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It is often presumed that the widespread closure of asylums from the 1950s thrust significant numbers of vulnerable people on to the streets. Former asylum residents then found themselves homeless or in the criminal justice system. Among other aims, Liat Ben-Moshe’s *Decarcerating Disability: Deinstitutionalization and Prison Abolition* sets out to complicate this narrative. In the United States, deinstitutionalization occurred in mental healthcare from the late 1950s, and around fifteen years later for those with intellectual disabilities. Across the country, institutions shut at an uneven pace. However, this was far from the end for institutions. As Ben-Moshe ominously points out, nowadays “the United States has only 5 percent of the world’s population, yet it holds 25 percent of the world’s imprisoned population” (p. 7). Although Ben-Moshe refutes direct causal links between the closing of asylums and rising prison populations, she argues robustly that disability and “madness” need to be centered in current debates about American mass incarceration. As in her previous work, Ben-Moshe defines “incarceration” broadly to encompass jails, psychiatric hospitals, detention centers, treatment settings, residential institutions for those with intellectual or developmental disabilities, and all other enclosed settings.

Drawing extensively from Michel Foucault, *Decarcerating Disability* constructs and activates a genealogy of deinstitutionalization. The book discusses both historical and present-day contexts, but this review will focus on the historical components. A key argument is developed: deinstitutionalization was not to blame for the rise of US mass incarceration. Racism, neoliberalism, and privatization were the primary culprits. After all, deinstitutionalization took place in the era of the rise of neoliberalism. Was this a coincidence? Ben-Moshe thinks not. Neoliberalism encouraged the decimation of social safety nets for many service users. This argument moves debate away from the specific processes of deinstitutionalization toward the broader political and socioeconomic climate in which it occurred. Moreover, Ben-Moshe depicts deinstitutionalization not just as a movement of people from institutions to community settings but also as a political logic, one limited in its claims of liberation by an underlying adherence to capitalist formations.

Of particular interest to historians, the first chapter reassesses the intertwined causes of deinstitutionalization. Ben-Moshe argues that John F. Kennedy’s mental health policies in the 1960s were an important stimulus, but the timing suggests that it was not a leading cause. Deinstitutionalization had in fact already commenced in the 1950s. A stream of exposés of asylum life in the 1960s and 1970s further helped the process along, but these ul-
timely had narrowly focused impacts. Exposés questioned the efficacy of carceral sites but not their existence or rationale. The same could be said for related lawsuits, which left intact the basic logic of incarceration. Cost-cutting has been cited by historians, such as Andrew Scull, as another likely explanation, but providing care in community contexts did not necessarily reduce mental healthcare costs. The importance of psych drugs, such as Thorazine, in spurring on mass decarceration is also questioned for being based on a particular narrative that has sought to confirm the ascendency and effectiveness of biopsychiatry.

Another chapter of interest to historians scrutinizes widely held presumptions about former asylum patients ending up homeless and/or diverted into the criminal justice system en masse. In contrast to recent historical research published by Anne E. Parsons (From Asylum to Prison: Deinstitutionalization and the Rise of Mass Incarceration after 1945 [2018]) and others, the author insists that “prisons are not the new asylum” (p. 135). However tempting such a model might appear, Ben-Moshe envisions no straightforward linear connection between asylum closures and the increased use of prisons. To bolster this argument, the author observes that the main thrust of asylum deinstitutionalization took place between the 1950s and 1980s, causing no discernible direct increase in America’s prison population. In addition, Ben-Moshe turns presumptions about former psychiatric patients becoming homeless on their head by arguing that homelessness could in fact be a potential cause of mental distress. The author ultimately concludes that blaming asylum closures for rising homelessness levels self-consciously turned deinstitutionalization into a convenient scapegoat that (perhaps deliberately) diverted attention away from deficient government social policies. These are powerful, convincing arguments. However, at times in this section, the historical context is discussed quite fleetingly with limited evidence. For instance, the discussion of homelessness and insanity could have been brought out more fully and comprehensively.

Another historically focused chapter examines the past, present, and future of institutional and prison litigation. It explores cases in the late 1970s in which prisons and schools were forced to close due to dismal institutional conditions. Litigation was a regularly used form of decarceration that further assisted the process of deinstitutionalization. These debates are linked to the broader question of whether activists ought to have been campaigning for complete abolition or institutional improvement.

The book contributes a wealth of important insights and will be of interest to a broad audience from such disciplines as criminology, law, justice, and history. Indeed, this review has only skimmed the surface by highlighting the historiographical contribution alone. Each chapter contains a lot of information, often presented using a somewhat dense writing style. Chapters often feel quite long and at times lack firm direction. Due to this, the book is not a particularly easy read. Nonetheless, the underpinning ideas are robust. Ben-Moshe raises powerful questions about the links between neoliberalism and institutions, noting, for instance, that homecare has never been as profitable as institutions that employ people, attract funding, and generate income. The author raises related points about the devaluing of women’s work in providing domestic care, and she has much to say about race relations, noting that the addition of “danger” to the list of criteria for hospitalization increased the likelihood of color becoming institutionalized. Ultimately, Decarcerating Disability concludes that simply abolishing institutions is not the solution. Instead, we need to entirely do away with the broader neoliberal discourses that support imprisonment and learn to embrace, rather than shut away, vulnerability.
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