

Dr. Osmond's Memos

Salmon Lectures and Models of Madness Humphry Osmond, M.R.C.P., F.R.C.Psych.

The Salmon Committee on Psychiatry and Mental Hygiene held its 41st series of Thomas William Salmon Lectures December 5, 1973, at The New York Academy of Medicine, 2 East 103rd Street, New York, N.Y. Lecturer was Lyman C. Wynne, M.D., Ph.D., Professor and Chairman, Department of Psychiatry, Psychiatrist-in-Chief, School of Medicine and Dentistry and Strong Memorial Hospital, The University of Rochester, Rochester, New York. Dr. Wynne is the Principal Investigator of an interdisciplinary five-year NIMH program-project grant on "Children and Families Vulnerable to Mental Disorders," conducted with colleagues at the University of Rochester.

The program dealt with "Family Communication and the Potential for Becoming Schizophrenic and/or Human." Topics were: Lecture I, Does Family Communication Contribute to Schizophrenia? Lecture II, Family Communication and Developmental Surprises. Lecture III, Preventive and Therapeutic Implications (of family communication research.)

I received this interesting piece in the mail today and it gives us a good overview of 40 years of fishing expeditions by the psychiatric establishment. Salmon Lectures and lecturers are usually very respectable indeed. At least one of them, the 1941 lecture given by my quondam teacher, the late R. D. Gillespie, was reputedly used by a rival in the R.A.F. to destroy him. The trap was well-baited for R.D.C. was a pupil of Meyer and D. K. Henderson. Gillespie later suicided, a great loss, too, for he was both brilliant and also delightful. I had a quarter hour chat with him in 1943 when I was at sea. He was interested in my apprentice work, kind, encouraging, and inspiring. I had no way of knowing that he had just been clobbered in a bureaucratic battle with my teacher in neurology, the formidable Sir Charles Symonds.

However, that is by the way. I do not think that from this tasteful brochure one would guess that this must derive from the same unit that spawned **Our Son, Ken**. Yet it says that from 1957 to 1961 Lyman Wynne was chief of the Family Studies unit at NIMH and that was where the Lorenz's went. Indeed, Mrs. Lorenz confirmed this in a letter if I recall it correctly. In my comments on "Battered Parents" I have suggested that if Mrs.

Lorenz was being reasonably truthful (there is no reason to suppose that she was not), then the Family Studies unit, as it was then being conducted, came very close to being an immoral experiment. However, I doubt whether anyone will be indecorous enough to raise such questions on an occasion such as this. It is possible to avoid such awkwardness and unpleasantness because no one who has been choosing the Salmon lecturers or who has been doing the lecturing has been exposed to our models. As I see it, these years (about 15 on my reckoning) of "investigations" are largely a waste of time for several different but linked reasons.

First: It is and has been all along quite unclear what model was being used, and from what we know ambiguity and uncertainty about models is a splendid way of generating anxiety, which in itself erodes and damages human relationships and communications. It is fairly clear from Mrs. Lorenz's book and the films Wynne & Co. luckily put out that an odd and harmful combination of the family process and the science model of medicine were being dished up together. This is far removed from clinical medicine and in fact it was often unclear whether *anyone* had the sick role.

Second: If this summary is a sound one, and it may not be, Wynne appears to have wholly ignored the effect of malperception and failure in constancy upon social relationships, and to be unaware that people like Conolly were very much aware of

minor degrees of insanity. There is no evidence that he recognizes that there are and are bound to be important typological variables which will wholly change the relationships of the family, when one or more family members begin to misperceive.

What seems to have happened is that by striving to fit a fundamentally nonmedical model (the family process) into a research and medical setting, Wynne and his colleagues have become thoroughly muddled and confused. Lacking the *umwelt* concept and the HOD and EWI, Wynne and others have had to use up much of their energy simply learning how to believe what their patients are telling them, let alone understand how this might change experience of human relationships. Hence in Lecture

III there is a slightly pious, mystical note which can be resolved far more easily by exploring the experience of schizophrenics in a systematic manner, which can now be done without all the fuss and high talk which exudes here.

The real mystery happens to be the reverse of this one here: it is, allowing for our typological differences and the great complexity of the brain in changing environments, how do we focus on the "real world" and maintain that constancy of perception, that relatively steady-state world, fragile perhaps, but essential for communication? That is the question!