [i.e., the disturbances] to go away." At times the anxiety he felt following the disturbances resulted in overt physical after-effects such as body trembling and jaw movement. The cluster of disturbances that took place in the master bedroom on February 3, 2021 were particularly upsetting to him, leaving him feeling ill and unable to work, requiring a few days to recover as a result; he reportedly told Eileen and Emma after the incident that the disturbances were "...taking years off his life." According to Eileen, he also experienced an abrupt loss of body weight (ten pounds) while the disturbances were active.

Robert's responses on the ACEs checklist indicated no history of trauma, substance abuse, neglect, or family violence (score of zero). However, his Los Angeles Symptoms checklist responses were indicative of slight problems with: irritability, tension and anxiety, difficulty concentrating, and sleep disturbances.

To cope with stress, Robert engaged in activities such as reading, listening to music, and walking. He also played the guitar.

Nathan – In forming his own identity as a maturing young man, Nathan took a serious practical interest in the family's religion, having chosen to become orthodox and faithfully observing all of its traditions and rituals. This apparently became one source of conflict with Emma, who chose not to adopt the family's religious beliefs and who seemed antagonized at times by Nathan's orthodox religious observation. He felt displeased with having to abruptly return home from his study abroad program (which he was enjoying) after the COVID-19 pandemic began, and he had to forego summer camp opportunities with his circle of friends as a result.

During his brief participation in one of the telehealth sessions, Nathan was able to recognize and communicate some inner feelings of being sad, and an unexpressed need to feel respected by Emma. When asked by B.H. to generally describe his own impressions of his relations with Emma during the lockdown, he initially replied (in terms of a relative ratio estimation): "80/20 to 75/25 percent of the time, we're not on good terms." Eileen expressed shock at this, and Nathan then changed his estimates to "60/40 to 70/30."

Emma – As a young teen girl, Emma seemed to be facing many of the puberty-related issues that other young teenagers regularly face, which included a concern with body image: Apparently, she frequently felt self-conscious about her weight, often asking other family members "if they think she's fat," and she once described a dream she had on the night of August 4 in which she envisioned herself not eating and only drinking water for one week. Regarding her social skills, her parents generally stated: "She was very shy, didn't like speaking in class, or being called on by the teacher... didn't like talking to waiters to order food." She identified herself as being agnostic/atheistic, choosing to reject her family's religion and refusing to observe many religious holidays and traditions. As mentioned, this has been a frequent source of disagreement between her and Nathan (who, in becoming orthodox, has the polar opposite perspective).

Like Robert, she avoided discussing the disturbances with her family, and "just wants it to go away." She personally believed that Eileen was the causal agent because Eileen wanted to "keep talking about it." At times, her responses to the disturbances resulted in overt physical after-effects such as hand/body trembling and one instance of fainting.

Eileen noted that Emma's responses on the online HSP self-assessment scale was a score of 18, which suggests that she could be classified as a highly-sensitive person. Preliminary hints of a possible correlation between HSP scores and psi experiences have been found in at least two previous instances: In the first, Alexander (2000) found that a female psychic claimant who produced marginally significant results on a laboratory-based remote viewing test had an HSP score of 20. The second comes from a combined RSPK-haunt case investigated by B.J.W. in 2016 (unpublished data), in which one of the three female experiencers at the center of the case had an HSP score of 17. The other family members mentioned on occasion that Emma exhibited possible psychic abilities; Eileen cited the following as one example:

Emma dreamed about a picture that included Robert and someone he knew decades ago that Emma never knew existed. The next day she asked Robert about this person in her dream and he confirmed [this person's] existence. Then I showed her a picture of this person and she said the picture I showed her looked almost identical to the picture in her dream.

Nathan also told B.H. during a telehealth session on February 17 that Emma is “...very good at predictions,” suggesting possible precognition. Emma’s ostensible abilities were not formally tested and verified under controlled conditions, however.

Emma had some mental health issues, and was diagnosed with generalized anxiety disorder in December of 2018. She was previously involved in a cognitive-behavioral-based exposure therapy program, and was prescribed 150 mg of Sertraline (Zoloft), a selective serotonin reuptake inhibitor (SSRI). She did not like being on this medication and abruptly stopped taking it (without being gradually weaned off of it) for a brief time in October 2020. The adverse feelings that arose as a result of her treatment experiences have led her to form a dislike of physicians and therapy of any kind, which likely contributed to her refusal to attend and actively participate in the family telehealth sessions. She also experiences anxiety when encountering spiders, regardless of type or size. Emma’s mental health issues may have a possible genetic link: Eileen’s sister has been known to suffer from anxiety and depression, for which she has also been prescribed SSRIs as a means of treatment.

According to Eileen, the activities that Emma engaged in to cope with stress included: talking to her friends via cellular phone calling/text messaging, watching Internet videos, and doing arts and crafts (such as painting and making cards and friendship bracelets).

In addition, the clinical evaluation and telehealth sessions seemed to indicate that the family was being affected by multiple stressors during the lockdown period, which were bringing about a number of unpredictable changes, losses, and uncertainties. These stressors included:

- *Confining Effects:* The COVID-19 “shelter-in-place” quarantine restrictions imposed in California, as well as the hazardous air quality alerts resulting from the local wildfires, had kept the family confined in close quarters for prolonged periods of time (ranging from weeks to months). Several studies indicate that, at times, such prolonged social distancing and confinement can be associated with negative psychological effects such as stress, confusion, anger, frustration, depression, anxiety, loneliness, and boredom in both adults and children (American Psychological Association, 2020a; Brooks et al., 2020; Castaldelli-Maia et al., 2021; Courtney et al., 2020; McGinty et al., 2020; Shen, 2020). The inability to leave the home and spend time in wooded areas during the wildfires seemed particularly impactful upon Eileen and Robert, who enjoy hiking and spending time outdoors.
- *Loss of Opportunity & Fulfillment of Expectations:* Due to the COVID-19 pandemic, Nathan and Emma missed a number of social opportunities, extracurricular activities, and milestone moments. Nathan was not pleased at having to abruptly terminate his study abroad program and Emma was unable to observe her 8th grade graduation ceremony and was forced to forego participation in gymnastics. Both children were separated from their peers and familiar school and social routines. As some studies seem to indicate (e.g., Courtney et al., 2020; Loades et al., 2020; Racine et al., 2021; Shen, 2020; Xie et al., 2020), this kind of enforced social isolation, sustained over a prolonged period, can have adverse effects upon the mental health and well-being of children and adolescents. Both children also expressed signs of preoccupation and anxiety over their school performance (especially Nathan, who was preparing to take his college aptitude tests).

- *Separation Effects*: Emma had developed a close bond with the foster rabbit and found it very difficult to give it up, and she mourned its absence afterward.
- *Project Delays*: Their plans to build a large office shed in the backyard of their townhome had several delays and setbacks.
- *Financial Burden*: Due to an unexpected mechanical failure with Eileen's car that was too costly to repair, the family was forced to take on the hefty financial burden of purchasing a new car in September 2020.
- *Insect Infestation*: The cabinet drawers in the kitchen were infested with flour beetles (aka. "pantry bugs") in November of 2020, which necessitated a thorough emptying and cleaning.
- *Personal Effect Over Local & National Events*: The family felt personally affected and/or concerned over several events that took place on the local and national level during the lockdown. These included:
 - o the steady increase in COVID-19 case numbers in California (which increased the family's worries over potentially becoming infected with the coronavirus, prior to the availability of vaccines)
 - o the controversy over, and the eventual outcome of, the 2020 U.S. Presidential election
 - o the death of U.S. Supreme Court Justice Ruth Bader Ginsburg on September 18, 2020
 - o receiving news that a family friend had been diagnosed with breast cancer
 - o the U.S. Capitol insurgence that took place on January 6, 2021

As some survey studies seem to indicate (American Psychological Association, 2020b; Holman et al., 2020), the rise in COVID-19 case numbers, as well as the events with potential impact upon the future of the nation, have both been significant sources of stress for some Americans over the course of the lockdown. The emergence of such social stressors has correlated with notable deviations from nominal randomness in the output of random number generators (Nelson, 2020), perhaps subtly hinting at a possible link to PK.

- *General Disagreements*: A number of general disagreements arose among the family members throughout the course of their close indoor confinement.

Eileen tended to generally notice that: "On the days where [sic] the frequency [of the disturbances] increases, there seems to be extra frustration and anger before the activity starts up," and that a disturbance "...always happens right after there has been conflict or a voice has been raised" (e-mail communication to B.H., 8/19/2020).

Eileen also generally noticed that disturbances in the townhome tended to take place in four situations: In the first, all four family members are present in the home. In the second, only Nathan and Emma are present. In the third, only Eileen and Emma are present. And in the fourth, only Robert and Emma are present.

No disturbances reportedly occurred in two situations: In the first, only Robert and Nathan were present in the home. In the second, only Eileen and Robert were present. Emma's presence seemed to be most commonly tied to the disturbances, and she was likely the primary agent.

From B.H.'s general viewpoint, "...the activity seems to be focused on 'power-struggles and feeling judged,' feeling out of control, and managing what I call 'existential uncertainty' [i.e., being in a state of uncertainty regarding the future & direction for one's country and lifestyle]." Several of the issues relating to authority and being judged seem to relate to Emma, who does not like being told what to do and is fearful of being judged for being "different" from the rest of the family, leading to a sense of isolation (i.e., a "black sheep" scenario).

B.H. further pointed out that the possible impact of larger systems – like overcrowded intensive care units, an unprepared health care system, and other dysfunctional societal institutions, including political institutions – might also have contributed to the collective tension experienced by the family, as well: "Jung (1959, pp. 306 – 307) suggested that social systems, both individual and societal, are under the sway of seemingly hidden archetypal forces – defined as *nonpersonal* collective forces – and conditions which may affect us personally. According to a report issued by the Evidence-based Policy Institute (Shen, 2020), the forced isolation and disruption of normal daily routines brought on by the COVID-19 quarantine is known to heighten '...irritability, anger, confusion, frustration, loneliness, denial, and despair' (p. 5) for children, teens, and adults. In the present case, perhaps the intensity and discord of the COVID-19 pandemic had generated a collective energy that infiltrated the family system, adding undue stress to the family, who unwittingly discharged the built-up collective stress and tension psychokinetically, and/or discharged the pent-up energy through one (or more) particularly sensitive individuals (i.e., a poltergeist agent within the family group), much like the role of the so-called 'identified patient' in family therapy."

AECKO Assessment

Early on while assessing the detailed descriptions of the disturbances given by Eileen and Robert in the personal interview sessions, G.F.S. noticed that the AECKO criteria (Solfvin, 2021; Solfvin & Williams, 2021) started falling into place: The reason that the family reached out for help was primarily due to the *Anomalous Occurrence* (AO) – the burst of multiple related anomalous events which seemed to defy "normal" explanation. This AO met the *Kinetic* (K) criterion via the energetic events, which assured that something objective was occurring in the physical world, and at least one of which occurred in full view of several witnesses and all known possible "normal" causes seemed to be controlled or eliminated. The *Communal* (C) criterion was met because the cellular family group of four persons served as witnesses, reporters, and victims of the AO. The *Episodic* (E) or "narrative" feature gradually emerged as the investigation progressed, as a group story began playing out within a restricted time window, in a specific target location (the townhouse), with a distinct beginning, middle, and projected ending.

Moreover, it became clear that this case met a key feature of AECKO cases: *paradoxical pairing* of two distinct types of phenomena. These are: 1) a burst of anomalous events which startles the family group; paired with 2) the threat of potential collapse of this family group's bonding structure. *Both* aspects of this paradoxical pairing are independently worthy of investigation, with the latter (psychosocial setting) having even more urgency than the former (AO) because of its potentially serious clinical risk factors and possible therapeutic insights.

Analysis of Observational Data

Over the course of the roughly 7.5 months that the disturbances were active in the townhouse, a

total of 295 individual disturbance events were recorded in the written observational log of events kept by Eileen and B.H. Figure 1 displays the daily total number of recorded disturbances plotted as a function of time (in terms of calendar days; dark-colored circles), along with each of the scheduled calendar days on which B.H. conducted a telehealth psychotherapy session with the family (light-colored squares). As indicated by the regression line, a significantly declining trend in the number of daily recorded disturbances occurs over time ($r = -0.397$, $p = .001$, two-tailed), indicating that fewer disturbances tended to be recorded as the months passed. It is also worth noting from Figure 1 that, apart from four exceptional days in which clusters of disturbances were reported (resulting in each of them having a daily total > 5), the marked drop in recorded disturbances from September onward (when most of the daily totals are < 5) seems to visibly correlate well with B.H.'s series of telehealth session days (which began in September).

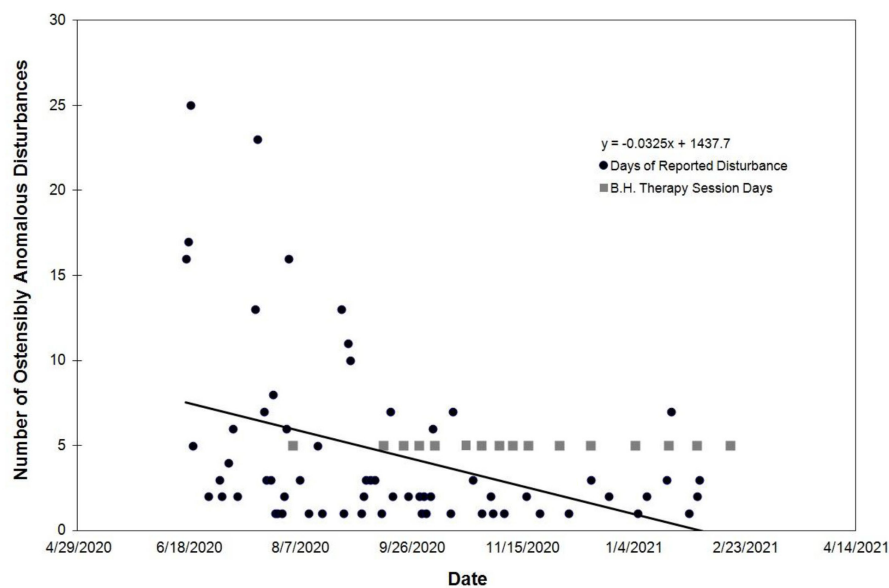


Figure 1. Scatterplot showing the number of ostensibly anomalous physical disturbances recorded per day in the written observational log kept by Eileen and B.H. as a function of time (calendar days). The scheduled days of B.H.'s telehealth sessions with the family are arbitrarily indicated by the light-colored squares plotted horizontally along the five line.

In addition, several features were identified in the observational data which seemed to be consistent with some of those found in other documented RSPK-type cases:

Suggestive Object Focusing: Some instances were logged of the same object (or type of object) having been moved or affected multiple times, whether on consecutive or non-consecutive occasions. The most frequent objects, and the number of repeated movements/effects associated with them, are listed in Table 4. The most frequently moved/affected objects were cellular phones, a device that has recently taken on some degree of personal meaning for many people in a technologically-driven culture. Instances of cellular phones being affected have been reported in only one other recent RSPK-type case so far (Kruth & Joines, 2016).

Table 4

Possible Object Focusing in the Silicon Valley Case

Object	# Times Moved/Affected
cellular phone	40
soap	13
laptop computer	11
chocolate/candy/gum	11
water	7
face scrub bottle	7
TV	7
stuffed animal	7
eyeglasses	7
lights/lamps	7
pillow	6
toys	6
car	5
blanket	5
flashlight	5
antibacterial gel	4
floor scale	4
clothes	4
toothbrush	3
sunscreen bottle	3
religious items	3
wristwatch	3
back massager	3

Object focusing tends to be a fairly frequent feature of RSPK-type cases: In his survey of 116 cases, Roll (1977) found that 89 of them (76.7%) contained this feature.

Tactile Sensations: There were 24 instances in which a member of the family reported feeling a tactile sensation on one or more occasions. The breakdown of these instances is given in Table 5.

Table 5

Instances of Tactile Sensation Reported in the Silicon Valley Case

Sensation	# Instances
pokes on back/thighs/legs/buttocks	17
feeling of “something brushing” against leg	2
feeling “things”/fingers around the head	3
hair being pulled	1
pressure placed on lower back	1

Thirteen of these sensations were reported by Emma, although four instances were reported by Nathan and seven by Eileen. (It is notable that Robert did not report any events of this type.)

Although not a very common feature of RSPK, the experience of tactile sensations similar to these has been reported in a relatively small fraction of cases – around 4% in Roll’s (1977) survey, and 15% in the survey of 500 RSPK and haunt cases by Gauld and Cornell (1979).

Emma also reported two instances of being “scratched” on her body, which were accompanied by the appearance of red dermal marks. This type of sensation has been reported in other RSPK-type cases such as Indianapolis (Roll, 1970) and Talpa (Mulacz, 1999), as well as in combined RSPK-haunt cases such as Berini (Roll & Tringale, 1983) and Johnson (Johnson & Henderson, 1995). It has also received mention in some of the cases summarized by Thurston (1954, Ch. 2) and Owen (1964, Ch. 11). Surveys again indicate that while this is not a common feature of RSPK, it has still been reported in a small proportion of cases – around 4% in Roll’s (1977) survey, and 15% in the Gauld and Cornell (1979) survey.

Spontaneous Appearance of Water: There were four instances in which one or more members of the family were splashed with water of unknown origin. Other RSPK-type cases that have included this feature are Methuen (Bayless, 1967, Ch. 10), Scherfede (Bender, 1974, pp. 138 – 141), Stühlingen (Gruber, 1980, pp. 6 – 7), Poland & Switzerland (Bugaj, 1996), and two cases investigated by L.A. (Auerbach, 2004, pp. 154 – 155; Auerbach, 2005, pp. 84 – 91). Broader surveys indicate that this feature is reported in a very small minority of RSPK-type cases – 2% in the Roll (1977) survey, and 5% in the Gauld and Cornell (1979) survey.

Spontaneous Appearance of Fecal Matter: Assuming they were anomalous in origin, there were two instances in which fecal matter appeared in the townhouse by unknown means. Although it is not unheard of, surveys indicate that this is also not a very common feature of RSPK-type cases, being reported in about 3% of the cases in Roll's (1977) survey, and about 4% of the cases in the Gauld and Cornell (1979) survey.

Unusual Trajectory in Object Motion: There were at least two suggestive instances in which disturbed objects seemed to take on an unusual trajectory in their motion. In the first instance, a fragile Galileo thermometer fell from the top of a dresser in the master bedroom and landed on the floor without breaking or suffering any overt damage. The bedroom floor was carpeted and the landing area was covered with a rug, which may have softened the landing.

In the second instance, a hole puncher seemingly flew around a sharp 90-degree corner in order to land where it was found. This is reminiscent of a similar incident in the Columbus case (Roll & Storey, 2004, p. 202; Stewart, Roll, & Baumann, 1987), in which a socket wrench also seemingly went around a sharp curve in order to land where it did.

Unusual trajectory is a feature reported in 41% of the cases in Roll's (1977) survey that involved object movement. It was also found in 45% of the 54 German cases surveyed by Huesmann and Schriever (1989, 2022).

Possible Symbolic Themes: Like in some other RSPK-type cases (e.g., Auerbach, 2004, pp. 154 – 155; Barrington, 1969, p. 156; Fach, 2011; Gerding et al., 2002, pp. 10 – 11; Roll, 1968, pp. 289 – 292; Roll, 1970, pp. 91 – 94; Teguis & Flynn, 1983, Case 1), certain symbolic themes seemed to be subtly reflected in the types of objects affected in the present case. The three themes which seemed to stand out the most were:

Cleansing & Hygiene: There were 47 logged instances in which the affected objects had a common purposeful use in, or relation to, cleaning/disinfecting, grooming, and/or personal hygiene. The breakdown of these instances is given in Table 6.

To some extent, this theme could be seen as symbolically reflecting two aspects of the family's psychological situation: First, the outbreak of anomalous events in this case occurred over the course of the COVID-19 pandemic, a time when issues of adequate cleansing and disinfection were of utmost concern for human health, and were thus frequently on the minds of many people, including the family.

Table 6

Cleansing & Hygiene Objects Disturbed in the Silicon Valley Case

Object	# Times Moved/Affected
soap	13
face scrub bottle	7
floor scale	4

antibacterial gel	4
toothbrush	3
sunscreen bottle	3
hair conditioner	2
mouthguard	2
hair brush	1
shampoo	1
deodorant	1
face mask tube	1
tissues	1
pill container	1
medicine cabinet	1
perfume container	1
retainer	1

Second, the teenage years tend to be a time when children become quite developmentally self-conscious and focus a lot of attention upon their body image, and this may have been of some meaningful importance to the two teenage members of the household – particularly Emma; this might be suggested by the fact that of the 47 reported instances, the affected objects belonged to Emma in about a quarter of them (12, or 25.5%).

“Junk Food” Items: There were 41 instances in which the affected object was some type of food or drink item. Table 7 gives a breakdown of these instances.

Table 7
Food/Drink Items Disturbed in the Silicon Valley Case

Object	# Times Moved/Affected
chocolate/candy/chewing gum	11
water	7
bread	2

donuts	2
salt	2
butter/margarine	2
food coloring	2
ice cream	2
cake	1
cookies	1
cereal	1
cheese	1
egg	1
chicken nuggets	1
vinegar	1
lemonade	1
grape juice	1
seltzer	1
cottage cheese	1

Of these instances, nearly half (20, or 48.9%) involved items that may be popularly perceived as “junk food,” in that they contained a high amount of fat or sugar. This seems to have been of particular concern to Emma, who was quite self-conscious about her weight and was frequently asking her family’s thoughts about it. In one particular instance, Emma reported experiencing a painful tactile sensation (a “scratch”) while she was eating a bowl of ice cream. Just prior to that, she had looked at the nutrition label printed on the container and commented about it being quite unhealthy (due to its relatively high amount of fat). This tendency for “junk food” items to be affected could be symbolically reflective of Emma’s subconscious concern over her weight and body image.

“Alarming” Family Situation: There were 40 instances in which the affected object was a cellular phone belonging to one of the family members. A potential symbolic aspect may be reflected in the numerous instances when the phones spontaneously and repeatedly dialed 911 that people in the United States dial for help whenever they find themselves in the midst of a crisis situation. Perhaps in this context, these spontaneous 911 dialings might be seen as an “alarm” symbol reflecting a subconscious or unconscious cry for help on the part of the family, even if they were done manually.

Discussion

Limitations

Due to the social restrictions imposed by the COVID-19 pandemic, we faced the unusual limitation of being prevented from making direct, on-site observations of the reported disturbances while they were still actively occurring. Also, no other outside observers were able to witness the phenomena, including the five police officers who briefly visited the townhouse in response to the family's initial call for help on June 17, 2020. In addition, no disturbances occurred whenever Eileen's parents visited the townhome or when the family sought refuge at her parents' home. This poses a serious limit on the degree of certainty and genuineness of the phenomena.

The testimony given by each of the family members regarding the *facts* of the disturbances were reasonably consistent, despite some variation in individual responses to those facts. As Hufford (1982) pointed out in his analysis of "old hag" stories in Newfoundland, such similarity suggests perceptual clarity which was cognitively processed appropriately by normal, healthy minds. As for concocting the events in the current case, the family was not seeking to publicize the case in any way, but behaved convincingly to seek the opposite. A number of the reported AE involved simultaneous observation by two, three, or by all four of the family members, which reduces the likelihood that all 295 events could be explained by one or both teens playing games. Some events in this case appear to be ideal examples of what Stokes (2017a, 2017b) calls *unequivocal spontaneous psi (USP)*, because the only non-psi hypothesis which might logically explain them is the trivial one – namely, that the reporter was flat out lying. Throughout the 7.5-month temporal window of the case, there were no incidents clearly suggestive of legerdemain or fraud. Moreover, the parents readily accepted our suggestion of family counseling for addressing the stress and anxiety due to the AE; and they did this at their own expense of time and money (including the "homework" assigned by B.H.). They also stayed the course throughout all 18 telehealth sessions, spanning half a year, until the disturbances ceased. This set of facts is difficult to explain under any hypothesis other than that the AE actually occurred, were accurately perceived, and appropriately dealt with by a normal, cognitively-healthy family.

The various features and characteristics found in the current case show patterns similar to other RSPK-type cases reported in the literature of parapsychological and psychical research, such as: no serious bodily injuries; a specifically targeted family group and location (family home); and thematically-related object focusing.

While no single spontaneous anomalous event can, in principle, be proven to be "unexplainable" (Solfvin, 2016), it is not unreasonable to leave the issue of etiology as an open one. One of the primary purposes of the present investigation was to assist the family in dealing with the anomalous disturbances. We were able to accomplish this, *regardless of the ultimate etiology of the AE*, and it is not our aim here to offer any definite claim or stance regarding the latter question.

Another limitation of the present investigation has to do with why the disturbances ceased. Although the clinical evaluations did reveal a number of psychosocial issues and stressors affecting the family over the period that the disturbances were active, it is not clear which of these (if any) might have been

crucial factors in the apparent cessation of the phenomena. The 7.5-month duration of the phenomena also exceeded the median and mean durations of 2 and 5.1 months, respectively, found across the sample of 116 cases surveyed by Roll (1977), and so it is also possible that the phenomena had simply run their course. Lacking any additional data which might further provide some clarifying insight, it is not possible to reach any definitive answer to this question and it remains open to various possible interpretations.

Practical Implications

The virtual investigative approach that was developed and applied in this case does seem to offer some practical implications which may be of use in future field investigations and applications of clinical parapsychology:

- The use of interactive online interviews and telehealth sessions in this case appears to offer a successful means by which investigators and clinicians may virtually assess, diagnose, and address not only mental health concerns, but also distressing psi-related disturbances. This may be particularly useful for working with these kinds of situations in cases where the experients are located in remote areas, or are facing other preventive barriers to direct home visits (such as medical or social quarantine).
- The psychotherapeutic techniques actively employed by B.H. in this case appeared to have some effective role in reducing and eventually eliminating the disturbing anomalous phenomena (as suggested by the close correlation between the onset of the telehealth sessions and the marked decrease in phenomena observable in Figure 1), perhaps through improving relations amongst the family members, as well as identifying and reducing the various stressors that they were facing during the “shelter-in-place” lockdown period. As Eileen indicated on behalf of the family, B.H.’s therapeutic approach “...taught us many useful and valuable tools for listening to each other, probing to understand more deeply, and finding the underlying feelings. We also learned to validate each other’s feelings so everyone feels understood” (e-mail communication to B.H., 3/1/2021). In addition (and in line with the premises of systemic family therapy), improvements in self-awareness and communication styles were noted among the family as therapy progressed. For example, the parents were encouraged to model good communication skills for the children by offering each other positive feedback (in the form of compliments), as well as honest communication about deeper needs and feelings when sharing gripes. Emma seemed to initially resist this change in the system (e.g., by telling her parents “B.H. told you to do that”), but then later, Emma was said to have spontaneously initiated the act of inviting the family to “share praises” with one another while they were sitting together at dinner on the evening of October 28, 2020. Similar techniques and approaches along these lines should be considered and explored by other clinical parapsychologists in the future.
- The team-oriented approach used in this case, involving a cooperative virtual interaction between field investigators and clinicians, demonstrates a means for investigators and clinicians, who may be distributed widely across a range of geographic locations, to actively collaborate with the aim of investigating and achieving resolution in a particular spontaneous case.

Relevance to AECKO

As discussed in Appendix A, AECKO is the acronym for the operational definition of a special type

of case which may facilitate the scientific study of anomalous phenomena. The AECKO concept is a work in progress, being far from fully developed. The goal in applying this concept to the case was to initially assess the following questions:

Is this an AECKO case? How is that determined? Our preliminary data on the current case identified a family group of four (a wife/mother, a husband/father, and two teenage children) as the witnesses and “victims” of a burst of multiple, apparently related, unexplainable events. This meets the *Anomalous Occurrence* (AO) criteria of AECKO (see Appendix A). It was soon learned that the anomalous events met the *kinetic* (K) criterion. A distinct identifiable group of people witnessed, reported, and were targeted by the anomalous events in a specific location (family home) in a specific window of time (with a beginning and foreseeable ending) fulfilled the *Communal* (C) criteria. Because this group is a family, it suggests this case is an *Episode* (E) of an as yet unknown narrative which connects the various events played out in this time-space window. The presence of teenagers or suspected “agents” is not necessary for identifying AECKO cases, though these observations are of great interest. The essential point of the AECKO framework is to minimize reductionist *a priori* assumptions and base identification of AECKO cases on the presence of pure phenomena.

How did the AECKO concept affect the investigation? What was added or altered? The AECKO designation had a subtle impact on the investigative approach. As usual, AO events are recorded and documented via audio/video clips, witness reports, sequelae of AO, and so forth. In addition, the AECKO concept suggests using a non-directive interview to reduce interviewer bias. The AECKO concept is based upon a theory-free, bias-free approach to collecting data – interviews should avoid, as much as possible, using specific questions (e.g., “Was there anyone who seemed to be a trigger or dampener of the phenomena?”).

Were the investigation outcomes affected by the AECKO concept? Yes, the AO is not seen as the key focus of the investigation. With a systems theoretic perspective, all observations within the boundaries of the case may impact any other observations. To focus too tightly upon one thing may divert the researcher from other potentially important observations. Secondly, in AECKO cases, it is taken for granted that progress towards understanding the AO is virtually impossible from the data of a single case. Progress comes from investigating many cases systematically and compiling them into a database which can be queried for establishing statistical boundaries, as well as for testing hypotheses, regarding the AO.

In addition, the AECKO perspective recognizes the importance of both the AO phenomena and the clinical psychological/psychotherapeutic insights. The history of spontaneous cases of the RSPK-type (of which AECKO is a subset) suggests that there may be a significant physical or mental health risk associated with AECKO cases due to the psychosocial stress and group structural collapse (e.g., Carrington & Fodor, 1951, p. 19; Roll, 2007; Williams, 2019). This necessitates two things: *informed consent*, assuring there is understanding and agreement regarding what the investigator(s) *will*, and *will not*, do during the investigation; and, a *licensed health professional* on the investigative team, to assure appropriate identification, triaging, or referral of persons as needed.

The AECKO concept strongly suggests that *all* members of the investigative team should have special training and/or experience with spontaneous cases of the poltergeist/RSPK-type. This includes any clinical consultants who assist on such a case.

Author Note

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Appendix A: AECKO

The AECKO approach to spontaneous cases of the RSPK-type is driven by three observations:

First, Maher (2015) points out that the so-called poltergeist “...has been recorded since the first century” (p. 328, citing Irwin, 1999). Across the centuries and around the world there have been numerous well-documented and credible direct observations of clusters of macro-scale AE investigated and published in reputable journals and books (e.g., Barrett, 1911; Bender, 1974; Carrington & Fodor, 1951; Carvalho, 1992; Cox, 1961; Gauld & Cornell, 1979; Huesmann & Schriever, 1989, 2022; Owen, 1964; Roll, 1977, 2007). Such reports continue to this day, and constitute a bona fide scientific mystery, not only for parapsychology, but also for the physical sciences, the life sciences, the medical sciences, the neurosciences, psychology and the social sciences. These reports are potentially important and deserve to be taken seriously and rigorously investigated, for there may be a “hidden jewel” for science in these cases.

Second, much has been learned by investigators over the centuries. The similarities, patterns, and consistencies in these reports strongly suggest a foothold for science. However, the bits and pieces have failed to create a complete picture. One wonders if this is because we have not yet taken the long, patient process of laying a foundation for a systematic science. For example, we have no operational definitions or taxonomy for what we are studying. What we do have is Catherine Crowe’s (1848) 19th century observation that from among the great variety of reported anomalies, which were assigned folk labels (ghost, haunting, demon, etc.) without formal definitions, there was one type that stood apart from all the others as being readily identifiable, the so-called “poltergeist”-type. In the twentieth century, a rudimentary taxonomy began to emerge (Barrett, 1911; Carrington & Fodor, 1951; Gauld & Cornell, 1979; Roll, 1972/2004) to distinguish *place-centered* from *person-centered* phenomena (or haunted house vs. haunted person). The latter (person-centered) case type came to be most closely associated with the folk-term “poltergeist,” often personified as a mischievous spirit being. J. Gaither Pratt and William Roll (1958) significantly advanced the scientific study of person-centered cases with the introduction of a definition based upon the *phenomena* which distinguished it – namely, recurrent spontaneous psychokinesis, or RSPK. This definition moves away from folk spiritual beliefs toward human intervention, and towards operationalization. Roll was quite aware that further tweaking would be needed in the future.

Third, there may be a *subset* of cases which have properties that support and invite systematic scientific study. The foundation for this is the ability to clearly distinguish this subset, which calls for an operational definition. Although we cannot define something whose source is unknown, we can operationalize the *type of case* in which we are likely to find it. A review of historical cases of the RSPK-type, especially the cases detailed by Roll (1972/2004, 1977), augmented by the basic needs for a scientific investigation, suggests that the primary traits and characteristics of the *subset* we seek can be identified by the acronym A E C K O (pronounced “echo”), which stands for ***anomalous episodic communal kinetic occurrence***. The meaning of the acronym AECKO is as follows:

A & O: stands for *Anomalous Occurrence* – where:

1. *anomalous* is as used by Cardena, Lynn, & Krippner (2014, p. 4) for *anomalous experience* – an experience which does not fit into one’s usual understanding of the world; the term is
2. modified by *occurrence* to mean a group (two or more) of related AE clustered within a time/space

window with distinct boundaries;

K: for *Kinetic* – some of the AE are measurably energetic, including percussive sounds and physical effects (e.g., movement, apport, fire, water) that leave physical evidence of having occurred;

E: for *Episodic* – an episode, story, or narrative that connects the AO with the physical and psychosocial events in the time/space window, with a beginning, middle, and (foreseeable) ending;

C: for *Communal* – a distinct, identifiable group of people who are witnesses, victims, and reporters of the AO, and who are somehow related as a group.

AECKO is the acronym for an *operational definition* for a special type of spontaneous case of the RSPK-type. The AECKO approach is consistent with *systems theoretic thinking*. It outlines a system comprised of multiple physical and social events and interrelationships, which lends itself well to scientific investigation due to inter-case structural similarities and patterns, the presence of objectively measurable (kinetic) phenomena, and multiple witnesses. According to the Centers for Disease Control (CDC, 2022):

System theory focuses on understanding a system - as a whole - along with the underlying interactions of all the forces that make up that system, rather than dissecting a complex process and studying the individual parts...*the whole is more than the sum of its parts*, and a change in one part...may affect the other parts or the whole (emphasis in original).

When alerted to a call for help involving reports of AE, an investigator should resist the tendency to focus upon the anomalies in favor of uncovering and documenting a complex system – bounded in space and time – of physical and social events and interrelationships, all of which need patient documentation. The AECKO approach is designed to facilitate this re-orientation towards a systems perspective. AECKO is *not* a theory or definition of any individual part of the investigation. AECKO is an operational definition for the “case” as a whole, for the set of necessary and sufficient features which facilitates scientific investigation.

Appendix B

Methodologically, AECKO embraces a systems-theoretic perspective. That is, an AECKO case is considered a “system,” a collection of interrelated parts/factors which combine to produce some outcome of interest which is possibly greater than the sum of the constituent parts. In systems thinking, it is especially important that the investigation is unbiased, theory-free, and assumption-free, since any change or distortion in one part can affect any other parts, or the entire system.

In field studies (i.e., spontaneous cases) there are tacit, undefined, untested *assumptions* that investigators use as guidelines, similar to “lab lore” in experimental studies. The AECKO approach calls on investigators to be aware of and reconsider the subtle untested assumptions we often adopt in parapsychological case studies of the RSPK-type. Some examples of these assumptions (in italics) are:

Prolonging the active period of the AE is good for the investigation. Helping a family get rid of the dis-

turbances may conflict with the investigation of it. There are reasons to doubt this. From a purely practical viewpoint, there is no tested method for extending the duration of the AE. Also, there's no evidence that prolonging the duration of the AE improves scientific yield. It is likely that prolonged duration of AE may be associated with prolonged stress, anxiety, and confusion on the part of people who are affected. Given reasonable doubts about the benefits of this "investigator's conflict" assumption, it would be hard to justify the potential increase in risks associated with it, even if they are small.

In systems thinking, the clinical dimension is perceived as being at least as important to the investigation as the AE itself. This is because whatever events occur, including psychosocial ones, might be co-contributors to the system from which the "disturbances" emerge. Since this is a reasonable possibility, delaying assistance to troubled persons can hardly be justified. Providing assistance to the troubled persons or family *first* – by appropriately licensed clinical professionals – may also yield key findings of relevance to the AE investigation.

Direct observation (of AE) by the investigator is much desired – it adds credibility to the case. While an investigator of RSPK-type reports may be comforted by direct eyewitness experience, it still is only an anecdotal account, and its scientific value is about the same as if it was made and reported by another credible (non-investigator) witness. An investigator's eyewitness account may be *more* subject to bias due to vested interest (McClenon, 2018). The eyewitness account of a scientific investigator who is properly trained and familiar with the scientific literature regarding RSPK is most welcome, and may provide preliminary insights concerning use of controls, experiments, or theory-building ideas. However, the credibility of the case – and its ultimate explanation, depends upon a number of factors, of which investigators' observations are a part.

Any person with a camera, recorder, and interview skills can conduct an AECKO investigation. The current case gives preliminary support that there exists a special type of spontaneous case of AE, distinguishable from other case types (e.g., hauntings, poltergeists, RSPK) – the current case has been identified (above) as a member of this "special" subset. AECKO cases often present as a combination of a basic case investigation (of the AE) and an express request for assistance from a family with potentially serious individual and family health implications. Triaging such a case demands far more than "a camera, recorder, and interview skills". Special skills and knowledge are required. It is highly recommended that a team – perhaps multidisciplinary – be assembled to address the dual goals of an AECKO case. The field of parapsychology has devoted too little energy to the study and development of a clinical "arm", sometimes known as clinical parapsychology. It is our hope that this current contribution will bring awareness and stimulation as to the need for this. There is much to do!

Systems thinking provides a different perspective. Alerted by a report of anomalous disturbances for which assistance is sought, an initial determination is made as to whether it fits AECKO criteria. AECKO is a special type of "case" centered on a burst of usually bizarre, complex, chaotic, and possibly self-organizing, anomalous phenomena. An AECKO case is operationally defined by inclusion of:

1. a burst or cluster of (2+) related anomalous phenomena (AO);
2. at least one measurable energetic (K) event;

3. an identifiable group of persons (C) providing a psychosocial backdrop, with:
 - a. person(s) reporting the AO;
 - b. person(s) witnessing the AO;
 - c. person(s) being targeted, victimized, or disrupted by the AO;
 - d. person(s) connected with a, b, & c, above, and with the AO disturbance;
4. an episodic narrative (E) or “story” that:
 - connects the AO and psychosocial backdrop (C-group);
 - is “played out” within a specific time-space window (including AO);
 - has beginning, middle, and (foreseeable) ending.

Systems thinking and systems theory involves “...a set of distinctive relationships among a group of components that interact with one another and their environment through the exchange of energy, matter, and/or information,” producing “...a new entity, the whole, that requires its own level of analysis” (Encyclopedia.com, 2019). Changing one component of a system may affect the entire system, or any other part of it, and we therefore hold no *a priori* bias about any one part of the system being of greater value or importance than any other.

There is no generally accepted theory or model that fully explains these cases. Investigators in an AECKO case should feel free to attend to whatever needs appear most urgent. Systems thinking, and common logic, suggest that carefully observing whatever “components” of the system present themselves most urgently – rather than attending stubbornly to preconceived notions – will have the greatest scientific yield. In the past, many investigators focused upon the etiology of the anomalous phenomena (AO), while the systems approach suggests that broadening the focus may better lead to discoveries about the AO. At the same time, it may lead us to discoveries about the clinical diagnostic and treatment issues in AECKO cases, which may turn out to be at least as important as the AO.

Una Investigación Virtualmente Accesible de Perturbaciones Anómalas Reportadas en una Casa Durante la Pandemia de COVID-19

Abstract: Se recibieron reportes de una familia de clase media en el área de Silicon Valley referentes a un estallido de experiencias anómalas (EA) que perturbó sus vidas mientras se encontraban en confinamiento a partir de la pandemia de COVID-19. Reportaron llamadas inexplicables al teléfono celular, movimiento de objetos, ruidos, sensaciones táctiles (empujones, rasguños), y la aparición de líquidos. También reportaron estrés extremo, ansiedad y confusión debido a la inexplicabilidad del fenómeno.

Las entrevistas preliminares indicaron que este reporte cumplía con los criterios para casos del tipo de ocurrencias cinéticas comunales episódicas anómalas (AECKO, por sus siglas en inglés; descritas en el Apéndice A) y acordamos lo siguiente: 1) investigar las EA; y, 2) apoyar a la familia. Para la investigación seguimos un enfoque virtual, y el estrés, ansiedad y confusión familiares se abordaron inicialmente por medio de información basada en evidencia de casos similares, la cual se proporcionó a la familia. Se les recomendó asesoramiento familiar y los padres completaron 18 sesiones vía Zoom que involucraron reducción de estrés, habilidades de comunicación familiar, entrenamiento en la intuición y educación básica acerca de los fenómenos anómalos.

Los hallazgos clave de este caso incluyen una disminución continua en las EA correlacionada con el avance en el asesoramiento, hasta llegar al cese total de estas. El análisis de 295 eventos individuales de EA registrados indica que las características de este caso son consistentes con otros que se han reportado en la literatura. Este caso resalta que: 1) la visita presencial del investigador puede no ser necesaria para llevar a cabo una investigación creíble y detallada de un caso del tipo RSPK; 2) la meta doble de investigar la etiología de las perturbaciones y apoyar a la familia son complementarias y no contradictorias; y 3) un enfoque con un equipo que incluya a un profesional de salud clínica certificado es altamente recomendable para este tipo de casos.

Palabras clave: experiencia anómala (EA), poltergeist, psicoquinesia recurrente espontánea (RSPK), investigación de campo, parapsicología clínica, Ocurrencias Cinéticas Comunes Episódicas Anómalas (AECKO, por sus siglas en inglés)

Une enquête sur des perturbations domestiques anormales durant la pandémie du COVID-19 facilitée virtuellement

Résumé : Des témoignages ont été transmis par une famille de classe moyenne de la Silicon Valley, en Californie, par rapport à une série d'expériences anormales (AE) qui ont perturbé leur vie alors qu'ils étaient en quarantaine chez eux pendant la pandémie COVID-19. Ils ont signalé des appels téléphoniques inexplicables, des mouvements d'objets, des bruits, des sensations tactiles (coups, brossages et « griffures » corporelles) et l'apparition de liquides. Ils ont également fait état d'un stress, d'une anxiété et d'une confusion extrêmes dus à l'inexplicabilité des phénomènes.

Les entretiens préliminaires ont indiqué que ces témoignages répondaient aux critères des cas de type AECKO (« manifestation cinétique commune, épisodique et anormale » ; décrit dans l'annexe A) et nous avons accepté : 1) d'enquêter sur l'AE ; et 2) d'aider la famille. L'enquête s'est déroulée selon une approche virtuelle, et le stress, l'anxiété et la confusion de la famille ont d'abord été pris en charge en fournissant des informations factuelles sur des cas similaires. Nous avons recommandé une consultation familiale et les parents ont suivi 18 séances de téléconsultation par Zoom axées sur la réduction du stress, les techniques de communication familiale, la formation à l'intuition et une base éducative quant aux phénomènes anormaux.

Les principaux résultats sont une diminution constante de l'AE en corrélation avec les progrès de la prise en charge, jusqu'à l'arrêt complet de l'AE. L'analyse de 295 événements d'AE enregistrés individuellement a montré que les caractéristiques de ce cas étaient cohérentes avec d'autres cas dans la littérature. Ce cas met en évidence que : 1) la visite personnelle d'un enquêteur n'est pas forcément nécessaire pour mener une enquête détaillée et crédible sur un cas de psychokinèse spontanée récurrente ; 2) il y a complémentarité et non opposition entre les objectifs d'enquêter sur l'origine des perturbations et d'aider la famille ; et 3) une approche en équipe, impliquant un clinicien professionnel, est fortement recommandée pour de tels cas.

Mots-clefs : expérience anormale (AE), poltergeist, psychokinèse récurrente spontanée (RSPK), enquête de terrain, parapsychologie clinique, manifestation cinétique commune, épisodique et anormale (AECKO)

Eine virtuell unterstützte Untersuchung von während der Pandemie COVID-19 gemeldeten anomalen Störungen in einem Haushalt

Zusammenfassung: Eine Familie aus der Mittelschicht im Silicon Valley in Kalifornien berichtete über eine Reihe von anomalen Erfahrungen (AE), die ihr Leben störten, während sie während der COVID-19-Pandemie zu Hause in Quarantäne waren. Sie berichteten über unerklärliches Wahlverhalten von Handys, Objektbewegungen, Geräusche, taktile Empfindungen (Stiche, Berührungen und „Kratzer“ am Körper) und das Auftreten von Flüssigkeiten. Sie berichteten auch von extremem Stress, Angst und Verwirrung aufgrund der Unerklärlichkeit der Phänomene.

Vorgespräche ergaben, dass dieser Bericht die Kriterien für Fälle des Typs „anomalous episodic communal kinetic occurrence“ (AECKO) [anomales episodisches gemeinsam erlebtes kinetisches Vorkommnis] erfüllte (beschrieben in Anhang A), und wir stimmten zu, (1) den Vorfall zu untersuchen; und (2) die Familie zu unterstützen. Die Untersuchung wurde mit einem virtuellen Ansatz durchgeführt, und der Stress, die Angst und die Verwirrung der Familie wurden zunächst durch die Bereitstellung von evidenzbasierten Informationen über ähnliche Fälle angegangen. Wir empfahlen eine Familienberatung, und die Eltern nahmen an 18 Zoom-Telehealth-Sitzungen teil, in denen es um Stressabbau, familiäre Kommunikationsfähigkeiten, Intuitionstraining und grundlegende Aufklärung über anomale Phänomene ging.

Zu den wichtigsten Ergebnissen gehört ein stetiger Rückgang der AE, der mit dem Fortschreiten der Beratung korreliert bis hin zu dem Aufhören der AE. Die Analyse von 295 einzeln protokollierten AE-Ereignissen zeigte, dass die Merkmale dieses Falles mit anderen Fällen in der Literatur übereinstimmen. Dieser Fall zeigt, dass (1) der persönliche Besuch eines Untersuchers nicht unbedingt erforderlich ist, um eine detaillierte und glaubwürdige Untersuchung eines RSPK-Falles durchzuführen; dass (2) das doppelte Ziel, die Ätiologie der Störungen zu untersuchen und die Familie zu unterstützen, eher komplementär als widersprüchlich ist; und dass (3) ein Team-Ansatz, der eine zugelassene klinische Gesundheitsfachkraft einschließt, für diese Fälle sehr empfehlenswert ist.

Schlüsselbegriffe: außergewöhnliche Erfahrung (AE), Spuk, wiederkehrende spontane Psychokinese [recurrent spontaneous psychokinesis -- RSPK], Felduntersuchung, klinische Parapsychologie, anomales episodisches gemeinsam erlebtes kinetisches Vorkommnis [anomalous Episodic Communal Kinetic Occurrence (AECKO)]