

An obsession, a hobby or an expiation?

Roberta Reb Allen with a family tale involving the infamous neurologist Walter Freeman

On Monday 17 July 1950, Walter Freeman performed a transorbital lobotomy on my mother Gretchen, then 33, at the Cedar Croft Sanitarium in Hyattsville, Maryland. He had just met her the previous Friday, immediately pronounced her a schizophrenic paranoid, recommended the lobotomy as, in my father's words, 'the only known aid for this type', and scheduled the procedure immediately after the weekend.

Freeman had not asked any probing questions of my father Everett or my mother's mother (my grandmother Nana) as to why they had sought him out rather than a psychiatrist. All he knew was what they told him; the fact that she had previously had some electroshock therapy, and whatever she said at their meeting. I do not know if her interview was private or held in the presence of my father and grandmother. The same lack of probing of relatives' motivations occurred in the case of 12-year-old Howard Dully, on whom Freeman performed a transorbital lobotomy in 1960, authorised by his father and a stepmother who apparently wanted him out of her hair.

Family correspondence immediately leading up to the procedure reveals that my mother was not so

seriously mentally ill that it interfered with the normal course of life. We went on picnics and celebrated the 4th of July. My brother and I were in my mother's care while my father was at work.

So how did those four people – Freeman, my father, my mother and Nana – end up in Freeman's office on that fateful day, and what were the long-term consequences? These are questions I have explored through my own recollections, family correspondence, my mother's scrapbooks and diaries, my father's poetry and unpublished novel, my mother's mental health records and Freeman's publications, including his unpublished autobiography.

An expert showman

Freeman, who popularised lobotomies in the United States, performed the first lobotomy there in 1936 with his neurosurgeon colleague James Watts. They tried different techniques, but what became the standard prefrontal lobotomy involved Watts' drilling burr holes on each side of where the frontal and parietal bones of the patient were marked with dye. He then inserted a blunt, narrow knife and with Freeman verbally guiding his movements waggled the instrument to cut the neural fibers between the frontal lobes and the thalamus. Neither man could see exactly what was taking place inside the patients' skull. It was experimental. They did not know the exact function of the frontal lobes and there were errors. They famously, but at the time secretly, botched the lobotomy of Rosemary Kennedy.

Freeman became disenchanted with prefrontal lobotomies because of a series of severe personality deteriorations in several of his patients. On his own in 1946 he perfected the transorbital lobotomy, based on a procedure first tried in Italy. The prefrontal lobotomy had to be performed by a neurosurgeon in a hospital setting and was costly. A transorbital lobotomy, in which an icepick-like device is hammered underneath each eye orbital and swished back and forth to sever the neural connections, could be performed in a doctor's office in 10-15 minutes for several hundred dollars. Freeman saw this as bringing relief to a far wider audience than could ever afford a prefrontal lobotomy. A lobotomy was initially considered the treatment of last resort. With the transorbital lobotomy



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Freeman fully abandoned this stricture. He felt that it should be employed at the first signs of mental illness.

Despite misgivings on the part of many in the mental health field about lobotomies, these criticisms were not aired publicly. Freeman, however, had no such qualms. With a driving need for recognition, he took his case to the public press, cultivating relationships with reporters and science writers from major publications such as the *Washington Post* and *The Saturday Evening Post*. Freeman was an expert showman. He loved an audience and a stage. After he introduced the transorbital lobotomy, he went on tours giving public demonstrations of the procedure wearing no gloves or masks. In West Virginia he performed 228 transorbital lobotomies in 12 days. By 1950, he had made a name for himself.

Freeman had an almost manic belief in the transorbital lobotomy, which is evident in the second edition of *Psychosurgery* published by Watts and Freeman in 1950. They had parted ways over transorbital lobotomies, but they still collaborated on the first part of this edition. There is a very measured and forthright portrayal of what the family of a patient given a prefrontal lobotomy faced: 'It is no easy job that the family has on its hands in bringing the patient back to useful existence following prefrontal lobotomy.'

Freeman, however, wrote on his own the section on the transorbital lobotomy:

'These patients recover without any apparent personality deficit, although for a few weeks there may be a certain lack of subtlety in their relationship with other people. They often made a superior adjustment, even in the recreational or social welfare stage ... There is no long-drawn-out convalescence with requirements for retraining ...'

There is no evidence to support this rosy, broad assertion. As will be evident, it certainly was not the case with my mother.

'His troublesome wife'

The presence of my mother in Freeman's office on that Friday was most immediately due to her feeling guilty about her mother being in the hospital for six weeks with blood clots which my mother thought she had helped cause. More importantly, she was desperate to win back my father's love. She had taken us children to Dubuque, Iowa to be with her mother while she had extensive and painful dental work done. When my father picked us all up to return to Hyattsville he had told her on the way: '... he was only going back for the children's sake. He didn't want me at all. He was



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Examined Lives, which focuses on the societal and familial forces that led to her mother's having a lobotomy and the effect the circumstances had on her.

rather indifferent. I was very much in love with him.' I believe this is why she consented to the operation; a consent which most likely would not be admissible today.

My mother was not used to men being indifferent. In her early 20s she had been a vivacious, attractive, competent woman, with many swains and numerous proposals of marriage. She worked her way up in the hospitality industry in Chicago to become hostess at the elegant Camellia House of the Drake Hotel, where she seated the likes of Clark

Gable and Greta Garbo. It was only after her marriage in 1942 that she began to show signs of mental health issues, but not to the extent that good psychiatric care could not have addressed. She suffered these particularly after my own birth in 1943, my brother's birth in 1948 and the dental work in 1950, evincing paranoia about my father's having affairs with various individuals. Painkillers used at the time, such as scopolamine, could have played a role.

My father felt he had to do something about his troublesome wife. He had fallen out of love with her early on in their marriage, which took place just as World War II was starting. Honorably discharged due to a heart condition, he went to New York City to use his journalism training from the Medill School of Journalism at Northwestern University in the service of the US Office of War Information. Once there he wrote a startling poem, full of strikeouts and substitutions as if done in a highly emotional state, in which the first two lines were 'I could love her, adore her/but instead I abhor her'. Underneath it all was a deep grudge: shortly after their marriage my mother told my father that she had had gonorrhea when she was 11. My father was shocked; never mind her age, he thought he was marrying a virgin and in his mind, he was not. He later was to elude to a 'fundamental lack of faith'. He came to view her as someone who put on a show of being devoted to her husband and family. But coming from a repressed, staunchly Methodist background, my father kept his emotions under lock and key, presenting to the world a friendly, optimistic persona all his life.

My father reported to Nana that my mother was wanting intercourse four times a night – demands which were too much for him. My mother in turn reported to Nana that my father was not satisfying her sexually and she had to resort to masturbation. Nana thought this made people insane.

My father reported to his folks what the procedure involved and added: 'The operation is relatively simple and safe, and often highly successful although no guarantee can be given.' I assume he was relaying what Freeman had said. Although a well-educated man, my father had not bothered to get any information about the procedure. He well could have. He was a journalist,

working for the State Department producing positive stories about the US distributed to the foreign press, and telling his parents that 'We have to be very careful about our medical news'. He knew that electroshock therapy was often temporary. He had a sister who was a reference librarian and who could easily have found him information. Instead my father wrote in another letter: 'One cannot expect an operation to change a person's whole personality. In other words, she is apt to remain generally the same.'

My father was, of course, dead wrong. Lobotomies do fundamentally change people's personalities; that is their function. Freeman had obviously not discussed that.

'All hell broke loose'

I was seven-years-old when my mother was given a lobotomy. I do not remember her being all that different, except she stayed more by herself and was less involved with us children. But she was having psychotic moments. She told her mother that a man in a grocery store 'made a signal to her with a bunch of carrots'. She thought her marital problems had caused the Korean War. That summer Freeman suffered a stroke and while in the George Washington University hospital, the institution where he was teaching, attended to his patients there in his bathrobe. Nevertheless he continued to follow my mother's case

through discussions with my father.

Meanwhile all hell broke loose as the negative effects of a lobotomy showed themselves. One of these is lack of foresight. Nana had gone back to Dubuque to take care of some matters and before she could return, my mother, not able to bear being with my father alone, decided one morning to follow. She, my brother and I went to the train station in a taxi with very little luggage. When we boarded the train it turned out that my mother had not bought a ticket. We kept moving from one car to the next until the ticket collector caught up with us. My mother, however, did at least have the cash and paid him but we had to stand up the whole way. She remembered only when we got to Chicago that she had not left a message for my father about leaving. She sent him a telegram, but did not bother to inform her mother.

In Dubuque other negative effects of a lobotomy showed themselves: lack of initiative and abusive speech. Nana later reported that 'At times, it seemed the patient [my mother] were living in a dream world.' At one point my mother talked of getting a job, but nothing came of it. My mother accused Nana of not being a good mother and told her she hated her.

Both my father and grandmother decided that my mother needed to be institutionalised. Freeman was consulted and committed himself to making arrangements for my mother to be institutionalised in Washington, D.C. if she could be induced to return to



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Hyattsville. Otherwise, he would put Nana in touch with a psychiatrist in Dubuque who could make temporary arrangements and Freeman would arrange for the transfer to Washington later.

It never happened. Instead Nana applied to have my mother declared insane and institutionalised in Iowa. On January 9, 1951 my mother was admitted to the Independence Mental Health Institute in Independence, Iowa. It was the best thing that could have happened to her.

The facility was built and run on the principles established by Thomas Kirkbride, who believed that the mentally ill should be treated humanely, according to the Golden Rule, and that the vast majority could be cured in the proper institutional setting. Part of the cure involved surrounding them with beautiful things, such as spacious grounds and flowers in each ward, and stimulating activities, such as painting and nightly entertainments put on by the patients. My mother participated in a minstrel show for which she also made the costumes. Those who could work were expected to help out with the numerous chores and my mother worked in the employees' kitchen, an obvious choice given her background in the restaurant business. My father never visited or wrote her once.

Not Freeman's success

The superintendent of the institution when my mother was there was Max E. Witte (pronounced witty). From the very first he felt my mother would be able to leave. He arranged for her to be released for periods of time to her mother to see how she would adjust. There were many highs and lows, with my mother continuing at times to suffer psychotic spells in which she heard the voice of God and had visions and hallucinations, speaking of seeing two crosses in the sky. In the end, however, the treatment she received allowed her leave the institute for good in October 1952. My father divorced her the following year, gaining custody of us children. My mother worked as a waitress and led a normal but much smaller life than she had once led in Chicago. She had lost what my aunt called her 'sparkle', but she was kind and caring, teaching handicapped children to swim, and loving to go on local trips.

Freeman remained a constant presence in her life, even while she was at Independence, until his death. In August 1951 my father talked to Freeman about my mother's condition at Independence and Freeman 'still recommended another lobotomy to check further deterioration, but doesn't guarantee it'. Freeman even visited my mother that year and talked to Dr Witte. Whatever he and Witte said to each other were at cross-purposes. Freeman reported to my father that a second lobotomy would be performed at Independence

while Witte, seemingly unimpressed by Freeman's reputation, wrote my father it would not be performed. There matters remained.

Freeman followed up on his transorbital lobotomy patients yearly through correspondence and even paid them visits. He did so with my mother and visited her in 1959; the picture he took of her (he always took head and shoulder photographs of his patients) shows her glowing and happy. Freeman considered her one of his successes. But my mother was not Freeman's success. She was the success of Witte and the staff at the Independence Mental Health Institute.

Obsession and sin

On an envelope in which she kept two of his Christmas postcards as well as a personal postcard and letter sent to my mother, my grandmother wrote 'From Dr. Freeman who operated on Gretchen in Silver Springs, Maryland, He was very wonderful to us and tried to help Gretchen.' The personal postcard and letter, however, only discuss his own activities and interests. He assumed his patients were as interested in him as he was in them. No correspondence from my mother is in her medical file maintained by Freeman.

Friendly and almost folksy as he was, Freeman could become so wrapped up in his obsession with lobotomies that he sometimes forgot the humanity of his patients.

For example, in the second edition of *Psychosurgery*, he chose to include a horrifying full-page photograph of a thin, naked woman literally being dragged to have a lobotomy by two burly nurses.

At the end of his life, in writing his unpublished autobiography, Freeman talked about his extensive follow-up of his transorbital patients. He twice used the phrase that the follow-up was 'an obsession, a hobby or an expiation depending upon how one looked at lobotomy'. I have often pondered his use of the term expiation, which is associated with sin. Did he at the end experience some doubt about the rightness of his efforts? I would like to think he did. He had performed at his own estimate some 3,500 lobotomies, one on an infant as young as four-years-old, and in only about a third of the cases were patients able to work outside the home. Patients died, including the last patient on which he ever performed a lobotomy. It ended his career.

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Key sources

Gretchen J. Diefenbach, Donald Diefenbach, et al. (1999). Portrayal of Lobotomy in the Popular Press: 1935-1960. *Journal of the History of Neurosciences*, 8, 1, 60-69.

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Many of the documents related to my mother's life, including family correspondence about Walter Freeman and her lobotomy, have been donated for public use to Special Collections at the Gelman Library of George Washington University. They are archived under the name Gretchen Richard Reb.

Full list in online / app version.