

The End of An Era and a New Beginning: An Orthomolecular Recovery Updated

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Abstract

This is an update on my two previous articles for this Journal, written in honour of Prof. Humphry Osmond and Dr. Abram Hoffer to whose orthomolecular treatment I owe my ongoing amazingly good health after I suffered a mixed psychotic breakdown in 1968 described under a family pseudonym, Diana Walker in September, 1986 and followed by another autobiographical article under my own name in February, 1994, to describe my subsequent career as a clinical psychologist. I have been able to practise full-time in the National Health Service and concurrently in private practice in England with full medical clearance with no mean reputation in the fields of child psychology, psychiatric rehabilitation and adult mental health. Currently, I am practising as a private specialist in Primary Care Psychology and clinical hypnotherapy, with the additional training in Life Coaching to extend my range of expertise and broaden my client base.

Introduction

This article outlines the continuing professional progress of my career and current state of general health maintained on the very low dosage of medication (3 mg Stelazine) combined with 1 g of nicotinamide (vitamin B₃), together with additional supplemental nutrition.

These articles have been written in the desire that they will bring hope to others who have suffered similarly to myself and for them to realize the benefits as well as the deficits of a breakdown.

The second article in this series described survival, as a one-time private practitioner, from the devastating effects of the Thatcher recession in the UK in

the late 1980s and early 1990s and how at the eleventh hour I was saved financially through a timely invitation back into the NHS. In addition, I had the generous support of a couple of my friends who bailed me out until I was able to repay them by a fortuitous legacy from a favourite aunt. Moreover, I was able later to pay off the rest of my considerable debts from the sale of my flat when it had recovered from negative equity and I had meantime taken up my friends' offer of a home base with their family. I also benefited from the unsolicited generosity of a good American friend at this very difficult time.

At first, it was difficult to adjust from being my own boss after having left the NHS in 1986 and then to come back to a greatly changed service. The series of Locum appointments I had been awarded in order to shorten the lengthy waiting-lists in the out-patient hospital departments had nevertheless provided a means of re-acclimatizing myself. However, I quickly found that the combination of sometimes questionable NHS management and the lack of resources in the Adult Mental Health service did not make for a happy working environment although it helped to relieve my financial burden by providing a regular income.

New Employment

I was therefore more than happy to take up an opportunity in 1995 to move into the field of Primary Care Psychology where I was appointed in an area nearer to my home, to work in GP surgeries as a peripatetic Clinical Psychologist. This role as an independent Consultant, but one who had the benefit of being a team player in the Service with the back-up of the colleagues under a visionary and

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supportive Manager, was the answer to my future career options.

I stayed in this role until my retirement from the NHS and was given a heart-warming send-off. This was long before New Labour banned ageism, but I had been kept on after the statutory retirement age in the capacity of carrying out extended Locums as the management did not want me to leave the service.

Whilst working in the Primary Care Service I undertook to up-grade my old Master's degree in Clinical Psychology by the option of carrying out a top-up Doctorate (Psych.D). Despite two leaves of absence owing to physical health problems (a total knee-replacement) as well as compassion, I managed to fulfil it with appropriate help from the Head of the University Psychology Department for my rusty statistics as well as the valued practical support of my friends and my adopted family in meeting the deadlines.

I was finally awarded the Doctorate in Psychology by the University of Surrey in December, 2003. I graduated in April, 2004. The "Top-up" Doctoral Portfolio consisted of 87,500 words in 3 parts: 2 Academic Reviews of the literature, a detailed Case Study, but mainly a research project on First-time Fatherhood to complement and counter-balance my first (B.Sc.) research dissertation on Puerperal Depression and Psychosis, carried out in 1974, which had gained a first-class pass.

At last, I felt I had fulfilled a long-standing ambition to complete my academic education and I was able to enjoy the recognition it brought about.

Learning Other Treatment Modalities

Just prior to reading for the Doctorate, I had taken up an interest in the value of hypnosis as an adjunctive treatment for many of the conditions I encountered in the GP surgeries. I participated in a Medical Diploma course in Clinical Hypnotherapy under the auspices of the London

College of Clinical Hypnosis and was able to achieve a pass with Distinction.

I had been sponsored by the Health Trust in the NHS to do this, as I had been able to make a case to the Chief Executive that I could move more patients more rapidly off the waiting list, without jeopardizing the quality of the service. And this was, in fact, what I was able to substantiate.

Later, and before I gained my Doctorate, I attended a short Diploma course in Brief Strategic Therapy in London which again won a Distinction and enabled me to perfect a new technique I learned there which was an improvement on the orthodox method of de-traumatization now in vogue in the UK, imported from the USA, (i.e. Eye Movement Desensitisation and Reprocessing or EMDR for short). I had practised EMDR previously with considerable success but the newer technique, based on a similar rationale, Fovea Focus Deconstruction, I find now takes approximately half the time of EMDR and is just as effective, if not more so.

My latest venture, now that the rigours of reading for, and carrying out, the Doctorate are over, is to take up the study and practice of Life Coaching via the Coaching Academy based in London.

This is a very good ancillary method to complete a continuum of care provided for the usually more complex case-load or, alternatively, as a stand-alone treatment for those who are not significantly psychologically impaired, but who need to clarify their goals and negotiate their options in a realistic way. This is in order for them to overcome their having come to a cross-roads in their lives and just needing to be facilitated in this way so that they could move on with more confidence and success.

Life Coaching is proving, even in the training stage, to be a valuable addition to one's repertoire of expertise and to broaden one's range and client base.

However, life is not all bound up in work, since I work only part-time in semi-retirement now. I have always had an abiding interest in art and classical music and am now able to indulge my tastes in these directions more readily, particularly art.

Regarding the latter, I have now specialized in architectural impressions in black-and-white line-and-wash, as well as house-portraits. I have been encouraged by their reception from family and friends and, latterly, from the incipient commercial success that this is bringing to add to my limited income. I plan to develop this area more fully in the future.

Regarding my personal history and family life: my son and daughter have continued to develop their careers successfully on the Continent. My son, who is a quadri-lingual lawyer in the European Commission, is now applying for other high-powered posts in Belgium where he is currently based in Brussels work-wise.

This is because his 5-year contract with the EC will expire in two years time but he has a wealth of experience and expertise behind him now which he has gained through merit, not family influence.

Sadly, though he has gone through a divorce and has fought many court battles with his ex-wife to gain reasonable access to my delightful granddaughter. These battles should be finally resolved legally this year but it has been an uphill struggle for him and illustrates the inequality of fathers' rights in the UK in such cases. He is now in another relationship with the Belgian mother of her 11 year-old daughter and they have set up a family home together in the country.

My daughter has not yet married but nonetheless is a very popular career-woman in her wide social circle. She has a small house in an up-and-coming area of Brussels and is now having it completely re-designed internally and refurbished.

She has left the security of employment with a subsidiary company of a prestigious Economics journal and is now working free-lance as a business events developer and copy-writer and earning twice as much as before but it is all hard work and not for those without stamina.

I have very good, ongoing relationships with my son and daughter which are a source of great comfort to me.

Regarding my ex-husband, I am glad to say that we are now back on reasonably amicable terms most of the time since I wrote to forgive him in the year of the 50th anniversaries of VE and VJ days from WWII. This was considered to be an opportune time to do it as he is a veteran of the Desert war in that conflict and I have always respected the contribution he made to the defence of the UK and afterwards as a regular Army Officer.

That was before he commuted his Commission in the late 1950s and made a second, successful career as a main-frame computer salesman before he finally retired. He is one of the few members of the armed forces who resigned their Commissions under the Government's so-called "Golden Bowler" scheme in 1958 to reduce the officer-class to make a success of civilian life. So many of them could not forget their roles in WWII and expected that the world owed them a living.

He is now quite affable and appreciative of the fact that I visit him every week (in the interests of family duty and compassion) to take him out to his favourite Pub so that he can have his pint-and-a-half of ale and meet his friends there: he gives me a bar lunch and drink there in lieu of the cost of petrol I expend. He cannot see properly to drive any more since he had a retinal thrombosis some years ago and lost the sight of his good eye and has only 40% vision in the other.

His constitution is amazing, since he has survived a major operation on his leg to correct faulty circulation which he

had been previously warned could have resulted in post-operative mortality but he took the risk, and with the luck of the Irish, he came through it all successfully and has been signed off. He is getting really elderly now and unsteady on his legs, but otherwise he manages well in his flat with the help of daily Carers. (He is determined not to go into a Home).

He has all his mental faculties, nonetheless, which he keeps ongoing by doing his newspaper crosswords every day, including the jumbo one on a Saturday. He also watches the History and News Channels as well as his favourite programmes on digital TV which (thanks to daily doses of bilberry extract) he can now watch without a magnifying screen).

Now that we are both getting on in years, the old saying that one mellows with age, is true. He has conveniently forgotten all the emotional trauma he caused me during a particularly stressful period in our marriage, and his contribution in triggering my breakdown. Although I have not forgotten that benighted and awful phase of my life, which I would not knowingly repeat even if I were able to recover fully and be paid a fortune, fortunately one can forgive, with one's greater maturity and understanding.

Regarding my family of origin, there has been the sadness of having to be instrumental in making sure my elderly sister finishes her life in a suitable Home owing to her Alzheimer's disease.

Before her decline, my sister and I and her family have always kept in touch although we are geographically distant from each other. She has been good sister to me in many ways and it is sad to see her now in a little world of her own after being a successful artist, fashion designer and lecturer in her part of the UK.

I am glad to say, that the relations with my two elder brothers have improved considerably. The younger one and I have healed the rift that existed for years

between us, partly through personality clashes, and partly because of his previous political acceptance of apartheid in South Africa.

Before he retired many years ago, he was a high-powered international, corporate businessman in RSA, but I am glad to say that – thanks especially to the beneficial influence of his second wife – he has done valuable charity work at his own expense to educate the black street children in the grossly deprived underclass of the fashionable resort where they now live. This has now been recognized at local government level and he is currently engaged in setting up apprentice schemes for the older street children once they have left school.

Apart from this admirable development, a recent long visit to him at his invitation has resulted in the welcome rapprochement initiated by my sister-in-law and he and I now realize that we have much more in common than ever previously realized. This has all been very heart-warming and a welcome change from past tension and occasional covert conflict. He is now so much more understanding and approachable.

My elder brother is not now in good health. He is now a retired successful Consulting Engineer. He has kept himself at a distance from the family since the deaths of our parents, although I have recently attempted further rapport and visited my married nieces who have made me welcome.

I have also renewed friendships with other cousins in the family background which have proved personally rewarding, not a little in understanding our chequered maternal family history somewhat better.

Conclusion

Altogether, although life is still not easy, especially financially having to live mostly on small pensions from the State,

NHS and privately, to supplement present earnings. I am blessed with good health which has been remarked upon enviously by some who compare me at my age with many of my contemporaries who are not so fortunate.

I now regard my former breakdown as a blessing in disguise since, through the process of recovery, I met Dr. Mayer whose beneficial influence has been invaluable, as well as finding my true vocation and being given the opportunities to fulfil it.

Without all that experience behind me I would not have been able to empathise with others to the extent that I do or to re-frame it in such a positive way. Truly, the ways of Providence are wonderful and strange indeed.

I have also embarked on writing a book about my professional memoirs, based on my 30-year career and after awaiting more feed-back from my ex-Clinical Tutor and two other professional colleagues and friends about a sample of it, I shall apply for an Agent to market it.

The book is aimed at the general public in the UK who, even now, have very little idea at the outset, about the range of conditions that a Clinical Psychologist can now treat, not just with drugs. It will be full of human interest and hopefully encourage some of the younger generation to take up what I have been privileged to do by entering an eminently worthwhile and ever-developing profession to meet the needs of those who are temporarily overcome by mental conditions with which they are unable to grapple without professional help.

To all those fellow-sufferers I salute their courage and determination to recover from their various conditions and succeed in this cruel but nonetheless wonderful world we live in today. We need to carry on trying to leave it in a better state within our own sphere of operations than when we entered it.

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