

# The Psychosurgery Debate

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Scientific, Legal,  
and Ethical Perspectives

Edited by Elliot S. Valenstein

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Elliot S. Valenstein  
University of Michigan

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# *The Psychosurgery Debate*

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# *Preface*

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A scientist at the end of a long and distinguished career suddenly finds himself the target of a public protest and is accused of using public funds to mutilate cats in senseless research. A neurosurgeon who believes that he is offering very disturbed mental patients a chance for a more normal life is charged with using people as guinea pigs in Nazi-like experiments. Similar confrontations have become commonplace as increasing numbers of people feel that it is not only their right, but also their responsibility to monitor the social and ethical implications of new developments in science, technology, and medicine. Scientists and physicians, who had formerly never thought about these issues, have been forced to consider the social implications of their work and the limits of their responsibilities. Legislators, judges, and various public officials have had to wrestle with the problem of making decisions in complex fields where even the experts disagree about the possible dangers and the potential benefits of different courses of action. In the process, it became obvious that our educational system had been turning out specialists who were seldom required to consider questions of ethics or social responsibility.

Traditionally, the teaching of ethics had been left to philosophers searching for those abstract principles that could distinguish ethical from unethical behavior. As honorable as that search might be, it seemed evident that there was no readily available set of principles that could resolve any of the current controversies. In fact, many of the controversies did not seem to involve differences in ethical values, as people on all sides of disputes frequently argued passionately that their position was consistent with the most noble of ethical goals. What seemed to be in dispute in most controversies were disagreements over the correct estimates of potential risks and ben-

efits, how to resolve these disagreements, and what kinds of controls should be imposed.

In response to the deficiencies in our educational system, universities started offering many more courses designed to help people make "ethical" decisions. It is now estimated that there are at least 12,000 courses in ethics being taught in the United States, 1,000 of which are undergraduate courses in medical or bioethics. Almost all medical and law schools have introduced courses in ethics, many of which devote significant time to considering the issues that arise out of controversies about practices in the mental health field.

Because it seemed to me that there was an inadequate amount of source material available for courses in biomedical ethics, I decided to take one intensely disputed controversy, the psychosurgery debate, and to explore in depth the scientific, legal, ethical, and social issues raised by this dispute. While no single controversy can serve as a perfect model for all current concerns in the biomedical field, psychosurgery appeared to be a particularly instructive topic for several reasons. First, because the current controversy over this practice has been raging for about a decade, a great range of opinions have been expressed on all aspects of the problem. Many of these opinions raised arguments that applied equally well to almost all controversial interventions in the mental health field. Second, a commission (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research) had been mandated to study the problem and make recommendations to the government. It seemed most important to examine the procedures employed, particularly because of the possibility that a permanent commission to deal with all such issues in the future might be established. Third, a number of legislative solutions have been proposed to control or prohibit psychosurgery, and two states have had "psychosurgery laws" in existence for several years. Much could be learned by studying the effect of these legislative interventions into medicine. Fourth, lawyers have been involved in the malpractice suits that have to a great extent been generated by the controversy. Most important is the fact that several legal scholars have used the psychosurgery debate as a vehicle to discuss the special problems of mental patients either in prison or in institutions, having been committed against their will, and also to consider broad constitutional questions such as the implications of "mind-altering interventions" for civil liberties. Fifth, it was clear that the controversy did not involve only physicians and the general public. The basic research of scientists has contributed significantly to the development of psychosurgery, so that scientists are also involved in the evaluation of psychosurgery. Finally, several aspects of the psychosurgery debate

made made it clear that we need to scrutinize not only the practices under discussion, but also the recommendations offered to resolve the disputes. Hastily adopted recommendations can produce consequences that are more undesirable than the problems to which they are addressed. It has become clear that no society can remain static and survive, that attempts to eliminate all risks may prove to be very costly.

Hopefully, the present volume presents a readable account of the scientific and social issues raised by the psychosurgery debate. Perhaps more significant is the fact that all the authors broadened their perspectives in an attempt to contribute to similar controversies that have already arisen or that will surely arise in the future. This volume is offered, therefore, in the hope that it will be useful not only to students in many fields, but also to scientists, lawyers, physicians, policymakers, and all those who are, or should be, concerned with the process of resolving controversies at the interface of science and society.

The organization of this book, a substantial amount of the research, and some of the writing of my contributions were accomplished while I was a Fellow at the Center for Advanced Study in the Behavioral Sciences. I am greatly indebted to the Center for providing such a congenial and supportive environment. In truth, the atmosphere at the Center was so free of any pressure that had I not produced anything under such idyllic circumstances, my feelings of guilt would have been unbearable. A sabbatical leave granted by the University of Michigan made it possible for me to work on this book. I am also pleased to acknowledge the very significant role of my secretary, Judy Baughn, who not only patiently accepted the work necessitated by many revisions but somehow managed to maintain order in the face of chaos. Judith Lehman provided very valuable assistance during the final stages of transition from manuscript to completed book. By no means last in importance is my feeling of gratitude for the valuable contribution made by the staff of W. H. Freeman and Company. W. Hayward Rogers provided constant encouragement without harassment, while Pearl C. Vapnek was most efficient in supervising the production of the volume. Joan Westcott edited all the manuscripts with awesome attention not only to small details but also to many conceptual issues, immensely improving the final version of the book.

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# *Introduction*

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Anyone who has followed the psychosurgery controversy during the past ten years is well aware of the extent of polarization of views on the subject. Opinions have been so extreme and emotions so strong that meaningful discussion of the issues has been practically impossible. The participants in this controversy assumed the position of moral crusaders. Those opposed to psychosurgery have accused their opponents of using "brain-control techniques" in "Nazi-like experiments"; those practicing psychosurgery have considered their opponents to be irresponsible "demagogues" who have prevented doctors from helping patients and have used every trick of distorting the truth to support their own political philosophy.

Recently, however, there were indications that the emotions had run their course and that most people recognized the futility of repeating the same accusations and counteraccusations. It seemed that those most actively involved in the debate might now be willing to start working toward solutions. At the very least, the time seemed right to present a logical analysis of the issues, rather than simply adding more fuel to the controversy. Therefore, I asked the

principals in the debate and also others who had thought about the problem to consider the ethical, social, and legal issues that are raised by psychosurgery and other controversial therapeutic interventions in the mental health field. The great majority of the people contacted agreed to try to offer comments that would be constructive in tone, although it became obvious that strongly held positions influenced (as perhaps they should) both the form and the content of many of the contributions.

A few potential contributors, however, felt that psychosurgery could not be used as a vehicle to discuss more general ethical, social, and legal issues in the mental health field. They expressed the view that it was not possible to generalize from psychosurgery, either because the subject was too controversial or because the scientific rationale for these operations was inherently untestable. Quite commonly, it was also asserted that because psychosurgery involved destruction of healthy brain tissue it raised unique problems, and therefore it could not be used to discuss more general concerns.

After weighing these objections carefully, I decided that they were not well founded. In the first place, the very controversy surrounding psychosurgery was what made this an especially valuable topic to discuss. A great range of opinions on almost all aspects of the controversy had been expressed. Most important was the fact that in contrast to the questions raised by other controversial medical procedures, many of which could be resolved by a well-controlled study, the issues raised by psychosurgery are more varied and complex. Although any discussion of psychosurgery could benefit from reliable, valid, and current information on the outcome of these operations, many of the issues raised seem to go beyond questions of effectiveness, as usually defined. Psychosurgery might be effective in reducing or eliminating symptoms troublesome to the patient and to others, but might accomplish this (as some people claim and others deny) at a risk of reduced capacity for emotional experience and potential for creativity. Assuming for the moment that these gains and losses are real, there is no way of balancing them that can be divorced from one's personal value system. The subjective weights given to such gains and losses would be quite different when assigned, for example, by a person responsible for maintaining order in an institution than they would be when assigned by someone who regards individual expression as one of mankind's most valued characteristics.

In addition, there had been a number of legislative proposals for controlling or prohibiting psychosurgery, and two states (Oregon and California) now have "psychosurgery laws." Clearly we need to

examine very carefully the effects of such legislative interventions into the practice of medicine (see Part V). Psychosurgery has also been the subject of three studies sponsored by a commission (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research) charged by the federal government with the task of holding hearings and obtaining the information necessary to make recommendations. While perhaps not without precedent, it is clear that this procedure has been used only rarely in the past. In view of the suggestion that the National Commission should become a permanent body, the information-gathering procedures used and the process of generating recommendations to Congress need to be closely scrutinized.

The argument that psychosurgery is unrepresentative of most controversial medical practices, in that it is an irreversible procedure involving destruction of healthy tissue, has to be answered. Furthermore, because it is brain cells that are destroyed, it is argued that memories, emotions, values, and all other attributes that together comprise an individual's personality are necessarily impaired. The destruction of healthy tissue is clearly a very important consideration, but not a unique one that should automatically close all debate. There are, for example, several less controversial therapeutic interventions that also involve destruction of healthy tissue and irreversible procedures, such as the removal of normal endocrine glands to arrest the growth of cancer. Although it clearly increases the seriousness of a medical procedure, the production of irreversible damage to healthy tissue is not, by itself, a sufficient reason to rule out a therapeutic practice.

Moreover, while it is certainly true that the brain is the organ most responsible for our individuality, it does not follow that all brain damage, whether it be from a tumor, stroke, accident, or psychosurgery, must have a dramatic impact on personality or even that any of its effects will be detectable under ordinary conditions. Obviously, any changes in personality or emotional or intellectual functioning will depend upon many variables, but particularly on the amount and the location of the brain damage. With respect to the irreversibility argument as applied to psychosurgery, it is certainly true that the destruction of a nerve cell is irreversible. (It might be noted in passing that the capacity of remaining cells to make new connections and to utilize other compensatory mechanisms is now known to be greater than was previously thought.) More meaningful to the patient, however, are questions about whether there are also irreversible losses in intellectual, emotional, or behavioral capacities.



Arguments about the inviolability of the brain and the irreversibility of the operations serve the very important function of counteracting any attempt to minimize the seriousness of a surgical intervention. We should never forget that the complex interrelations among the elements of the brain evolved over millions of years. The possible consequences of destroying one part of the brain should never be underestimated. Nor should we be so arrogant as to overestimate our knowledge of the way the brain functions. None of these arguments should, however, substitute for data describing the actual changes produced by specific psychosurgical operations. This is not meant to imply that the problem can be easily resolved. What needs to be thoroughly discussed is the adequacy of our test instruments and the other sources of data used to evaluate the outcome of psychosurgery or for that matter any intervention intended to change the mental status of patients (see Part III).

Another important issue raised by psychosurgery that has implications for all of psychiatry is the way mental illnesses are conceptualized. Explanatory models of psychiatric disorders vary widely, and a strong bias toward any particular model will greatly influence attitudes toward different therapeutic interventions. Many models have been proposed. Perhaps at one extreme are those theories that emphasize the importance of culturally determined values in assigning "disease labels" to socially unacceptable behavior (Kittrie, 1971; Laing, 1971; Szasz, 1972; Torrey, 1974). According to these theories, psychiatry should be considered a social science rather than a branch of biology or medicine. Szasz (1974), for example, rejects the "disease model." Describing mental illness as a "myth" perpetuated by the "mental health industry," he contends that "what people call mental illness are for the most part communications expressing unacceptable ideas." Most of the theorists in this group consider psychoses and neuroses to be merely deviant behaviors reflecting unconventional beliefs and values. Particularly subjected to criticism is the modern tendency to constantly expand the range of psychiatric diseases requiring medical treatment by including, for example, not only excessive eating, smoking, and gambling, but also criminal behavior and unconventional political ideas. It should not be surprising, therefore, that those opposed to the "disease model" have charged that many therapeutic interventions violate basic democratic freedoms in the name of therapy. This is an extreme view, and there are relatively few people who believe that most psychiatric disorders are nothing more than a society's way of labeling deviant behavior. Nevertheless, the supporters of this position have been very prolific writers and have had a significant impact in