



Anne E. Parsons. *From Asylum to Prison: Deinstitutionalization and the Rise of Mass Incarceration after 1945.* Chapel Hill: University of North Carolina Press, 2018. 240 pp. \$29.95, cloth, ISBN 978-1-4696-4063-1.

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From Asylum to Prison: Deinstitutionalization and the Rise of Mass Incarceration after 1945 is a timely work that bridges the two, largely separate, historiographies of the history of psychiatry and mass incarceration through the lens of the carceral state. Anne E. Parsons, an associate professor of history and the director of public history at UNC-Greensboro, traces how the politics of the social welfare state and criminal legal system in the United States were intertwined, arguing that the deinstitutionalization of psychiatric hospitals and the rise of mass incarceration and the overincarceration of people with psychiatric disabilities went hand-in-hand between 1945 and the late 1980s. As the book's title indicates, Parsons provocatively argues that "the asylum did not disappear; it returned in the form of the modern prison industrial complex" (p. 3).

Parsons's analysis rests on her argument that mid-twentieth-century institutions "were carceral spaces—sites of social control that limited people's freedom," which is informed by previous work by scholars such as Michel Foucault, Erving Goffman, Thomas Szasz, and Andrew Scull (p. 9). This lens of analysis allows her to examine how the incarceration of the majority of people in state institutions shifted from those in mental hospitals diagnosed with a mental illness to, between 1945 and the late 1980s, those in prison labeled as dangerous and

criminal. The deinstitutionalization of mental hospitals, beginning during the 1960s, was the major turning point, and many of those diagnosed with mental illness released through deinstitutionalization were reinstitutionalized in the prison system. Parsons gives three reasons for this and the move toward mass incarceration: the lack of community mental health services, the recriminalization of mental illness, and the rise of law-and-order politics after the 1960s.

While the book's arguments are broad, they are based heavily on a case study of Pennsylvania, especially the Philadelphia area. Parsons blends political, social, and cultural history in this work. Many of the archival sources come from state records related to individual politicians or state agencies in Pennsylvania, while periodicals, newspapers, novels, and secondary sources help to explain social change and fill in connections to the national context. Although Pennsylvania is a strong choice for a case study on this topic, this book leaves room for further research on how deinstitutionalization, and reinstitutionalization through mass incarceration, may have had different paths due to different local politics beyond Pennsylvania and the Northeast.

The book is nicely organized into five chapters that advance chronologically, based on the different periods of change argued by Parsons. The site

of the Pennsylvania State Hospital at Byberry usefully brings the analysis full circle; the introduction begins with one man's story of incarceration at Byberry until his release in 1970 and the last chapter, before the epilogue, ends with Parsons's discussion of the closure of Byberry as a potential model for future efforts to remedy the mass incarceration crisis. Chapter 1 provides an overview of the state of mental institutions and psychiatry following the Second World War, and establishes Parsons's argument that mental institutions were carceral institutions. Parsons's discussion, not only of popular novels such as *The Snake Pit* (1946) by Mary Jane Ward (1905-81) but also of conscientious objectors' writings about mental hospitals, illuminates postwar rhetoric comparing mental hospitals to prisons.

Chapters 2 and 3 work together to explain the major factors that catalyzed deinstitutionalization. Chapter 2 focuses on the growth of anti-institutional policies related to mental hospitals in the 1950s, but also shows the growth of state correctional institutions based on an ideal of rehabilitation of criminals rather than incarceration. Most convincing is Parsons's discussion of the growth of the juvenile delinquency system based on concerns about the future development of both mental illness and criminality among juveniles, particularly for African Americans. Chapter 3 explains the major factors on the federal and state levels that influenced deinstitutionalization in the 1960s, including funding cuts as well as the cultural currents that led to an "anti-institutional impulse" (p. 16). Court rulings serve as the most important aspect of this chapter, with Parsons highlighting the 1970 Pennsylvania case *Dixon v. Attorney General* that changed the state's involuntary commitment laws so that a diagnosis of mental illness alone did not mean that a person could be institutionalized. While courts did protect people in prisons and hospitals by identifying important negative rights, explains Parsons, positive rights such as access to ad-

equated mental health services were not recognized to the same degree.

Chapters 4 and 5 hold the most innovative arguments in the book. Chapter 4 builds on chapter 3 by looking at how deinstitutionalization impacted prison reform during a brief period in the late 1960s and early 1970s—turning quickly from rehabilitation and anti-institutionalism to a "renewed custodialism" (p. 122). Parsons attributes this to the state government's concern for public safety over protecting individual freedom during the rise of law-and-order politics. Because of this shift to people being put in prison for criminal acts or behavior deemed dangerous, rather than being institutionalized for mental illness, Parsons argues, mental illness became criminalized. In chapter 5, she shows how the politics of social welfare institutions and correctional institutions were intertwined and how the Pennsylvania governor's choices to cut social welfare funding for those diagnosed with mental illness were tied to increased spending on prison construction. Then, in one of the most innovative parts of the book, titled "The Asylum Becomes the Prison," Parsons explains this shift and charts how a "reinstitutionalization" occurred as at least seventy state institutions were directly converted to prisons (p. 145). The example in Pennsylvania of the conversion of Retreat State Hospital to the State Correctional Institution—Retreat during the 1980s is particularly convincing.

From Asylum to Prison also includes an essential analytical theme of race, with Parsons noting how "as mental hospitals closed and corrections grew, more African Americans were entwined in the carceral state" even during the era of civil rights and desegregation (p. 47). Throughout the text, she discusses the role of racial prejudice and rhetoric in political and legislative decisions as well as rising rates of African American incarceration at key points. However, although Parsons argues that "race, gender, and sexuality were central" to the changes brought on by deinstitutionalization, there is very little discussion throughout

the monograph of how gender or sexuality factored into this history, especially given the large social and cultural changes surrounding gender and sexual norms that occurred between 1945 and the late 1980s (p. 47). One thing at which Parsons excels throughout the book is her use of carefully chosen terminology to describe the historical actors (e.g., as “diagnosed with mental illness” rather than as “mentally ill”). She also uses the term “psychiatric disabilities,” thus placing the work in conversation with the larger history of disability connected with institutions (p. 18).

Despite any critiques, *From Asylum to Prison* is an important work that urges scholars to consider how the contemporary mass incarceration crisis and overincarceration of people with mental illness in the United States has roots in a longer history of state-funded custodial institutions. In the epilogue, Parsons reminds readers that history has much to teach us about the usefulness, or lack thereof, of incarcerative institutions as a solution for the treatment of mental illness or of social deviance. This book should garner much discussion in graduate seminars and would be a valuable read for anyone interested in the history of psychiatry, institutions, and the carceral state.

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