

Lemay, R. A. (2010). Review of "My Lobotomy: A memoir by Howard Dully." *Ethical Human Psychology and Psychiatry*, 12(1), 71-77.

My Lobotomy: A Memoir (Reprint Edition). Howard Dully and Charles Fleming. New York: Three Rivers Press. 2008, 304 pp., \$13.95.

This is a memoir told in the first person by Howard Dully, who in 1960, at age 12, had a transorbital "ice-pick" lobotomy performed on him by Dr. Walter Freeman, one of the most famous psychosurgeons of the past century.

This is quite a remarkable story for a number of reasons. First, it's told in the first person by Howard Dully, who is able to tell the tale despite having important parts of his brain destroyed. The story is also remarkable because it tells, quite eloquently, of a brutal period of human service and psychiatry where well-meaning people with simpleminded theories did a great deal of damage. (There should be a law against simpleminded theories.) It's a narrative of a child growing up into a young man in a very dysfunctional family. It also raises the problems of consent, particularly informed consent in the best interests of children and youth. All of the this, though told in the past tense, nonetheless has a great deal of relevance to the present.

Rodney Dully, Howard's father, was of immigrant stock and brought up in very poor circumstances. He married into a well-to-do family, and he and his wife then went on to have three children, including Howard (the oldest), Brian (the second), and a third child, Bruce, born when Howard was about 5 years old. Howard's mother, June, died soon after the third child, Bruce, a very much handicapped child, was born. He was placed with a member of the extended family who cared for Bruce throughout his life, and Howard really never got to know him all that well.

Howard's father was a teacher, not a well-paying job at the time, and held down a few other jobs over the years to make ends meet. He ended up remarrying a divorced woman, Lou, who had two children of her own, Cleon Jr., who was 5 years older than Howard, and George, who was about the same age.

Growing up in this reconstituted family ended up being a tragedy for Howard. He very simply never got along well with his stepmother, and over time his father sided with his stepmother as things went from bad to worse.

Howard recounts his growing up in this family, telling about how he was mistreated by this woman and by his father. Howard recounts that he had his faults and that he was possibly a misbehaving boy, that he lied, and that he stole, but from his recounting of this story, much of this was driven to by a father who could not show his affection and by a mother who clearly disliked him and blamed him for everything.

Howard was also a big boy. He grew very quickly and ultimately ended up weighing 350 pounds and measuring about 6 feet 7 inches. He was a giant of a man and a very big boy growing up. Early on, his stepmother would punish him often physically, take away his privileges, and turn his brothers against him. Howard remembers growing up and always being hungry, and Lou, his stepmom, used his access to food as a way to punish him. Many a night, Howard went to bed hungry, and, not surprisingly, stealing food at home, at school, and in stores probably was his start in a life of petty crimes.

As Howard grew and became, in her eyes, menacing, Lou would get her husband, Howard's father, to do the punishing, and this he would do using a wooden paddle at the back of the house. Later, when things got no better and the relationship was stormy at home, Mrs. Dully turned to experts and consulted a number of doctors and psychologists with the hope of finding a "cure" for her stepson. From the documentation that Howard was able to recover, it seems clear that most doctors saw clearly that the problem was with the mother. The notes recovered from consulting psychologists and medical doctors show that doctors were of the opinion that they found that Howard was a fairly typical boy. Thus, most doctors who were consulted were not willing to do anything about Howard or for Mrs. Dully.

However, the then eminent neurologist Walter Freeman had by that time moved to California and had established his practice, where he was found by Mrs. Dully, who consulted him, and here she found a more sympathetic audience. Freeman was coming

to the end of his career as a surgeon, and this part of the book provides a quick overview of his career. It turns out that about this time, Walter Freeman was interested in doing lobotomies on children, and he had been looking for suitable candidates for what was essentially human experimentation. There were a number of meetings between Dr. Freeman and Howard's stepmother and eventually a meeting with Howard's father. The good doctor also met with Howard, and Howard tells of liking Walter Freeman and finding him to be a very nice and considerate man. Relatively quickly, however, the good doctor came to the conclusion that he should perform a lobotomy on Howard and that this would resolve many of the family difficulties and Howard's unruly behavior. He concluded that Howard was schizophrenic and psychotic and that a lobotomy was exactly the kind of treatment that he required.

Thus, when Howard was 12 years old, he was brought into Dr. Freeman's office and given a few jolts of electroshock to sedate him, and then the doctor over the course of a few minutes proceeded to perforate his eye sockets with an ice-pick-like surgical tool and proceeded to destroy an important portion of Howard's frontal lobes.

The days and months following this are quite confused for Howard; however, he was able to reconstruct the time by consulting Dr. Freeman's notes and through his conversations with his brother, Brian, and stepbrother, George. Early on, Howard was confused and lethargic but slowly but surely recovered. Things, however, did not get better at home. As far as his stepmother was concerned, Howard was no better than he was before, and she continued to complain to Dr. Freeman. Thus, Howard was sent off to live with relatives, then to a juvenile detention center, a psychiatric institution (Agnew), and a large group facility for the mentally retarded (Rancho Linda) and, finally, back to the same psychiatric institution, with a number of placements in foster homes and intermittent visits from his father and Dr. Freeman.

These years in institutions are quite poignant, and Howard tells of how he grew through these to become a fairly incompetent and immature young man and then adult. Indeed, when he left Agnew, the psychiatric institution, he was sent to a juvenile delinquent institution and then on to independence, though, of course, Howard really didn't know how to work or hold down a job and had no trade. He didn't know how to deal with people all that well either. Thus, Howard went from one place to the next and got into a fair amount of trouble. He wrote bad checks and stole things, but he was treated fairly leniently by the authorities because of his lobotomy. Indeed, Howard was given a lifelong disability pension and thus was able to survive on a minimal but guaranteed income. Throughout this, Howard had some very dysfunctional relationships with a number of women, got into drugs and alcohol, had a child (Rodney) and become responsible for another youngster (Justin), and kept a life of minor crime that later included the writing of rubber checks.

Much of the book is devoted to telling about Howard's wasted life, but when he got to be about 40 years of age, things started changing for the better: the first ingredient was meeting his current wife Barbara, who was then also abusing drugs. Then, 1994, after having a heart attack, having Christine (his child's mother) die, and seeing his boys Justin and Rodney get involved in drugs, Howard and Barbara decided to put their lives in order, get married (1995), get jobs, go back to school, and make a go of living a more satisfactory life. As suggested by social role valorization theory (Wolfensberger, 1998), just a few new valued social roles and his life started to turn around. Howard, in fact, did go back to school and got a job driving buses and later as a teacher of bus drivers and a

teacher of first aid and cardiopulmonary resuscitation. These roles became the context for acquiring new competencies and moving from the margins of society into the valued mainstream. These new roles and his new identity would, as the book goes on to reveal, open up many new life opportunities. Indeed, this delayed resilience, this bouncing back after 40 years of a lost life, is quite consistent with the findings from Werner and Smith's (2001) prospective longitudinal study of a cohort of 837 children born in 1955 on the island of Kauai, where over the life span the great majority of children born and raised in adversity went on, sooner or later, to positive developmental outcomes. In this study, a number of individuals lived through adversity from birth well into adulthood, and then, like for Howard, a new spouse, a major illness, or joining the armed forces, going back to school, and other important events, end up being turning points where one good thing leads to another out of adversity and marginality.

In 2000, Howard became interested in finding out why he had been submitted to a lobotomy. For some time, he had come to the conclusion that he had somehow deserved this lobotomy and that he must have been mentally ill. Also at about this time, reporters with National Public Radio (2005) had been doing a story on Walter Freeman and got in touch with Howard Dully, one of his former patients. On their interviewing Howard, they decided that they should make Howard the focus of this story rather than Walter Freeman. Then, over the course of a number of months with these reporters, Howard was able to get access to Walter Freeman's files and much more information about his medical treatment, his schooling, and his time in a variety of institutions. All this culminated in a 22-minute national radio broadcast in 2005 that generated a huge listener interest in the United States and a lot of media coverage.

Howard, at the end of all this, still doesn't know why it all happened to him. He still can't figure out why his stepmother Lou hated him so much and why she had insisted so on Freeman lobotomizing him. "My childhood was crazy. I feel like I grew up in a nuthouse. I had a crazy, scary stepmother, and for some reason I got the worst of her craziness. I wasn't locked in a closet, but I was systematically tortured, at least mentally. It was like I was trapped in some sort of play. My part was to always be in trouble. I was the bad guy who was always sent to this room" (p. 267). But at the end of all this, Howard was lobotomized. "Was I crazy? I never *felt* crazy" (p. 268).

But then the questions become very probing. Howard asks how a lobotomy can be performed so easily on a child when clearly the difficulties lie elsewhere. His parents, of course, consented to this lobotomy, but how could they consent when their interest was so conflicted with his. He asks, should authorities have intervened here to stop what had gone on? "Many times I have wondered, *Where were the authorities?* Freeman wasn't a licensed psychiatrist. How could he determine on the basis of a couple of short office visits with me that I had been schizophrenic since the age of four? And why would anyone accept his diagnosis anyway without insisting that I be seen by someone with the proper training?" (p. 268).

But then the penny drops, and Howard answers his own question: "The sad thing is, the authorities were there. My family had been in contact with any number of doctors. I had been seen by, or Lou had consulted with, the Santa Clara County Family Services people, the experts in child mental health from Langley Porter, and the state mental health officers at Napa State Hospital. Some of them knew I was going to have a lobotomy. All of them knew Freeman was conducting lobotomies on children. Sometimes they protested after the fact, like they did the day Freeman took me and the other

kids to Langley Porter to show us off. But why wasn't anyone taking steps to make sure Freeman wasn't operating on any more children? Why was this allowed to continue?" (p. 268).

Now, unless one believes that this is simply a case of the dark ages of psychiatry and neurology, Howard pushes this question into the present and future.

"And has anything changed today? Where are the authorities now? How come any regular M.D. or pediatrician is allowed to diagnose depression or bipolar illness or ADD in children, and prescribe medications, without a second opinion? How many children are taking powerful brain medications now simply because their parents find them too difficult to handle? How many of those boys and girls are having their childhoods taken away from them, the way mine was taken away from me?" (pp. 268–269). Today, children and youth are given powerful psychoactive medications and aversive treatments and placed in all manner of residential settings at the request of their parents. Despite the legal principle of making decisions in a child's *best interest*, parents, aided and abetted by professionals and the human service system, continue to make all kinds of very bad decisions that are not at all in their child's best interest. Large-scale studies point to the fact that parental competence is generally poor in Canada (Willms, 2002) and that many of the problems that kids have are clearly linked to the poor parenting that they receive. Similar studies in the United States have findings that are consistent with this (Jackson, Henricksen, & Foshee, 1998). One can surmise that competent parenting is particularly important for children with special needs or who might simply be more demanding. If the problem is potentially caused or exacerbated by poor parenting, how can parents and professionals so readily and voluntarily make such decisions unencumbered by some form of oversight? Indeed, the term *voluntary*, which is often used to describe the human service system, is most inopportune when describing a process where decisions are made by interested adults about a voiceless third party.

Of course, Howard also asks the questions about standards of care and why these are not in place, but then he answers his own question by reminding us that, in fact, Freeman didn't even follow his own standards for his surgery.

As to Freeman's credentials, one thing that needs to be recognized is that Freeman was a neurologist and a world-respected one. Prior to developing the ice-pick lobotomy, he had in fact developed other procedures and was viewed as one of the preeminent neurosurgeons in the United States. Moreover, if mental illnesses or behavior problems are organic in nature, then these would fall into the domain of expertise of neurologists, as Valenstein (1986, 2005) has pointed out.

And what of Freeman's willingness to diagnose in order to perform his psychosurgery? One might bemoan the standards of care of the 1950s and 1960s as the dark ages of therapeutic care, but at the time, many a doctor seemed to resist the stepmother's efforts to officially label Howard's behavior as deviant. How would a child like Howard fare today? No less of an authority than Albert Bandura (2001) opined that psychological theories today "grossly overpredict psychopathology" (p. 17). "Our theories would lead one to expect that most of the children living in these impoverished, risky environments would be heavily involved in crime, addicted to drugs or too physically impaired for a normal life. In fact, most of the children make it through the developmental hazards. In adulthood, most support themselves through legitimate jobs, form partnerships, and stay clear of criminal activities" (pp. 17–18). Dully's life course testifies to the eventual resilience described by Bandura. However, Bandura's observation about psychological

theories certainly suggests that no child is safe from the good intentions and simple-minded theories that currently abound. If they can't count on parents, professionals, or science, whom can children depend on?

Another question remains, however: how can such a destructive surgical procedure leave Howard so functional? That's one of the questions that one has to ask oneself throughout the reading of this book, and indeed, when one listens to the public radio broadcast of Howard's story, one is left perplexed and even believing that this might be something of a hoax. The paperback edition of *My Lobotomy* includes a new chapter where Howard Dully tells of a recent magnetic resonance imaging (MRI) done on his brain. In fact, Howard tells that this is one of the first high-quality MRIs done of a lobotomy patient, and this is particularly important because Howard is in a state where he can actually talk about the lobotomy—how he feels and what he sees and so on—which is of prime importance to those who might be looking at his brain.

Almost 50 years later, the damage and scarring from the ice-pick lobotomy are still very evident in the MRIs. Scientists Glen Fox and Bob Dougherty had initially thought that they would find very little damage and that somehow Howard's surgery might have been incomplete or somehow poorly done because Howard was so functional. "The typical Freeman patient, they said, would not have been able to hold down a job and would not have been able to sustain an extended personal or romantic relationship. He would probably have had difficulty controlling his emotions and he may even have been sociopathic" (p. 279). Glen Fox adds, "He would require permanent institutionalization. He would not be able to care for himself. He would not be able to function in the world at all" (p. 279). Thus, the scientists were quite astounded when they viewed the MRI images because there was a great deal of damage there that just didn't jibe with Howard Dully's cognitive and, indeed, whole-life functioning.

The doctors did come up with a hypothesis for this, and that was related to the age at which the surgery had been performed; simply put, at age 12, Howard's brain was still growing. "After the surgery, it adapted to the lobotomy and found ways to compensate for it. The parts of my brain that Freeman hadn't damaged grew stronger. This was very unusual, according to Bob and Glenn, but not unheard of" (p. 282).

Thus, at the end of this, Howard of course was a bit perplexed. Initially, he had come to be angered at the thought that he had been lobotomized so early, so young; but now, the age of his lobotomy ended up being a blessing. Had he been 15 or 17 or indeed 20, the same lobotomy would have left him in a quasi-vegetative state.

Moreover, Howard was no longer living the life of a victim of poor parenting, institutionalization, or even a lobotomy but rather was living the life of an agent of change with a radio voice, a hit radio program, a best-selling book, and a compelling story to tell.

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