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Conceptual and Clinical Implications of a “Haunted People Syndrome”

Brian Laythe¹, James Houran^{2, 3}, Neil Dagnall⁴, and Ken Drinkwater⁴

¹ Institute for the Study of Religious and Anomalous Experience, Charlestown, Indiana, United States

² Laboratory for Statistics and Computation, ISLA—Instituto Politécnico de Gestão e Tecnologia

³ Integrated Knowledge Systems, Dallas, Texas, United States

⁴ Department of Psychology, Manchester Metropolitan University

Evidence suggests that subjective and objective anomalies associated with ghostly episodes form a unidimensional Rasch scale and that these interconnected “signs or symptoms” arguably describe a syndrome model. This view predicts that symptom perception—that is, the phenomenology of these anomalous episodes—can be markedly skewed by an experient’s psychological set. This is impacted, in turn, by psychosocial variables that affect attentional, perceptual, and interpretational processes. Therefore, we present an overview that discusses how (a) Belief in the Paranormal, (b) Religious Ideology, (c) Ideological Practice, (d) Social Desirability, (e) Latency, and (f) Environmental Setting ostensibly influence the contents or interpretations of accounts. These experiential details are similarly expected to reveal insights into the psychodynamics being expressed or contextualized via these narratives. Future research in this area should help to validate and clarify the proposed syndrome model, as well as explore which nuances in the phenomenology of ghostly episodes reflect idiosyncrasies of experient’s psychological set versus the nature of the core phenomenon itself.


Keywords: phenomenology, syndrome, symptom perception, systems theory, transliminality

We agree with Bauer’s (2004, p. 645) sentiment that the public deserves an accurately informed response when scientists are posed questions such as, “*What’s going on when people report ghosts and haunted houses?*” This issue is not trivial, as surveys show that we are dealing with an ongoing and widespread behavioral phenomenon (e.g., Chapman University, 2018; Haraldsson, 2011; McClenon, 2012; Murray & Jones, 2012; Rice, 2003; Ross & Joshi, 1992; YouGov, 2019). Moreover, these narratives—as religio-cultural beliefs, shared stories, or putative experiences—often affect

people in profound and even transformative ways (Drinkwater et al., 2019; Hill et al., 2018, 2019). For instance, some academic researchers have boldly professed that spontaneous cases can be so impressive *prima facie* that they serve as indisputable evidence of the paranormal (e.g., Stokes, 2017a, 2017b). Other times individuals can endure unexpected consequences of these anomalous experiences that disrupt their normal functioning.

There are many psychosocial and clinical facets to ghostly perceptions, so we take these anomalous experiences seriously but not necessarily at face value (Houran, 2017; Houran et al., 2017). When misunderstood, these experiences can fundamentally contribute to misdiagnosis due to arcane content that often resembles positive symptoms in schizophrenia or schizotypal personality disorder. In fact, Raybeyron and Loose (2015) noted that psychiatric clinics exist

Brian Laythe  <https://orcid.org/0000-0001-9081-2253>

James Houran  <https://orcid.org/0000-0003-1725-582X>

Correspondence concerning this article should be addressed to Brian Laythe, Institute for the Study of Religious and Anomalous Experience, 3804 County Rd 160, Charlestown, IN 47111, United States. Email: blaythe@israenet.org

specifically to deal with these “paranormal” encounters. Haunt-type experiences, absent of any other psychosis criteria, can pose interventional challenges to clinicians who lack a working knowledge of anomalistic psychology, parapsychology, and unusual or religio-cultural beliefs or practices that often reference spectral phenomena (e.g., Ali et al., 2004; Bilu & Witztum, 1994; Bowie, 2017; Cooper et al., 2015; Fach et al., 2013; Grover et al., 2014; Hsu & Wang, 2011; Koltko, 1990; Koss-Chioino, 2003; Martin, 2020; Moreira-Almeida & Cardeña, 2011).

To be sure, questions about the nature of “ghosts, poltergeists, and haunted houses” (collectively termed *ghostly episodes*) have long been debated within academia (for overviews, see Baker, 2002; Gauld & Cornell, 2007; Houran & Lange, 2001a; Maher, 2015; Massullo, 2017; McCue, 2002; O’Keeffe & Parsons, 2010; Roll, 1977). In part, this is because (a) the literature has lacked standard operationalizations of the phenomena in question and (b) there is difficulty teasing apart subjective from objective aspects in percipients’ accounts. Particularly, *Objective* (*O*, or external) anomalies, such as measurable temperature changes, raps and knockings, electrical disturbances, malfunctioning equipment, and apparent object movements, would seem clearly differentiated from *Subjective* (*S*, or psychological) events that tend to be experienced by singular observers via their senses or otherwise explainable as overactive imaginations, perceptual aberrations, or psychosomatic symptoms, for example, apparitions, sensed presences, or unusual bodily sensations.

However, *S/O* facets to these occurrences appear more “entangled” than previously thought. Specifically, these two classes of experience can be Rasch (1980) scaled together as a robust, *unidimensional construct* (Houran & Lange, 2001b; Houran et al., 2019, 2002). This result from advanced psychometric analysis therefore suggests that ghostly episodes fundamentally are behavioral expressions of embodied and structured narratives. Moreover, it can be argued that these seemingly disparate but interconnected set of perceptions define a core “syndrome” (Houran et al., 2019a, 2019b). This term denotes a “ :: recognizable complex of symptoms and physical findings which indicate a specific condition for which a direct cause is not necessarily understood” (Calvo et al., 2003, p. 802; cf. British Medical Association, 2018).

The Present Overview

O’Keeffe et al. (2019) referred to recurrent anomalous experiences in the present context as *Haunted People Syndrome* (HP-S; cf. Lange et al., 2020). The syndrome rubric is intended here as a descriptor of its associated phenomenology as opposed to an indicator of an implicit medical condition or diseased state. Some authors have further argued that this apparent core syndrome—sometimes called “(entity) encounter experiences” (Parra, 2018; Kumar & Pekala, 2001; Winkelman, 2018)—alters its *appearance* (Evans, 1987; Houran, 2000; Hufford, 1982) or *meaning* (Drinkwater et al., 2013; Dyne, 2010; Puhle, 2001) according to the situational or socio-cultural context in which it manifests.

Similarly, a syndrome model implies the likelihood of nuances or idiosyncrasies in the phenomenology (or symptom perception) due to variations that depend both on how researchers classify percipients into demographic groups, and on psychological variables that differentiate a particular percipient from others. This assertion follows from corresponding effects documented in the biomedical literature on the epidemiology of phenomena such as depressive-type episodes (Lange et al., 2002), idiopathic environmental intolerance (Skovbjerg et al., 2009), and general mental health (Kim & Kim, 2017). There is also ample literature that demonstrates the need for acknowledging and incorporating into clinical practice the social, ethnic, and racial belief systems of clients (Rogler et al., 1987). Of course, this likewise includes the role of religious beliefs (Carlson et al., 2002; C. Cooper, 2012; Crossley & Salter, 2005; Ellis, 2000; Meer & Mir, 2014; Pearce et al., 2015).

Ghostly episodes can be challenging to address in clinical settings, because they comprise an “etiologically complex” series of experiences and ideologically-driven interpretations that influence the meaning and justification for clients’ cognitions and behaviors. Accordingly, we review pertinent literature that expands on Houran et al.’s (2019a, 2019b) conceptual and empirical work on the syndrome model for ghostly episodes. We specifically discuss key biopsychosocial variables that influence important aspects of their phenomenology. In this way, we aim to provide: (a) a synopsis of evidence-based variables that likely contextualize the

contents and interpretations of these anomalous experiences and (b) data-driven considerations for educational or therapeutic interventions with percipients who seek a deeper understanding of their experiences.

A Foundational Model Based on Transliminality

Previous authors have described ghostly episodes as a phenomenon rooted in environment-person interactions (or enactive processes) (e.g., Childs & Murray, 2010; Drinkwater et al., 2019; Eaton, 2019; Hill et al., 2018, 2019; Lange & Houran, 2001). However, direct empirical evidence for this idea was perhaps offered first by Houran and Lange (2009, pp. 96–97) who found that certain anomalies in the Rasch hierarchy of haunt experiences from an earlier field study of a reputed haunt (Houran, Wiseman et al., 2002) were either significantly *under-reported* or *over-reported* based on respondents' gender and questionnaire levels of transliminality. In other words, the mental boundary structures of experiencers seemingly mediated systematic shifts or alterations in the overall structure and contents of their ghost narratives.

By way of explanation, *transliminality* conceptually and empirically parallels Hartmann's (1991) popular notion of mental boundary functioning (see e.g., Houran et al., 2003; Lange, Houran et al., 2019; Thalbourne & Maltby, 2008). It also resembles (and predates) the concept of "sensory processing sensitivity" (Aron & Aron, 1997; Greven et al., 2019). However, transliminality specifically draws on Herbart's (1824/1961) activation theory of consciousness and therefore is traditionally defined as the "hypothesized tendency for psychological material to cross (*trans*) thresholds (*limines*) into or out of consciousness" (Thalbourne & Houran, 2000, p. 853). Thalbourne and Maltby (2008) later modified this description to "a hypersensitivity to psychological material originating in (a) the unconscious and/or (b) the external environment" (p. 1618). This emphasizes that high-transliminals might be more prone to what Michael Jawer (2006, 2020) regards as "sensitivities" to a range of stimuli—emotional, environmental, chemical, electrical, and potentially parapsychological.

Of course, this also implies a greater susceptibility to "dis-ease" states (i.e., the natural state of

"ease" being disrupted or imbalanced) that seemingly coincide with many haunt-related experiences such as bereavement apparitions (Castelnovo et al., 2015; Persinger, 1993), after-death communications (C. E. Cooper, 2012; Steffen & Coyle, 2012), and "poltergeist" disturbances (Roll, 1977; Ventola et al., 2019). Illustratively, Raybeyron and Loose (2015) reported that up to 10% of the general population are estimated to have "hallucinatory" encounter experiences without any diagnostic features of psychosis. They further argued that negative life events and permeable boundary structures were better correlated to encounter experiences than was psychosis.

Authors of published studies often cite the original definition, but the transliminality construct has been further refined in terms of state or trait *neuroplasticity* — referring here to enhanced, and perhaps adaptive, interconnectedness between brain hemispheres, as well as among frontal cortical loops, temporal-limbic structures, and primary or secondary sensory areas or sensory association cortices (Thalbourne et al., 2001, 2003; Thalbourne & Maltby, 2008). This more detailed description and the related hypothesis is supported by numerous studies showing that scores on the Revised Transliminality Scale (Lange et al., 2000) consistently and positively correlate with measures of *syncretic cognitions*, or the dedifferentiation (or fusion) of perceptual qualities in subjective experience (for reviews, see Evans et al., 2019; Houran et al., 2006; Lange et al., 2000, 2019). Chief examples of these cognitions include *eidetic imagery* (fusion of imagery and perception, i.e., structural eidetic imagery); *physiognomic perception* (fusion of perception and feeling); and *synesthesia* (fusion of sensory modalities).

Building on this literature, Laythe et al. (2018) studied a host of cognitive and affective variables used in the literature to profile "haunters" but only transliminality replicated as a clear and robust predictor of the onset and features of self-reported ghostly experiences. Other researchers have similarly found positive correlations between transliminality (or alternative measures of permeable boundaries) and self-reported encounter experiences (Houran, et al., 2003, 2002; Jawer, 2006; Kumar & Pekala, 2001; Laythe et al., 2017; Parra, 2018). Accordingly, a transliminal model implies that ghostly episodes are associated with a particular psychometric profile and derive from, at

least partly, *hypersensitivities to and amalgams of internally- and externally- generated stimuli.*

Ventola et al.'s (2019) follow-up review of empirical literature on the psychology of apparent "focus persons" in poltergeist cases (i.e., so-called "recurrent spontaneous psychokinesis: RSPK" that manifests in the presence of a specific person or persons) also suggested a similar effect of transliminality. These collective patterns are consistent with an interactionist (or enactive) phenomenon, whereby ghostly episodes involve (a) the right people in the right environments (or conditions) (e.g., Laythe et al., 2018) and (b) the added influence of an individual's psychological set on the attentional and perceptual processes that mediate or dictate the phenomenology of the core syndrome (e.g., Houran, Wiseman et al., 2002).

Additional Influences on Psychological Set and Concomitant Phenomenology

Phenomenology is the study of the structures of experience and consciousness (see e.g., Seamon, 2000), which we propose has *macro* and *micro* aspects. Macro-phenomenology can be said to reference conditions that determine whether an experience (or syndrome) will manifest, whereas micro-phenomenology involves the particular contents or details of an experience (or syndrome) as it unfolds. These nuances are readily exemplified by curious paradoxes long noted in haunt cases and encounter experiences, such as why some people have experiences while others who are present do not (i.e., macro-phenomenology, e.g., Cornell, 2002; Roll, 1977) or why multiple witnesses can perceive shared experiences differently (i.e., micro-phenomenology, e.g., Jaki, 1999; McHarg, 1973).

Building on our transliminal model (Laythe et al., 2018; Ventola et al., 2019), we expect that the macro- and micro-phenomenology of ghostly episodes are further altered by six key variables: (a) Belief in the Paranormal, (b) Religious Ideology, (c) Ideological Practice, (d) Social Desirability, (e) Latency, and (f) Environmental Setting. Undoubtedly many other state or trait factors could also come into play, but we emphasize these particular variables given ample rationale and evidence to support their inclusion in this overview. Furthermore, each variable can be measured empirically with existing instruments for use in research and clinical contexts.

To begin, *Paranormal Belief* (PB) is a common culprit identified across *content analyses* of spontaneous cases (Harte, 2000; Houran, 2000), *survey studies* (Houran et al., 2002; Kumar & Pekala, 2001; Lange & Houran, 1998, 1999, 2000; Laythe et al., 2018; Laythe & Owen, 2012), *laboratory-based evaluations* (Dagnall et al., 2015; Irwin, 2015; Ventola & Terhune, 2009), and *field settings* (Houran, 2002; Houran, Wiseman et al., 2002; Wiseman et al., 2002). Moreover, we note that Laythe et al. (2018) also found significant correlations between the onset or features of haunt-type experiences and the New Age Philosophy variety of PB.

Similarly, *Religious Ideology* and *Ideological Practice* are expected to further alter the structure or content of ghostly experiences, as considered from a social identity perspective (Hill et al., 2018, 2019; Tajfel & Turner, 1986), or the broader domain of social reality drawing from sociology and social psychology (Buchanan & Hughes, 2009; Jussim, 1991; Klein & Goethals, 2002). Indeed, one of the more robust findings in Social Identity Theory and the psychology of religion is that the stronger an individual adheres to a philosophical or religious ideology, the more likely the person's perspective and preferences will gravitate towards explanations in life that align to this attendant belief system (e.g., self-serving biases: Campbell & Sedikides, 1999).

From an ontological perspective, ideals define our nature of reality precisely because our psyches treat ideals as if they were tangibly real, and our actions reflect those ideals in measurable behaviors. This is essentially the heart of the well-substantiated Thomas Theorem (Merton, 1995)—that which is perceived as real will be real in its consequences. Sociocultural analyses demonstrate that ghostly episodes are no exception to these tenets (Drinkwater et al., 2019; Hill et al., 2018, 2019; Houran et al., 2020). Part of basic human psychology lies in confirming personal beliefs and predictions of the world to provide control (Langer & Rodin, 1976), which to some extent, maintains one's self-esteem or well-being (Tajfel & Turner, 1986).

Part of assessing a strong identity reliance (i.e., "identity fusion," Swann et al., 2009) is gauging the degree to which individuals routinely fit information within their chosen identity's schemas. This concept of identity fusion is not new, but again echoes what Jung referred to as

the persona, noting that over-reliance on an identity can lessen other aspects of the person (Jung, 1951). Further, identity fusion (Swann & Buhrmester, 2015; Swann et al., 2009, 2012) arguably predicts that uses of other social identities in the person would lessen (i.e., Self-Categorization Theory; Turner & Reynolds, 2012), or a heavily-relied upon identity tied into family-like relations or self-identification would become overly “salient” across multiple environments and situations. Extreme examples are found in research on religion, whereby people high in religious fundamentalism exhibit biases in the type of literature to which they are willing to be exposed (Batson & Raynor-Prince, 1983; Hunsberger et al., 1994, 1996).

An adopted ideology, in turn, contributes to the ubiquitous effects of *confirmation bias*, (Hergovich et al., 2010; Klayman & Ha, 1987; Nickerson, 1998; Palmer et al., 2012), *belief perseverance* (Ross & Anderson, 1982; Ross et al., 1975) or in multiple witness accounts, psychological *contagion effects* (e.g., Houran & Lange, 1996; Lorber et al., 2007). We emphasize here that “evidence and fact” in ideology is, at best, tertiary towards its use, and the term “ideology” should not be limited to spiritual or religious beliefs. Clinicians regularly confront belief systems—political, empirical, or cultural—that encompass unproved or assumed tenets that are dogmatic or contradictory.

These belief systems drive meaning in people’s lives. In essence, data is not interpretation, which is always speculative to some degree. Thus, personal beliefs, and particularly those regarding religio-spiritual issues, seem to shape both the interpretation and meaning of ghostly experiences (Drinkwater et al., 2013, 2017; Dyne, 2010; Hufford, 1982; McClenon, 2002). In fact, previous work by Bader et al. (2012) suggested that religious belief and paranormal belief have a curvilinear relationship as a function of organized religion sanctioning some paranormal experiences and not others. Therefore, the structure or content of accounts might differ in accordance with the strength and commonly accepted explanations within an individual’s ideology.

Another obvious mediator of perceptions or reports might be *Social Desirability* (or impression management), which is a response bias that reflects the tendency for individuals to answer questions in a manner that will be viewed favorably by others. It can take the form of over-reporting “good behavior” or under-reporting

“bad,” or undesirable behavior. This tendency can pose serious problems when conducting research with self-reports, especially questionnaires as used here that pertain to unusual, atypical, or “unlikely” experiences, or in response to demand characteristics (Merckelbach et al., 2017). Problematic in this regard is that what is deemed “good or bad” is a function of the majority belief system in which the percipient is engaged. A person in a “pro-paranormal” setting is encouraged towards one set of explanations, while the “anti-paranormal” is encouraged towards other sets of explanations. In both cases ostracism or punishment is likely (i.e., outgroup prejudice) if events are not interpreted with the “status quo” (for empirical examples, see: Brewer, 2007; Cochrane & Nevitte, 2014).

For instance, research indicates that percipients are often aware that their anomalous experiences are unconventional and therefore they sometimes rationalize them with orthodox beliefs when discussing them publicly (Drinkwater et al., 2013; Schmieid-Knittel & Schetsche, 2005) or otherwise “mould” their accounts in the face of overt skepticism (Ohashi et al., 2013). Accordingly, social desirability or related social forces and pressures can distort experiences or accounts related to ghosts. However, we therefore refer interested readers to Drinkwater et al.’s (2019) discussion of the roles of conformity and “gaslighting” effects in ghost narratives. From a clinical perspective, HP-S is problematic when the experiences create emotional angst for the client in terms of their content or consequences. The potential fear of judgment and ridicule may inhibit clients from sharing the actual causes of what might be contributing to their distress, leading to misattributed etiology of a client’s symptomology.

Finally, there are the potential influences of *Time* or *Place*. Particularly, some studies suggest that recollections of anomalous experiences (e.g., near-death experiences) are not significantly embellished over time (Alvarado & Zingrone, 1997; Lester, 2003), whereas other research has documented Latency effects (Lange et al., 2004). We are unaware of any studies on this issue as applied to ghostly episodes, so it remains an open and important question. Moreover, we have previously speculated (Houran & Brugger, 2000; Houran et al., 2019b) that Rasch (1980) hierarchies of anomalies are possibly idiosyncratic to specific settings or distinct types of encounter experiences

cases (see e.g., Evans, 1987; Gauld & Cornell, 2007; Tyrrell, 1973). There are indeed hints that the physical and psychological setting of an episode can predict important aspects of the phenomenology of percipients' experiences. Specifically, Houran et al. (2019b) found that the micro-phenomenology of reports shifted in systematic ways depending on whether the ghost narratives derived from "spontaneous" (i.e., sincere and unprimed) circumstances or those associated with primed conditions, fantasy scenarios, or deliberate fabrication.

We further posit that the "setting" itself is a biopsychosocial construct involving: (a) *Location*, for example, naturalistic (or external) environs versus built (or internal) structures; (b) *Spontaneity*, that is, whether an experience is genuinely unplanned or deliberately cultivated; (c) *Proximity*, for example, the relation of *S/O* anomalies to an experient's personal space; (d) *Gestalt-type influences*, for example, affordance, atmosphere, ambiguity-threat anticipatory processes, immersion and presence, legibility, and percipient memory and associations; and (e) *Social Density*, for example, research has shown unquestionably that peripheral cues (i.e., environmental, group, and non-argument related variables) will strongly and significantly affect persuasion (Petty & Cacioppo, 1986). "Haunted houses" have been studied and discussed from the perspectives of environmental psychology and architectural phenomenology (for reviews, see: Dagnall et al., 2020; Jawer et al., 2020), but this research is in its infancy and mainly exploratory in nature. Thus, the specific impacts of "time or place" on ghostly episodes is a rich area for further study and observation.

Sociocultural Influences and the VAPUS Model

A distinct psychological set also can be influenced by broad sociocultural variables. We can draw on the proposed VAPUS model for ghost narratives (Hill et al., 2018, 2019) to understand and describe the role of broader cognitive-affective factors in shaping the report or recall of *S/O* anomalies that define our hypothesized syndrome model. Particularly, this framework echoes systems theory (i.e., a biopsychosocial or enactive approach) to specify people's interactions with their environments and how these activities reinforce mechanisms that

inform the perception of experiences or events as paranormal, that is, a percipient's psychological profile, current situation, and sociocultural context.

The VAPUS model asserts that ghost narratives possess an influential brand personality that parallels the strong consumer engagement with social media or the most popular commercial products or services (for related discussions, see Annett et al., 2016; Edwards, 2001). To clarify, *brand personality* is a concept in consumer marketing theory and practice that Aaker (1997) defined as, "the set of human characteristics associated with a brand" (p. 347). Accordingly, these narratives frequently foster emotional and rational engagement within individuals of diverse demographics. VAPUS is an acronym to describe the brand personality of ghost narratives via five characteristics (Hill et al., 2018, p. 119):

- *Versatility*, in that narratives have flexibility to represent a cross-section of moods, locations, or themes that span diverse literary genres.
- *Adaptability*, in that narratives morph, at least in part, longitudinally in accordance with societal changes.
- *Participatory Nature*, in that narratives invite interaction via individual or social activity and engagement, such as tours, clubs, private excursions, field research, and virtual activities (TV, movies, books), etc.
- *Universality*, in that narratives are interesting or relevant to diverse demographic populations, including individuals spanning the paranormal belief-disbelief spectrum.
- *Scalability*, in that narratives engage people individually and collectively, via meme-like "contagious" processes.

Speaking to the validity of the VAPUS model, its components generally align to the independent work of Annett et al. (2016) who synthesized and deconstructed the experiential elements of ghostly experiences to identify four innovative ways to enhance design and engagement in consumer displays, that is, digital effects or functionality with *intensity*, *familiarity*, *tangibility*, and *shareability*. Concomitant with this framework, occurrences are particularly important where specific haunt-like characteristics reveal a predisposition in witnesses to perceive phenomena as

more unusual, such as *aberrant salience* (i.e., the experience of ordinary events as remarkable and meaningful, see: Irwin, 2014; Irwin et al., 2014) or *ambiguity intolerance* (i.e., the tendency to perceive or interpret ambiguous situations as sources of threat, see: Houran & Williams, 1998; Lange & Houran, 2000).

The VAPUS model underscores the inherent social reality and character of ghost narratives in their various forms. In fact, Drinkwater et al. (2019) asserted that “This model centrally defines spectral accounts as psychosocial constructions, which implies an intrinsic malleability via a range of related psychosocial influences” and that “ :: many of the same characteristics that make ghost narratives so alluring and engaging also put them at risk for—if not actively promote—Trickstereotype effects” (p. 160). Drinkwater et al.’s (2019) treatise on gaslighting effects in ghost narratives identified specific psychological and situational variables in these respects (pp. 155–159), and particularly factors related to influence, persuasion, contagion, and conformity across different social settings. Accordingly, idiosyncrasies in symptom perception are expected to follow partly from the social dynamics and normative influences operating at the time of the anomalous experiences (cf. Childs & Murray, 2010; Eaton, 2019) or during occasions when experiencers document or socialize their experiences (cf. Boothby et al., 2014; Cooney et al., 2014).

Percipient Meaning-Making in Ghostly Episodes and HP-S

Drawing on systems theory and the idea of an interactionist (or enactive) phenomenon, we propose that HP-S involves transliminal perceptions (the right people) that are structured due to attentional and perceptual mechanisms and facilitated by transliminality-conducive biopsychosocial environments (the right settings), which often produce a self-reinforcing loop (perceptual contagion) that is contextualized and reinforced by attributions of external agency (belief in the paranormal) as a natural coping mechanism. That is, the confluence of sensory-somatic sensitivities, situational context, and social milieu prompts certain individuals to grasp onto “ghosts” as the preferred explanation for perceived complexity (i.e., unresolved ambiguities) in their biopsychosocial environment (cf. Lange et al., 2020; Lange & Houran,

2001; O’Keeffe et al., 2019). The word or concept of “ghost” captures their experience, allows them to communicate it to others, and correspondingly turns the “unthought known” into a “thought known” (cf. Bollas, 1987). This view essentially equates ghostly episodes to the same fundamental mechanisms that stoke instances of mass (contagious) psychogenic illness, although with HP-S the flurries of perceptions are self-induced and self-sustained.

Thus, our HP-S concept arguably recommends that clinicians or other authorities working with percipients in their process of meaning-making or coping should take guidance from resources that address “unexpected or troubling” anomalous experiences using clinical, phenomenological, or transpersonal frameworks (e.g., Drinkwater et al., 2013; Garety & Freeman, 1999; Grof & Grof, 2017; Hastings, 1983; Isaac, 2017; Murray, 2012; Rabeyron & Loose, 2015). Our research findings would predict that settings that are most conducive for transliminality will correspondingly facilitate the most frequent or intense HP-S reports. Conversely, the basic clinical take-away from this notion is that the frequency or intensity of ghostly episodes might be managed best by minimizing either (a) transliminality in the percipient or (b) variables that reinforce transliminality in the percipient’s social and physical environment. Known therapies should help to address these two goals. For example, research shows that delusional episodes in clinical patients can be induced or heightened by manipulating or flooding their attention to ambiguous stimuli (Freeman et al., 2015). Contrariwise, the frequency or impact of certain anomalous experiences can sometimes be minimized with cognitive-behavioral techniques like *attentional control* (Derryberry & Reed, 2002; Jalal, 2016) or leveling an individual’s *tolerance of ambiguity* (Haddock et al., 1998; Jacobs, 1980).

More broadly, clinicians should also be prepared to assist percipients with the meaning-making of their anomalous experiences. Specifically, experiences such as hallucinations and delusions are often placed a continuum ranging from normal experience (Claridge, 1990; David, 2010; Verdoux & van Os, 2002) to clinical psychotic conditions (Bentall & Morrison, 2002). Participants who report anomalous experiences nevertheless consistently fall within the former end of this spectrum, where the bulk

of experiences involve temporary perceptual experiences (i.e., Fach et al., 2013; Laythe & Houran, 2019) that lack (a) more severe features and (b) a clear fit with the diagnostic criteria of a psychosis.

From a cognitive perspective, a percipient's *appraisal* mediates the outcome(s) of anomalous experiences. Hence, individuals typically regard anomalous experiences as psychotic symptoms only when they are deemed maladaptive. Accordingly, theorists regard certain appraisals—that is, externally-generated, uncontrollable, and personally-significant—as important developmental features of psychosis (Bentall et al., 2001; Garety et al., 2001).

Brett et al. (2014) noted that comparing individuals from non-clinical populations who describe anomalous experiences equivalent to those reported by individuals with psychosis without adverse consequences for functioning and well-being, will enhance understanding of the cognitive appraisal process. Specifically, this approach enables the study of anomalies with both problematic and benign outcomes, while providing insights into the mediating effects of appraisal. In this context, Brett et al. (2014) recommended the Anomalous Experiences Interview (AANEX: Brett et al., 2007) as a useful research instrument. Previous work with the AANEX compared three groups: (a) diagnosed with a psychotic condition, (b) “at risk” mental state, and (c) without a diagnosis or a “need-for-care.”

From above, the undiagnosed (vs. the clinical groups) regarded their experiences as more positive and benign, and subsequently were less likely to engage in avoidant or cognitive control strategies. Additionally, the undiagnosed group employed “normalizing” and “psychological” appraisals and were less likely to judge experiences using personal appraisals (i.e., less likely to attribute experiences to other people) (Brett et al., 2007). Studies that classified groups via diagnostic or clinical status have reported similar findings with respect to clinical and healthy populations and anomalous experiences (Gaynor et al., 2013; Heriot-Maitland et al., 2012). Of course, a limitation of using diagnostic or clinical status as a defining outcome of anomalous experiences is that clinical service involvement is influenced by individual's preferences, personality, and access to clinical treatment, for example, help-seeking behavior, service access, and availability of alternative support (Singh & Grange, 2006).

The concept of “distress” likewise features prominently in cognitive approaches to psychosis. Thus, distress is considered both a defining feature of clinical psychological problems and the principal treatment target (Chadwick et al., 1996). This view is consistent with research linking emotion and psychosis (e.g., Birchwood & Trower, 2006; Freeman & Garety, 2003). Psychological issues related to emotional disturbance (e.g., depression and anxiety) are strong predictors of transition to psychosis in high-risk populations, and relapse in psychosis populations (Owens et al., 2005).

Noting these factors, Brett et al. (2014) compared three groups: (a) Diagnosed, (b) meeting criteria for an At Risk Mental State, and (c) Undiagnosed (reported anomalous experiences, but who had never received diagnoses or been in need of clinical interventions for their psychotic experiences). Measures of anomalous experiences, emotional response (including distress), appraisal type, and psychological and contextual factors were completed for each participant. Analyses revealed that anomalous states characterized by changes in awareness and cognitive functioning, appraisals of experiences as caused by “other people,” and greater attempted control over anomalous experiences were predictors of higher distress. Spiritual appraisals, greater perceived social support/understanding, higher perceived controllability, and reacting with a neutral response predicted lower distress. Collectively these findings are consistent with the continuum model of psychosis and indicate that distress can be reduced by normalizing and validating contexts in which anomalous experiences are accepted, understood, and shared.

These observations agree with those of Drinkwater et al. (2013), who explored how people attach meaning to, and make sense of, anomalous experiences. Interpretative Phenomenological Analysis (IPA) identified three master (major) themes: (a) distortion of reality (i.e., physical and mental fantasy of experience), (b) you are not alone (i.e., third party sensory presence), and (c) personal growth (i.e., effect on the self). Close examination of these themes shows that they resonate closely with the predictive factors identified by Brett et al. (2014). For instance, distortion of reality included the sense that anomalous experiences were defined by their unusualness and the fact that they sat outside of socially-accepted norms, which Brett et al. (2014)

predicts can lead to higher levels of distress. Hence, distortions were challenging because they tested notions of reality and were accompanied by altered awareness or odd cognitions and perceptions.

In this context, negative appraisal stems from lack of control and produces disorientation and self-doubt. This was also evident within the theme “you are not alone,” where the sensed presence of a mysterious entity was associated with self-perceived powerlessness, subsequently manifesting as the experimenter viewing themselves as passive and lacking control and further generating distress. In terms of personal growth, negative attributions were accompanied by undesirable feelings and emotions. Taken together, these themes and their contents ontologically contribute to feelings of distress unless the experience is normalized in terms of the individual’s life and cultural history. Central to this process is the capacity to also explain the anomalous experience from the perspective of society. Notably, recent work by Sersch (2019) proffered a persuasive cross-cultural case that exorcism with those who believe they are possessed has been found to be as effective, if not better than clinical treatment if the exorcism is embodied in a accepting cultural milieu. Although possession holds its own empirical difficulties from more mundane anomalous experiences, again the theme of cultural acceptance and perceived control appear to be mediating factors of distress relief.

Drinkwater et al. (2013) also found that subjective paranormal experiences can serve positive functions such as fostering understanding and comfort. This was evident when they provided a sense of a deceased loved one. Here, positive appraisals ostensibly nurtured personal development and growth. Drinkwater et al. (2017) conducted further research using thematic analysis (TA). This study identified emergent themes from interviews of individuals describing paranormal experiences. Thus, Drinkwater et al. (2017) emphasized the modeling or patterning of “meaning” across percipients (cf. Braun & Clarke, 2006; Smith et al., 2009). These identified anomalous themes corresponded closely with the person-centered experiences in Drinkwater et al. (2013). This observation indicates that “attributions” (appraisals) of “paranormal” (anomalous) experiences play an integral role in their assimilation and interpretation. This process is vital

either to the rationalizing or pathologizing of experiences. In turn, rationalizing or pathologizing determines the affective nature and potentially negative impact of anomalous experiences.

Further Clinical Considerations With the Syndrome Model

Beyond the general recommendations and discussion above, we should highlight and discuss five key points based on our cumulative insights and learnings from our research program. *First*, emerging research suggests there is a continuum of “encounter proneness” that is grounded in transliminality (or permeable mental boundaries). Thus, haunt-type experiences and those who report them are not randomly distributed. We accordingly propose that clinicians approach these occurrences as transliminal perceptions, and in extreme cases, perhaps as transliminal “dramas” (cf. Houran, 2013; O’Keeffe et al., 2019). However, this does not mean that expressions of HP-S are inherently or entirely “negative” or unpleasant in their content or interpretation. Rather than restrict transliminality to a diathesis-stress perspective, this perceptual-personality variable might be better viewed within the framework of differential susceptibility, that is, a predisposition toward worse outcomes in adverse contexts and better outcomes in positive or supportive contexts (Belsky & Pluess, 2009; Evans et al., 2019; Thalbourne & Houran, 2005).

This extends the developmental perspective of a loose mental boundary structure, which suggests that the impact of high levels may be affected by early childhood experiences (Aron & Aron, 1997; Thalbourne et al., 2003). Relatedly, people with high sensory processing sensitivity have been profiled as “Orchids,” “flourishing” when raised in healthy and supportive environments, but likewise more vulnerable to the effects of inadequate care (i.e., “Dandelions”) (Greven et al., 2019; Lionetti et al., 2018). This view parallels McCreery and Claridge’s (1995, p. 142) idea of “happy transliminals,” or people who are functional despite, or perhaps even in part because of, their “anomalous experiences.”

Second, the HP-S concept implies that encounter-prone people recurrently experience a diverse set of *S/O* symptoms. This undermines the idea that percipients are merely perceiving

(or have perceived) a single anomaly, such as “sensing a presence,” “hearing a physical knocking,” or “seeing a ghost.” Probing for details should reveal an array of perceptions that have been experienced over time by encounter-prone individuals. Here, the Survey of Strange Events (SSE : Houran et al., 2019b) can be used as an inventory to assess the full range of anomalous experiences associated with specific percipients. As we discuss next, this information can help clinicians or researchers to understand why certain people interpret or cope with these perceptions as they do. We should stress that our proposed HP-S phenomenon occurs at a much larger rate than any of the *DSM-V* diagnoses involving psychosis. As such, care should be taken with reports of ghostly episodes so as not to misdiagnose clients. Unlike psychotic disorders, ghostly episodes (and sometimes fantastical events) are absent of either positive or negative symptomology of schizophrenia, and more broadly, absent of the altered thinking states seen with psychotic episodes.

Third, we suspect that threat (agency) detection (e.g., Ben-Zeev et al., 2011; Brett et al., 2014; Freeman et al., 2002; Jelic’ & Fich, 2018; McAndrew, 2020) influences the expression or report of HP-S in several ways. For starters, anomalies might be judged as more or less frightening depending on their degree of spontaneity. Increasingly anxious or fearful reactions are likely when anomalous perceptions occur unexpectedly. An accompanying decline in overall mental health might also occur with individuals who have a strong “need for control” (cf. Langer & Rodin, 1976; Leotti et al., 2010). Next, there is the degree to which percipients interpret specific *S/O* anomalies as inherently threatening due to their nature, e.g., the more physical the events, the more dangerous they might seem. Lastly, we expect that the more proximal *S/O* anomalies are to a percipient’s personal space, the more intense or prevalent the corresponding interpretations of threat or persecution.

That said, HP-S would seem to foster comfort or even enchantment when its interpretation is grounded in terms or beliefs that are non-threatening to one’s personal space. These could include pleasant notions of angels, mystical forces, shamanic power animals, or deceased loved ones (Houran, 2000). There is substantial clinical relevance in this point, as the process

of making-meaning can lead percipients to interpretations that make sense of ghostly episodes, but as a consequence may exacerbate blame, fear, or proposed judgment of otherworldly forces in the eyes of clients. From the authors’ experience, individuals can develop exaggerated psychosomatic symptoms, or strong degrees of hypervigilance due to beliefs that a “haunting” is somehow their fault or punishment. This can be particularly true if a client has existing mental health conditions that can be misattributed to the haunt experience. As one can see, the contribution to anxiety or depressive symptomology from these perceptions could complicate an individual’s mental health and well-being.

Fourth, anomalies that characterize HP-S apparently can occur spontaneously, not just when purposely facilitated. This is important to note, as many authors have explained these experiences largely in terms of *suggestion-expectancy effects* (French et al., 2009; Lange & Houran, 1997), *demand characteristics*, as well as *fantasy proneness* or *overactive imaginations* (Nickell, 2001). In other words, haunt-type experiences are often associated with some sort of “priming” (Harte, 2000; Houran, 2000)—as illustrated by structured group events like spiritual-type practices (Laythe et al., 2017) or paranormal tourism (Houran et al., 2020). We acknowledge the explanatory power of anomalistic psychology, but there are also instances whereby the source(s) of some *S/O* anomalies (or perhaps the priming) is not entirely clear and requires more scrutiny (see e.g., Laythe & Houran, 2019; Laythe & Owen, 2012). Moreover, ostensibly spontaneous occurrences of HP-S show important differences in their phenomenology compared to experiences that involve conditions of overt priming or imagination (Houran et al., 2019b).

Fifth and finally, researchers and clinicians should keep in mind that anomalous experience involves two, potentially separate components: (a) mechanisms that produce anomalous perceptions versus (b) those that dictate the interpretation of these perceptions. Academia has not always made proper distinctions between these two aspects (David, 2010; Irwin et al., 2013; Lange, Ross et al., 2019; Wahbeh et al., 2020). Thus, the psychological set of experients helps to determine whether a similar set of *S/O* symptoms is interpreted as *orthodox* (e.g., an overactive imagination or chance events) or *non-orthodox*

(e.g., paranormal agencies). There can even be nuances in non-orthodox attributions.

Specifically, the same *S/O* themes and contents have been re-interpreted as various types of “entity encounters,” such as apparitions, angels, demons, gods, extra-terrestrials, elves, fairies, and Men in Black (Evans, 1987; Houran, 2000; Hufford, 1982). A purportedly new incarnation of the encounter experience seems aligned to the modern tech-era. Particularly, “spirits, spooks, and the supernatural” are seemingly de-emphasized in favor of “satellites, surveillance, and stalking” in reports of so-called “group-(or gang) stalking” (Lange et al., 2020; O’Keeffe et al., 2019). Clearly from the above, an individual’s belief systems and ideology play critical roles in how *S/O* events are interpreted, as well as the type and intensity of emotion(s) linked to these attributions.

Discussion

Qualitative and quantitative research strongly indicates that ghostly episodes represent a core “unidimensional construct” that can be described as a syndrome (Houran et al., 2019a, 2019b). However, clinicians and researchers should anticipate that its associated phenomenology (or symptom perception) can be shaped substantially by the psychological and social set of individuals. In other words, percipients are not passive witnesses to exclusively physical events. Rather, we contend that individuals showing HP-S are “integrators” in the sense that they are active (albeit maybe unwitting) participants in the construction of their recurrent anomalous experiences. This conclusion agrees with general narrative theory that construes personal experiences as subjective and pliable constructions rather than objective and fixed representations of physical reality (for discussions, see: de Rivera & Sarbin, 1998; Oakley & Halligan, 2017).

As a result, viewing ghostly episodes from the perspective of systems theory can reveal important insights, information, and context about experiencers, including their:

- Natural abilities related to somatic-sensory thresholds and the shifting and focusing of attention, i.e., a process of detection, perception, interpretation, and reaction.
- Instinctive reactions to unexpected or unexplained events (i.e., threat index).

- Contextual variables that are part of the situation or clinical eco-system.
- Existing beliefs and ideologies, or even challenges or disruptions to these.
- Social norms and associated in-group and out-group dynamics.

This interactionist (or enactive) view implies that ghostly episodes involve at least two distinct but related processes: (a) *Percipient sensitivity*, or “the right people in the right environments (or conditions)” (Laythe et al., 2018; Ventola et al., 2019), and subsequently, (b) *Percipient shaping*, or the added influence of an individual’s psychological and social set on the perceptual, attentional, or attributional processes that mediate or dictate the meaning given to anomalies that define our hypothesized syndrome model. The nuances in this characterization must now be explored empirically to identify the most effective intervention or coping strategies.

Previous studies of symptom perception using Item Response Theory analytics (Houran & Lange, 2001a, 2009; Houran et al., 2019b) provide a ready template for future research on the contributors to the macro- and micro-phenomenology of ghostly episodes. This approach is made even easier with the advent of our SSE inventory (Houran et al., 2019b), a standardized (Rasch-scaled) measure of the psychological and physical events characteristically reported in haunt-type occurrences. This tool thus allows researchers the flexibility to study variables that influence the overall intensity levels of percipients’ accounts and potential nuances in the perception of discrete *S/O* anomalies.

For example, we anticipate that significant differences in total scores on the SSE or “item shifts” within Houran et al.’s (2019b) Rasch hierarchy of discrete *S/O* perceptions will follow from (a) Belief in the Paranormal, (b) Religious Ideology, (c) Ideological Practice, (d) Social Desirability, (e) Latency, and (f) Environmental Setting. On this point, research designs are needed to explore whether narrative formation in HP-S follows a linear process that adheres to a predictable set of functions, e.g., Detection → Attribution (Interpretation) → Reaction → Report → Recall (for related discussions, see Drinkwater et al., 2019; Eaton, 2019). Alternatively, some researchers have found nonlinear relationships among the components of meaning-making in anomalous experiences (e.g., Lange & Houran, 2000; Lange et al., 2000-2001).

Clearly, much work is needed to explore and describe the conventional elements and complexities that envelope ghostly episodes, and how the mechanisms underpinning these anomalous experiences dovetail with other findings in consciousness studies and religio-cultural research. We argue that such efforts should take precedence over approaches which assume parapsychological agencies *definitely are* operating in these cases. Based on the research reviewed here from established social, psychological, neurological, and environmental premises, we cannot emphasize enough that the “factual nature” of ghostly occurrences is not, “in fact” very relevant. The empirical evidence is reasonably clear that haunt-type experiences are significantly shaped by environment, culture, psychology, and the inherent interpretational biases that come with a systemic perspective.

When we dispassionately consider the commonality of these experiences in conjunction with what seems very likely to be an interactionist phenomenon, we are left with an event or experience that is deemed real and meaningful by those who interpret it as such. Some consider testimonial evidence sufficient to attribute paranormal agency to some experiences; others would disagree. However, research has plainly shown that the root ontological stimulus of the HP-S process is not only interactive, but also interpretational, having demonstrated effects on the individual and society in terms of beliefs, values, and ideological reinforcement. Thus, whether materialism or positivism deems paranormal agencies as “scientific” or not, it does not change the attributional, psychological, and social processes that are intertwined within the core stimulus of a “ghostly episode.” This situation is not unique to these experiences, as belief- and behavior-based models have been actively used in politics, science, marketing, business, and education.

Witnesses to anomalies that define HP-S have been well-documented over the past 100 years. The exact cause(s) for these reports remain unclear or untested in many instances. Regardless of what any individual or ideology believes to be “true,” cases of ghostly episodes are available for scientific analysis and clinical exploration. Science, without violating its principles, is meant to be used as a method, and inherent to its principles and practice is the necessity to revise our appraisals based on evidence. Accordingly, comprehensive models and methods are needed to examine and understand

the interplay among the environment, psychology, and culture of these percipients.

In the interim, we deem it wiser to conduct more studies and identify reliable models that will help us to understand these experiences, which are prevalent in our society and germane to spirituality in clinical practice. Perhaps with time, the forest of culture and psychology that surrounds the “family tree” of ghostly experiences will give us clues that speak to the broader question of consciousness itself. Or perhaps not. Regardless, a comprehensive framework that clinicians can use to conceptualize and contextualize the phenomenology of ghostly episodes is likely to help those who have experienced them, and perhaps further our knowledge of these anomalous manifestations as an ontological mystery.

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