

# Psychosis or psycho-spiritual crisis?

by **Monika Goretzki**

Joseph Campbell believed that the psychotic individual, the mystic, the LSD-taker and the Yogi, are all experiencing the same depths of the psycho-spiritual ocean. However, "The mystic, endowed with native talents for this sort of thing and following stage by stage the instruction of a master, enters the waters and finds that he can swim: whereas the schizophrenic, unprepared, unguided, and ungifted, has fallen or has intentionally plunged, and is drowning."

Spiritual development is an innate evolutionary capacity of all human beings. It is a movement toward wholeness; the discovery of one's true potential, it is as natural as birth, physical growth and death – an integral part of our existence.

For centuries entire cultures have treated inner transformation as a necessary and desirable aspect of life. Many societies have developed sophisticated rituals and meditative practices as well as regularly

going into non-ordinary states of consciousness, as ways to invite and encourage spiritual growth. In our own society various ancient traditions from the east have resurged with many people practicing various forms of spiritual development on a daily basis.

For most people, this process of spiritual growth is so subtle and gradual that it is almost undetectable. After a period of months or years a person looks back and notices that there has been a profound shift in their understanding of the world and their belief system. Stanislav Groff has termed this process "spiritual emergence."

However, for some people the changes within can be so rapid and the inner states so demanding that may feel that their sense of identity is breaking down and their old values, beliefs and relationship with reality is rapidly changing. Because these experiences appear to be out of context with everyday reality, they can be both frightening and confusing and some may even fear they are losing their mind.



## Symptoms

Some experiences of people going through such a crisis include: differences in breathing patterns for no apparent reason, knowing of an event before it takes place, sensations of heat along the spine, seeing or hearing things that no one else can, finding yourself outside of your physical body, feeling a blurred boundary between self and others or even feeling controlled by a negative energy. More positive experiences can include strong instructive intuition, profound feelings of peace, beauty or oneness, greater connectedness with nature, animals or the cosmos or attaining profound insights into the nature of reality

In our culture many of these experiences are not supported. The spiritual elements inherent in personal transformation seem alien and threatening to those who are unfamiliar with them. In fact, most non-ordinary states of consciousness are considered pathological and are treated with psychiatric interventions.

As a result, many people involved in the natural healing process of spiritual emergency are automatically put in the same category as those with mental illness, treated accordingly and thus miss out on the potential benefits of the process.

If these experiences are supported and treated as difficult stages in a natural developmental process, the "spiritual emergency" can result in physical and emotional healing, deep positive changes of the personality, creative activity as well as profound insights into one's life.

It is encouraging to know that in Australia and overseas there are a growing number of mental health professionals who are recognising these experiences as indications of

a healing effort, that needs to be supported, encouraged and brought to completion.

However, it is also important to recognise the differences between spiritual emergency and an organic mental illness, so that each condition can receive the most appropriate and beneficial treatment.

Making the differential diagnosis between "spiritual emergency" and psychopathology can be extremely difficult as the experiences and behaviours characteristic of spiritual emergencies can appear as symptoms of mental disorder. These can include delusions, loss of boundary between oneself and others, distortion of time and place, feelings of communion with the "divine", a heightened sense of awareness, illogical thinking and grossly disorganised behaviour.

However, Groff has found that the person involved in a spiritual emergency process, tends to hold an awareness that the process is related to critical spiritual issues. They are also able to differentiate between inner experiences and the world of consensus

reality. Persons who are having a spiritual emergency are typically aware of the fact that the changes in their experiential world are due to their own inner processes and are not caused by events in the outside world.

In individuals undergoing a spiritual emergency, the insensitive use of pathological labels and of various repressive measures can interfere with the positive potential of the process. The ensuing long-term dependence on medication, loss of vitality, and compromised way of life presents a sad contrast to those rare situations where a person's transformative crisis is supported, validated and allowed to reach completion.

The author of this article believes that it is extremely important to clarify the concept of spiritual emergency and to develop comprehensive and effective approaches to its treatment. If you would like to take part in a PhD research project investigating experiences connected with spiritual emergency or emergency, contact Monika on 6688-2456 or email [monika.goretzki@adelaide.edu.au](mailto:monika.goretzki@adelaide.edu.au)

## Capture the real energy of spring

by **Carol Hu**

In traditional Chinese medicine, spring is the time for liver cleansing. One of the liver's most important functions was to regulate the smooth flow of Qi, blood and emotions.

"Managing the emotions is essential in achieving and maintaining good health," said Dr. Pan from ChineseWay Health Centre.

"Emotions are meant to flow, but these days we suppress them. As such, it is little wonder that liver disease is fast becoming a major public health problem."

Dr. Pan said it was best to find ways to release anger and frustration.

"In many traditional societies, early spring included a ritual breaking of old pottery, this goes a long way toward releasing anger, frustration and stress."

Dr. Pan said fostering the health of the liver in spring helps maintain the balance of the whole body, and creates a foundation of health to enter the next season.

"Spring is the time to clear the congestion to make way for new growth in life, circulate the Chi (life force) and get ready to jump into action with joy and new plans," he said.

Dr. Pan has 25 years experience in Chinese and western medicine, and said he felt that the combination of both forms of treatment resulted in accurate diagnoses



and effective treatment.

Dr. Pan will be available at 8 Cecil Street, Nimbin (beside Nimbin Hospital) every second Sunday on 9th October, 23rd October, 6th November and 20th November. He invites readers to come and visit for a free consultation.

## Towards a National Cannabis Strategy

By **Judy Pettingell**

In a first of its kind in Australia, the Ministerial Council on Drug Strategy agreed to the development of a National Cannabis Strategy last year, on November 12. The widespread use of cannabis in Australia means that the National Cannabis Strategy will be a particularly important component of the National Drug Strategy.

A Project Management Group, chaired by Professor Richard Mattick of NDARC, has been established to lead the development of the National Cannabis Strategy. The group encompasses representatives from the Australian National Council on Drugs (ANCD), health, education and law enforcement sectors. Four reference groups have also been established to provide advice to the

Project Management Group throughout the development of the strategy.

The strategy will be developed within the existing legislative framework. Cannabis law reform and the medicinal use of cannabis are not being considered as part of the development of the strategy.

A review of the literature and discussion with reference group members helped develop a consultation paper for the strategy. This paper is meant to serve as a starting point for the consultation process and is not meant to be a draft of the strategy. A copy of the consultation paper can be found at <http://ndarc.med.unsw.edu.au/ndarc.nsf/website/News>

If you would like to have your say about what you think are the important issues to consider during the development of the strategy,

please email: [cannabis.strategy@unsw.edu.au](mailto:cannabis.strategy@unsw.edu.au).

Outline your suggestions for the National Cannabis Strategy, including reasons why these suggestions are significant, in a summary of no more than 500 words or two pages. If necessary, submit a separate background document of no more than 10 pages in length. Supporting documents can be sent as separate attachments.

Please note that the group will not name individuals or organizations in association with any views; and will not formally write to acknowledge receipt of views. Views expressed will be taken into account but not necessarily incorporated in the strategy. Submissions will be accepted until 30 November 2005.

The final strategy will be submitted to the Ministerial Council on Drug Strategy in May 2006.



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