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Psychosis and Psychotic Symptoms: Definitions and Diagnostic Considerations

For mental health professionals: This material should especially help you think more clearly with respect to the place of psychological trauma, dissociative phenomena, and demonic phenomena in the diagnosis and treatment of mental illnesses that can include psychotic symptoms.

For those who are not mental health professionals: This essay should help you better understand any situation where the terms "psychosis" or "psychotic symptoms" are being used, and also many situations where someone has been diagnosed with a mental illness that can include psychotic symptoms. Important note: We agree with many who recommend that people who are not mental health professionals should *not* diagnose mental illnesses. If you are not a mental health professional, please do *not* use this information to make diagnoses. However, if this essay leads you to suspect that a friend, family member, or person receiving ministry has been misdiagnosed with one of the mental illnesses discussed below, I would encourage you to share this material with the mental health professional(s) involved, and raise your concern about the possibility of mis-diagnosis.

I. Definitions of Psychosis and Psychotic Symptoms:

The word "psychotic" is used in many ways by the lay public. Unfortunately, "psychosis" and "psychotic" are used in several different ways even within the field of psychiatry, and different mental health professionals will therefore use these terms differently.[1] It is helpful to be aware of this possibility so that you can identify and address it if it is contributing confusion to the care of your client/family member/friend/self. The simplest way to address this problem is to ask any mental health professionals using these terms to explain what they mean when they use them. I will try to briefly outline what I perceive to be the most commonly used definitions.

Psychosis: The overall combination of whatever psychotic symptoms are present in a given patient.

Psychotic Symptoms: Any of the following

1. Delusions: False beliefs that are firmly held despite what almost everyone else perceives to be obvious proof and/or evidence to the contrary. Believing that I am a robot or that my appetite is being controlled by force beams from the moon would be examples of psychotic delusions.
2. Hallucinations: Seeing, hearing, smelling, tasting, or feeling the touch of something that "isn't there." Hallucinations can also include experiencing internal sensations that have no

[1] See Kaplan, Sadock, and Grebb, *Kaplan and Sadock's Synopsis of Psychiatry*, seventh edition, (Williams & Wilkins: Baltimore, MD, 1994) p. 325; and *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, (1994) p. 770.

discernable cause (for example, the feeling of electricity or something moving inside).[2]

3. Thought disorder: With thought disorder, the person experiences disruption of the normal logical sequence and flow of his/her thoughts. This can range from difficulty maintaining goal-directed focus on the initial target of the conversation, to complete disorganization and confusion.
4. Grossly disorganized or catatonic behavior: Catatonic behavior includes a number of severely abnormal behaviors, such as agitation that appears to be purposeless and that is not influenced by external stimuli[3], trance-like immobility (eyes often open), inexplicable muteness, odd posturing, and stereotyped repetitive movements.

Note that "psychosis" and "psychotic symptoms" are not diagnoses, but rather clinical phenomena that can occur in many different diagnoses. Headache and dizziness provide a good analogy. If a patient comes to me complaining of headache and dizziness, my first task is to figure out what is causing the headache and dizziness. The underlying illness could be a viral flu, substance abuse, a brain tumor, or any of a number of other medical conditions that can cause headaches and dizziness. Headache and dizziness are *symptoms*, whereas the underlying illness is the *diagnosis*. Psychosis (a cluster of psychotic symptoms) or individual psychotic symptoms can occur in many different mental disorders (diagnoses), including schizophrenia, bipolar disorder, Post Traumatic Stress Disorder (PTSD), substance abuse, organic brain injury, and others.

II. Diagnostic Questions, Misdiagnosis:

If psychotic symptoms have contributed to the diagnosis of a mental illness, it is very important to look carefully at the diagnosis.

A large percentage of people with psychotic symptoms will be diagnosed with schizophrenia or bipolar disorder, mental illnesses that have a core genetic, biological problem that disrupts the normal functions of the brain. These diagnoses are sometimes correct – there are some people who truly have schizophrenia or bipolar disorder. These people definitely need medication to help correct and stabilize their brain chemistry. They can also benefit from the Immanuel approach and/or Theophostic®-based[4] emotional healing to address psychological traumas that exacerbate their illness, but this is an especially complicated and difficult situation since the

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[2] Some may appreciate knowing the terms for the different kinds of hallucinations. Visual: "seeing" things that aren't there; Auditory: "hearing" things that aren't there; Olfactory: "smelling" things that aren't there; Gustatory: "tasting" things that aren't there; Tactile: "feeling" the touch of things that aren't there; Somatic: experiencing internal sensations that have no discernable cause.

[3] The person's agitated behavior does not seem to respond to or be influenced by objects near them, events near them, or even people trying to interact with them.

[4] Theophostic Ministry is a trademark of Dr. Ed Smith and Alathia Ministries, Inc., of Campbellsville, Kentucky. We use the term "Theophostic®-based" to refer to emotional healing ministries that are built around a core of Theophostic® principles and techniques, but that are not identical to Theophostic® Prayer Ministry as taught by Dr. Ed Smith. Our own ministry would be a good example of a "Theophostic®-based" emotional healing ministry – it is built around a core of Theophostic® principles and techniques, but it sometimes also includes material that is not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry (such as our material on dealing with curses, spiritual strongholds, generational problems, and suicide-related phenomena, and our material on journaling, spiritual disciplines, and medical psychiatry).

biological interference with normal brain functions makes it difficult to do emotional healing work, and also makes the person much more vulnerable to decompensation from the emotional intensity of working with traumatic memories.

However, there are also many people with unresolved psychological trauma, internal dissociated parts, demonic oppression, or some combination of these, who are *mis-diagnosed with schizophrenia or bipolar disorder because they display psychotic symptoms*. Our experience is that many people have unresolved psychological trauma, internal dissociative parts carrying some of the trauma, and demonic spirits infecting the traumatic memories and internal dissociative parts. Most of us, including many mental health professionals, don't realize how common this is because the psychological wounds, internal dissociated parts, and demonic infection are usually well hidden by the person's defenses. When something causes the person's defenses to decompensate mildly, he will experience anxiety, irritability, anger, discouragement, etc; when something causes the person's defenses to decompensate moderately, he will experience depression, panic attacks, obsessive thoughts, compulsive behaviors, addictive acting out, etc; and when something causes the person's defenses to decompensate severely, he will experience psychotic symptoms. With people who have psychotic symptoms being caused by unresolved trauma, dissociative phenomena, and demonic "infection," it is important to identify the true underlying problem because these people will usually experience dramatic benefit with the Immanuel approach and/or Theophostic®-based emotional healing. Medication can help correct and stabilize their brain chemistry (and is sometimes needed before emotional healing ministry is possible), but it is very important to make sure the treatment plan also includes the Immanuel approach and/or Theophostic®-based emotional healing with a facilitator who is experienced with dissociative phenomena and demonic infection.

I think there are a number of reasons for this common mis-diagnosis:

1. Post Traumatic Stress Disorder (PTSD) Flashbacks, Core Lies: Many mental health professionals are poorly informed regarding recently discovered information about the lingering effects of unresolved psychological trauma. Sadly, to my assessment, this is especially true regarding psychiatrists because their training focuses on the biological abnormalities in mental illness and the medication treatment of these abnormalities. In Post Traumatic Stress Disorder (PTSD), visual, auditory, olfactory, and physical memory flash-backs are experienced in exactly the same way as with psychotic hallucinations. PTSD flashbacks can also cause disorganized behavior. Core lies from hidden traumatic memories can look like mild psychotic delusions. If a mental health professional doesn't recognize these pseudo-psychotic/psychotic signs and symptoms as PTSD phenomena, he will understandably try to make the clinical picture fit into the next closest diagnostic box (usually bipolar disorder or schizophrenia).

2. Dissociative Phenomena: Mental health professionals tend to be even less informed regarding even more recently discovered information about dissociative phenomena as a part of unresolved trauma. Dissociative phenomena can produce the subjective experience of "hearing voices," which can look a lot like auditory hallucinations.[5] Dissociative phenomena

[5] Internal dissociative parts can produce the subjective experience of hearing voices "inside my head." Note that this is actually not the same as auditory hallucination, which by definition is hearing voices or other sounds that are experienced as coming from "outside my head." However, mental health profession-als who are not familiar with internal dissociated parts will usually fail to make this distinction, and will therefore incorrectly conclude that comments from internal dissociated parts are auditory hallucinations.

can produce confusion and disorganization, which can look a lot like psychotic thought disorder. Internal dissociative parts can hold memories and/or core lies that appear to be psychotic delusions.[6] Dissociative phenomena can cause disorganized behavior, and can produce trance states that look like psychotic catatonic behavior. If a mental health provider does not recognize these pseudo-psychotic/psychotic signs and symptoms as dissociative phenomena, he will understandably try to make the clinical picture fit into the next closest diagnostic box (usually bipolar disorder or schizophrenia).

3. Demonic Infection, Opposition, Harassment: Secular mental health professionals can't see or understand any way in which demonic infection, opposition, or harassment contribute to the clinical picture because they have no place in their world view for these phenomena. Unfortunately, many Christian mental health professionals (and pastors) hold the same "demons don't exist" world view as their secular colleagues. Demonic harassment and/or deception can cause fixed beliefs that appear to be psychotic delusions.[7] Demonic infection, opposition, and harassment can produce "voices," images, and physical sensations that can look exactly like visual, auditory, and tactile hallucinations. Demonic spirits can produce confusion and disorganization that look very much like psychotic thought disorder. Demonic spirits can produce disorganized and/or catatonic behavior. Again, if a mental health provider does not recognize these pseudo-psychotic/psychotic signs and symptoms as demonic phenomena, he will understandably try to make the clinical picture fit into the next closest diagnostic box (usually bipolar disorder or schizophrenia).

   For example, during one of my temporary assignments at a state psychiatric hospital, I was asked to perform a psychiatric evaluation on a young man who had been sent from an outpatient mental health clinic with the request that he be admitted to our inpatient unit. His chart indicated that he had been carrying the diagnosis of chronic paranoid schizophrenia for a number of years, and his case worker had sent him for admission because he seemed to be having an acute psychotic exacerbation and she was concerned that his psychotic symptoms might cause him to harm himself or someone else. When I went into the examination room I found a young man who was pacing back and forth across the room in an anxious, agitated fashion, and who began to explain that he needed to stay in the hospital "until I can get things back under control."

   He described how he had been a very lonely, unhappy teenager until, while looking through an occult bookstore one day, he had discovered an Ouija board with a friendly looking spirit attached to it. "People are so ignorant," he commented, "The other Ouija boards didn't even have spirits, but people bought them anyway – what a waste! The boards without spirits are totally worthless." The friendly looking spirit offered to be his friend, so he bought the board and invited this new "friend" into his life. He could describe its visual appearance in detail, and claimed that it had introduced itself, by name, when they had first met in the occult

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[6] This is especially the case with occult ritual abuse victims. The real memories carried by the internal dissociated parts are so horrific that most mental health professionals not familiar with ritual abuse would mistake them for psychotic delusions.

[7] One of the most common examples of demonic phenomena resulting in beliefs that can be mistaken for psychotic delusions is very simple: if you are, indeed, being harassed by demonic spirits, and you talk about the possibility that demonic harassment could be the explanation for your experiences, many mental health professionals will automatically conclude that you are experiencing psychotic delusions. The "revelations" people receive from new age spirit guides provide another good example of demonic deceptions that produce fixed beliefs that can look a lot like psychotic delusions.

bookstore. "At first, it was great," he explained, "I finally had a friend. The spirit would go everywhere with me, and I could talk to it any time I wanted to." "But then it started telling me to hurt children. (Pause) Now, it tries to get me to hurt children all of the time. Whenever I walk past the park, it tells me to kidnap, torture, rape, and kill the children....Whenever I feel like I'm getting weak, and I'm afraid I might give in, I come into the hospital until I can get things back under control."

One of the most striking things about this young man was that, other than the content of his story, and his anxious, agitated pacing, he seemed to be completely normal. I had worked with hundreds of patients with chronic schizophrenia, and my experience was that patients with true schizophrenia always had many other signs and symptoms in addition to the more dramatic psychotic symptoms (such as hallucinations and delusions). In my experience, patients with true schizophrenia also had abnormalities in their social interactions, nonverbal communication, cognitive functioning, and thought organization. For example, people with schizophrenia will display abnormalities of facial expression and other details of body language, abnormalities of voice tone and vocal inflection, abnormalities of timing with respect to social responses, characteristic abnormalities of thought organization (the "thought disorders" described above), and a variety of subtle problems with other cognitive functions.

This young man, however, displayed social interactions, nonverbal communications, cognitive functioning, and thought processes that were all completely normal. Furthermore, he didn't have any other hallucinations or delusions – other than his perceptions and beliefs regarding his "spirit friend" his sensory perceptions and thought content were completely normal.

So it occurred to me: "Maybe he actually *is* being oppressed by a demonic spirit, and is otherwise normal – maybe he doesn't even have schizophrenia at all."[8] With this thought in mind I decided to pursue a treatment option that would certainly be considered unusual for schizophrenia: "I notice that you're wearing a cross. Is Christian spirituality important to you?" When he answered that he had grown up in a Christian home, and that he had been baptized as a child, I suggested that we might pray and ask the Lord to remove this spirit that was now pushing him to hurt children.

As soon as I suggested this he backed against the wall with wild-eyed fright, fending me off with his hands as if I were coming at him with a large knife, or maybe a red hot branding iron: "No! No! Don't take it away! I don't want you to take it away – just help me get back in control – just make it be nice again, like it was at first." I tried to explain that he could invite the Holy Spirit to come and be with him, in place of this dangerous spirit, but he kept begging me not to take his spirit friend away from him. When I finally explained that I would not pray without his permission he calmed quickly and dramatically, and was then able to go through the rest of the admission evaluation without incident.

After completing a careful and thorough evaluation, my honest assessment was that he

[8] Note that it's important to ask if demonic phenomena has been mis-diagnosed as schizophrenia, or vice versa, but it's also important to realize that a person can have both. Just because a person is harassed/oppressed by demonic spirits does not rule out the possibility that he may also be schizophrenic, and just because a person has true schizophrenia does not rule out the possibility that he may also be harassed/oppressed by demonic spirits. See the "False dichotomy" section of the "Mind and Brain, Separate but Integrated" essay for additional discussion of demonic "infection" and schizophrenia occurring together.

probably *was* being oppressed by a demonic spirit, and that he probably did *not* have any mental illness.[9] But the mental health professionals at the state hospital couldn't even consider this possibility, so they put him in the next closest diagnostic box. The *only* symptoms contributing to his diagnosis of schizophrenia were his beliefs and perceptions regarding this demonic spirit – his beliefs about how he had discovered it, his beliefs about his ongoing relationship with it, his perceptions that he could see it and hear it, and his beliefs that it was trying to get him to harm children. But even though he was otherwise completely normal, and had no other signs or symptoms of schizophrenia, the mental health professionals involved had concluded that he had chronic paranoid schizophrenia on the basis of his "visual hallucinations" (seeing the demonic spirit), "auditory hallucinations" (hearing the demonic spirit), and "delusions" (all of his beliefs regarding the demonic spirit). Since they did not even *consider* the possibility that the demonic spirit could be real, schizophrenia was the best diagnosis they could come up with.[10]

4. Self medication with hallucinogens and/or stimulants: The first part of the picture is that people with painful psychological and spiritual issues (such as trauma, dissociation, immaturity, and demonic infection) often use various kinds of "self medication" as a part of their attempts to manage their pain. This self medication can be engaging in endorphin releasing activities, such as masturbation or gambling, or it can be using "pain killing" substances, such as alcohol or street drugs.[11] The second part of the picture is that both stimulant abuse and hallucinogen abuse can cause a variety of psychotic symptoms, including agitation, confusion, disorganization, hallucinations, delusions, and even catatonic behavior.[12] Therefore, when people with painful psychological and spiritual issues self medicate with stimulants and/or hallucinogens they will sometimes experience dramatic psychotic signs and symptoms that are being directly caused by the substance abuse. However, if the mental health providers do not identify stimulants/hallucinogens as the true cause of the psychosis they will understandably try to make the clinical picture fit into the next closest diagnostic box (often schizophrenia).

5. Lack of maturity skills: Lack of maturity skills can make a person more vulnerable to all of the above.

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[9] It would be good to discuss whether or not demonic oppression should be considered a mental illness, but for the purpose of this essay I am using "mental illness" as mainstream medical psychiatry is currently using the term.

[10] Sadly, I realized that I couldn't deal with the demonic spirit until he was willing to renounce his decision to invite this spirit into his life, and I didn't think it would work to write "demonic oppression, pursue deliverance prayer as the patient is willing" as the diagnosis and treatment plan in his chart. I prayed for him as a part of my personal intercessory prayer, and I continue to pray for him whenever he comes to mind, but as far as the state hospital was concerned I didn't know what else to do besides leaving his diagnosis and treatment plan unchanged.

[11] A recent prospective study found that PTSD increased the risk of subsequent substance abuse by 450% (Chilcoat HD, Breslau N. "Posttraumatic stress disorder and drug disorders: testing causal path-ways," *Arch Gen Psychiatry* 1998;55:913-917).

[12] For detailed discussion of stimulant and hallucinogen abuse as potential causes of psychotic symptoms, see Jaffe, Jerome H., Ling, Walter, and Rawson, Richard A. "Chapter 11.3: Amphetamine (or Amphetamine-like) - Related Disorders;" and Jones, Reese T. "Chapter 11.7: Hallucinogen-related disorders," both in Kaplan, H.I., Sadock, B.J., Grebb, (Eds.) *Kaplan and Sadock's Comprehensive Textbook of Psychiatry, eighth edition*, (Baltimore, MD: Williams & Wilkins), 2004, pages 1188-1200 and 1238-47, respectively.

6. Improvement with medications for schizophrenia: In some situations psychological trauma, dissociative phenomena, immaturity, and demonic oppression can actually cause the brain chemistry abnormalities associated with psychotic symptoms, and in these situations medications that benefit schizophrenia can provide symptomatic improvement (but not cure) by "manually" correcting these brain chemistry abnormalities. Some mental health professionals then take the erroneous logical step of concluding that because the psychotic symptoms improved with medication that benefits schizophrenia *the psychotic symptoms must therefore have been caused by schizophrenia*.

Summary of Diagnostic Pitfalls with Respect to Psychotic Signs and Symptoms:

1. Delusions: Dissociative phenomena, demonic deception, distorted interpretations from underlying trauma, and substance abuse can all cause fixed beliefs that can appear to be psychotic delusions.

2. Hallucinations: Trauma flashbacks can produce all forms of hallucinations (sight, sound, smell, taste, and physical sensation). Thoughts/comments from internal dissociative parts can be mistaken for auditory hallucinations. Demonic infection/oppression can produce "voices," images, smells, and physical sensations that can look exactly like visual, auditory, olfactory, tactile, and somatic hallucinations. And abuse of stimulants and/or hallucinogens can cause a person to experience all forms of hallucinations.

3. Thought disorder: Dissociative phenomena, demonic infection/oppression, and stimulant/hallucinogen abuse can all produce confusion and disorganization that look exactly like psychotic thought disorder.

4. Grossly disorganized or catatonic behavior: Trauma flashbacks, dissociative phenomena, demonic infection/oppression, and stimulant/hallucinogen abuse can each produce disorganized and/or catatonic behavior. The *combination* of trauma flashbacks, dissociative phenomena, demonic infection/oppression, and substance abuse can produce a clinical picture that is especially similar to psychotic grossly disorganized and/or catatonic behavior.

5. Response to medication: the psychotic symptoms caused by flashbacks, dissociative phenomena, lack of maturity skills, demonic infection/oppression, and substance abuse often improve with the same medications used to treat schizophrenia, and this is misinterpreted as confirming that the person has schizophrenia.

III. Are there other diagnoses that can be erroneously applied to a person with psychotic symptoms caused by a combination of trauma, dissociative phenomena, lack of maturity skills, and demonic infection?

The "Psychotic Disorders" section in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth edition (DSM IV) includes schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, brief psychotic disorder, shared psychotic disorder, psychotic disorder due to a general medical condition, substance induced psychotic disorder, and psychotic disorder not otherwise specified.[13] Severe depression and severe mania can also include psychotic symptoms. The person with psychotic symptoms being caused by some combination

[13] *Diagnostic and Statistical Manual of Mental Disorders*, Fourth edition, (1994) p. 273-315.

of trauma, dissociative phenomena, lack of maturity skills, and demonic infection can be erroneously diagnosed with any of these other mental illnesses. In my experience, bipolar disorder with psychotic features and schizophrenia are the most common. Schizoaffective disorder, brief psychotic disorder, and psychotic disorder not otherwise specified would be next in line.

IV. Find new mental health professionals if necessary:

At the beginning of this essay, I made the comment: "If this essay leads you to suspect that a friend, family member, or person receiving ministry has been misdiagnosed....I would encourage you to share this material with the mental health professional(s) involved, and raise your concern about the possibility of misdiagnosis." For this suggestion to be a good idea, the mental health professionals obviously need to understand trauma, dissociative phenomena, lack of maturity skills, and demonic phenomena, and be open to including these phenomena in their diagnostic considerations. If this is not the case, you may want to find new mental health professionals. This may be very difficult. Pray for guidance and don't give up easily – the correct diagnosis is very important, and diagnostic errors are common.

Regarding our place in the Theophostic® community: We respect Dr. Smith tremendously and value our friendship with him, however, we are not in any way officially connected with or endorsed by Dr. Smith and Theophostic® Prayer Ministry. We want to share our reflections, experiences, and discoveries regarding the Christian ministry of emotional healing, and many of the thoughts we share have arisen as we have integrated Theophostic® principles and process into our professional psychiatric and lay pastoral counseling practices. But we want to be clear that the material on our web site does not *define* Theophostic® ministry. "Theophostic®" is a trademarked name, and Dr. Ed Smith, the founder and developer of Theophostic® ministry, is the only one who has the right to define Theophostic® ministry.

We have studied many sources, including medical psychiatry and neurology, psychological research, various secular psychotherapies, and various Christian emotional healing ministries. Our emotional healing ministry includes the core Theophostic® principles and techniques, but we also include "non-Theophostic®" material. For example, our material on medical psychiatry and the biological brain, EMDR, dealing with curses, dealing with spiritual strongholds, dealing with generational problems, and our material on journaling, spiritual disciplines, community, and on dealing with suicide-related phenomena are not a part of what we understand Dr. Smith to define as Theophostic® Prayer Ministry.

The material on our website is not a substitute for the Basic and Advanced Theophostic® Ministry Training provided by Dr. Smith. For further information about Theophostic® Ministry, its developer Ed Smith, D.Min., or to order training materials, please visit www.theophostic.com.

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