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## Book Review

### **Brains, Discourses, Gender and Situated Knowledge: Lobotomy through Rhetorical History**

**JOHNSON, Jenell. *American Lobotomy: A Rhetorical History*. Michigan: University of Michigan Press, 2013. 240 pp. ISBN: 978-0-472-03665-3. \$ 26.95**

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Many memories and images are brought to mind when talking about lobotomy. This term has, even today, the power to provoke uproar, astonishment, revolt, curiosity. To talk of its story is to be surrounded by attentive and curious eyes.

The word lobotomy is nowadays often used indiscriminately in reference to variations of psychosurgery that have their origins with a technique called prefrontal leucotomy. Elaborated by the Portuguese neurologist Egas Moniz, published in his book *Tentativas operatórias dans le traitement de certaines psychoses* in 1936, the procedure was imported that same year to the United States and applied by the doctors Walter Freeman and James Watts. Known in the country as the prefrontal lobotomy, this variation of the surgery consisted of damaging the fibers that connected the thalamus to the central lobes. Another American variation, developed by these doctors in the 1940s, consisted of a “simplification” of the surgical process – since it did not require trepanation, that is, the perforation of the skull. The transorbital lobotomy accessed the patient’s brain, by means of an instrument similar to an ice picker, through the ocular cavity. These techniques, which were applied in anatomically normal brains, were developed for the treatment of mental illnesses (Raz 2013), especially those with manifestations of uncontrollable behavior (Braslow 1997, 2005). Still, in Jenell Johnson’s words, “the operation was used to “bleach” or “blunt” strong emotions in people diagnosed with certain mental illnesses and, to a less extent, to ameliorate chronic pain” (Johnson 2013, 2) and has been performed on tens of thousands of women, men, and children in the United States.

Giving the history of this therapeutic practice a new analytical bias in her book *American Lobotomy: A Rhetorical History* (2013), Johnson awakens the curious gaze and the longing to understand how lobotomy memories were built beyond the walls of medical offices and hospitals. A researcher in the areas of science rhetoric and disability studies, she

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invites us to explore the history of popular representations of lobotomy in the United States, representations that are now loaded with political and social content, which associate the operation with authoritarian instruments of behavior control, sometimes of punitive character, that forced obedience and eliminated the individual personality of patients. If today, however, surgery has become an icon of “bad medicine”, Johnson points out that in the 1940s lobotomy appeared in the pantheon of psychiatric practices, as illustrated by the awarding of the Nobel Prize to Egas Moniz in 1949. The author then writes a history of the lobotomy using artistic productions, the dissemination of the operation in the press, scientific debates on the therapeutic and the interaction between these discourses. Through these sources, she investigates the process of valuing the lobotomy in its “golden” moment in the popular culture of the United States and analyzes the public debates that led to the inquiry into, and the fear of the practice, from the 1950s.

Based on a model of rhetorical history that seeks to analyze the link between language and culture and the power of spoken, written and translated narratives, Johnson demonstrates that the iconicity of lobotomy also has a history. In retaking Jack Pressman's (1999) critique of the mythical, imaginative, unverifiable, and controversial accounts of lobotomy, she recognizes the limitations and dangers of such documentation for the compression of the surgery into medical practice, but points out that these “stories” make up part of the history of the meaning of lobotomy in American popular culture. From this perspective, the author does not minimize the importance of studying the medical culture in which the lobotomy was developed and used. In the work she bequeathed, for example, special attention to the medical rhetoric about “emotional impairment”, emphasizing the speeches of Walter Freeman. Thus, what she proposes through her analytical exercise is to demonstrate how the lobotomy, the fruit of biomedicine of the twentieth century, has its meanings produced in dialogue with a non-scientific culture, which in turn also influences medical practice.

For this purpose, the author examines and “experiences” different sources. In the first chapter of the book, Johnson investigates the meaning of lobotomy in medical discourse in the procedure's initial years of implementation nationally. In it, the author demonstrates how the therapeutic effect of diminished emotions in the lobotomized patients reverberated through the professional discourse that intended to regulate the surgery. As “Arguments about lobotomy's value were not limited to the medical community”, in the second chapter of the book Johnson broadens her analytical scope and examines the social value attributed to lobotomy in medical journalism discourse. By following the change in understanding of the therapeutic value of the operation she demonstrates positive views of lobotomy were associated with cases involving female patients and, in a negative view, with cases involving male patients. Contextualizing this change, Johnson “complicates” traditional explanations of the decline in lobotomies, focused mainly on the introduction of surgery with psychotropic drugs of similar therapeutic effect. To do so, in the next chapter, she explores a range of texts in which the personality change attributed to lobotomy came to be seen as a politically dangerous element in the context of the Cold War. In the fourth chapter Johnson analyzes the “lobotomy problem” in the resurgence of psychosurgery in the early 1970s, with special attention to the campaign against surgeries raised by psychiatrist Peter Breggin. She further advances and analyzes the mobilization of memory over lobotomy in recent debates around deep brain stimulation (DBS). The final chapter focuses on her experience at the Trans-Allegheny Lunatic Asylum, formerly Weston Hospital, Virginia, transformed into an attraction that offers historical and paranormal visits. Her intention is to demonstrate, through this experience, some of the meanings of lobotomy in the popular culture of the United States.

Jenell Johnson thus goes through a broad analytical path to understand the social values attributed to the procedure and contemplates, along these lines, a study of gender notions in speech about lobotomy in the popular press. According to the author, most of the material that reported positive aspects of lobotomy in the 1940s related to cases of

operations on women. While these discourses promoted the idea that surgery had restored appropriate behavior to patients, publications in the 1950s, critical of therapy, focused on examples of damage to male patients following surgeries, such as a decrease in their masculinity.

Insofar as one of the results of the lobotomy was “docility”, the study looks at how this effect of the surgery had a distinct meaning in relation to men and women in that society. While the childishness effect had a positive profile in the histories of treatment of women, in the cases of men this same postoperative implication was criticized, and argument was composed of negative discourses in the context of the “crisis” of the lobotomy. So for Johnson, as newspaper rhetoric began to change, the use of gender in the interpretation of therapeutic processes also changed.

According to the author, “Press stories argued for lobotomy's therapeutic value supported by interpretations of its social value – specifically, its power to uphold or subvert traditional gender roles for men and women” (Johnson 2013, 66). The relationship of published cases in the newspapers with the cure of “abnormal desires” and “aggressive sexuality” in the case of women outlines what Johnson names “lobotomy's moralizing power”. She tries to highlight this aspect when she uses film productions such as *One Flew over the Cuckoo's Nest* (1975) and *Frances* (1982). The latter, inspired by the life of the American actress Frances Farmer, addresses the transformation of Frances as a rebel and desirable character into a “domesticated” woman through the operation (although there is no confirmation that she has been lobotomized in real life). This image of the actress, as Johnson rightly points out, was possible in a context of growing criticism of therapeutic interventions and thanks to feminist efforts to change the vision of what it meant to be a woman at the time.

The expansion of the analysis on the contexts in which the gender senses are constructed, in what way they change and how debates and social demands would enrich the analysis of popular readings of the therapeutic. As Johnson makes us think about the film *Frances*, the “traditional” values of gender are also socially questioned and modified, albeit slowly and laboriously, though not necessarily in the interests of gender equality. These changes also influence the way in which medicine produces diagnoses and interprets healing / improvement processes in different contexts and allows us to better understand the interaction between medical and non-medical discourses, reinforcing the argument that society not only receives what it produces as a science, but it also shapes this construction of knowledge. This exercise could reinforce their view that men's and women's behaviors are interpreted as symptoms according to a normal / pathological sense that encompasses gender notions. In this way we also reinforce the care with the interpretation of scientific production according to a bias of denunciation of misogyny (although Johnson does not incur this error), but as part of another social world that we see better through historical retreat (Löwy 2000).

Another focus of Johnson's analysis, perhaps even more “innovative” in relation to the history of lobotomy in the United States, is the study of the social meanings of lobotomy in the context of the Cold War that would have contributed to the decline of therapy. Although it is unquestionable that psychiatry turned to psychopharmacology in the mid-1950s and that this is one of the factors in the decreased use of this surgical practice, the author seeks to clarify that at the same moment the lobotomy was the subject of lively controversies. As surgical effects are associated with behavioral and personality changes, lobotomy has become a controversial and troubling therapy and a site of political tensions around individual autonomy and freedom in the United States.

Discourses on brain operations that had the power to turn “normal” people into “zombies” created around the operation the idea of a political, communist, authoritarian weapon whose negativization was also due to its association with a “fascist” technique (Johnson 2013, 96). Part of the popular imagery, this view is present in the association

between Walter Freeman and Josef Mengele that Johnson found in the Trans-Allegheny Lunatic Asylum. However, as she argues, the “condemnation” of actors and events that are later conceived as failures, mistakes, as “bad science” or even as non-science, are also part of medical rhetoric and reinforce a teleological notion of the progress of biomedicine. This view, according to Johnson, permeates recent medical discourses that advocate the use of DBS by mobilizing the memory of lobotomy as a “mistake” of the past in the treatment of mental illness, as opposed to the more rigorous new neurosurgical methods.

In this interpretation lies one of the strengths of the author's historical approach. From a perspective borrowed from Thomas Kuhn (1970), Johnson argues that medical paradigms do not change simply because of better interpretations of nature. In this way, the author questions a view that considers that the decline of the lobotomy in the United States is simply a substitution of a less effective treatment for a more effective one. Her study demonstrates how multiple and complex representations about the procedure in popular culture, defined according to the specific socio-political context, played an active role in the questioning and weakening of the therapy. More importantly, with the lobotomy as the object of analysis, the author emphasizes that a teleological view of medical-scientific production incurs what Pressman characterizes as “a false sense of security and draws our attention even further away from dangers that are actually present” (apud Johnson 2013, 135).

In an overview, in turning her attention to the meanings of medicine in culture, Johnson demonstrates that these meanings also have the power to legitimize and question medical-scientific practices. In this sense, I believe that the book is not only a contribution to the history of lobotomy and therapeutics (a field that requires ever more attention from historiography), but to the history of medicine in a broader way. In accessing popular representations of lobotomy, differently from the work on therapy based on clinical records and scientific discourses, Johnson argues that such documents raise criticisms of science and medicine that deserve to be investigated. Among these criticisms she refers to “the relationship between research and treatment, state and corporate investments in medicine and biomedical technology; the intersections of medicine, and particularly, with gender race, class, ability and sexuality; the scientific and social implications of cerebral sacralization and subjectivity – all issues well worth further discussion” (Johnson 2013, 150).

I must not fail to mention the proposal for the production of a situated knowledge and partial perspective pursued by the author. In addition to clarifying that the purpose of the book is to offer “a situated account of lobotomy as it intersects with American culture at different points in its history” (Johnson 2013, 19), she draws attention to a limitation faced when writing a history of lobotomy: there will always be missing histories told by those who have undergone the therapy. Johnson feeds this situated and partial perspective by informing the reader, in the epilogue of the work, of aspects of her life experience that have influenced her interaction with the sources and, consequently, the process of research and writing. This exercise starts from the critique of the production of scientific knowledge as a neutral and uncompromising activity and promotes what Donna Haraway defines as a responsible and critical perspective through the positioning of the practitioner. The intention of this practice, in Haraway's words, is to produce “better explanations of the world”. Through this work, Jenell Johnson gives us her contribution.

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