Running Head: THE EXORCISM OF EMILY ROSE

A Deeper Insight into the Character of Emily Rose

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In partial fulfillment of the requirements for Psychology 310

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November 12, 2009

Abstract

Through the use of the Diagnostic Statistical Manual of Mental Disorders-IV-TR, the mental disorder diagnosis of the main character Emily Rose from the 2005 Screen Gems picture, *The Exorcism of Emily Rose,* features a young woman with Catatonic Schizophrenia along with Delusions of Grandeur. Along with the diagnosis of the character, suggested treatment methods including the use of tranquilizers, psychological approaches, and rehabilitative measures will be used to bring the disorder under manageable control as there is no known cure for schizophrenia.

The Exorcism Of Emily Rose (Boardman, Flynn, Vinson & Derrickson, 2005) is a haunting, historically based story that documents the causes surrounding the eventual death of its protagonist, Emily Rose. One could question whether her death is a result of demonic possession as suggested by the film or a direct consequence of Catatonic Schizophrenia. The main character is a vibrant, apparently healthy young woman with aspirations to become a teacher. Her life slowly begins to fall apart while in college, where she experiences multiple episodes that feature enhanced sensory perceptions, hallucinations, convulsions, disorganized speech, and bizarre physical contortions. Using the Diagnostic Statistical Manual of Mental Disorder, the following paper analyzes the character of Emily Rose in an effort to prove that her observed actions, behaviors, and traits are representative of a patient suffering from Catatonic Schizophrenia and Delusions of Grandeur (DSM-IV-TR, American Psychiatric Association, 2000).

As a little girl, Emily possessed a very soft-spoken, caring demeanor. Because of her love for animals, she couldn't leave any stray abandoned, resulting in the family owning 11 cats. The family doctor reported that as a child, Emily was a bit sickly; as such, she spent many hours educating herself, reading, and learning music while maintaining a happy, carefree, and enthusiastic demeanor. After graduation from high school, Emily earned a scholarship for college and decided to leave the family home to begin her educational journey, full of promise and excitement. Once Emily physically separated herself from her family, she began to experience multiple incidents that resulted in drastic changes in her personality including observed instances of hysteria, uncontrollable sobbing, and hallucinations. At one point, Emily stated she was awakened in the middle of the night when she thought she smelled something burning. Alone in her room, she then observed a pen case move on the desk and fall to the floor.

Emily then felt her blanket pulled from her body, leaving her covered in a bare sheet. As she proceeded to sit up, Emily was thrown back, where she felt as if an overwhelming force applied pressure to her feet; this feeling worked its way up through her body until it reached her throat, causing Emily notable discomfort plagued with breathing difficulties.

The chairman from the Department of Neurology first thought that Emily had ingested some type of hallucinogen, but chemical tests confirmed the absence of drugs in her system. An electroencephalograph was administered and showed a possible epileptic focus in the left temporal lobe. As such, treatment was administered via a fictitious medication known as *Gambutrol*, and Emily was advised to schedule follow-up visits with her neurologist. Despite these recommendations, Emily refused any additional medical assistance, convinced that the causes for her strange behavior were rooted in the spiritual realm. Working with her parish priest (i.e., Father Moore), Emily attempted to counter these observed behavioral abnormalities through an exorcism, ultimately resulting in her death shortly thereafter.

This brief summary of the life of Emily Rose supports the diagnosis that she suffers from Catatonic Schizophrenia and Delusions of Grandeur. The essential features of the former include a "marked psychomotor disturbance that may involve motoric immobility, excessive motor activity, extreme negativism, mutism, peculiarities of voluntary movement, echolalia, or echopraxia" (DSM-IV-TR, American Psychiatric Association, 2000, p. 315). To be diagnosed with Catatonic Schizophrenia, Emily Rose must fit at least two of the aforementioned criterion; multiple scenes throughout the film support this particular diagnosis and characterization. First, while in her dorm room, Emily's boyfriend awakens to find her lying on the floor in an awkwardly fixed and completely stagnant position, a symptom of motoric immobility as evinced by catalepsy as well as peculiarity of voluntary movement. Next, as the hallucinations

progressively worsened, Emily reacted by tearing out her hair and thrashing uncontrollably, where it took two adult males to prevent her from inflicting any further personal injury, thereby supporting the excessive motor activity clause. Extreme negativism is noted during one notable episode when Emily burst into a church, yelled at two old women in quiet prayer whom she had never encountered before, and then abruptly directed her verbal obscenities towards her innocent boyfriend who was just trying to help. Finally, as defined in the *European Archives of Psychiatry and Clinical Neuroscience*, echopraxia is observed when "patients may be stuporous and mute with a rigid mask-like face, exhibit fixed postures or adopt and maintain imposed postures showing a waxy flexibility in their muscular tension" (Pfuhlmann & Stober, 2001, p. 4). Various scenes featured Emily adopting and maintaining an unnatural physical posture while simultaneously featuring a firm and silent facial expression during awakened states.

Emily Rose also experienced a grandiose type delusion, where a patient maintains "...oneself to be Jesus or (believes) one is on a special mission, or having grand but illogical plans for saving the world" (Nevid, Rathus, & Greene, 2008, p. 402). On Halloween eve, Father Moore tried to cast six demons from her body. After the failed exorcism, Emily fell into a deep sleep, awaking a few hours later to a voice calling her name. Falling to the ground outside, she lay there, allegedly seeing and hearing an image described as the blessed holy mother of God. When this image looked at her, she smiled and said, "Emily, heaven is not blind to your pain." Emily asked her why the demons did not leave her that night. It was said to Emily that the demons would continue to remain omnipresent. She could either join Mary in peace, free of her bodily form, or Emily could continue her present existence and suffer greatly. It became clear to Emily that through her sufferings, others would come to recognize that the realm of the spirit world is real. Therefore, Emily chose to remain in her current state, and when she stood up, she

had one hole in the palm of each hand signifying the holes Christ experienced while being nailed to the cross. The injuries sustained due to this alleged stigmata are actually attributed to Emily firmly positioning her hands on the barbed wire fence that surrounds her family farm. These examples of auditory hallucinations are most common in patients that are suffering from Delusions of Grandeur. After Emily's death, the autopsy revealed the gradual shutdown of her body's functions. It was a cumulative effect due to multiple traumas originating with malnutrition, severe dehydration, and later reinforced by her exhaustion and self-inflicted injuries.

Emily's abnormal behaviors can be classified using the Multiaxial DSM System, which ranges from axes I-V (Nevid et al., 2008, p. 71). Axis I features clinical disorders or other conditions. As previously noted, Emily Rose suffers from Catatonic Schizophrenia and Delusions of Grandeur. Axis II involves personality disorders and mental retardation, which are unknown in this particular case as Emily appeared perfectly healthy and cognizant during her later years prior to college entry. Axis III involves more general medical conditions. Emily Rose was placed on *Gambutrol* after she suffered her first episode, and discontinued its use while her symptoms continued to persist. Axis IV entails psychosocial and environmental considerations, which are also unknown in the case of Emily Rose. Finally, Axis V considers global assessment of functioning, where the selected rating for Emily Rose based on the GAF scale would be a 5, because she was unable to care for herself, ultimately leading to her death. This selection is also based on the notion that Emily would persistently hurt herself without the known intention of committing suicide, where she is incapable of taking care of herself as demonstrated at the end of the film (e.g., chipped teeth from chewing on the wall, eating insects, bloody fingernails, jumping out of a second-story window).

Though there is no known cure for schizophrenia, several treatments are available to enhance the life of a schizophrenic patient. The main treatment for schizophrenia involves administering antipsychotic medications such as phenothiazines for a period of time, which help control more flagrant behavioral patterns. As noted in *Schizophrenia Research*, the majority of cognitive improvement with antipsychotic treatment requires a minimum of 2 months of treatment, which would have necessitated that Emily continually ingest her prescription (Penn et al., 2009, p. 17). Furthermore, it is important for clinicians to recognize and accept, however, that some patients either may develop undesired side effects (Wolters, Knegtering, van den Bosch, & Wiersma, 2009, 114) or may not respond to such drug treatments (Kales & Stefanis, 1990, p. 266). Therefore, along with proposed antipsychotic medication, other approaches such as psychosocial rehabilitation may become necessary. People suffering from schizophrenia experience difficulties maintaining social and occupational roles. The use of cognitive rehabilitation should help strengthen cognitive skills and memory in patients with schizophrenia. "Many of the patients with grandiose delusions have experienced prior life crises characterized by a sense of failure or worthlessness and subsequently began to think of themselves as being famous, divine, or all powerful" (Beck, Rector, Stolar, & Grant, 2009, p. 216). Perhaps with cognitive rehabilitation, a therapist may find out why Emily secluded herself as a child in books and forced herself as an adult to devise her divine intervention. Furthermore, because Emily died from starvation, a proposed alternative remedy would have entailed force-feeding. Finally, because stress can increase the risk of recurrent psychotic episodes, resolving family conflicts and negative family interactions may help in diminishing the observed schizophrenic episodes.

As a final note, one could argue that Emily Rose is merely suffering from epileptic seizures or demonic possession as suggested by the film. Moreover, it can be argued that the

reason the exorcism failed was because the drug *Gambutrol* created an intoxicating effect on Emily's brain that made her system immune from the psychospiritual shock that exorcism is intended to provide. Also, *Gambutrol* could have locked Emily in the possessed state, leaving her unable to respond to the exorcism directly. That said, with the help of classifying Emily's clear symptoms into the DSM, analysis of axes I-V suggests that her symptoms are attributed Catatonic Schizophrenia and Delusions of Grandeur, and with appropriate antipsychotic medications administered over the course of time coupled with proper counsel and rehabilitation, Emily could have lived a longer, prosperous life.

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