

# Within Sight of the Promised Land

Frances D. Spargo Williams Crowe<sup>1</sup>

**Abstract** of the preceding article Journey Through Paranoia and Beyond - A Personal Account written under the family pseudonym of Diana Walker in the Journal of Orthomolecular Medicine, Vol. 1, No. 3 pp. 158-168 published in September, 1986:

*In that article I wrote about the antecedents of my former breakdown (six life-shattering events, including four major bereavements, all within the space of three years). I described the schizophrenic and manic-depressive processes from a personal and yet nonetheless family dynamics' clinical point of view, as well as my amazing recovery based primarily on Hoffer & Osmond's megavitamin therapy combined with an excellent medical team's back-up and support. This present article above is written at the request of Dr. Hoffer to give an up-date since 1986 and my future aspirations. (It is my responsibility to publish under my real name now).*

The "Promised Land" in this case is the de-stigmatization of sufferers of mental illness, especially those with psychotic disorders. One of the key stages of this process in my own case was the personal growth and development I achieved through attending in November 1986 the Kairos Foundation of the U. S. A.'s Life Training Programme, Awakening the Mind. Serendipitously, I had come across this organization while working as a private practitioner in a prestigious London private psychiatric hospital. There, at a seminar, I met the London representative, and now trained Mentor, David Templer, who introduced me to the cofounders of Kairos, the Reverend Roy Whitten and Dr. Bradford Brown. After being a participant observer on one of their core courses, Awakening the Mind as above, I wrote an unsolicited testimonial - extracts of which are as follows:

"... At first, at the induction talk I was very sceptical of the whole idea... Having at one time in my early career been a commercial T.V. Advertising Scriptwriter, I was not kindly

predisposed to be sold anything, let alone something with a "spiritual" flavour. My former espousal of Humanism had also bred in me a reluctance to acknowledge God in my life until I had become attracted to the Baha'i faith nearly two years ago. This background then, combined with my present professional training and expertise as a Clinical Psychologist, made me determined to sample the programme ostensibly to test its integrity and suitability for some of my clients with only a sneaking hope that I might get something out of it for myself of lasting value.

As things turned out, it was quite different from how I had imagined... The individual sharings and analysis of experience, combined with the group exercises designed to rid one painfully of the negative and destructively-entrenched attitudes which vitiate one's energies in resentments, gave a startlingly clear insight into the underpinnings of one's personality and its weaknesses. Later on, after the emotional catharsis, the synthesis of one's positive assets liberated one's humanity and compassion in a very dramatic way. From the initial examination of particular individual faults and foibles, it finally led to the general realization of the great tenet of all the major religions - the power of love - giving new meaning and real impetus in a modern and practical way to the age-old concept of the Brotherhood of Man. That is the message of realistic hope to be taken away from this training: no matter whether one is a Christian, Jew, Buddhist, Mohammedan, or whatever other adherent, this meaning and purpose of life is true for us all and can be universally expressed both now and in the future as more and more graduates benefit others from their experiences..."

This experience was a turning-point in my life inasmuch as through the Life Training I found the courage to start coming out of the closet about my former mental illness. I showed Brad Brown and David Templer a copy of my original article in some trepidation and to my surprise and relief they accepted me as the person I now am, not prejudiced by what I had once been. A subsequent

1. Gincocks, 26A Church Lane, East Peckham Nr Tonbridge, Kent TN12 5JH England.

course of Self-Esteem Enhancement (S.E.E.) - for which I later became trained Mentor - further reinforced my personal growth and started the process of the final stages of my own rehabilitation where I realized that my self-esteem was not necessarily vested in my achievements ( in the fatal middle class equation Achievement = Perfection = Lovability) but in my own inherent self-worth as a person. Although later, I had cause to disagree with some of the Kairos Foundation's own policy matters regarding Life-Training methods in some aspects and especially to reinforce the unsuitability of this type of training for those who were too vulnerable for such a cathartic approach, nevertheless, the organization has considerably changed my life for good and I am still in touch with David Templer in London who is their dedicated Trainer over here and a very sincere and genuine person. It took an enormous amount of courage to declare myself in the first instance in 1986, but since then I have confided in not a few of my former colleagues and friends who - apart from some being reduced to shocked silence - have been very supportive at the way I have travelled so far.

When I wrote the first autobiographical article in 1986 I had reached a golden period in my career and family life. I had reached the first peak of my career in the N.H.S. in Britain and had attained no mean reputation in psychiatric rehabilitation at a well-known Centre of Excellence in this field. I had resigned from my specialist post because of the poor pay (I was then paid less than a London bilingual Secretary) as well as having had a major political and managerial disagreement with my Head of Department, along with some other colleagues. In addition, my son, who had been in various management consultancy jobs after leaving his university, wanted to do a conversion Diploma course in Law and I wanted to feel able to support him in this now that his father (ex-husband) was retired and living on his pension and dwindling capital. My daughter at that time was also not yet fully established in her present career as a political and Parliamentary journalist.

I decided, after being invited to throw my hand in and join the private sector by the Medical Director of a private psychiatric hospital in London, to embark on a full-time freelance career as a private practitioner with the emphasis on

rehabilitation. With the insight of hindsight this was a very rash move to throw up entirely the security of a regular N.H.S. salary (albeit comparatively low) and to put all my eggs in one basket. I had not been at the private hospital for long before I realized the error of my ways. I had taken out a large bank loan as business capital and was relying on referrals which - after initial promises of "more work than I could cope with" -came in only piecemeal and were bedevilled by severely limited insurance quotas for outpatient work. This was in addition to the professional rivalry which abounded in the closed-shop medical politics and competition in the private sector as opposed to the one generally of collaboration and co-operation in the N.H.S.

I had started my private practice in London on the crest of a wave, with an excellent reputation in rehabilitation and of professional success, only to be cast down in isolation into a sea of self-doubt and despair when the expected business was not forthcoming. This situation was made worse by the fact that I had to rely on the very people with whom I was in competition, for referrals. I was, however, particularly encouraged at that horrendous time by a charming Jewish Consultant Psychiatrist who appreciated my dilemma and gave me moral and emotional support throughout those dark days. He and his wife subsequently became friends of mine before his tragic death a few years later.

Matters soon came to a head and I effected, with the help of the Medical Director, a transfer to a sister hospital in one of the southern Home Counties nearer my home. By this time I had amassed a large overdraft and had to use my flat in a fashionable country area as collateral for the loan. However, after this disastrous start, I had two years of unbroken work and financial and professional success and for a while my future seemed secure. The phase of private practice at this sister hospital had restored my confidence in myself and for a while I was riding high again, I really think, from a clinical point of view, I went into a mildly manic phase and became a workaholic and *bonne viveuse*. I was still living on my own in a converted coach-house flat in a beautiful country-house estate and I rescued an ageing black Labrador for protection and company. However, despite working at one time

80 hours a week on average and making a considerable amount of money, the debts I had accumulated, plus the taste for high living in which I had indulged myself, all contributed to the eventual collapse of the practice during the recession. Also, my main referrer sold his practice to another medical colleague which brought to an end virtually our professional relationship.

All this time, since leaving my original N.H.S. hospital, I had kept links with some of my former rehabilitees who had felt suicidal at my impending departure and I gave an undertaking to my former Consultant Psychiatrist colleague and friend in Rehabilitation to act for them in loco parentis (and to others subsequently). This commitment is for life or as long as they feel they need a "hot line" security of contact at times of crisis as well as keeping in touch with them at other times on a quasi-social basis.

Meanwhile, my son completed his conversion Law course and gained his Diploma amidst family celebrations and I managed to help secure my daughter a plum political job as Agent to a well-known M.P. by means of a speculative letter and her own ability to meet the varied requirements of this challenging job. I saw my ex-husband occasionally but he was becoming increasingly resentful and difficult to communicate with owing to his refusal to take any personal responsibility for his own character defects. Each visit resulted in feelings of anger and depression and these, along with my lack of respect for him, have resulted in my having no further contact with him. Our son and daughter intimated that they preferred to see us separately as well, whilst the final backlash was being worked through on both sides. Subsequently, they both needed the benefit of counselling and psychotherapy to resolve their own personal difficulties in the wake of the divorce in February, 1984, and thereafter.

Soon after leaving my ex-husband in October, 1981, I had embarked on an affair which lasted for approximately eighteen months. Idyllic at first because of a fatal attraction and common intellectual and artistic interests, it became marred by his deceitfulness, resulting in my disillusionment. We were reconciled on a Platonic basis only in 1988 but yet again, deceit and dishonesty have resulted in a complete renunciation of the relationship, but it had a

peculiar "addictive" quality which was difficult to break. Of course, my own personality was to blame as well for attracting its shadow side so strongly and for projecting too many Jungian animus fantasies on to both my ex-husband and now my ex-lover.

Despite the various emotional upheavals I was able to continue in my work but all too soon the manic defences broke down and I had to face the realization that I was in fact rapidly becoming one of the topical victims of the recession since I had passed the point of no return. I did plenty of work but more and more patients ran out of their insurance cover when they lost their jobs or else just could not afford my fees and I had to play Robin Hood and in not a few cases, treat people voluntarily in order to complete their therapy. Despite my earning a considerable amount of money in my hey-day, my fate was now sealed, especially when my main referrer and I had a fundamental disagreement on a matter of principle. Looking back now, I realize that I should have handled the situation with more political skill and guile but when principles are involved I will not compromise beyond a certain point. I have paid a high price for that and also for some of my unorthodox and idiosyncratic methods which, though by and large have been very much appreciated and proved beneficial to my patients, have in a few timorous cases rebounded from those who could not take anything but the classical professional model and approach of emotional distance and uninvolvedness. One of the main reasons for the small minority of failures was that a few could not stomach my telling them in so many words that I had once been in a similar plight a great many years ago before I became a Psychologist, and that a breakdown need not be the end of the world. Whilst the majority of patients marvelled at, and were relieved by this information, making them feel there was always hope, the very few who could not take it, felt even more inadequate.

Although I am now rather more circumspect about it I am still unrepentant at self-disclosure - although obviously it is entirely antithetical to the classical psychoanalytic tradition, but I work instead mainly in the American model of cognitive behaviour therapy. (I very much admire the work of American professionals such as the

psychiatrist, Dr. M. Scott Peck, whose book "The Road Less Travelled" is very much in accordance with the way I was brought up and I concur with his philosophy). I firmly believe, and have indeed in the vast majority of cases proved, that self-disclosure - if it is done unthreateningly and sensitively and at the right time in outline only - has helped patients to use it as a starting-point for personal growth and they have respected my confidence as I am no longer ashamed to admit it. Unless people like me are willing to intimate that we carers are the wounded healers as well as properly qualified professionals, the myth of mental illness being the preserve only of the weak and inadequate will be maintained. Whilst it should never be imposed on patients before they are ready to take it, nevertheless in the main, by declaring some of one's own past human weaknesses and demonstrating convincingly one's capacity to have been able to overcome them, will serve as a good example for the majority of one's clients. It is well-known in psychological research that the coping model is better than the mastery model of leadership and the foregoing amply illustrates this.

By 1990 my fortunes had slumped and my workload and income was down by two-thirds. I had to discharge my secretary, domestic help and gardener, as well as find another suitable home for my dear old dog as part of a swingeing economy drive. Life looked grim. My anxiety levels soared, my memory for recent events became temporarily impaired and at the worst period, for a time, I even suffered from mild auditory registration problems when under excessive strain and stress. In addition, I was on the verge all the time of a peptic ulcer which was kept at bay by Ranitidine. If I missed a dose of my regular medication through an oversight I well knew all about it within 24 hours because I felt so out of kiltre and had to make it up with an extra dose, to compensate, the following day. Amazingly, however, all this time I was not clinically depressed but was in a somewhat mildly manic state, devising all sorts of improbable schemes to try to save my home and to salvage my career. My son was able to continue with his Bar finals year by dint of his own savings plus a County Council grant, since I could no longer afford to support him or his sister in their careers. He had, meantime, broken off a nine-year relationship

with a very pleasant German girl which was very traumatic for both of them when he again came back to England from the Continent, to study for the second time.

In the midst of all this, as one scheme after another in private enterprise failed through lack of capital or interest, in desperation I answered an advertisement in a national newspaper and was subsequently persuaded (against my better judgement) to enter the world of financial services. This was ironical in view of my own dire situation economically speaking as well as my "advanced" age. However, one big London company took me on after a series of four interviews but once there I quickly became disillusioned with the high-pressure techniques of selling to family and friends which they wanted me and other staff to employ. Eventually I told the senior manager that his price for success was too high and quit without another job to go to. Later, another venture with an Australian-based firm of financial consultants failed also as I hated the job and did not, by and large, like or respect the people in it. This was the lowest ebb in my career but luckily I had made some steadfast and influential friends in the course of my private practice career and one couple in particular (with whom I now live and their two children who are my honorary grandchildren) generously offered me a home with them whilst I rented out my flat to save some money. The husband, who is a banker, became and still is, my new trusted financial consultant and one who has done more than anyone else to help me reach my present level of solvency after more than two years of stringent economies. His wife is my trusted and invaluable friend for life. Through their help and support I was able to stem the tide of bankruptcy which was rapidly threatening to engulf me and, together with the timely legacy from a favourite elderly Aunt, I was able to repay them their considerable personal loan and start to build up my career again after we moved into a different area. A colleague and friend from old N.H.S. days invited me back into the service on a Locum basis in September, 1991. Slowly, my self-confidence returned and my memory - though never again as good as the eidetic one of my childhood - became more reliable and I was able to concentrate fully again on restoring my career.

The mental strain eased and I was able to think more coherently and rapidly again. After negotiation, the bank agreed to waive the sale of my flat until after the recession has finally lifted in order to restore my equity. Now, after a period of two more extended Locum consultancies - one at a well-known London teaching hospital - I am in a position to see the light at the end of the tunnel after working for the past two years an average of 50 hours a week in a combination of N.H.S. and private work.

All during my misfortunes, with the exception of one only, my circle of friends have been extremely emotionally supportive in advice and practical help, including not only the financial support and help from my friends mentioned above with whom I now live, but the valuable support of a close friend dating back to university days at Surrey, as well as the emotional and moral support of my stalwart and true friends, Dr. M.G.M. and his wife with whom I have occasionally kept in touch. In addition, a very generous American friend gave me a straight gift of £1,000.00 and a week's free holiday in Boston with her and her family to help restore my health and spirits. I wish the same could be said for my family of origin but I have to relate that apart from the passing help from my sister and favourite nephew who have maintained an interest and contact, my two brothers have kept aloof in very low profiles. It all harks back to the stern, implicit family message instilled since childhood: "You have made your own bed, so lie upon it". Complementing this, I recall clearly with irony, the words of my beloved entrepreneurial father who was a self-made man: "Don't believe there is any such thing as security - it doesn't exist. The only security you've got, my girl, is your brains, guts and perseverance!" This was prophetically uttered after the Labour Election victory in 1951 when the Welfare State was still in the process of being set up in Great Britain. I would never choose to be a financial burden to my family - I am too proud for that, as well as independently minded - but nevertheless a few words of brotherly comfort and cheer would have gone a long way, However, as I said in my first article, we come from a highly disengaged family.

Obviously, from the foregoing, it can be seen that all through these vicissitudes of fortune I have managed to retain my sanity - at times

somewhat precariously - without descending into a paranoid reaction again and I attribute this to a combination of megavitamin therapy (2 mgs. Stelazine b.d.s. and 1 gram of Nicotinamide (Vitamin B<sub>3</sub>) b.d.s.) plus all the support I was given by friends and in particular a new, truly loving relationship, to keep me on an even keel despite all the difficulties, unlike the past when I was almost completely isolated. Nevertheless, it has to be said that the underlying pattern of manic-depression has broken through from time to time and this is both my strength and weakness. (It is my contention that psychosis, especially manic-depressive psychosis, has never been entirely eliminated during the course of evolution because it carries with it the seeds of creativity and - in a few rare and exceptionally outstanding historical cases - of genius).

I had been fortunate in making many friends and some of them in positions of power and influence who, unsolicited by me, have offered their financial and emotional support when I most needed it. As a result of this and my "Puritan" upbringing, I have achieved -together with the right medication - a measure of emotional security and stability in an otherwise difficult and turbulent life. On the other hand, it must be said that my own ideas have sometimes been too much for others to accept and have been the cause of my parting company from some of them. There are three things I will not tolerate knowingly beyond certain permissible social limits: deliberate dishonesty, injustice, and knowing discourtesy. This dictum has caused me a great deal of trauma in my life as well as winning me the respect and friendship of those whom I like, respect and admire. I have been fortunate also, in gaining very recently a permanent, full-time post back in the N.H.S. to help the consultant psychologist (a former colleague and a friend of mine) to set up a new multi-disciplinary psychological therapies unit. This post was offered just as my two locum consultancies were expiring in two other hospitals. No doubt Freud would have had something to say about living dangerously and "brinkmanship"! As far as I am concerned, it has vindicated my long battle to win professional as well as personal acceptance despite my former illness which was fully declared on applications for recent jobs. I have been cleared by the Occupational Health Sister and Medical Officer notwithstanding,

so there are no more skeletons in the medical cupboard to worry about.

Part of my training throughout the course of my private practice has been in the field of addiction where the principles of the Minnesota method and Twelve Steps and Twelve Traditions have so successfully been applied to Alcoholics Anonymous and affiliated bodies. I now want to use this Minnesota philosophy in a new way and adapt it as the basis of a new type of group called Psychotics Anonymous (P.A.) to enable those in the final stages of their recovery, with the help of the right medication especially megavitamin therapy to gain a new "well" and integrated identity instead of staying in the closet of sickness, secrecy and shame about it all as I and others have had to do for so many years. (It has taken me all this time to find my own true identity and self-acceptance). Maybe there is such an organization already in existence in North America, but after consulting some influential people and organizations in London, including S.A.N.E. and the General Office of A.A., no-one has heard of it over here or even thinks it is either possible or feasible. I am used to being considered years ahead of my time in certain respects although sometimes I have been guilty of re-inventing the wheel, but the fact that it has not been considered possible before is the sort of challenge I enjoy and all the more reason why I want to meet it and accomplish the de-stigmatization of mental illness for myself and others so far less fortunate. Perhaps this article hopefully will be the first step in that direction so that even if I never finally witness it before my death, those who follow will thereby be helped and be able to have the courage to stand up and be counted.

#### Postscripts

1. In my original article I had referred to my illness as paranoid schizophrenia but this is now thought to be incorrect. The official diagnosis before I was hospitalized in 1968 was paranoia, but after consulting some psychiatrist friends who read my first article, it is now more correct to say that it was a mixed psychosis of paranoia and manic-depression

since, far from inducing poverty of thought evidenced as in paranoid schizophrenia, my breakdown was one of the most vividly mentally creative, as well as the most traumatic, periods of my life.

2. Although the author subscribes to the tenets of the Baha' i faith in respect of their concept of World Church and humanitarian tolerance, nevertheless, she now supports much more the views of the Unitarian Church which combines the freedom of thought of Non-conformism (including a rejection of the Trinity) with the principles of Humanism whereby reason, moral conscience and character are the desired dictates of action and the basis of one's philosophy of life. Having said all that, one recognizes that there are some phenomena which still defy human reason and understanding until further advances in knowledge are made in the 21st century.

Frances Diana Spargo Williams Crowe was born on 16th March, 1935. She qualified as a Clinical Psychologist in 1977 and registered as a Chartered Clinical Psychologist in 1988. She is currently working as a Principal Clinical Psychologist in the N.H.S. as well as carrying out a private practice in England.

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- Dr. M.A.B.M.: my former country G.P. (now retired).
- Mrs. E.A.S.: my former case-worker/psychotherapist in London & Jungian analyst.