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Psychosurgery for Political Purposes

Peter R. Breggin, M.D.*

INTRODUCTION

Neurosurgeons and psychiatrists who favor psychosurgery sometimes show dismay that anyone would accuse them of harboring political aims, and it is true that the average psychosurgeon has little or no interest in the application of his technology to overtly political problems. But it is equally true that several of the nation's *leading* psychosurgeons have persistently linked their work to the control of urban violence, ghetto disorders and political dissent. These men rode the wave of hysteria generated by the urban uprisings of the late 1960's and parlayed the nation's fear into federal and state grants for themselves. As I review their statements and actions, keep in mind their shared political characteristics.

Each of the psychosurgeons targeted potential patients according to well-recognized political categories. They began with a political issue of grave national concern, the inner-city uprisings of 1967 and 1968, and then attempted to redefine it as a medical disease or syndrome to justify their own interventions. This is analogous to the Russian practice of redefining political dissent into psychiatric categories in order to subject the dissenters to psychiatric authority and treatment.

Even if "violence" were a recognized medical disease or syndrome, focus on a politically volatile segment of the population would raise the probability of a primarily political interest. In the absence of any such medical disease or syndrome,¹ the attempt to

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1. *Kaimowitz v. Department of Mental Health*, Civil No. 73-19, 434-AW (Cir. Ct. Wayne Co. Mich., July 10, 1973). The court's opinion is reproduced in STAFF OF SENATE COMM. ON THE JUDICIARY, 93RD CONG., 2D SESS., INDIVIDUAL RIGHTS AND THE FEDERAL ROLE IN BEHAVIOR MODIFICATION 513 (Comm. Print 1974) [hereinafter cited as FEDERAL ROLE IN BEHAVIOR MODIFICATION]; Breggin, *Psychosurgery for the Control of Violence*, 118 CONG. REC. E3380-87 (daily ed. Mar. 30, 1972), *rewritten and republished* in NEURAL BASES OF VIOLENCE AND AGGRESSION (W. Fields & W. Sweet eds. 1975); *Hearings Before the Subcomm. on Departments of Labor and Health, Education, and Welfare Appropriations of the House Comm. on Appropriations*, 92d Cong., 1st Sess., pt. 1, at 133 (1971) (testimony of B. Brown) DHEW, PSYCHOSURGERY: PERSPECTIVES ON A CURRENT ISSUE (1973); Goldstein, *Brain Research and Violent Behavior*, 30 ARCH. OF NEUROL. 1 (1974).

link the non-existent medical entity to politically stormy issues became especially pernicious.

These psychosurgeons not only linked their work to political problems, they also took their case to the public through the mass media to win public sympathy for their cause. This was an important step toward the financing of their efforts, for in seeking funds for their research, they then by-passed traditional sources of research money in foundations and government agencies devoted to the advancement of science and instead went to state and federal legislatures where they could appeal to political motivations and fears.

The surgeons further gave away their political intent by promoting a method of control which is nonspecific for violence or any form of human conduct. Psychosurgery has a blunting or subduing effect unrelated to the presence or absence of disease in the brain and regardless of the individual's personality, character or psychological problems; it will "tame" humans and animals alike whatever their physical or mental state.² To say that psychosurgery is a treatment for rioters is as political as saying that guns are a cure for rebellion.

Finally, the psychosurgeons each promoted their own technological innovations as a specific contribution to the political solution *before* they had developed the technology. Their methods were wholly untried when they began promoting them to a nation consumed with fear over urban disorders.

THE POLITICAL AIMS OF PSYCHOSURGERY

When national criticism of psychosurgery began early in 1972 with the publication of reviews in the *Congressional Record*³ and *Medical Opinion*,⁴ psychiatrist Frank Ervin and neurosurgeons Vernon Mark and William Sweet responded as the most vocal defenders

2. FEDERAL ROLE IN BEHAVIOR MODIFICATION, *supra* note 1; V. MARK & F. ERVIN, VIOLENCE AND THE BRAIN (1970); Breggin, *The Return of Lobotomy and Psychosurgery*, 118 CONG. REC. E1602 (daily ed. Feb. 24, 1972); Goldstein, *Brain Research and Violent Behavior*, 30 ARCH. NEUROL. 1 (1974); *Hearings on S. 974 Before the Subcomm. on Health of the Senate Comm. on Labor and Public Welfare*, 93d Cong., 1st Sess., pt. 2, at 357 (1973) (testimony of P. Breggin).

3. Breggin, *The Return of Lobotomy and Psychosurgery*, 118 CONG. REC. E1602 (daily ed. Feb. 24, 1972).

4. Breggin, *Lobotomy Is Still Bad Medicine*, MEDICAL OPINION, Mar. 1972, at 32.

of psychosurgery in *Time*,⁵ *Newsweek*⁶ and other national media. These defenders had previously published a letter in the *Journal of the American Medical Association* in 1967 entitled "Role of Brain Disease in Riots and Urban Violence."⁷ It related "arson, sniping, and physical assault" to "brain dysfunction," and called for a massive screening of Americans to discover and treat violence before it breaks into urban disorder:

It is important to realize that only a small number of the millions of slum dwellers have taken part in the riots, and that only a sub-fraction of these rioters have indulged in arson, sniping and assault. Yet, if slum conditions alone determined and initiated riots, why are the vast majority of slum dwellers able to resist the temptations of unrestrained violence? Is there something peculiar about the violent slum dweller that differentiates him from his peaceful neighbor?⁸

The authors specified this "peculiarity" as "brain dysfunction," and concluded:

The real lesson of the urban rioting is that, besides the need to study the social fabric that creates the riot atmosphere, we need intensive research and clinical studies of the *individuals* committing the violence. The goal of such studies would be to pinpoint, diagnose, and treat those people with low violence thresholds before they contribute to further tragedies.⁹

The "Medical News" section of the same journal reiterated this same theme within a few weeks of the publication of the first letter.¹⁰ It described the work of the authors, linked urban disorder to brain disease, and offered psychosurgery or brain mutilation, as a possible solution:

5. *TIME*, Apr. 3, 1972, at 50.

6. *NEWSWEEK*, Mar. 27, 1972, at 63.

7. Letter from F. Ervin, V. Mark & W. Sweet to the *Journal of the American Medical Association*, in 201 *J.A.M.A.* 895 (1967).

8. *Id.*

9. *Id.* When this letter gained considerable notoriety five years later, these physicians claimed that their words had been misunderstood and distorted. Ervin, for example, wrote in a letter that his original 1967 letter "has been widely misinterpreted in a context personally offensive." Letter from F. Ervin to the *Journal of the American Medical Association*, in 226 *J.A.M.A.* 1463-34 (1967). In reality, their letter had been the first shot in a political salvo whose meaning could hardly be exaggerated or misunderstood.

10. 201 *J.A.M.A.* 28 (1967).

A brilliant engineer is habitually late for work because he chases—and sometimes assaults—drivers who cut him off in traffic. . . . Seven months after treatment with electro-lesions no other incidents have occurred. . . . In a recent letter to *JAMA*, the three physicians noted that intensive research and clinical studies of individuals involved in recent urban violence could lead to prevention of some further tragedies.¹¹

This report clearly associated psychosurgery with political aims, underscoring the claim that “intensive research and clinical studies of individuals involved in recent urban violence could lead to the prevention of further tragedies.” It also described Mark’s highly promotional warning to the American Psychological Association that violence had become a “public health problem of as-yet unrecognized magnitude.”¹²

It is indeed surprising that Mark, Ervin, Sweet and the *Journal* were, only seven months post-operatively, promoting radical brain surgery, particularly psychosurgery the degenerative after-effects of which might not appear for years. But the facts are even more dismaying! Thomas R.’s hospital records indicate that his last surgery had been performed only four months earlier, his electrodes had been removed only three months earlier, and he had been discharged only a *few weeks* prior to publication.¹³ More disturbing, at that time, the patient was suffering post-operatively from psychosis, memory loss, partial blindness, and terror that he would be caught and operated on again. He would never recover.¹⁴

Mark and Ervin continued to sell the idea of psychosurgery and other medical technology as a solution to political problems advancing their ideas on violence and the brain in *Psychiatric Opinion*.¹⁵ The body of this article consisted of two pages of clinical material, but it began with a one page political introduction:

That poverty, unemployment and substandard housing have a major role in provoking social protest and urban riots is obvious

11. *Id.*

12. *Id.*

13. Breggin, *Follow-Up Report on Thomas R.*, *ROUGH TIMES*, Nov.-Dec. 1973, at 8.

14. *Id.*; Breggin, *Psychosurgery*, 226 *J.A.M.A.* 1121 (1973); Chorover, *The Pacification of the Brain*, *PSYCHOLOGY TODAY*, May, 1974, at 59; *Results of Discussions Held in Regard to Aggression Surgery*, Memorandum from E. Rodin to Lafayette Clinic Director, Jacques Gottlieb, Aug. 9, 1972, in *FEDERAL ROLE IN BEHAVIOR MODIFICATION*, *supra* note 1, at 513 n.10.

15. Mark & Ervin, *Is There a Need to Evaluate the Individuals Producing Human Violence*, 5 *PSYCHIATRIC OPINION* 32 (1968).

to an increasingly concerned and crowded American society. The more subtle, but equally important role of brain dysfunction, however, is often overlooked by sociologists and physicians who are prejudiced by the *either* environment *or* brain dysfunction dichotomy in explaining aberrant human behavior.¹⁶

Mark and Ervin are very explicit; "brain dysfunction" has an "equally important" function in regard to "social protest and urban riots." The inclusion of "social protest" is particularly menacing because it broadens the category of targeted persons far beyond those who commit aggressive acts.

The category of possibly brain damaged persons even included some of the police. In this regard, the authors stated: "Is there something unusual about the central nervous system of the rioters, and even some of the police, who killed or injured individuals during the riots?"¹⁷ But their chief concern was with the rioters, and particularly those persons who had leadership roles:

Even more important, can individuals with poor impulse control (with the magnifying effect of modern news media) modify the standards of urban group behavior in such a way that strictures against intraspecies violence are eroded away or dissolved by the increased frequency of individual, violent acts?¹⁸

Mark, Ervin and Sweet's campaign did not end there. Yet another letter was published, this time in *Science*,¹⁹ making the same claims and listing a rather astronomical number of people—10,000,000 to 20,000,000—as the pool of brain damaged Americans who may cause violence.

These ideas were not limited to promotion in medical, psychiatric and scientific media. Sweet elaborated upon his particularly pernicious claim that riot leaders might be suffering from brain disease (psychomotor epilepsy) in testimony before a special committee of the New York State legislature, and these views were carried in the *New York Times*.²⁰

16. *Id.*

17. *Id.*

18. *Id.*

19. *Enigmas of Violence*, letter from Lyon, Back-y-rita & F. Ervin to *Science*, in *SCIENCE*, June 27, 1969, at 1465.

20. Bird, *More Stress Urged on Cause of Civil Disorders*, *N.Y. Times*, Aug. 14, 1968, at 19, col. 1.

The most impressive media coup in psychiatric politics was a cover story in *Life*²¹ promoting the work of these men as a solution to the growing specter of national violence. The *Life* cover was done in a melodramatic mourning black. It displayed photos of Sirhan Sirhan and James Earl Ray, along with a large white against black headline which read "The Psycho-biology of Violence." This was the lead into an article which promoted Mark, Ervin and Sweet's work. The meaning of the article was made explicit by the subhead which read: "A young science offers insight and a potential of remedy for a worried society." This "science" was indeed "young." It had operated upon only two patients, Thomas R. and Julia. Both were badly hurt by the surgery and never again able to function in society.²²

The *Life* article associated psychosurgery with possible solutions to the terrible problems of violence that faced America in 1968, and devoted a great deal of space to the surgery so recently performed on Julia. There were several photographs of her. The message could not be more definitive—a "worried" nation has reason to hope for a cure to its political problems.

I have thus far reviewed political publicity generated in behalf of psychosurgery, most of it in a period of less than twelve months: it includes letters to the most prestigious scientific journals in the nation, an article in a psychiatric periodical, a commentary in the *Journal of the American Medical Association*, speeches at major professional conventions, a *New York Times* news report, and a *Life* cover story.

During this period of feverish promotion for political psychosurgery, *Violence and the Brain*²³ was being completed by Mark and Ervin with the help of Sweet. It reads like the first draft of an application for government funds: full of philosophy, anecdotes,

21. Rosenfeld, *The Psycho-Biology of Violence*, LIFE, June 21, 1968, at 68.

22. Kille v. Mark, Civil No. 681,998 (Super. Ct., Suffolk Co. Mass., filed Dec. 3, 1973); FEDERAL ROLE IN BEHAVIOR MODIFICATION, *supra* note 1, at 513 n.10; Breggin, *Follow-Up Report on Thomas R.*, ROUGH TIMES, Nov.-Dec. 1973, at 8; Breggin, *Psychosurgery*, 226 J.A.M.A. 1121 (1973); Chorover, *The Pacification of the Brain*, PSYCHOLOGY TODAY, May, 1974, at 59. Even after criticism for playing upon the public's fear of violence, there was a continued attempt to play upon the prevailing hysteria to publicize the virtues of psychosurgery. In late 1972, at the annual meeting of the American Association for the Advancement of Science, Mark claimed, without documentation, that an unnamed airplane hijacker had been found to be suffering from brain damage. Sullivan, *Hijacker's Case Cited: Brain Injuries Can Promote Violence*, Boston Herald American, Jan. 7, 1973 at 10, col. 1.

23. V. MARK & F. ERVIN, *VIOLENCE AND THE BRAIN* (1970).

poorly documented scientific claims and a plea for public support. Four cases were presented, including the already mentioned cases of Julia and Thomas. Neurologist Ernest Rodin was disillusioned when he found no evidence to substantiate the authors' claims for any of the four patients on his own site visit to their project. Each, he discovered, required chronic custodial care after surgery.²⁴

I have examined *Violence and the Brain* in great depth.²⁵ Here I want to emphasize that the book again rides the political hysteria sweeping the nation as it lumps together everything from Viet Nam to drunk driving and the Speck murders in Chicago under its general theme of violence. Again it makes that dangerous political conclusion in its closing sentence: "Violence is a public health problem."²⁶ It pleads for "a better and safer world for all of us," presumably through physical control of the mind.

The overall political philosophy that earned Mark, Ervin and Sweet federal grants was best expressed by Ervin himself in late 1970—more than a year before the campaign against his work—when he openly admitted to the *Boston Globe*:

We're not talking about being nicer to people. I make no human argument at all. I found out 30 years ago that it didn't sell anybody. We're really talking about being socially cost-effective. If you can work out a way to define, diagnose, treat and even prevent a problem, you're going to save a lot of money.²⁷

This is the language of psychiatric totalitarianism—cost-effectiveness in human control through psychiatric technology.

During the early research and promotion phase, Mark, Ervin and Sweet were aided by former Yale University professor, Jose M.R. Delgado, M.D., who developed the "stimo-receiver," a device which psychosurgery patients can wear on their heads to facilitate remote control stimulation and recording while they move freely about under experimental conditions. This 1984 type device was used by Delgado on Mark and Ervin's Julia.²⁸

24. FEDERAL ROLE IN BEHAVIOR MODIFICATION, *supra* note 1, at 513 n.10.

25. Breggin, *Psychosurgery for the Control of Violence*, 118 CONG. REC. E3380 (daily ed. Mar. 30, 1972).

26. FEDERAL ROLE IN BEHAVIOR MODIFICATION, *supra* note 1, at 513 n.10.

27. KNOX, *Violence: As Likely from Faulty Brain as Faulty Upbringing*, *Boston Globe*, Nov. 29, 1970, at 4A, col. 1.

28. J. DELGADO, PHYSICAL CONTROL OF THE MIND—TOWARD A PSYCHOCIVILIZED SOCIETY

In 1969 Delgado published the most totalitarian political document in the psychosurgical literature: *Physical Control of the Mind: Toward a Psychocivilized Society*.²⁹ He attacked the concepts of free will and personal freedom, and declared that neurophysiological research disproves the concepts of the Declaration of Independence. Holding closely to a Skinnerian line, he declared man wholly unfree, and called for experimentation to facilitate his control through physical means. Like Mark, Ervin and Sweet, he was also after federal funds, and advocated a billion dollar NASA-like program in public education and in research and development to support physical control of the brain as a solution to political violence. He literally wanted our children educated in their early school years to turn them on to psychiatric-neurosurgical technology as a panacea for human anguish and conflict.

The following are examples of how Delgado uses behavioral and biological concepts to undermine individuality and personal freedom:

Individual uniqueness is merely the unique chance in the acquisition, combination, and modulation of available elements, and the relative central axis is not the individual but the elements originating in the outside.

. . . .

The individual may think that the most important fact of reality is his own existence, but this is only his personal point of view, a relative frame of reference which is not shared by the rest of the living world. This self-importance also lacks historical perspective, for the brief existence of one person should be considered in terms of the world population, mankind, and the whole universe.

. . . .

To clarify these ideas, let us remember that liberal societies are based on the principle of individual self-determination, with the assumption that each human being is *born free* and has the *right* to develop his own mind, to construct his own ideology, to shape his own behavior, and to express his personality without external pressures or indoctrination. . . . This kind of liberal orientation has great appeal, but unfortunately its as-

(1969); Rosenfeld, *The Psycho-biology of Violence*, LIFE, June 21, 1968, at 68.

29. J. DELGADO, *PHYSICAL CONTROL OF THE MIND—TOWARD A PSYCHOCIVILIZED SOCIETY* (1969).

sumptions are not supported by neurophysiological and psychological studies of intracerebral mechanisms.³⁰

Mark, Ervin, Sweet and Delgado have not only preached a philosophy of therapeutic totalitarianism, they have joined together to impose their ideas upon individual human beings through federally financed medical experimentation. By words and deeds alike these psychosurgeons have assaulted political liberty and personal freedom.

POLITICAL FUNDING

In the vast majority of cases, scientist seeking federal funds go through regular channels to obtain a research award from one of the institutes or related scientific organizations within the government. Not so with Mark, Ervin and Sweet. With their carefully developed national campaign behind them, Mark and Ervin—with the help of Sweet—went directly to Congress itself to request personally tailored funds. As a result, both the House and the Senate passed a special appropriation in 1970 directing the National Institute of Mental Health to award them a contract for \$500,000 in 1971. At the same time, the Justice Department moved in with a supplementary grant out of its own funds. This grant eventually added up to several hundred thousand dollars and was awarded to Ervin.³¹ It called for research on the causes of violence, particularly genetic factors, and for the development of screening methods, such as Mark, Ervin and Sweet had been outlining since their first *JAMA* letter in 1967. An in-house Justice Department memo also stated that the grant was for the development of unspecified forms of “therapy” for the control of violence.³²

The National Institute of Mental Health contract, set-up by congressional fiat, was awarded to Mark. It specified research into violence *and* psychosurgery, amygdalotomy by name. It called for coordination with the Justice Department grant, and a formal co-

30. *Id.* at 235-39.

31. Justice Department in-house memo to the Director of the Law Enforcement Administration, in *Hearings on S. 974 Before the Subcomm. on Health of the Senate Comm. on Labor & Public Welfare*, 93d Cong., 1st Sess., pt. 2, at 385-86 (1973); Parachini, *Mind Study: "Front" or Frontier*, L.A. Herald Examiner, Apr. 15, 1973, at A1, col. 1.

32. Justice Department in-house memo to the Director of the Law Enforcement Administration, in *Hearings on S. 974 Before the Subcomm. on Health of the Senate Comm. on Labor & Public Welfare*, 93d Cong., 1st Sess., pt. 2, at 385-86 (1973).

ordinator was named to handle the relationship. This was deemed of such importance that the Justice Department memo complained that the co-ordination had been inadequately carried out by Dr. Ervin. Furthermore, both Mark and Ervin were members of the parent institution for the grants—the private Neuro-research Foundation of Boston—and had developed their work jointly. Thus, we have a package deal combining police and mental functions, a political step toward psychiatric totalitarianism.

Political pressure in support of this work was so enormous that the National Institute of Mental Health went to great length to fund it, even after the Massachusetts General Hospital rejected \$500,000 from the contract for Mark's program at that hospital.³³ The Massachusetts General has a review system of its own, and before a grant can be funded, it must pass through in-house committees. The hospital decided to turn down the money, which was eventually awarded to Mark, Sweet and Ervin's own private Neuro-research Foundation, and the surgical experimentation moved to Boston City Hospital. Because the funds were assigned directly to Mark, Ervin and Sweet's own private foundation, HEW's patient protection guidelines—intended to supervise research on human subjects—were carried out by their own foundation rather than by an independent hospital.³⁴

The direct source of political pressure for the grant is now known. As Sweet declared in a speech at the National Institute of Health, the highest level administration support came from Elliot Richardson, who was at the time Director of the Department of Health, Education and Welfare. At a public meeting at the National Institute of Health in 1973, Sweet declared:

Our initial efforts to get federal funding was at the suggestion of the then Attorney General of Massachusetts Elliot Richardson [general stir in the audience] who brought it up while he was in that role as he sought to advise us on the legal implications of these studies. He suggested that it might be possible to get funding from appropriate agencies in Washington.³⁵

33. Breggin, *Federal Funding for Lobotomies*, HUMAN EVENTS, May 5, 1973, at 12; Trotter, *Peter Breggin's Private War*, HUMAN BEHAVIOR, Nov. 1973, at 50.

34. F. CHU & S. TROTTER, *THE MADNESS ESTABLISHMENT: RALPH NADER'S STUDY GROUP REPORT ON THE NATIONAL INSTITUTE OF MENTAL HEALTH* (1974).

35. Address by W. Sweet to the National Institute of Health on Feb. 13, 1973, partial transcript in Hunt, *Politics of Psychosurgery*, Real Paper, May 30, 1973, at 1, col. 1. Richardson himself described their relationship in Congressional testimony:

The National Institute of Mental Health, led by Director Bert Brown, had also supported the work of Doctors Mark, Ervin and Sweet. Testifying on their behalf before the Senate Appropriations Committee, Brown appealed to the fear of political violence directed against politicians:

Dr. Brown: I just want to add that this is another aspect or dimension of how important it is for us to work with the Department of Justice. We are dealing here with people who may some day blow up and may attempt to kill you, the really aggressive person who is very dangerous.³⁶

Brown made clear that it was the function of NIMH to work with police authorities in this matter:

This type of person is often found already in jail for one episode or another, so we have had to work collaboratively with the Federal prison system and the State attorney general as well as the State mental health authority. I think this is another important area where we are working with the Justice people.³⁷

Brown's assistant, Louis Wienckowski, specifically outlined how hard he was working with Drs. Mark, Ervin and Sweet, by name, in developing the new half million dollar project. The Appropriations Committee Report clearly stated that the project would include, "surgical treatment of such individuals."³⁸ The grant, which later came into my hands, would also specify "therapy of the amygdala," meaning psychosurgery. Clearly NIMH knew what it was doing. It was actively supporting "law and order" psychosurgery.

The Sweet, Mark and Ervin proposals to the federal government

I have had several conversations with Dr. William Sweet, who is project director about this, and in fact, I am bound to say I encouraged him to apply, to the Department [HEW] for funds for this. I had hoped at the time to be able to work with him as the Attorney General of Massachusetts on the basis that the state would also contribute some funding. There were problems involved in the availability of patients which raised some legal issues. It is a potentially significant work.

Richardson, *Hearings on H.R. 18515 Before the Labor & Health, Education, and Welfare Subcomm. of the Senate Comm. on Appropriations*, 92d Cong., 2d Sess., pt. 4, at 1795 (1970). Coming from the Secretary of HEW, this was potent support indeed for a mere half-million dollar appropriation.

36. *Hearings Before the Subcomm. on Dep'ts Labor & Health, Education, and Welfare Appropriations of the House Comm. on Appropriations*, 92d Cong., 1st Sess., pt. 1, at 133 (1971) (testimony of B. Brown).

37. *Id.*

38. *Id.* at 163.

were linked to the concept of psychiatrically managed violence control centers. When Sweet testified before Congress in 1972 on behalf of a continuation of federal support for Mark and Ervin, he said that psychosurgery had been done under the previous year's NIMH grant, but that much broader programs of violence control were in the making—particularly mass screening programs and large treatment centers for violent individuals.³⁹ He stated that he was requesting funds not only on behalf of his Boston colleagues, but also on behalf of Louis J. West, Director of the Department of Psychiatry at UCLA, who was also planning a violence control center.

The testimony is being presented on behalf of the Neuropsychiatric Institute of the University of California at Los Angeles—Under the direction of Louis Jolyon West [and] of the Brain Research Institute of the same University under the direction of Professor John French⁴⁰

Thus, when Mark, Ervin and Sweet lost their federal funds as a result of public pressure, it was natural enough for Ervin to move to Los Angeles. There he joined Dr. West to apply for violence center monies through the local California Justice Department funding agency. This began another political storm over the funding of psychosurgery and other psychiatric methods of social control, including mass screening projects and behavioral control programs.⁴¹

ERNEST RODIN AND THE MICHIGAN TRIAL

Mark, Ervin, Sweet, Delgado and their associates were not the only psychosurgeons to link psychosurgery and medical technology to the control of urban violence. In 1972, the State of Michigan made plans to go ahead on an already funded project to experiment with psychosurgery and chemical castration for the control of violence. The project was ultimately killed by the conclusion of a three judge panel that psychosurgery was destructive and should not be performed on involuntary mental patients.⁴²

An unpublished speech by Ernest Rodin, the neurologist in charge

39. *Hearings on H.R. 15417 Before the Senate Comm. on Appropriations*, 92d Cong., 2d Sess., pt. 5, at 4946 (testimony of Dr. W. Sweet).

40. *Id.*

41. Parachini, *Mind Study: "Front" or Frontier*, L.A. Herald Examiner, Apr. 15, 1973, at A1, col. 1.

42. FEDERAL ROLE IN BEHAVIOR MODIFICATION, *supra* note 1.

of the Lafayette Clinic project, was entered into the public record as an exhibit at the Michigan Trial.⁴³ In it, Rodin spoke at length about the implications of the riots which had racked his city, and he proposed both psychosurgery and castration as solutions. Throughout, he placed his comments in a political context. He argued that children of limited intelligence tend to become violent when they are treated as "equals." He wanted them brought up in an "authoritarian life style," and declared:

Tolerance and encouragement of free thought is *probably* excellent for the high IQ bracket, but not advisable for the lower one, and one is reminded of the Roman saying: "Quod licet Jovi non licet bovi" (What is allowed for Jupiter is not allowed for the ox). The problem is that the ox may not recognize himself as an ox and demand Jupiter's prerogatives.⁴⁴

Rodin liked the ox image. Much violence could be avoided by castrating "dumb young males" who riot:

Farmers have known for ages immemorial that you can't do a blasted thing with a bull except fight or kill and eat him; the castrated ox will pull his plow; try to ride a young stallion and you will gladly settle for a gelding or a mare. It is also well known that human eunuchs, although at times quite scheming entrepreneurs, are not given to physical violence. Our scientific age tends to disregard this wisdom of the past⁴⁵

While he advocated psychosurgery as well as castration, he felt that psychosurgery without castration might be inefficient:

As a result [of the psychosurgery], the now hopefully more placid dullard can inseminate other equally dull young females to produce further dull and aggressive offsprings.⁴⁶

Rodin then mocked the right to protect one's own reproductive capacity in a "free society" and ridiculed the Biblical sanctity of the "privy parts." He admitted he had become "cynical" and he struck

43. E. Rodin, *A Neurological Appraisal of Some Episodic Behavioral Disturbances with Special Emphasis on Aggressive Outbursts*, Exhibit 3 for American Orthopsychiatric Association, *Kaimowitz v. Department of Mental Health*, Civil No. 73-19, 434-AW (Cir. Ct. Wayne Co. Mich. July 10, 1973).

44. *Id.* at 13.

45. *Id.* at 13-14.

46. *Id.* at 14.

hard at government projects aimed at ameliorating the conditions which produce violence:

We much prefer to talk in global abstractions on a sociological basis, where millions and billions of dollars can be poured into ill-conceived do-good projects which can be readily stopped by another administration, rather than get down to cold-blooded medical research dealing with individuals rather than masses.⁴⁷

The "cold-blooded" research he desired was a controlled study comparing the effects of castration with chemicals to the effects of psychosurgery. He got his wish in the form of a quarter million dollar project sponsored by the state at the Lafayette Clinic. Fortunately, the entire thing was stopped by an injunction, and then by the three judge panel's opinion that psychosurgery was dangerous, medically unjustified, and unconstitutional on involuntary mental patients.⁴⁸

Rodin's attack on freedom of expression is in sharp contrast with the opinion of the three judge panel that psychosurgery may be unconstitutional on the ground that it destroys the capacity to generate thoughts and opinions—the basic components of free speech. In this regard, the judges, like other psychosurgery critics, saw the enormous political implications of this surgery. The press, on the other hand, refused to report Rodin's political views to the public, and it took a year of effort before I could get the story into print.⁴⁹

Both Rodin and the Boston psychosurgical group were promoting their work politically before they had developed their own research projects and before they had generated any data to back up their claims for reducing violence in individuals. Psychosurgery for violence is an example of a political philosophy in search of a technology.

PSYCHOSURGERY ON PRISONERS

Psychosurgery for the control of violence has also become an issue in the prisons. In 1972 the California prison system was discovered

47. *Id.* at 15.

48. FEDERAL ROLE IN BEHAVIOR MODIFICATION, *supra* note 1.

49. Intind, *Psychosurgery as a Tool to Control Blacks*, *Chronical* (Detroit), May 11, 1974, at 16.

in the act of planning an elaborate program of psychosurgery on prisoners. Letters were uncovered between the prison system and a California hospital discussing the funding of the first dozen operations, which would take place at San Francisco's Langely Porter Neuropsychiatric Institute, following an initial workup at Vacaville Prison.⁵⁰

Shortly after these plans came to light, it was discovered that the prison system had already conducted three operations in 1968.⁵¹ One of these was alleged to have been very successful, another moderately successful, while the third turned out to be unsuccessful. There are letters in the files of the Center for the Study of Psychiatry from lawyers who have visited the two more "successful" cases, both of whom feel that the prisoners were severely damaged by the surgery.

The California prisons have cancelled their plans for psychosurgery. So has at least one other penal system.⁵² Nonetheless, individual psychosurgeons continue to advocate surgery on selected incarcerated criminals. Psychosurgeon M. Hunter Brown of Santa Monica, California, has "volunteered" his services to the prison system. Orlando J. Andy of Jackson, Mississippi, along with other internationally known psychosurgeons, also continues to advocate surgery for the control of violence.

Psychosurgery has also been advocated and practiced on heroin addicts, a group closely related to prisoners, and criminals.⁵³ These surgeons who promote operations on criminals and addicts have attempted to dissociate themselves from the more political statements of their colleagues, although O.J. Andy is quoted in *Ebony* magazine as having said that individuals involved in uprisings "could have abnormal pathologic brains should undergo tests with whatever capacity we have now [and could be operated upon because society] demands correction or appropriate control."⁵⁴

Whether or not Andy, Brown and others think that surgery on

50. Synapse (U. of Calif.), Apr. 7, 1972, at 2, col. 1.

51. Aarons, *Brain Surgery is Tested on Three California Convicts*, Washington Post, Feb. 25, 1972 at 1, col. 1.

52. Randal, *Psychosurgery is Denounced*, Washington Star, March 12, 1972, at 13, col. 1.

53. Fields, *Addict Who Died Had Brain Surgery to Fight Habit*, Philadelphia Daily News, March 13, 1972, at 10, col. 1.

54. Mason, *Brain Surgery to Control Behavior*, EBONY, Dec. 16, 1970, at 63.

prisoners and criminals has political implications, it has been opposed on political grounds by dozens of organizations representing prisoners and Black people in the United States. It is feared that such surgery threatens the poor and the racial minorities who crowd our prisons.⁵⁵

CRITIQUES OF PSYCHOSURGERY FOR THE CONTROL OF VIOLENCE

After my public disclosure of the National Institute of Mental Health's support for psychosurgery, the Institute decided to establish a psychosurgery review committee. I then received and broke to the press its secret preliminary report: This whitewash admitted that the psychosurgery scientific literature is so poor that it did not warrant reviewing, and yet it asked the public to trust the clinical judgment of the surgeons.

Following bad publicity from this, the Institute revitalized its committee with respectable members of the scientific and public community. The final report reversed itself and became highly critical of psychosurgery. But even this report must have met internal resistance, for its release was long delayed.⁵⁶ The report made clear that psychosurgery should not be performed on involuntary patients, and that it is an experimental procedure not to be used clinically or therapeutically as an approved practice.

The Institute's first recommendation is:

*Psychosurgery should be regarded as an experimental therapy at the present time. As such, it should not be considered to be a form of therapy which can be made generally available to the public because of the peculiar nature of the procedure and of the problems with which it deals.*⁵⁷

The second recommendation is consistent with the *Kaimowitz* decision which would shortly follow:

*No psychosurgery should be performed on involuntarily confined persons or persons incapable of giving consent, either by reason of age or mental condition.*⁵⁸

55. *Id.*

56. DHEW, PSYCHOSURGERY: PERSPECTIVE ON A CURRENT ISSUE (1973).

57. *Id.* at 5.

58. *Id.* at 6.

In general, said the National Institute of Mental Health, "the scientific rationale for any psychosurgical procedure is still quite tenuous."⁵⁹

The National Institute of Neurologic Disease and Stroke also set up a commission to review psychosurgery and the entire issue of brain function and violence.⁶⁰ The report found insufficient research to back up the psychosurgeons' claims. Many members of the commission were highly critical of the arguments of those who sought to link violence to epilepsy, and the report stated that little or no evidence exists for correlations between brain disease, brain lesions or epilepsy and any form of violence.⁶¹

The NINDS viewpoint of violence and focal brain damage or tumors is also strongly negative:

Knowledge that permits us to make inferences relative to causal relationships between morphologic alterations in the nervous system and aggressive behavior is meager. . . .

A surprisingly small number of case reports appear in the literature of focal neuropathologic lesions relating to aggressive or violent behavior in man.⁶²

The report further concluded that the claims of psychosurgeons concerning cures for violence were based on faulty standards of evaluation.⁶³

I had the opportunity to address the Council of NINDS on the day that it heard the preliminary report. I criticized its underlying thesis that "violence" is a medical problem. *Drug Research Reports*, known as "The Blue Sheet," covered my testimony and gave an interesting twist to the end of its report:

NINDS presented its plan to its advisory council at a special meeting in September. The meeting purred along smoothly until the discussion came around to whether the technique was accepted practice or experimental. Goldstein and Donald Tower, acting NINDS director, persistently reminded members that although some of them thought they could cite a case

59. *Id.* at 2.

60. Goldstein, *Brain Research and Violent Behavior*, 30 ARCH. OF NEUROL. 1 (1974).

61. *Id.* at 27.

62. *Id.* at 28-32.

63. *Id.* at 31.

when the surgery was therapeutic, the scientific literature does not bear out such statements. The members were forced to concede the force of the argument.

Hackles were raised by the presentation of Peter Breggin, . . . longtime and highly vocal opponent of psychosurgery. Breggin reiterated that psychosurgery is based on an unproven hypothesis that there is a medical basis for violent behavior. Breggin told the council, "We would not react the same if someone told us he found a biological substrate for religious feeling or communism or rooting for the Yankees as if he said he found a biological substrate for violence."

. . . .

Psychosurgery fails criteria for neurosurgery, Breggin said. There is no disease present, or if there is, no causal relationship between the disease and violent behavior has been demonstrated, and there is little evidence that psychosurgery ameliorates the violent condition. Because violence is not a medical problem, a non-medical procedure has resulted, Breggin told the council. "A procedure is not medical just because an M.D. performs it. This became an issue in Nazi Germany. . . . This is just mutilation of the brain."

. . . .

Acting NINDS Director Donald Tower made no remarks around the table, but he told "The Blue Sheet" later, "Breggin is really right. There is no real medical base for treating violence."⁶⁴

The most important critique of psychosurgery has come from the courts, particularly the three judge *Kaimowitz* panel that rendered an opinion in regard to Dr. Rodin and the State of Michigan's attempt to operate on violent mental patients.⁶⁵

The first subject approached by the judges was the medical or non-medical nature of violence. "Is brain function related to abnormal aggressive behavior? This, fundamentally, is what the case is about."⁶⁶

The judges underscored the importance of the question when they declared that psychosurgery would not be justified without a medical rationale:

64. Drug Research Reports, Sept. 19, 1973 (private newsletter).

65. FEDERAL ROLE IN BEHAVIOR MODIFICATION, *supra* note 1.

66. *Id.* at 514.

Violent behavior not associated with brain disease should not be dealt with surgically. At best, neurosurgery rightfully should concern itself with medical problems and not the behavior problems of a social etiology.⁶⁷

They then unequivocally rejected the idea that violence is caused by functional maladies of the brain.

Although extensive psychosurgery has been performed in the United States and throughout the world in recent years to attempt change of objectionable behavior, there is no medically recognized syndrome for aggression and objectionable behavior associated with nonorganic brain abnormality.⁶⁸

Here they undermined the basic myth of the psychosurgeons that some difficult to detect "nonorganic" or functional "brain abnormality" causes human difficulties.

The court then attacked the efficacy or usefulness of psychosurgery itself:

As pointed out above, psychosurgery is clearly experimental, poses substantial danger to research subjects, and carries substantial unknown risks. There is no persuasive showing on this record that the type of psychosurgery we are concerned with would necessarily confer any substantial benefit on research subjects or significantly increase the body of scientific knowledge by providing answers to problems of deviant behavior.⁶⁹

Their opinion closely paralleled my own testimony at the trial, when it declared that there is no medical justification for psychosurgery *and* that psychosurgery destroys the mind:

Absent a clearly defined medical syndrome, nothing pinpoints the exact location in the brain of the cause of undesirable behavior so as to enable a surgeon to make a lesion, remove that portion of the brain, and thus affect undesirable behavior.

Psychosurgery flattens emotional responses, leads to lack of abstract reasoning ability, leads to a loss of capacity for new learning and causes general sedation and apathy. It can lead to impairment of memory, and in some instances unexpected responses to psychosurgery are observed. It has been found, for

67. *Id.*

68. *Id.*

69. *Id.* at 515.

example, that heightened rage reaction can follow surgical intervention on the amygdala, just as placidity can.⁷⁰

Finally, the judges examined the constitutional issues involved in psychosurgery. In particular, they looked at the right to free speech, and concluded that psychosurgery, by robbing the individual of his capacity for free speech, in effect interferes with his first amendment rights. Again the issue is of such vast political importance, I will quote in some detail:

Freedom of speech and expression, and the right of all men to disseminate ideas, popular or unpopular, are fundamental to ordered liberty. Government has no power or right to control men's minds, thoughts, and expressions. This is the command of the First Amendment. And we adhere to it in holding an involuntarily detained mental patient may not consent to experimental psychosurgery.

For, if the First Amendment protects the freedom to express ideas, it necessarily follows that it must protect the freedom to generate ideas. Without the latter protection, the former is meaningless.

Experimental psychosurgery, which is irreversible and intrusive, often leads to the blunting of emotions, the deadening of memory, the reduction of affect, and limits the ability to generate new ideas. Its potential for injury to the creativity of the individual is great, and can impinge upon the right of the individual to be free from interference with his mental processes. The State's interest in performing psychosurgery and the legal ability of the involuntarily detained mental patient to give consent must bow to the First Amendment, which protects the generation and free flow of ideas from unwarranted interference with one's mental processes.

To allow an involuntarily detained mental patient to consent to the type of psychosurgery proposed in this case, and to permit the State to perform it, would be to condone State action in violation of basic First Amendment rights of such patients, because impairing the power to generate ideas inhibits the full dissemination of ideas.⁷¹

In addition, the court decided that psychosurgery also threatens the constitutional right to privacy:

70. *Id.*

71. *Id.* at 522.

Intrusion into one's intellect, when one is involuntarily detained and subject to the control of institutional authorities, is an intrusion into one's constitutionally protected right of privacy. If one is not protected in his thoughts, behavior, personality and identity, then the right of privacy becomes meaningless.⁷²

DISCUSSION

It has been argued that psychosurgery is too costly and time-consuming to serve a political function. This is obviously not the opinion of the experts—Mark, Ervin, Sweet, Delgado and Rodin. Ervin and Mark wanted to combine their surgery with prior screening programs to select out the best candidates. Then, as Sweet declared to a legislative committee, the surgery might zero in on the “leaders” of insurrections. I can think of no more effective and permanent method of rending a leader impotent. From a propaganda viewpoint, it surpasses outright killing as a method of control for it leaves the person physically alive and can be justified “on medical grounds” and for the victim’s “own good.”

The argument that psychosurgery is inefficient also falls apart in future perspective. The old-fashioned lobotomy was cumbersome until Walter Freeman developed a three minute method by means of an ice pick through the eye sockets. Perhaps when the newer forms are perfected, a laser equivalent of the ice pick will be developed. Efficiency is nothing more than an engineering problem. The history of the industrial revolution is the history of reducing complex technology to mass production needs.

Those who see no political threat from psychosurgery also argue that we have no data to show that large numbers of black, poor or violent people have been operated upon. This is true. As I observed in my first publications, the great majority of current psychosurgery patients are middle-aged women. But we do know why the poor and minority groups have thus far been relatively spared in the new wave of psychosurgery: the educational program of the Center for the Study of Psychiatry and other reform groups has retarded the large-scale introduction of psychosurgery into the prisons and state mental hospitals. The cut off of federal funds and the negative

72. *Id.* at 523.

opinions rendered by federal agencies and the *Kaimowitz* court have put a damper on attempts to aim psychosurgery at criminals and rioters. The surgeons who have proposed operating on violent individuals have found themselves constantly on the defensive.

It has also been observed that psychosurgery at the present time constitutes a relatively minor threat to civil liberties compared to involuntary mental hospitalization and involuntary treatment with drugs and electroshock. This is true, but it is beside the point. Psychosurgery remains a threat, and unlike these other technologies, it has been promoted for political purposes by a number of respected professors of psychiatry and neurosurgery.

More importantly, with or without overt political implications, psychosurgery constitutes a danger to the hundreds of individuals subjected to it each year. As the *Kaimowitz* court declared, these people are being deprived of their rights by a procedure that destroys the capacity for creativity and free speech; this goes on in the absence of any overt political aim on the part of the surgeons, but this in no way makes the consequences for the individual less serious.

CONCLUSION

At the present time, psychosurgeons are taking a low profile in regard to political aims. Mark, Ervin, Sweet, Rodin and Delgado ceased to make public comments promoting their work for political purposes. This can be attributed to the outrage generated by their published words, and to successful legal and legislative interventions against their work. Nonetheless, psychosurgery continues to be practiced and developed, and a resurgence of interest in its political applications may await us the moment we consider it an issue of the past.