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Genealogies of Resistance to Incarceration: Abolition Politics within Deinstitutionalization and Anti-Prison Activism in the U.S.

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Dissertation Abstract

"Genealogies of resistance to incarceration: Abolition politics within de-institutionalization and anti- prison activism in the U.S." looks at two main sites in which abolition of "total institutions" is enacted. The first site is activism around penal and prison abolition. The second site is deinstitutionalization- the move to close down institutions for people labeled "mentally retarded" (or intellectual/developmental disabilities) and "mental illness" (or psychiatric disabilities). My goals in this study are twofold and interrelated. First, I investigate abolition or closure of institutions as a radical form of activism and sketch the costs and benefits of engaging in abolition as an activist tactic. I highlight the limits of reform efforts, but also the way they are used strategically to improve the lives of those who are incarcerated. My second aim is to demonstrate the interwoven relations between multiple sites of incarceration and the resistance to them.

I begin by sketching an alternative historiography of prisons and institutions in an attempt to paint some of the perils of these systems that were present from their inception. These landscapes of incarceration are also mapped out in both historical and ideological ways. The phenomenon of psychiatric and developmental disabilities centers closing and then turning into prisons will be highlighted as a parable of the cyclical nature of social control. I also connect prisons and mental institutions by demonstrating the ways in which such institutions shifted from being rehabilitating to custodial; were (and are) embedded in notions of danger; were created for economic gain; and were influenced by increased medicalization, as well as racist and eugenic impetuses that mark them to this day.

One of the contributions of my research is in the utilization of Michel Foucault's work not only theoretically, but also methodologically. Genealogies interrogate truth claiming, notions of

(scientific) progress, and the discovery of one universal truth, and provide means to extrapolate buried histories of ideas and actions that have been discarded and discredited. As part of this genealogical excavation, I critically investigate instances of possibility, both in deinstitutionalization as a tactic, a dream and its unfulfilled promises and in relation to current prison abolition work and the vision of non-punitive society. During and in the aftermath of the move out of institutions, many critiques were laid out by policy makers, academics, and organizations that cater to people with disabilities. In the popular imagination these staunch criticisms have led to a backlash toward what can be characterized as "the failure of deinstitutionalization." Part of this genealogy is devoted to investigating the chasm between activists' perception of the process of institutional closure and that of their critics.

As part of such excavation, I also offer an analysis of the ways in which disability, mental illness and prisoners have been constructed in the social sciences (what Foucault characterizes as erudite knowledge), as well as the ways in which these characterizations are resisted, enacted or performed by prison abolition and de-institutionalization activists. I particularly highlight the critiques of the social world offered by those engaging in deinstitutionalization and prison abolition (about disability/mental illness/mental retardation, concepts of home and community, dependence, crime and punishment, social control, social justice etc.). Genealogy also encompasses the excavation of subjugated knowledges, in the Foucauldian sense as both buried histories -the story of the enactment of prisons and institutions told by the activists who wish to abolish them; and disqualified knowledge- disability studies, anti psychiatry scholarship and critical prison studies as forms of knowledge that are deemed non-scientific and illegitimate.

Lastly, this work maps the various ways one fights against total institutions and target the instances in which abolition is seen as a useful strategy. In sum, I trace the costs and benefits of

utilizing abolition as a strategy of resistance to incarceration, for the activists, for perceptions of them and their work in the public discourse and for their prospective goals. This research also attends to the various ways in which abolitionary practices are combined with others (such as reform efforts) and the social or political constraints that moved movements and activists from one strategy to the other in the winding road towards a non-carceral society.

Genealogies of resistance to incarceration: Abolition politics within

deinstitutionalization and anti-prison activism in the U.S.

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No work happens in a vacuum and this one is no exception. I could have never done this research or even conceived of this topic without the amazing work of scholar/activists who were and are actively fighting against the tyranny of carceral edifices. Their relentless efforts not only inspired me to write this dissertation but also inspire my everyday life- the kind of person I want to be and the kind of world I want to be a part of. If nothing else, this work has made me even more committed to this struggle and also to the necessity of creating coalitions and bridges across social movements with similar aims, or in Minnie-Bruce Pratt's terms "shared horizons". This work is dedicated to shared horizons of inclusion and a non-carceral society.

In particular I would like to thank my committee members, who have guided me through this tenuous and exciting project. Steve Taylor acted not only as a wonderful and generous chair who read numerous reiterations of this manuscript; but also acted (unknowingly at times) as a great informant to the history and praxis of deinstitutionalization in developmental disabilities. Steve embodies for me the image of the scholar/activist who not only writes about social struggles but actively takes a stand when it matters the most. Without the work that he has done, and others in the Center on Human Policy before and with him, this project could not have existed simply because deinstitutionalization in the field of developmental disabilities would not have been as successful without their existence and relentless advocacy. It is the spirit of the Center on Human Policy (with its aging building, its informal and rich archive, and wonderful people –especially the extraordinary and always helpful Rachael Zubal- Ruggieri and Cyndy Colavita) that moved me through this project. I feel very fortunate that I was a part of this center and I will carry its essence with me wherever my future endeavors take me.

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Chapter 1: In and out of the "carceral archipelago"

The title of this chapter is a homage to two of the many influences of this study- the work of philosopher, historian and public intellectual Michel Foucault, who provided me some of the methodological tools which inspired this inquiry; and the work of Burton Blatt, one of the influential reformers who advocated for deinstitutionalization and inclusion in the field of developmental disability, including in his monograph "In and Out of Mental Retardation" (1981). I combine Blatt's insistence on inclusion for all with Foucault's analysis of the carceral archipelago. In *Discipline and Punish* (1995) Foucault introduces the idea of the carceral to describe the diffusion of disciplinary techniques throughout a variety of social institutions. Foucault describes a "carceral archipelago" (1995: 297) as a network of prison-like institutions, but also including "charitable societies, moral improvement associations, organizations that handed out assistance and also practiced surveillance, workers' estates and lodging houses" (1995: 298) which functioned as disciplinary mechanisms with "all too visible marks of the penitentiary system" (1995: 298). Although Foucault uses the term sometimes metaphorically, in my work I try to focus on this carceral archipelago quite literally, as an institutional matrix of incarceration, which ranges between prisons, psychiatric hospitals, group homes, some community living practices and the discourses that construct them. My aim is to showcase the movement *in* (in the form of incarceration) but mostly attempts at trying to get *out* (in the form of deinstitutionalization and prison abolition) of this carceral archipelago.

In this chapter I attend to the reasons that brought me to this research trajectory, and why I believe it is crucial to investigate the connections between deinstitutionalization and prison abolition, in the past, present and for the future. I detail my research objectives and the

methodology that guided my inquiry. I also contextualize the subject of the study. I therefore

give some insight into deinstitutionalization and prison abolition as historical and contemporary

sites of resistance to the carceral archipelago. The chapter then leads to a discussion of the

theoretical underpinning of this study coming from disability studies, mad studies, the field of

developmental disability, sociology of incarceration and critical criminology. I emphasize the

need to broaden the scope of what counts as incarceration to include both prisons and institutions

housing those who are labeled as intellectually, psychiatrically or developmentally disabled[1] and

the movements that try to abolish them. I also emphasize the need to include disability in studies

of incarceration and imprisonment in disability studies. I end the chapter with an overview of the

layout of the projects and the chapters ahead.

Research on change, and changing research

This research project began as I became increasingly interested in the connections and

similarities between prisons and institutions for people who are developmentally/intellectually

disabled or have psychiatric diagnoses. These similarities have been captured in the sociological

literature by defining and analyzing such settings as total institutions. Following key theorists

such as Erving Goffman, Michel Foucault and others, a commonality can be traced by which

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[1] Throughout the research I refer to people with intellectual, psychiatric and developmental disabilities and people with labels of mental retardation and mental illness. These refer to the same two populations but using different terminology derived either from the people first movement (i.e. people with developmental disabilities) and mad movement (i.e. people who are psychiatrized); or I use more historically accurate terminology derived from the way people were referred to in public policy up until a few years ago (i.e. the category of mental retardation and mental illness). Most of the time I chose to use the terms derived from disability studies and labeling theory, which view these categories of "disability" as socially constructed. I therefore mostly refer to people as "people labeled as developmentally disabled" or "people labeled as mentally ill" to indicate that I perceive these categorizations as situational and varied over time, culture and power dynamics as to who gets to define and who gets to be defined under these categories. I do not endorse the use of the category of "mental retardation" but I chose to use it when the context necessitates its use, precisely in order to demonstrate and critique the derogatory nature of this term. I also use the term developmental disabilities when it can accurately replace "mental retardation" as a signifier, instead of the term "intellectual disability" as it more accurately represents the professional field and the populations housed in institutions, which often had multiple disabilities, not only intellectual or cognitive.

populations in both prisons and institutions for mental and psychiatric disabilities are incarcerated and dehumanized, stripped of their privacy and rights. Another commonality is that both of these repressive settings have a parallel trajectory from rhetoric of rehabilitation and cure to that of (ware)housing and coercion.

Prisons and developmental disabilities/psychiatric institutions are not just comparable, but intimately linked. When I started researching their connections, I soon discovered that many institutions and asylums, which depopulated and closed down, eventually opened up again as prisons or juvenile detention centers. This trend is especially prevalent in the landscape of central New York. One illustrative example can be found in Rome, New York. In 1893 Oneida County established an almshouse in Rome, which transformed to Rome State Custodial Asylum for Unteachable Idiots at the turn of the century. It then changed to Rome State School in 1919, and lastly in 1974 to Rome Developmental Center[2], which was mostly a name change that did not shift the populations served by the facility. It closed in 1984 as the Rome Developmental Disabilities Service office and its 638 residents were scattered among group homes, community living placements and other institutions in the area. It reopened in the mid-eighties as Oneida Correctional Facility, a state run prison operating in the same buildings used for the old almshouse a hundred years earlier.

As a scholar/activist, the discovery that closure of oppressive institutions for people labeled "mentally ill" or "mentally retarded" ultimately led to the opening of another repressive setting in a form of a prison was very demoralizing. The history of deinstitutionalization in the U.S. suggests that institutions closed, at least in part, due to the efforts of those who advocated for the

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[2] More of this historiography can be obtained at
http://www.geocities.com/MotorCity/Downs/3548/facility/onieda.html

humanity of all people and the right of all to live free and in the community. Was their success, which led to the closure of mass institutions in many states, linked somehow to the growing prison industrial complex and the incarceration of many others? This sobering realization led me to change my original research project in search for a nucleus of hope in the eyes of despair. I shifted my research from one focused on social control to a project targeting active social change. Therefore, this research is focused not on surveying the varied means by which societies control their unwanted (and benefit from it financially and otherwise), or the evolution of means of population surveillance. Instead, I will inquire into one main strategy by which these means are *resisted*. In particular, I examine forms of resistance whose ideology is to abolish or close down institutions (for people labeled "mentally retarded," psychiatric hospitals and prisons), as opposed to activism based on reforming or restructuring these institutions or other forms of resistance.

Research object/ive and methodology

This study constructs a genealogy of deinstitutionalization, anti-psychiatry and prison abolition[3]. My project can be read as the other side of Michel Foucault's life work. Foucault researched the connected power effects that operate through various regimes of truth. His aim was to expose the fact that the logic of (both disciplinary and biopolitical) power operated through a variety of technologies and social as well as physical, institutions (Foucault 1965, 1987, 1990, 1995). And his prime examples were the asylum, the clinic and the prison, which are

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[3] In this research, I am only discussing deinstitutionalization and incarceration in relation to adults. The situation in juvenile facilities and for children with labels of mental illness or intellectual disability is often quite different. However interesting the story is in relation to children in regards to deinstitutionalization and decarceration, it is not the focus of this research project. In some chapters I allude to some developments in this area, but readers are advised to look elsewhere for a deep analysis on this front (such as the work of Jerome Miller (1991) in relation to juvenile decarceration or the work of Eyal et al. (2010) in relation to their perspective of deinstitutionalization in the developmental disabilities field as the "surveillance of childhood."

all sites I am interested in. Thus, my project will not only deploy a Foucauldian analysis, but also expand it.

One of the biggest critiques of Foucault's work is his persistent characterization of the encircling nature of power and lessened attention to forms of resistance (see Diamond & Quinby 1988). Power, for Foucault (1965; 1990), works precisely because it is not merely destructive, but productive. It produces particular subject formations, and by so doing constrains them in the very discourse that created them (such as the creation of the category of mental illness, as opposed to madness, by the simultaneous creation of the medical discourse of psychiatry with its hold over those who are defined as mentally ill). Power, in this formulation, is not a centralized external force controlled by limited few, but is inside us, making us operate in particular ways, often in benevolent means, .i.e. "for our own good," such as the case with diets, psychotherapy, anger management, and rehabilitation to name a few (Tremain 2005). Foucault's work seems to insist that we are always in webs of power, whether it is repressive or productive (Foucault 1980). A careful reading of his work also lends itself to some theorizations of resistance, but this is definitely not the aim or the crux of his work. It is, however, the focus of mine.

As a genealogical study, this study also employs the methodological aspects of Foucault's work. The production of the discourses and subjects, mentioned above, are usually taken for granted or seem like they "have always been here." Foucault (1977), following Nietzsche, created the analytical tools of archeology and genealogy, which enable the critic to start taking apart these taken for granted notions. In creating "a history of the present" the critical theorist or historian is able to uncover the conditions of the present circumstances in the past and create awareness of the current situation not as trans-historic or a continuity, but as a contingency (Foucault 1994). There has been a scarcity of studies in sociology that engage in a sustained

fashion with genealogy, a methodology which does not attempt to capture the "true" story or the essence of an event, but the local dispersed histories attached to it. Genealogy allows the researcher to investigate imagined possibilities and carefully construct not just an alternative historiography but also a narrative of what could have been, in knowledges that have been discredited as non-scientific and forgotten. A major aspect of doing genealogical work concerns analyzing scientific discourses constructed upon populations who were made its subjects, in this case, psychiatry, criminology, social science, as they come up from the site of resistance- i.e. from texts and activists within prison abolition, anti-psychiatry and deinstitutionalization. I particularly highlight the critiques of the social world offered by those engaging in deinstitutionalization and prison abolition (about disability/mental illness/mental retardation, concepts of home and community, crime and punishment, social control, social justice etc.). I also attend to the excavation of subjugated knowledges, in the Foucauldian sense, as both buried histories -the story of the enactment of prisons and institutions told by the activists who wish to abolish them; and disqualified knowledge- disability studies, anti-psychiatry scholarship, early theorizations in the field of developmental disability and critical criminology as forms of knowledge that are deemed non-scientific and illegitimate.

This research focuses on two sites in which abolition of "total institutions" is enacted. The first site is activism around penal and prison abolition, and the other site is the closure of institutions for people labeled "mentally retarded" or "mentally ill," known as deinstitutionalization. My goals in this study are twofold and interrelated. First, I investigate abolition or closure of institutions as a form of activism. What are the costs and benefits in engaging in the politics of closure of carceral institutions and what can be learnt from this form

of activist engagement? My second aim is to demonstrate the interwoven relations between multiple sites of incarceration and the resistance to them. I explicate these goals further below.

Investigating the politics of abolition

In this part of the study, I am treating prison abolition and deinstitutionalization as case studies that point to the various ways in which politics of closure are chosen, engaged, discussed and maintained; and the different effects of deploying this strategy within each movement. In relation to each case, I ask several interrelated questions. What are the various ways one fights against total control? In what instances is abolition or closure politics a useful strategy? In what ways is it a hindrance to social change? In other words, what are the costs and benefits of using abolition as a strategy of resistance to incarceration. What is at stake in utilizing abolition as a strategy, for the movement, for the activists, for perceptions of them and their work in the public discourse and for their prospective goals? With this line of questions I want to map out the parameters of abolition work. What distinguishes it from other forms of activism, such as attempts to reform carceral spaces? I also examine when is this strategy employed and how it is combined with other strategies. I also explore the conditions under which it is considered a radical strategy and when is it advantageous to frame it as such? Finally, I trace ways in which abolition, as a strategy, is related to other strategies of resistance to incarceration and constructed as alternatives to incarceration?

The prison abolition movement alludes to the abolition of slavery, In fact, some activists/theorists of the prison industrial complex see it as a (post)modern form of slavery, especially as it relates to the exploitation and incarceration of poor people of color (Davis, 1998, 2000; Gilmore, 2000; Hames-Garcia, 2004; James, 2005; Sudbury, 2005). Within deinstitutionalization the word abolition is used at times, especially in regard to forced

psychiatric confinement (as can be seen extensively in the work of Thomas Szasz 1977, 2002), but it is not used as the banner for the entire movement that sought to close down institutions. My intent here is to interrogate abolition as a strategy or ideology, and to use it heuristically to delineate it from other forms of activism. Within disability and prison activism there are many who critique the prison or institutional industrial complex, but not all see a need to abolish or close down these institutions. Some seek to reform these settings or attempt to make them less repressive (e.g., with programs for prisoner education, or sheltered workshops and day programs for institutionalized disabled people). My focus is on the ways in which abolition (as opposed to other programmatic and activist attempts at change) operates in these settings.

Genealogies of resistance to incarceration in the U.S.

Throughout my work I aim to demonstrate the connection between prison abolition and de-institutionalization: Here, the primary question is, how are prisons and institutions and the respective movements to abolish them, connected and interrelated? For instance, in chapter 2 I connect prisons and mental institutions by demonstrating the ways in which such institutions shifted from being rehabilitating to custodial; were (and are) embedded in notions of danger; were created for economic gain; and were influenced by increased medicalization, as well as racist and eugenic impetuses that mark them to this day.

Another area of research at the intersection of institutionalization and imprisonment is in the idea that post deinstitutionalization many of those deinstitutionalized ended up in prisons and jails, creating the phenomenon of trans-incarceration. In particular, in chapter 6, I critically analyze the claims that post deinstitutionalization people with psychiatric disabilities were "abandoned to their fate" (Ferguson 1994) and re-incarcerated in jails, through examining the debate around what became to be known as "the failure of," or backlash against,

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deinstitutionalization. As part of my genealogical excavation, I also critically investigate instances of possibility, both in deinstitutionalization as a tactic, a dream and its unfulfilled promises, and in current prison abolition work and the vision of non-punitive society. What were some moments in which change was imagined, seem as possible, but ultimately discredited and forgotten (at least in the canonical historiography)?

What is prison abolition?

There are many versions of prison abolitionism -- including those that propose to abolish punishment altogether and replace it with reconciliatory responses to criminal acts. Canadian penal abolitionist Ruth Morris (1995) suggests that the goal of prison abolition is to envision a time where a prison is built and no one would be put in it, because society will say no to caging human beings and to mechanisms advocating revenge instead of justice. The prison abolition movement can be construed as having both academic and activist arms. The *International Conference on Penal Abolition (*ICOPA), for example, and the emerging field of critical prison studies, are academic attempts to critique conventional criminology discourses that shape our understanding of criminality and the prison; while prisoners, ex-prisoners and non-mainstream victims' right groups represent activism on the ground (Saleh-Hanna 2000). Saleh-Hanna (2000) contends that prison abolition (like deinstitutionalization I would argue) is a term encompassing a verb, with a specific goal- to abolish. Therefore the scholarly field or prison abolition implies and demands "doing," and presumes activism. There are various organizations which could be characterized as abolitionists in the U.S such as Critical Resistance, Families against mandatory minimums, All of us or none, Mothers reclaiming our children, Justice Now, Schools not jails, the Prison Moratorium project, American Friends Service Committee, Anarchist Black Cross, Prison activist resource center, to name a few. Although they do not necessarily share ideas

regarding alternatives to imprisonment, they all share the dream and struggle for a world with no prisons, or no penalty as a response to harm.

In a conversation between activist/scholars Angela Y. Davis and Dylan Rodriguez, they describe prison abolition as much bigger than a critique of incarceration, but rather providing a broader critique of society (Davis 2000a). The most powerful relevance of the prison abolitionist stance, for them, is to analyze the prison as a core structure that shapes social relations in society, not just for those affected directly but for everyone. The prison has direct implications for all, in terms of morality, ethics, surveillance, commodification, criminalization, inequality and oppression based on race and class (Davis 2000a). Thus, prison abolition insists not only on ridding ourselves of imprisonment but of imagining "a new world order" in the absence of the carceral archipelago. As Angela Y. Davis (2000) suggests, "The call for prison abolition urges us to imagine and strive for a very different social landscape."

In a discussion group at the 2009 annual meetings of the American Sociological Association, Dylan Rodriguez connected prison abolition in particular to the creation and preservation of particular racial formation, especially in the U.S. context. Rodriguez conceptualizes abolition as a radical intellectual position, which is not about closure of prisons, as that is not enough, but perceives it instead as a revolutionary framework which transforms the way we analyze and understand forces that shape our histories and everyday lives. The prison is therefore conceptualized by Rodriguez not merely as a punitive institution, but as a mechanism of state violence and racial domination. Put simply, for Rodriguez, abolition is a way to expose global white supremacy and its institutions of control.

Dismantling the walls of the prison, however, is not a goal that will eliminate the use of coercion and punishment as mechanism of state control, according to some abolitionists (Davis

2000; Sudbury 2004). Hence the shift of many prison abolitionist activists and writers, beginning in the 1990s, from promoting prison abolition to conceptualizing *penal* abolition more broadly (Morris 1995). Penal abolition is sometimes viewed as a more comprehensive practice and discourse, attempting to revolutionize the way we perceive crime and punishment (Magnani and Wray 2006). Saleh-Hanna (2000) defines penal abolition as: a social movement whose future goal is to eliminate the penal system; a theoretical framework which re-conceptualizes crime, offenders, community, justice etc.; and a political strategy promoting rights and equality to all, leading to safer communities that will no longer be based on punitive principles.

Penal abolitionism, according to critical criminologist Willem De Haan, provides a radical critique of the criminal (in)justice system, while providing other ways, either concrete or envisioned, of dealing with crime and harm. According to De Haan (1990), penal and prison abolitionism has three domains: a social movement aimed at abolishing current punitive penal structures; a theoretical perspective reconceptualizing oppression, within carceral and criminal (in)justice spaces and their resistance; and a strategy that promotes the creation of a more equable, safe and just society. Penal abolitionists believe that social life should not be regulated by penal law, and that other ways of dealing with problematic behaviors and situations should be practiced (De Haan 1990). Many abolitionist views have strong anti-statist components, as they do not think that punishment by the state and its mechanisms is necessary in modern life.

When discussing penal abolition, some activists maintain that there could be instances where confinement should be used for a select number of cases, at least as a short-term strategy (Sauve 1988). For the purposes of this study then, I mostly refer to the term prison abolition (and not penal abolition) as the focus of the research is on those strategies that envision a world without caraceral spaces and institutional mindsets, whether they are affiliated with the larger framework

of penal abolition or not. This tension is discussed throughout this research, but particularly in chapter 5. It is important to note though, that most prison abolitionists would also identify as penal abolitionists, even if I do not always name them as such.

Much like prison abolition, activist/scholars in the anti-prison movement view the *prison-industrial complex* (PIC) as a set of institutional and political relationships that extend well beyond the walls of the prison proper. The prison-industrial-complex is thus more than the sum of all the jails, prisons and internment camps. It is "a set of symbiotic relationships among correctional communities, transnational corporations, media conglomerates, guards' unions, and legislative and court agendas" (Davis 2003: 107). The term PIC has been used as a rallying cry for activists who engage in anti-prison and penal abolition work in North America, the United Kingdom and Australia. Although it is effective as an organizing tool and a way to awaken lay people to the ever expanding reach of the prison system, the term prison-industrial-complex is also used without much clarity and consistency and seems to refer to many entities, processes and analysis of the penal system. As Sudbury (2004) suggests "It is not, as is sometimes assumed, a pseudonym for prison labor or the private prison industry, although both of those phenomena point to the ways in which economic interests have become wrapped up in contemporary punishment regimes. Neither is it a "conspiracy theory" that relies on surmise and suspicion of illicit deals in shady backrooms." (2004: 11-12). Although this is the way the PIC is perceived by some scholars (for instance Wacquant 2008; 2010), who either see the term as an empty vessel used by activists to promote their own agendas, or a misused term that overemphasizes the role prison labor and private prisons play in activists' analysis of the prison system, a position discussed further in the last part of this chapter.

Sudbury (2004) relates the first usage of the term prison-industrial complex to Mike Davis, in his 1995 article in *The Nation*, describing the prison-industrial-complex as a multi-billion dollar prison boom in California at the time. The term was later popularized by Californian Critical Resistance activists Angela Davis, Ruth Gilmore and Linda Evans. The term helps to explain the prison-building binge of the 1990s, when crime rates had actually declines. Proponents of the term maintain that the prison-industrial-complex profits off of racialized incarceration by transforming prisoners into profit and by the construction of prisons by building companies, as well as by suppliers, catering and telephone companies (Sudbury 2004; Goldberg and Evans 1997). It is a framework that helps to account for the state's investment in punishment which grows in sharp contrast to the cuts in other areas of social policies under neoliberal calculations.

What is deinstitutionalization?

Deinstitutionalization and closure of large institutions have been a major policy trend in most U.S. states in the past few decades. Deinstitutionalization of people who were labeled as mentally ill began in the 1950s onwards. The deinstitutionalization of people with intellectual ot developmental disabilities gained prominence in the 1970s, although this varied by state. As Scheerenberger characterized the chronology of the phenomenon: "Deinstitutionalization as a concept affecting mentally retarded persons gained recognition during the late sixties; acquired greater support during the seventies; and became a national political, professional, and parental goals during the eighties" (Scheerenberger 1987: 241).

The population of people with intellectual disabilities living in large public institutions (serving over 16 people) peaked at 194,650 in 1967. In 2009, the number had declined to 32,909 (Lakin et al. 2010). The shift from large facility-centered to community residential services manifested itself strongly between 1977 and 2009. In 1977, an estimated 83.7% of the people

with developmental disability labels who were receiving residential services lived in residences of 16 or more people. By 2009, an estimated 86.4% lived in community settings of 15 or fewer people, and 73.1% lived in residential settings with 6 or fewer people (Lakin et al. 2010).

The trend in deinstitutionalization for people with intellectual disabilities resulted in closures of large state institutions across most of the U.S. By 2009, District of Columbia, Alaska, Hawaii, Maine, New Hampshire, New Mexico, Rhode Island, Vermont, and West Virginia had closed all of their public institutions for people with developmental disabilities. In contrast, seven states had not closed any public institutions (Lakin et al. 2010). Of the 354 large state-operated facilities operating between 1960 and 2008, only 162 facilities (45.7%) in 42 states remained open in 2009. In the last decade alone 68 large state facilities closed, compared with 64 between 1990 and 1999, making the first decade of the 21st century the decade with the most closures (Lakin et al. 2010).

An accompanying shift occurred in the field of mental health with the establishment of community mental health centers in the 1960s and the closure of large state mental hospitals in most major cities. In 1955, the state mental health population was 559,000, nearly as large on a per capita basis as the prison population today. By 2000, it had fallen to below 100,000, a drop of more than 90 percent (Gottschalk 2010; Harcourt 2011). Deinstitutionalization in the field of developmental disabilities occurred about 12 years after the deinstitutionalization of public mental hospitals, and the rate of reduction of use of these facilities was also significantly different between the two processes. In the first 10 years of deinstitutionalization for traditional institutions for those labeled as mentally retarded, the institutionalized population was reduced by 30 percent and then averaged about 11 percent a year during the 1970s. At their height,

between 1955 and 1965, the deinstitutionalization in psychiatric hospitals reduced the populations by 15 percent only (Lerman 1985).

Over the years, some of the figures given for deinstitutionalization of public institutions have been misleading, as significant proportions of people were transferred to other types of institutions including nursing homes. In 2009, for instance, 12,475 people with developmental disabilities lived in state operated community residential settings with 15 or fewer residents. In addition, between 1977 and 2009, the total number of residential settings in which people with developmental disabilities received residential services grew from 11,008 to an estimated 173,042 (1,500%) (Lakin et al. 2010). Because most of these newer settings are much smaller than the massive institutions of previous decades, they are not typically counted as "institutional" placements, but due to their size as well as daily routines and other aspects of life in these settings, many people with disabilities, family members, and advocates consider them to be mini-institutions within the community (Center on Human Policy 2004). This dynamic will be discussed throughout this research.

Deinstitutionalization could be characterized not only as a process or an exodus of oppressed people outside the walls of institutions. In the eyes of those who pushed for institutional closure and community living, deinstitutionalization is perceived as a philosophy. The resistance to institutionalization and psychiatric hospitals arose from a broader social critique of medicalization and medical authority (Conrad and Scneider 1992; Conrad 2007; Zola 1991) and a new understanding of human value, especially in regards to people with disabilities, as seen in the principles of normalization (Wolfensberger 1972, 1974), the anti-psychiatry and ex-patients movement (Szasz 1974; Chamberlin 1978) and the People First movement (Williams and Shoultz 1982). Although these ideological shifts did not solely bring about deinstitutionalization

nationwide, I believe that any significant decrease in institutionalized populations would have been impossible without them. Furthermore, deinstitutionalization is not just something that happened, but something for which many were relentlessly advocating. As such, deinstitutionalization can be construed as an active form of activism and as a social movement.

There are many ways in which one can fight for social justice or social change. In the struggle to eliminate institutional settings for those labeled as developmentally or psychiatrically disabled, and replacing them with community living and community-based services, there were myriad possibilities through which the struggle could have taken place. But what is illuminating in these cases is that some took the view that the *only* route for successful social change was to abolish these institutions and close them down, while others advocated for improving or reforming them. On the other side there were those who fought to maintain the system as is, without major changes.

Disciplinary/activist crossings

This research project is meant to serve as a bridge between movements and discourses which are not often in conversation with each other- those of prison abolition and those opposed to institutionalization and psychiatrization. Thus, this project is conceived as being located within various activist inspirations and is intended as a gateway to a conversation that will hopefully be useful to activists, academics and particularly scholar/activists. Julia Sudbury and Margo Okazawa- Rey (2009) define activist scholarship as "the production of knowledge and pedagogical practices through active engagements with, and in service of, progressive social movements" (2009: 3). I follow Sudbury and Okazawa-Rey's resistance to separate out academia and activism a-priori, as if activism is something that academics need to do "on the side" and scholarship as something that activists need to do only in addition to direct action. This study

was done as a way to bridge the academic and activist divide and not only use activism as its subject/object of study. I hope this project will help in uncovering the various connections between movements such as deinstitutionalization, anti-psychiatry and anti-prison activism so that new coalitions could be formed as a result. I also hope it will be useful for future activism as I attempted to illuminate abolition as a tactic that is used by social movements and showcase its drawbacks as well as pay-offs and I hope these understandings will add to the arsenal of activists in these movements and help bring about more interest and new tactics in the struggle against incarceration.

Academia and activism are not always or inherently mutually exclusive, although they are sometimes hard to incorporate, especially in particular disciplines. As critical criminologists Pepinsky and Quinney note "one thing that is often said of us 'radical' criminologists is that we are free with our criticism but short on constructive alternatives" (1991: 317). This critique, of the detached academic, is heard often in activist circles. However, academic writing, which is circulating by students who are part of progressive movements, has a potential to transform ideas and change perceptions of the current situation, even without prescribing solutions. Academic teaching and writing, therefore, could be conceived of as acts of activism when they are challenging basic assumptions that are seen as natural and offer an alternative agenda that can mobilize others for action. In addition, as Saleh-Hanna (2000) points out in her study of prison abolition in Canada, some academics have symbolic capital which they can mobilize to bring awareness to a particular struggle, an ability which is not afforded to prisoners or those institutionalized for example, an ability which I see as imperative to my role as a scholar/activist in these movements.

I also perceive some disciplinary knowledges as activist driven or used as transgressive and emancipatory forms of scholarship. Following Foucault, I try to map out throughout this research the ways in which subjugated knowledges came not only from disciplinary subjects (i.e. those institutionalized, psyhciatrized or imprisoned) but also from those who supposedly held the power in these disciplines (social scientists and psychiatrists who critiques psychiatry and institutionalization for example). Specifically, I look at fields such as disability studies, anti-psychiatry and critical prison studies as spaces that are driven by activists and the goals of related social movements. Such knowledges do not fit in easily within the activist/academic divide, as they were constructed originally by activists and brought into academe.

I particularly hope my research will stay true to some of the roots of the discipline of disability studies, i.e. the disability movement. It seems that today, while the field is gaining more prominence in academic settings, the voices of activists are getting more distant. By focusing on acts of resistance and activism, this research can shed light on tactics, strategies and ideologies used by activists in various movements with one shared goal, closure of repressive institutions. It also provides an addendum to scholarship on disability activism, which rarely includes the accounts of activism around those with developmental or psychiatric disabilities. This activism, in relation to deinstitutionalization and anti-psychiatry, is not often mentioned or cited in literature reviews and oral histories which discuss disability activism and the disability rights movement (a notable exception are landmark case laws that facilitated closure of large state institutions, which will be discussed in chapter 5).

I also want to be clear that "theory" (sociological, disability studies, prison studies) is not just background or even an analytical tool in my study, but an integral part of my data. Foundational writing in sociology (such as Goffman and labeling theorists), disability studies (as they relate to

the construction of mental illness and mental retardation) and prison studies (both critical and criminological), will serve as main data sources in this study. For instance, the principles of normalization (Wolfensberger 1972), which were extremely influential in deinstitutionalization and the movement for community living, were first articulated by scholars in the nascent field of critical research on people with developmental disabilities. The basic idea behind normalization is that "normal conditions lead to normal outcomes whereas abnormal conditions lead to abnormal outcomes" (Wolfenberger 1974). That is, living in the community and doing activities similar to those of your peers are always better than being in segregated or "special" settings.

A similar trajectory can be seen in concepts such as "total institutions" (Goffman 1961) and "the invention of mental illness" (Szasz 1961). These were not just scholastic or academic conceptualizations. Over time, these concepts have gained currency within the movements to close mental institutions and to abolish psychiatric commitments. In the research I both analyze and critique Goffman's theorizations of stigma and total institutions while observing how they were taken up by the activists fighting against these institutions. I also perceive such theorists as activist/scholars in these currents of thought and action. For instance, Szasz established the *American Association for the Abolition of Involuntary Mental Hospitalization* in 1970, of which Goffman was a founding member.

Within prison abolition, many writings on the topic are informed by the work and personal experiences of scholars/activists. One of the main proponents of prison abolition is Angela Y. Davis, who was incarcerated herself and became a well known voice for political prisoners. Davis and others conceptualized the prison-industrial-complex as an entity and raised the critique against it. Other scholars, although not prisoners themselves, such as Ruth Wilson Gilmore (in the U.S) and Ruth Morris (in Canada), helped create the influential prison abolition organizations

Critical Resistance and *International Conference on Penal Abolition (*ICOPA) respectively. I want to argue that theoretical conceptualizations and writings in the academic arm of prison abolition should not just be viewed as theory, but as an act of resistance and activism in itself.

Some ethical considerations could be raised about my positionality in this study, in relation to uncovering subjugated and erudite knowledges. Although I identify as a person with a disability, I do not consider myself to be part of the community of mad people/consumers/psychiatric survivors or of people with developmental disabilities. I am also a white academic, who although being politically repressed by my activist stances, has never been imprisoned or had much direct contact with prisoners (most of the contact I have with prisoners here and in Israel are with political prisoners, those incarcerated for political actions and civil disobedience). I have more direct contact with people who have been incarcerated in institutions (nursing homes, psychiatric hospitals etc.) and I spent a year volunteering in a closed ward for youth in a deplorable psychiatric hospital in Israel (which also warehoused people with developmental disabilities). Although I do not embody many of the identities of those incarcerated, I do believe we have much in common, as we are all activists who made choices in our lives that were not perceived favorably by the mainstream public and establishment. As such, I do believe I am in a valuable position to conduct this research.

Moreover, as a sociologist I feel I have a unique perspective that enables me to interrogate how my own discipline (and other social sciences) and that of disability studies, were/are embedded in the discourses of deinstitutionalization and prison abolition. While some scholars were actively participating in the movements fighting against the tyranny of psychiatry, IQ and the prison; other scholars and perspectives seem to have contributed to the construction of disabled and incarcerated individuals as deviant and treated them as social problems, while not

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analyzing abelism and the prison industry in the same manner. My embeddedness in these fields and knowledge of their history enables me to research my own professional relationality to the sites of my study.

Disability studies and psychiatric and developmental disabilities

Much of the understanding of politics, identities and resistance that informs this research study comes out of the field of disability studies. Disability studies emerges in part from the disability rights movement and social change activism spurred largely by people labeled and marginalized as "disabled" in numerous societies (Barnes, Barton, and Oliver 2002). As such it could be read as both a theoretical corpus and an act of resistance to ableism and normalization. Disability studies deconstructs and reconstructs the meaning of disability through investigating the social construction of disability, the power structures that support and enhance ableism, and the idea of normalcy (Thomson 1997; Davis 1995). The basic approach that disability studies scholars share is that disability is not an inherent trait located in the disabled person's body and mind, but a result of power dynamics that occur in interactions between society and people, which define some as disabled while defining others as normal (Oliver 1990; Linton 1997).

Disability studies takes as its major premise the idea that "normal," "average," or "able" are all socially constructed terms. Disability, thus, is seen as a spectrum, not a binary positioned in opposition to a reified norm. The construction of dis/ability as a binary and the placement of particular individuals on either side is a result of power relations and hegemonic beliefs about ideal productive bodies/minds and about notions of usefulness, independence, and social and economic contributions. Scholars in the field refuse pathologizing notions of disability as a deficit, or abnormality that should be fixed by medical (and other) means (Oliver 1996). Instead,

disability is perceived as a form of bio-diversity and/or an oppressed identity and social group (Hahn 1988).

People often view disability studies as being a narrow and specific field, which relates only to people with disabilities. Rosemarie Garland Thomson (2002) counters this perspective by conceptualizing dis/ability as a cultural system that stigmatizes bodily (and mental) variation. Thomson's analysis offers three interrelated components of the dis/ability system: 1) it aims at interpreting and disciplining bodily variations; 2) it is based on a relationship between bodies and environments (an argument similar to the social model of disability); and 3) it is a set of practices that produce both the able bodied and the disabled as such. Since disability designates meaning to the maimed, crazy, deformed, it also does so for fit, healthy, competent and beautiful. It serves as a way of describing and giving meaning to the instability of the body. By explicating dis/ability as a system, Thomson expands the usefulness of disability studies insights to everyBody, since we are all part of the dis/ability signification system.

The field of disability studies can be credited for "shifting the margin to the center" (hooks 2000) in relation to the critical study of the construction and lived reality of dis/ability. Feminist and critical analysis of disability brought to the forefront a new conceptualization of disability, not just as a socially excluded category, but as an embodied identity (Wendell 1996; Thomson 1997). This focus on embodiment challenges the medical model of disability, which conceives of disability as a lack and deficiency inherent in non normative bodies. It also challenges the social model of disability, which encourages us to focus solely on processes of disablement as a critical framework that will end the oppression of people with disabilities (Tremain 2002; Morris 2001).

However, one major critique of such an enterprise is the concern of overrepresentation of the body and visible disabilities in the field of disability studies. Such focus obscures the myriad

disabilities and impairments that could and should be analyzed under the purview of disability studies. For instance, Rosemarie Garland-Thomson's work, which has been central to the field of disability studies, focuses on freak enactments, visible anomalies, ethics of staring, and disability as a visual modality (1997; 2000; 2002; 2009). However, there is very little focus in this formulation of disability studies on cognitive, developmental, learning and even psychiatric disabilities. Another noted example could be found in the seminal book *Cultural Locations of Disability* (2006), in which disability studies theorists David Mitchell and Sharon Snyder contend that until the publication of *Abnormal* (2003), Michel Foucault did not explicitly engage with disabled bodies. But what about insane bodies, which are the focus of much of his work (Foucault 1965; 1987)? Are they not considered disabled, and if so, why not? Is the purview of disability studies so bound up by the experience of physical impairments that other disabling embodiments become the exception to the rule?

I want to be clear that I am not trying to suggest that the experiences and analysis of various impairments and forms of oppression should be conflated into one meta-field, called disability studies. And I am not suggesting that being psychiatrized, or being labeled mentally retarded or intellectually disabled or having a physical or sensory disability are all the same. What I am trying to push for is the understanding that the logic of normalcy (Davis 1995) and compulsory ablebodiedness (McRuer 2002) operates in all these fronts and needs to be analyzed in concordance to all of these different embodiments and discourses. I suggest that the emergent difference between these experiences, and now- scholarly fields, need to be studied and understood as a contingency, not taken as an axiom.

There are many commonalities that could be traced between the discourses of disability studies, critical study of developmental disabilities and Mad Studies. Firstly, of course, one

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needs to acknowledge the intersectional nature of oppressions, impairments and ways of being in the world. Therefore, many people with sensory or developmental disabilities, for example, experience the stress of living in an ableist and inaccessible world and thus may share experiences with those who are psychiatrized or become psychiatrized themselves. In addition, many people who have been psychiatrized or institutionalized may have physical or sensory impairments due to the effects of medications and the nature of being incarcerated in hospitals (Beresford 2000).

Most notably, many in these movements share goals of fighting for "re-symbolization" and meaning (Thomson 2002). For instance, these fields share a process by which terminology such as "crip" and "mad" had been reclaimed and reaffirmed as legitimate, not to mention chic, identity formations as opposed to diagnostic labels that signal lack and pathology (Lewis 2006). Thus, within these movements, the disabled/psychiatrized identity is seen either in a matter of fact way or as a valued identity one possesses, in a similar vein to queer identities or the new concept of "deaf gain" as opposed to "hearing loss" within Deaf Culture (Bauman and Murray 2009). These processes can also be observed, albeit in different ways, in recent campaigns in the U.S. to end the use of the "R word"[4] as it is seen by self advocates as oppressive and antiquated. Moreover, such frameworks emphasize systemic ways of oppression based on perceived difference, as opposed to individualized narratives, which put the source of blame and stress on the person and not on social structures. In disability studies, such systems of oppression had been termed as forms of handicapism (Bogdan and Biklen 1977), ableism, normalcy (Davis 1995) and

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[4] "R word" refers to the use of the category of Mental Retardation, which is rejected by self advocates who are labeled by this category and view it as offensive. Some push for the abolition of the term and replacing it with terms such developmental disabilities for administrative use or others push for no labels as can be seen in the re-emergence of the slogan "label jars not people" by the People First movement in the U.S.. See http://www.r-word.org/ for more details

disablement (Oliver 1990), and in Mad Studies the emphasis is on sanism or mentalism (Chamberlin 1977; Perlin 2000).

Another connecting point between these various scholarly discourses is that in the public's eye, and often in public policy, people who are psychiatrized and those who are labeled as intellectually disabled or physically disabled all share a common label in administrative categorization, the gathering of statistics and bureaucratic definitions- the label of "disability" (Beresford 2000). Thus, even if certain groups or individuals resist the impetus to combine all these categories, often in social policy, legislation and service provision they are lumped together. This collision of many subject formations into one administrative category can be seen as a biopolitical tool of population control and management, and therefore as a form of governmentality. However, this process also allows for the creation of powerful new coalitions that have the potential to implode or resist these categorizations from within. All these counter-hegemonic discourses resist the impetus of normalization (Davis 2002), medicalization and the authority of medical "experts" (Zola 1991; Fouacult 1965) and especially labeling for diagnostic and prescriptive use on the bodies and minds of disabled people. They resist the trumping of narratives of cure, and insist on access, social justice and rights instead (or in some formulations- in addition). Most importantly, these discourses and scholarly fields break the dichotomy between "normal" and "pathological" and leave bio-diversity as a continuum of ways of living in the world, and not a binary with hierarchies attached. This is also in accordance with recent work by Jasbir Puar (2009), which further challenges identity politics in disability studies and activism and demonstrates the porous boundaries between capacity-endowed and debility-laden bodies, by using the categories of risk, statistical probability, and prognosis, which if taken seriously

transform our understanding of ability and identity from being an essence into being codifications of risks and their management by subjects and the state.

Disability studies could benefit by actively taking up the theorizations and lived experiences in the field of developmental disability, self advocacy and Mad studies. In relation to the sociological study of incarceration, what such expansive formulations achieve is an understanding of incarceration in its broadest way in relation to hospitalization, institutionalization and imprisonment and a fuller understanding of the forces that construct medicalization and criminalization.

Sociology, disability and incarceration

This study is focused on activism around the abolition of the prison-industrial-complex and the demands to close down institutions for people labeled "mentally retarded" or "mentally ill." It is therefore uniquely rooted at the intersection of disability studies, critical prison studies and critical criminology, anti-psychiatry and mad studies, as well as the sociology of incarceration and social theory more broadly. Within sociology, there has been much recent interest in the issue of "mass incarceration" (Garland 2001; Gilmore 2006; Gottschalk 2006; Pager 2009; Sim 2009; Wacquant 2009; Western 2006). This surge in scholarship, analysis and calls for reform, however, include hardly any analysis in regard to disability and abelism. One area of sociological analysis that examines incarceration in relation to disability are accounts that depict imprisonment of those with psychiatric and developmental disabilities as related to a "failure" of the policy of deinstitutionalization (see Crissey and Rosen 1986; Dear and Wolch 1987; Isaac and Armat 1990; Johnson1990; Torrey 1996), which will be discussed and critiqued further in chapter 6. Another notable exception to this lacuna is the work of Bernard Harcourt (2006;

2011), which connects research on hospitalization in psychiatric hospitals to research on the growth of the prison machine in the U.S.

Similarly, the vast literature in the growing field of disability studies had paid very little attention to the imprisonment of people with disabilities. One notable exception is work on institutionalization and hospitalization of people with a variety of impairments, written from sociological, historical and phenomenological perspectives (for example Ferguson 1994; Johnson 1998; Reaume 2000). However, very little attention has been given to other forms of incarceration in relation to disability- especially to the increased reliance of the state on prisons and jails. There is also a lack of connection to various sociological analyses of the prison-industrial-complex.

Although disability studies is a diverse and interdisciplinary field, it seems that it often has a sociological orientation, which is interested in the lived experiences of those with disabilities. It is interesting then that not a lot has been written about the lived experience of those incarcerated in a variety of settings including prisons and jails, and analysis of the forces of imprisonment from a disability perspective. It is interesting most notably because sociology, at least in one of its formulations, should be concerned with finding the "people" where they are located and explaining their circumstances in ways that they might not be able to see from their location; or garnering people's lived knowledge about their location, which may be unfamiliar to outsiders. Both of these interpretations could be connected back to C. Wright Mills's formulation of the sociological imagination as the ability and the desire to connect one's "personal trouble" to "public issues" (Mills 1959). If sociology and disability studies are indeed concerned with both the lived experience of disabled people and the "matrix of domination" (Collins 2000) that sustains ableism, then I propose they need to pay attention to processes of incarceration and

imprisonment as major "public issues" taking place within the global North. I thus call for a tighter connection between the sociology of disability, or the study of the ontology and phenomenological experiences of disabled people and analysis of processes of disablement, to the critical sociological study of incarceration.

I want to also acknowledge that disability studies has historically failed to account for the experiences of people of color and has not incorporated critical race theory as part and parcel of its analytical arsenal (with a few exceptions of course). Thus, disability studies can be critiqued not only for over-theorizing the body, as opposed to psychiatric and intellectual disabilities, but also of theorizing a white physically disabled body. With the introduction of the work of prison abolitionists and theorists who critique the prison-industrial complex I aim at understanding the ways in which criminalizing entails the construction of both race (especially blackness) and disability (especially mental illness) as dangerous. I do not believe one can be separated from the other. There seems to be a link in both these frames of reference (deinstitutionalization and prison abolition) that provides a view of race and disability/mental illness as socially constructed to serve particular social and political needs. Activists who engage in anti-prison work view race as social markers, which are inscribed as a seemingly biological trait through which separation and exclusion are legitimated. As such, both disability and color can be read as operating on similar planes.

This is the way Foucault discussed the notion of race, in *Society must be defended* (2003). Foucault claims that with the advent of biopolitical control (i.e. management of whole populations, not just in regard to individual bodies and abnormalities but the creation of a healthy populace), the state used racism as a mechanism to differentiate between those worthy of living and those who are dispensable to the "healthy" activity of the state. This can be conceived of as a

mechanism of biological warfare of sorts, which is used not against an enemy but against a perceived threat to the population as a whole. There is an important link here to eugenics and Nazi ideology, which exterminated degenerate races and peoples for "the good of the population" (i.e. the purification of the Aryan race). It is important to note that Foucault's conceptualization of race is not the traditional one used in the U.S. and in sociological understanding of the term. Foucault seems to refer to race as the delineation of categories, a way to sort out or partition populations. Abnormalities (criminals, mad people etc.) were conceptualized in racist terms and were made dispensable. This understanding of race links it to disability in no uncertain terms, in my mind, and it is this exact link I aim at highlighting throughout my work. One of my hopes is that such research will create more useful links between critical race theory and disability studies, which are lacking at this moment (see Bell 2006; Ferri & Connor 2006; Erevelles 2011 for further critiques on this gap).

The call for connecting analysis of incarceration with disability is also a call to pay attention to the lives of mostly poor people of color who are incarcerated worldwide in nursing homes, institutions for those with labels of mental illness and/or mental retardation and prisons, and to bring their perspective to bear on what Chris Bell characterized as "white disability studies" (2006). My main argument here is that the history of disability is the his/story of incarceration. Following this argument will lead us back to the original premise of the sociological imagination. As Mills explains "The sociological imagination enables us to grasp history and biography and the relations between the two within society. That is its task and its promise" (1959: 6). Therefore, sociologists who study incarceration and those who are interested in the lived experience of people with a variety of disability labels would fare well with a more expansive view of both disability and incarceration.

Political economy and the institution-prison-industrial-complex

An illuminating example of the connection between institutionalization and imprisonment, as well as the construction of disability and criminality, is offered through the framework of political economy. This framework is used by prison abolitionists, disability activists and Marxist leaning scholars who critique institutionalization. It is used here is a framework from which to shift our understanding of race and disability as natural markers of difference, to the understanding of some of the effects of their construction as categories of exclusion, effects that cannot be ignored in any meaningful discussion on current circumstances and growing rates of incarceration, especially in North America. Class-based analysis of disability urges us to shift our understanding of disability oppression from discussions of stigma and deviance to that of systematic economic exclusion of people with disabilities. In such Marxist inspired accounts, the conditions of being (socio-economic status) are seen as core producers of particular ableist attitudes and ideologies, and not the other way around. Thus, several disability studies scholars point to the need to move beyond models of disability rights to revealing the systematic exclusion of people with disabilities from sites of production, exchange and, to a lesser extent, consumption (Russell 1998, 2001; McRuer 2002; Oliver 1990; Ben-Moshe et al. 2009). Charlton (1998) sees disabled people as surplus population, or those who don not even serve as part of what Marx termed the 'reserve army of labor', a resource tapped into during economic expansion or crisis. They are essentially the underclass. In fact, the definition of unemployment itself historically excludes disabled people, illegal immigrants, retired people (who often wish to work), and women (who do unpaid labor).

Under a neo-Marxist analysis, disability is an ideology upon which the capitalist system rests, because it can regulate and control the unequal distribution of surplus by invoking

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biological difference as the 'natural' cause of inequality (Erevelles 1996; Stone 1994). Work is central to industrial societies, not only as means to get the necessities of life, but also to establish certain kinds of relations with others, which are valued within these societies (Oliver 1990). Industrialization and the advent of capitalism not only posed a problem for disabled people's participation in the work force (which now required greater speed, stamina and rigid production norms), but also excluded disability as part of mainstream society. In addition, disabled people were often blamed for the changed mode of production (Nibert 1995). Hierarchical relations that were once a divine right became an economic rule that needed to be justified by such ideologies as eugenics, meritocracy and the increasing need for "skilled and educated" labor, which excluded those who were labeled as uneducable because of disability and other factors (Nibert 1995). Thus, disabled people have increasingly found themselves marginalized within segregated settings such as institutions and 'special' education (Oliver 1990). Under this formulation, disabled people mark, with their different bodies and minds, the boundaries of normalcy. They serve as an ideological reminder of the fate of those who do not participate in capitalist production. The notion of disability is so intertwined with perceived inability to work that if a person is able to work, they cannot be regarded as disabled, according to the Social Security Administration in the U.S., for instance.

All societies function through principles that distribute goods and services amongst the entire population. Stone (1994) argues that in capitalist societies the major distributive mechanism is work. Because not all are willing or able to work, however, a second distributive mechanism is established, which is based on need. With the rise of capitalism, disability became the category through which people are measured as need-based or work-based. Such interpretations dispel the common belief that people with disabilities are not productive under the capitalist system,

because they do not hold jobs. Although many (including policy makers) believe that disabled people are a strain on the economy, especially under neoliberal ideology. But political economists argue that disability supports a whole industry of professionals that keeps the economy afloat, such as service providers, case managers, medical professionals, health care specialists etc. (Oliver 1990; Charlton 1998).

Human services have traditionally been regarded as moral enterprises that service and assist people in need. However, the latent function of this industry is self preservation and expansion- often at the expense of the users of these services. As Oliver explains so eloquently: under capitalism, "the production of the category of disability is no different from the production of motor cars or hamburgers. Each has an industry, whether it be the car, fast food, or human service industry. Each industry has a workforce, which has a vested interest in producing their product in particular ways and in exerting as much control over the process of production as possible" (Oliver 1990: 126). Human services are a major component of contemporary western economies, especially with the decline in agriculture and manufacturing jobs, and must remain significant in order to perpetuate the structure of modern post-industrial societies (Wolfensberger 1989). The unemployment and low incomes are then maintained by a class (such as case managers, social workers, probation officers, and health care/mental health administrators) whose employment is derived from these deprived populations who were driven out of the labor force.

The advent of neoliberalism and workfare programs shifted the discourse around "deserving and undeserving" populations so that today in many OECD (or developed) countries even those perceived as deserving of public assistance, such as those who are deemed disabled or those who are being pushed into the labor market through workfare programs, despite the lack of jobs, and

the inaccessibility of the job market under the conditions of capitalism. This neoliberal discourse shifts the understanding of disability as a category under "the reserve army of labor" (Marx [1867] 1992) to a population being surveilled for political-economic reasons. The increased surveillance of welfare recipients (Wacquant 2009) can also be applied to recipients of disability benefits, especially by agencies granting the services with the use of home visits, complicated verification systems and even the hiring of investigators to follow specific recipients to ensure the authenticity of their disability. Loic Wacquant (2009) further discusses the ways in which workfare and prisonfare (increased criminalization and incarceration of unwanted populations mostly based on race and class) operate as the left and right arm of the state and cannot be separated. He asserts that the failure of welfare and workfare to alleviate poverty implies that the main aim of such policies is not to decrease poverty levels but to survey and surveil the poor and keep them as invisible as possible in the social and cultural landscape (Wacquant 2009). The second mechanism used to criminalize the poor is by the increased use of incarceration. This tactic makes the underemployed, including those who are disabled, disappear from the public scene, both literally (as they are warehoused in a variety of internments) and figure-atively in statistics and policy analysis of unemployment, which do not count prisoners and institutionalized members.

I suggest that the forces of incarceration of disabled people should be understood as related to the growth of both the prison industry and the institution-industrial-complex, in the form of a growing private industry of nursing homes, boarding homes, for-profit psychiatric hospitals and group homes. Some of the major corporations in the institution/hospital industry in North America are Res-Care; Beverly Enterprises of Fort Smith, which employs more people than the entire automobile industry; Healthsouth rehabilitation corporation; Columbia/HCA hospital

chain; Humana; and Summit Health. Disability and deinstitutionalization advocates claim that although costs vary by state and place of confinement (state funded, private, veteran run), it is cheaper to financially sustain a disabled person, with supports, in the community than it is to institutionalize them (Russell 1998). These cost estimates raise an ongoing debate because it is hard to compare community placement, with minimal supports as it is now, to institutions which have an array of services embedded within their costs. What is clear though from looking at governmental policies, however, is that the institutional bias (i.e. the impetus to institutionalize people with disabilities instead of providing them with supports to live in the community with the same funds) is embedded in Medicaid policies in the U.S, for example, and also represented in current legislation and lobbying efforts (Lerman 1985). The American Health Care Association, for instance, which represents for-profit nursing homes and care facilities, is one of the biggest financial contributors to the campaigns of federal candidates.

This bias means that money (in the form of benefits or waivers) goes towards institutions, nursing homes or group homes, but not to the person who benefits from these services directly. In the U.S., the introduction of Medicaid funds (as waivers, benefits etc.) mostly applies to alternative institutions (nursing homes, hostels) and not alternative care. There is a lack of reimbursements that could cover services such as non-hospitalization long-term treatment, day and vocational habilitation, advocacy and support for living in the community. The consequence is that most people with disabilities do not have real choices in terms of whether and with whom they would like to live, if their main source of funding is federal benefits. Many disability advocacy organizations in the U.S, most prominently ADAPT, therefore support any initiatives (such as *Money Follows the Person*, *Medicaid Community Attendant Services Act* (MiCasa) and the *Community Choice Act*) that enable people to utilize their benefits and waivers as they see fit,

to hire their own aides and enable them to live an integrated life in community settings of their own choosing.

It is important to keep in mind, however, that living in the community or in non-institutional placement is not necessarily akin to living in an apartment or place of one's own. The field of developmental disabilities is especially telling. Since 1977, the number of settings in which people with developmental disabilities receive residential services has grown nearly sixteen-fold. In 2009 there were an estimated 173,042 residential settings in which people with developmental disability labels received residential services from state operated or state licensed residential service providers (excluding psychiatric facilities, nursing homes and people receiving services while living with family members) (Lakin et. al. 2010). At the same time, the role of the state as a residential service provider dramatically declined. In 1977, 62.9% of all residential service recipients lived in state-operated residential settings. By 2009, only 10.3% of all residential service recipients lived in state-operated settings. Of all residential service settings in 2009, 2,574 were operated or served by state agencies, with the remaining 170,802 residential settings served by non-state agencies (Lakin et. al. 2010).

Much like the Gordian knot between crime and the rise in incarceration, these figures aid in undoing the connection between levels of impairment (or the rise in diagnosis) and related levels of residential placement. Figures show that there is no correlation between the increase of the non-governmental institutional-industrial-complex and percentage of those "needing" these services. Between 1977 and 2009 the number of residential settings in which people received services increased much faster than the total number of service recipients. Between 1977 and 2009, the total number of residential settings in which people with developmental disability labels received residential services grew from 11,008 to an estimated 173,042 (1,500%), while

total service recipients increased from about 247,780 to an estimated 439,515 individuals (77.4%) (Lakin et. al. 2010).

In short, in post-industrial times, disablement has become big business. A single impaired body generates tens of thousands of dollars in annual revenues in an institution. From the point of view of the institution industrial complex, disabled people are worth more to the Gross Domestic Product when occupying institutional "beds" than they are in their own homes (Russell and Stewart, 2001). Capitalism has found a solution to the 'problem' of unproductivity, for those who are not perceived as laborers. Their bodies generate revenues when placed in institutional beds, such as large institutions, nursing homes, prisons and (some) group homes. This is the logic of Handicapitalism, as Russell (1998) refers to it. This political economic analysis of institutionalization should be of great interest to critical sociologists and disability studies scholars who are interested in understanding the phenomenon of "mass incarceration" from an intersectional lens.

In a similar vein to the analysis of disabled people, who are often poor and of color themselves, a specific political economy analysis of the urban poor and the plight of people of color can lead one straight into investigation of the prison-industrial complex. The prison industrial complex (PIC) could be defined as a complex web interweaving private business and government interests in the growing industry of incarceration and prison development. The main premise behind the concept of the PIC is to untangle the connection between crime and the growth of the prison industry (Davis 2003; Sudbury 2004). For those drawing on this conceptualization, the increase in the number of prisons and cells is not seen as related to similar increases in crime, but as driven by capitalist and racist impetuses. The public rationale behind the prison industrial complex is the fight against crime, but the implicit goals are profit making

and social control, of mostly men of color (Christie 2000; Goldberg & Evans 1997; Gilmore 2006).

The prison-industrial-complex has grown exponentially and became profitable through different avenues. One of the fastest growing sectors of the prison industrial complex is private corrections companies, which have grown since the 1990s but still comprise only 5% of the total prison ownership (Gilmore 2006). The investment firm Smith Barney is a part owner of a prison in Florida, while American Express and General Electric have invested in private prison construction in Oklahoma and Tennessee. Correctional Corporation of America, one of the largest private prison owners, already operates internationally, with more than 48 facilities in 11 states (Goldberg and Evans 1997). Of course, one of the main ways to profit from prison ownership is to ensure that the costs are cut to an absolute minimum, to the detriment of the prisoners housed within.

The PIC is also intimately tied to other industries like the military-industrial-complex. In the aftermath of the cold war, defense industry conglomerates like Westinghouse are now lobbying for their share of the domestic law enforcement market. Communication companies like AT&T; Sprint; and MCI are also major profiteers from the prison business, gouging prisoners with exorbitant phone calling rates, often six times as much as it would cost outside the bars (Goldberg and Evans 1997). Prisons are also seen as a stimulus in tough economic times in depreciated rural areas, which were once supported by the agricultural industry. Although disputed by many researchers and activists (see especially Herival and Wright 2007) prisons are seen as a source of jobs in construction, and for local vendors and correctional staff as well as a source of tax revenues. Many of these areas also house, or used to house, big military bases and large institutions, asylums and psychiatric hospitals.

But economic exploitation is only part of the explanatory power of the PIC concept espoused by prison abolitionists, as social control and racial containment are the mirror side of the same phenomenon. There are three main functions to incarceration, according to Wacquant (2009). The first is to neutralize and warehouse the dispossessed, working class and underclasses who have the potential for "open rebellion against their social environments," to use Du Bois's definition of crime. Secondly, the judicial and punitive arm of the state disciplines the working poor and dwindling middle class and raises the cost for their resistance or attempts at participation in an underground economy. Finally, it asserts the omnipotence of the state and sets the boundaries between the 'deserving' and 'undeserving' populations (Wacquant 2009). Other scholars and activists focus more specifically on the political economy of the prison system. According to Parenti (1999), the criminal (in)justice system generally and the privatization of prisons specifically exist to "manage and contain the new surplus populations created by neo-liberal economic policies," and the global flow of capital. One wave of capital flight occurred in the 1970s when manufacturing jobs, like in the textile industry, started to be outsourced. During the 1980s, many more industries, especially unionized ones with good benefits (like in the steel and auto industries), closed in many cities in the US. Most affected by these plant closures and layoffs were African-Americans and other semiskilled workers in urban centers who were left with very few alternatives locally in terms of good paying jobs (Wilson 1996). Changes in the conditions of living of urban poor, combined with new perceptions of crime and its eradication, in the form of the war on drugs, for example, created ripe conditions for today's prison binge. Poverty has come to be regarded as an offense in itself (to the bourgeois morality and the American dream), one that needs to be penalized even in the absence of supplementary transgressions. It is an ironic outcome as the state is itself responsible for producing poverty and

increasing inequality (Wacquant 2009). Goldberg and Evans (1997) add to these factors the domestic economic decline in the US, racism, and the U.S. role as policeman of the world, importing these penal regimes to other countries in what Sudbury (2005) later characterized as 'global lockdown'.

Changes in the economy and the making of surplus land, populations, capital and state capacity have led to the creation of the prison as profitable industry. Gilmore's (2006) detailed analysis demonstrates the intricate ways in which socio-economic, geographical, fiscal, racial, and legal processes led the way to the biggest prison expansion in history. The creation of the penal system as an industrial complex appropriated this surplus unemployed/ underemployed population as well as undeveloped depreciated land. Under this new configuration, men of color in particular have turned into commodities in high demand for the growing prison industry. The prison comprises a solution to one of the deepest inherent contradictions of capitalism itself: how to maintain a proletariat class (in this case mostly poor people of color), while controlling them from rising up against their conditions of being. The prison solves this dilemma almost seamlessly. This political economic analysis of imprisonment and institutionalization should be an opportunity to connect critical sociologists and disability studies scholars who are interested in understanding the phenomenon of "mass incarceration" from an intersectional lens.

Broadening the scope of incarceration

The need to combine the discussion on current levels of imprisonment with discussion and data about institutionalization, hospitalization and disablement is imperative for practical, empirical and theoretical reasons. The most pressing is the need to expand on notions of what comes to be classified as "incarceration." This research points to the merits of conceptualizing incarceration as including institutionalization in a wide variety of enclosed settings, including

prisons, jails, detention centers, institutions for the intellectually disabled, treatment centers, and psychiatric hospitals. Such formulations conceptualize incarceration as a continuum and a multi-faceted phenomenon. This "remarkable continuity of confinement" (Harcourt 2006) is discussed further in chapter 2, in relation to a revisionist social history of places of confinement. It is also suggested in that chapter that spaces of confinement could be perceived as operating on similar logic, whether we take up the assertions of Foucault about them as docile-making and producing techniques of governance and social control; or view them from a more class based lens as mechanisms of exploitation or repositories of the indigent in capitalistic times, as suggested by Scull and Ignatief; or whether we take up a sociological interpretation, such as Goffman's, and view them as "total institutions." The premise that all these writings share is an understanding of incarceration as a continuum and not an isolated phenomenon that can be understood by engaging with only one locale. This analysis is especially pressing because of the immense growth of the prison machine in the U.S.

For the first time in U.S. history, in 2008, more than one in 100 American adults was behind bars. In 2009 the adult incarcerated population in prisons and jails in the U.S. had reached 2,284,900 (BJS 2010).The United States incarcerates a greater share of its population, 737 per 100,000 residents, than any other country on the planet, although it is not unique in its race to incarcerate (Pew Center 2008). Another whopping 5,018,900 people are under "community corrections" which include parole and probation (BJS 2010). Race, gender and disability play a significant role in incarceration rates. In 2006 Whites were imprisoned at a rate of 409 per 100,000 residents, Latinos at 1,038 per 100,000 and Blacks at 2,468 per 100,000. The rate for women was 134 per 100,000 residents and for men, 1,384 per 100,000. In 2005 more than half of all prison and jail inmates were reported as having a mental health problem. Nearly a quarter of

both state prisoners and jail inmates who had a mental health problem, compared to a fifth of those without, had served three or more prior incarcerations (Prison Policy Initiative 2008). The number of carceral edifices in the U.S. had grown as well. From June 30, 2000, to December 30, 2005, the number of state and federal correctional facilities increased by 9%, from 1,668 to 1,821 (BJS 2008). This is in contrast to the closure of psychiatric hospitals and large state institutions for those with developmental disabilities that have been a major policy trend in most U.S. states in the past few decades. The population of people with intellectual disabilities living in large public institutions peaked at 194,650 in 1967. By 2004, this number had declined to 41,653 (Prouty, Smith, & Lakin 2005). An accompanying shift occurred in the field of mental health. In 1955, the state mental health population was 559,000, nearly as large on a per capita basis as the prison population today. By 2000, it had fallen to below 100,000, a drop of more than 90 percent (Gottschalk 2010; Harcourt 2011).

On an empirical level, Harcourt (2006) suggests that combining the data on institutionalization and imprisonment yields very different results and implications for both research and policy than the separation that exists now in the literature on incarceration. Harcourt (2006) laments that none of the above literature on incarceration (such as the work of Goffman, Scull and Foucault) made its way to social scientific research, especially the empirical/quantitative dimension of it (with the exception of studies that look into the phenomenon of trans-institutionalization or the "balloon theory," which will be discussed in chapter 6). In other words, none of the studies that include confinement as an independent variable includes institutionalization in its measure and definition of confinement/incarceration. In social science research, including criminology, the convention is to think of confinement in terms of placement in jails and prisons and therefore to reinforce an inaccurate interpretation of

the first half of the 20th century as an era of relative stability in terms of incarceration, with a later explosion in this area. Harcourt (2006) argues for the use of aggregated incarceration rates, using both imprisonment and institutionalization, for all future research that examine the relation of confinement to other factors such as homicide, employment, education, crime etc. Such studies will show that the rise in incarceration began in the 1950s with the peak in the institutionalized population at the time. To not do so is to look at only a partial picture of both confinement and incapacitation and to fail to take seriously the theoretical and historical conceptualizations of incarceration.

What needs to be empirically assessed, then, is not what became known in the social sciences as "the rise in incarceration" but the systemic and lingering effects of the continuity of confinement in modern times. What such arguments underscore, for the purposes of this research especially, is the need to reconceptualize institutionalization and imprisonment as not merely analogues but as in fact interconnected, in their logic, historical enactment and social effects. The theoretical implications of such interconnectedness will also necessitate bringing in disability (psychiatric, developmental, physical etc.) as a focus in studies on incarceration, as well as working out questions of criminality and danger in studies in incapacitation and institutionalization.

Chapters' overview

Throughout my work I aim to demonstrate the connections between prison abolition and de-institutionalization. In the following chapter, *Landscapes of incarceration,* I focus on the ways prisons and institutions are connected and interrelated. I further argue that because they are connected, the study of the movements that resist these institutions cannot be separated from one another. This chapter seeks to map out landscapes of incarceration in both historical and

ideological ways. It will sketch both the past and the future of institutions, analyzing them from their inception until the closure of some of them (my examples will focus on the landscape of Upstate New York). In order to understand our current dogma of incarceration, it seems important to start at the root, the point in which alternatives were available but the path to imprisonment triumphed. Without understanding their endurance over time and space, it is impossible to grasp any current struggles that attempt to take them down. Therefore, this chapter sketches an alternative historiography of prisons and institutions in an attempt to paint some of the perils of these systems that were present from their inception. I therefore map the trajectory of such institutions from rehabilitating to custodial; show they ways in which they were (and are) embedded in notions of danger; created for economic gain; and influenced by increased medicalization, racist and eugenic impetuses that inflict them to this day. The trend of psychiatric and developmental disability centers turning into prisons (such as the case in Rome, New York) will be used briefly to highlight the cyclical nature of social control. Finally, I analyze this conflation of crime and disability and the move between various forms of incarceration through a discussion of modern (penal and medical) notions of danger, as related to eugenics, psychiatry and criminology.

The third chapter deals with the methodological aspects of this study. Here, I explicate what is genealogy following the work of Michel Foucault and explore what is at stake when taking up a genealogical project. Through a sustained attempt to engage with Foucault's work I offer the reader newfound understanding on the methodological aspects of such work, as well as its applicability to this research. Genealogy allows the researcher to investigate imagined possibilities and the conjuring up of alternatives to the current world order, and involves carefully constructing not just an alternative historiography but also a futuristic narrative of what

could have been. In this chapter I also attend to the ways genealogical work is related to other research methodologies (feminist, sociological, qualitative) and the type of data gathered in genealogical excavation. I exemplify how my study is genealogical in nature and connect it with a larger disability studies framework. In sum, this chapter explicates the potential embodied in employing Foucault not just as a theorist but as a methodologist, and also offers some brief critiques of the connection between politics, theory and praxis that such an encounter offers.

In the fourth chapter, *Subjugated knowledges as tools for social change,* I begin to lay out the genealogy of anti-psychiatry, deinstitutionalization and prison abolition. Here, I attend to the excavation of subjugated knowledges, in the Foucauldian sense as both buried histories -the story of the enactment of prisons and institutions told by the activists who wish to abolish them; and disqualified knowledge- disability studies, anti-psychiatry scholarship and critical prison studies as forms of knowledge that are deemed non-scientific and illegitimate. The focus of this chapter will be on activist/scholars within these disciplines who challenge its hegemony and the consequences of doing so for both sites of resistance and repression. The ways in which disability, mental illness and prisoners have been constructed in the social sciences (what Foucault characterizes as erudite knowledge) are of key importance to the study, as well as the ways in which these characterizations have been resisted, enacted or performed by prison abolition and de-institutionalization activists. I therefore highlight the critiques of the social world offered by those engaging in deinstitutionalization and prison abolition (about disability/mental illness/mental retardation, concepts of home and community, crime and punishment, social control, social justice etc.). Specifically, this chapter will involve a queering of the concept of "community." I will enquire what notions are embedded in the concept of "community" in the move from institutions to "living in the community"; the move from

psychiatric confinement to "community mental health"; and prisoners "re-entry" into the community of those not imprisoned.

The fifth chapter, as its title suggests, deals with *Resistance to incarceration within an abolitionary framework.* Here, I am treating prison abolition and de-institutionalization as case studies that will point me to the various ways in which abolition politics are chosen, engaged, discussed and maintained; and the different effects of deploying this strategy within each movement. I begin with a discussion on the difference between reform efforts, abolition and institutional closures and later sketch some examples in which abolition and closure were engaged in each movement. In addition, I highlight various alternatives to imprisonment, hospitalization and institutionalization highlighted by activists. The last portion of this chapter deals specifically with the ways abolition politics and decarceration are taken up by legal advocacy. I offer a critical reflection on such practices as they relate not just to discourses of rights and equality but also on the ways they complement and/or undermine abolition efforts.

Chapter six is titled *From "radical activists" to "dumping people in the street": Critiques and backlash against deinstitutionalization and prison abolition.* During and in the aftermath of the move out of institutions, many critiques were laid out by policy makers, academics, and organizations that cater to people with disabilities. In the popular imagination this staunch criticism has led to a backlash of what can be characterized as "the failure of deinstitutionalization." Much of this chapter is devoted to investigating the chasm between activists' perception of the process of institutional closure and that of their critics. I investigate what different stakeholders said about deinstitutionalization in the past (before it happened), in the present (in its wake) and about the future of a world with no prisons. This chapter also looks into the phenomena of trans-institutionalization, the movement between one institution, such as a

psychiatric hospital, to another such as prison. The claims that post deinstitutionalization people with psychiatric disabilities were "abandoned to their fate" and re-incarcerated in jails will be deconstructed. I query the use of statistics as means to construct a particular (punitive and medical) discourse around the "homeless mentally ill" that created a backlash against deinstitutionalization efforts and possibly prison abolition efforts as well.

The concluding chapter, *On the nature of resistance and politics of the future,* summarizes major findings and point to some future possibilities for both activist horizons and research agendas. More specifically, what can be learned from prison abolition and anti-institutionalization activism about the nature of resistance and the push back from lingering carceral edifices? If Foucault offered us a persuasive theoretical framework through which to analyze power, this chapter provides a complementary framework to theorize resistance, especially in relation to utopia as an abolitionist stance.

"History… can help to pierce through the rhetoric that ceaselessly presents the further consolidation of carceral power as a 'reform'. As much as anything else, it is this suffocating vision of the past that legitimizes the abuses of the present and seeks to adjust us to the cruelties of the future."

(Ignatieff 1978: 220)

Chapter 2: Landscapes of incarceration

The enduring landscapes of incarceration loom large in any attempt to analyze the logic of the carceral regime. Landscape can be read as mental image as well as physical locale. Like a traditional landscape painting, it is a social artifact that appears as natural and not human made. It conceals relations of power and privilege and can be seen as a form of ideology (D. Mitchell 1996). When traveling through the landscape of upstate New York, where this project began, one finds alongside its rural mystique, immense structures used to hold people for a variety of functions (TB asylums, poorhouses, lunatic asylums, schools for the "mentally retarded", jails and prisons). Some appear abandoned, some have picturesque settings with landscapes that seem to have been meticulously cared for by their inhabitants, and yet others seem still to be in use, with added barbed wires which point to their renewed function as carceral institutions. Although referring to landscape painting, W. J. T Mitchell's analysis seems to ring true for physical geographical landscapes as well: "like money, landscape is a social hieroglyph that conceals the actual basis of its value" (Mitchell 1994). Put simply, the geographical landscape does not merely reflect culture, but is a document of power and indicates who can exert power to shape culture (Dwyer and Alderman 2008).

Throughout my work I aim to demonstrate the connections between prison abolition and de-institutionalization. In this chapter I will focus on the ways prisons and institutions[5] are

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[5] In this chapter (as in most of my work) I am using the term "institutions" to refer to institutions for people labeled as mentally ill (psychiatric hospitals, asylums, madhouses) or mentally retarded (training schools, large state

connected and interrelated, and therefore the study of the movements which resist these institutions should not be separated from one another. This chapter seeks to map out the historical, ideological, economical and meta-physical landscapes of incarceration. It aims at explaining the connections between criminality and disability, and the rise of incarceration as a regime to enclose these populations from the 19th century onward. One explanation looks at the historical roots of the creation of asylums and prisons, as well as the contested historiography that constructs these claims. Another explanation lies in the area of asylum (and post-asylum) geographies which map the resilience of these carceral spaces. A genealogy of penal-medico notions of danger provides another conceptual framework from which to connect crime and madness/disability historically. Lastly, the political economy of incarceration provides an analytical lens that explains the advantages of incarceration under capitalism.

History of the present

In order to understand our current dogma of incarceration, it seems important to start at the root, the point in which alternatives were available but the path to imprisonment triumphed. From the early 1970s, the historical analysis of the establishment of carceral spaces was in flux. David Rothman's influential book, *The discovery of the asylum*, was published in 1971 and provoked much debate within the historians community. Although he hardly mentions Michel Foucault in the first edition of his book, (probably because Foucault's work was scarcely available in English at the time) Rothman does discuss his contributions to the field in a later edition. Foucault's prominent study into the birth of psychiatry and institutionalization of the insane, *Madness and civilization,* was translated to English in 1965 and *Discipline and punish*, Foucault's genealogy of penology, was translated in 1977. In the 1990 revised version of his

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institutions etc.). This delineation is done for heuristic purposes only, as I am well aware that prisons are also 'institutions' in a sociological sense.

book, Rothman acknowledges that Foucault, more than any other scholar, helped to shift asylums, prisons and mental hospitals from the margins of research to center stage, as he perceived them as the emblem of modernity and the emergence of the Bourgeois state. The third strand in the debate over the eminence of asylums and prisons was denoted by Andrew Scull's work whose *Museums of madness: The social organization of insanity in nineteenth century england* was published in 1979, and *Decarceration: Community treatment and the deviant* in 1977.

I will not get into the historical debates surrounding Foucault's work (who is blamed for being inaccurate, not using proper citations in his work or being ideologically rather than evidence driven) but instead focus on some of the theoretical differences between these accounts, which came to be known as the "revisionist history of the asylum." The turn to the asylum in historical research could be attributed to the growing understanding that history cannot be understood from the viewpoint of the elite alone, so that historians sought out the analysis of ordinary people, and especially of those marginalized. According to Rothman (1990), this development follows a Durkheimian framework in which one investigates the norms of a society by looking at those who violate them. This position is divergent from that of Foucault who investigates, following Rothman's terms, who generates these norms, under what conditions, and for what purposes. "Norms", in this analysis are a result of power differentials, not a neutral state of affairs. Foucault (1990, 1994) also does not perceive power as a top-down negative process (as in violence or power that corrupts) but instead perceives it as an encircling force with both repressive and constructive features (the power to desire in particular ways, the power to perceive oneself as an autonomous individual).

The revisionist narrative of asylum building marked a shift from perspectives that saw asylums and prisons as reforming and benevolent to more nuanced accounts that critiqued both the consequences and intentions of reform efforts, which ended in mass incarceration. The latter perspective, which views asylums as beneficial, is perhaps best personified by the work of Gerald Grob. Grob is the author of a three-volume history of mental health policy. The first book in this set, *Mental institutions in America* was published in 1973 and the last two volumes, *Mental Illness and American Society, 1875-1940*, appeared in 1983 and *From asylum to community: Mental health policy in modern America* was published in 1991.

Throughout his work, Grob seem to subscribe to the progressive view of asylum history, and views reforms in the asylum as mostly well intentioned, coupled with unpredictable factors such as demographic changes and the spread of new ideas derived from France and England. He perceived most reformers as wanting to lift people out of their misery; thus the function of the asylum should not be conflated with social control, even if that became a byproduct of its establishment. Grob (1973) views changes, especially in 19th century social policy, as incremental in scope. The experimental nature of such policies is what ultimately led to consequences, which were at odds with their initial intentions, according to Grob.

Foucault (1965, 1987) saw moral treatment and "mad-doctoring" as a change from past practices of chaining and ill treatment of the mad. But the change was not so much in the improvement in the lives of the mad (which in some cases was nonexistent) but in the tools used for treatment (i.e. the establishment of psychiatry as a profession with claims to tell us the truth about ourselves). Foucault thus does not subscribe to any historical account that promotes notions of progress, especially based on scientific claims, but he also does not belittle the changes that have been made and does not subscribe to the school of a simplistic claim that "the

more things change the more they stay the same." What matters for Foucault is uncovering which power/knowledge regime is at play at which time and to what effects.

There are several reasons why what seems like a historical detour is not only useful as a background to understanding our present circumstances but also indispensable as a way to understand any resistance to it. The neo-historiography of the institution and prison was written, and battled, by historians and other intellectuals (such as Scull, Rothman, Grob and Foucault) at a time when these institutions started to lose their legitimacy. Most of these accounts were produced in the 1960s and 1970s when larger exposes, lawsuits, novels, movies and ethnographies came out to reveal the decrepit conditions of asylums. These included Erving Goffman's *Asylums*, the novel made into a Hollywood film *One flew Over the Cuckoo's Nest*, Burton Blatt's exposé *Christmas in Purgatory*, the riots in Attica prison, and lawsuits on behalf of prisons and inmates in state institutions (all these will be discussed in more depth in chapter 5). According to Rothman (1990), the benevolent and rehabilitative purposes of institutions and prisons were beginning to wane in the public and professional discourse at that time, and the notion of segregation for treatment and punishment started to come under attack. In this sense, the historiography of the asylum and prison is directly tied to the moment in which these accounts were written, the moment in which debates and processes of decarceration and deinstitutionalization were in full force. Scull (1989) believes that the usefulness of this revisionist history lies in the role it plays in current battles over community living, decarcaration and deinstitutionalization, of which he is critical. He warns that the fervor by which advocates of deinstitutionalization are pushing their ideology of reform should remind us of the fervor of asylum reformers of the past.[6]

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[6] I will deconstruct these claims in subsequent chapters

Although it is impossible to determine which development came first (the rise in the interest of researching incarceration or the spread of social critique of these institutions), it is clear that the concept of incarceration had begun to crack and was no longer perceived as natural or inevitable. Following Foucault's repressive hypothesis, one could explain the rise in asylum and prison historiography as coming at a time in which their grasp became more widespread exactly because they started to lose their legitimacy. In this sense, the debates over the reasons and usefulness of asylums in the past are directly tied to debates over decarceration and re-institutionalization at present.

When looking at the canonical historiography of institutionalization and the rise of the carceral regime it becomes tragically apparent how overarching some of the claims are, and how specifics are relegated to the wayside of history. Perhaps it is the positionality of noted historians and theorists of the carceral (such as Rothman, Scull and Foucault who are all white men) that dictates their way of (re)writing history in a way that obfuscates the differential experiences of the imprisoned based on race, gender and ability. The omission of these categories from their analysis also created white-washing accounts that obfuscated the importance of historical processes of oppression and genocide such as in the cases of eugenics and the effects of the slave trade. It also appears that there are separate historiographies for the rise of institutions for the feebleminded, the establishment of reformatories and prisons, and general historical accounts of the rise of asylums. In what follows I have tried to merge the historiography of asylums and prisons together while attending to the specifics of their enactment in relation to racial, geographical and gender differences. As is the goal of this research project in its entirety, subsequent sections will also connect the construction of the disabled/mad and the criminal.

The roots of confinement

Prior to the 19th century, there was no apparent distinction between intellectual and mental disabilities. Goodey (in Braddock and Parish 2003) credits Locke with establishing the dichotomy between mental illness and intellectual disability (although there is some disagreement about it). Around 1690, Daniel Defoe, journalist and the author of *Robinson Crusoe*, recommended creating government-sponsored residential institutions specifically for persons with intellectual disabilities, to be paid for with an author's tax, but was not successful in these efforts (Braddock and Parish 2003). Also, during this time incarceration was not used as the main form of punishment. Banishment from the community, forms of exile, or corporeal punishments were much more popular (Rothman 1971).

Boundaries between prisons and mental/psychiatric institutions have always been porous. The poorhouse in the early 19th century did not simply provide shelter for the indigent. It was a catchall for all who were deemed dependent, unproductive or dangerous. This system of warehousing together all the needy populations, which lasted in various degrees until the 1930s, was also known as "indoor relief," as opposed to "direct aid" (Trent 1995). At that time there was no clear policy segregating the "worthy" (aged, widows, orphans, disabled) and "unworthy" dependents (poor, unemployed, criminals). Such separation began at the turn to mid 19th century when different facilities were beginning to be sought for different populations[7].

Many reformers and progressive associations did not distinguish between various dependent populations and their underlying circumstances. For instance, the National Conference on Charities and Corrections, founded in 1874, became the nation's leading association dealing with pauperism, insanity, delinquency, prison reform, immigration and feeblemindedness (Trent

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[7] This separation between the worthy and unworthy poor and dependent is maintained to this day in welfare policies, pensions and social security benefits

1995). Foucault, in *Madness and Civilization* (1961), discusses similarly that during the "great confinement" (circa 1650) Europeans who were deemed non-productive and morally objectionable were strategically gathered and put into institutions. Another American response to meeting the need for care of people with mental disabilities that could not be met by their families was the practice of "bidding out." In this system, a person with mental or intellectual disabilities was auctioned off to the lowest bidder, who would receive the bid amount to provide care for a year. This practice of "bidding out" was administered by counties in many states for people with intellectual and mental disabilities until about the 1820s, when it was perceived to become too expensive. Bidding out was a common form of welfare throughout the nation (Braddock and Parish 2003).

From 1820 onward the American settlers created myriad institutions that were not in existence before- from almshouses and hospitals, to penitentiaries, lunatic asylums, and reformatories. This was the "era of the asylum" (Rothman 1971). At this time, the nation was faced with increasing urbanization and manufacturing and changing demographics that included the first major influx of immigrants. The main shift in colonial America was from charity and informal aid to those in need to more state sponsored and federal guaranteed policies, such as an early iteration of welfare policies. Many of these solutions encompassed segregated institutions such as the poorhouse or lunatic asylum but the reported aim was not to isolation but care for so called dependent and needy people whose families could not support them (Snyder and Mitchell 2006).

Other scholars suggest that the impetus to create institutional arrangements for the insane in the 18th century, for example, did not come from public authorities' desire to control the poor and indigent, but from affluent families who wanted to board their relatives outside of the family

home (Smith and Giggs 1988). Indeed, the first institutions were marked by specific divisions in the care and treatment of the poor from the privileged classes (Braddock and Parish 2003). This initial segregation within public facilities between the middle class and the poor was the beginning of practices that would eventually become a feature of American institutions for years to come (Rothman 1990; Trent 1995).

There have been several attempts to analyze this massive social change occurring at the beginning of the 19th century onward, and to explain the reasoning behind the timing of the creation of segregated institutions. Some scholars characterize the growth in asylums as another one in a series of reforms characterizing the era. Rothman (1971) questions this reasoning by noting that the development of the asylum era was not inevitable or natural and therefore cannot be explained without attending to the causes, which made it so prolific. Although it is true that it was part of other massive social, economic and cultural changes of the time, the creation of new confining spaces cannot be seen as simply another development of the times. As Foucault explains in *Mental illness and psychology,* "The internment to which the madman, together with many others, was subjected in the classical period concerns not the relation between madness and illness, but the relations between society and itself" (1987: 68). Scholars writing from a modern day perspective miss the fact that "another world was possible," and indeed advocated for by some, and that massive institutions we now take for granted were constructed to not only look like progressive enterprises, but also as though they are inevitable and necessary.

The fault lines of my own research start to be sketched in that era- under what discourses and circumstances does one perceive the penitentiary as a step forward from corporeal and other punitive regimes? Is the lunatic asylum (now psychiatric hospital) an improvement over caring for people at home or in the community, for both "the mad" and for the advance of science and

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medicine? With increased authority of medical knowledge, modern societies moved from notions of punishment to notions of medical and moral treatment of those earlier deemed deviant, and now seen as "abnormal." Foucault in *Madness and civilization* discusses the ways in which reason consumed madness. Although discourses of humanism and science ruled, the latent functions of these carceral institutions were to normalize and instill shame and guilt in those incarcerated. Moral chains, as feelings of inadequacy and guilt, replaced the physical chains of the punitive discourse of confinement. The institutions became a monument for a new discourse-that of science, of reason, which no one could escape, not even into madness. Instead of sinner and morally objectionable, people who were deemed deviant were now viewed as pathological, in need of therapy.

It is extremely important to note that these social processes that led to increased confinement of a variety of populations, repressive as they seem today, did not only come about from above, be it kings or governments, but also out of the vigorous advocacy of reformers and the advent of "moral treatment." For instance, in the 18th century, Philippe Pinel in France and William Tuke in England started to view confinement as inhumane and began to remove patients' restraints and treat mental patients in asylums. In the U.S., prisons were created out of efforts of religious reformers who sought more humane forms of punishment, as opposed to capital and corporeal punishments (described by Foucault in *Discipline and punish*, 1995). Quakers founded the Eastern State Penitentiary in Philadelphia based on this premise of reform and progress, and an ideology of habilation, reflection, solitude and repenting. The solutions devised for the design of the prisons were seen as archetypical to other social issues facing the budding republic. The early penitentiaries were seen as an experimental ground for new plans in architecture, hygiene, education and moral reform in general (Rothman 1971, 1995). One

example is the creation of the panopticon, originally devised by Jeremy Bentham in England, and implemented in the construction of Eastern State Penitentiary in Philadelphia.

Psychiatric hospitals in the U.S. were also founded partially out of efforts of religious reformers, such as Dorothea Dix, who sought to liberate the 'mad' from oppressive conditions in which they were kept, in chains and squalor, and instead provide them with therapies in hospital-like confined settings. Dix traveled from state to state, describing the horrible conditions in jails and almshouses and played a major role in founding 32 mental hospitals and 15 schools for the feebleminded (Braddock and Parish 2003). Although she is most known for her efforts to establish new institutions for those deemed insane, she was also instrumental in establishing libraries in prisons, as well as other institutions such as a school for the blind and numerous training facilities for nurses (Grob 1994; Rothman 1990).

This national picture of asylum history is deeply intertwined with the local landscape of central New York, where my study began. Although there is some debate over which was the first prison built in the U.S., the two that are often cited are Auburn prison (which opened 1817 in Auburn, New York) and the Eastern State Penitentiary (opened in Philadelphia, PA in 1829). Auburn prison was founded on similar repentative beliefs as Eastern State, but replaced solitude with silence and included labor as a form of punishment and rehabilitation. Ultimately, the Auburn prison set up became the more dominant form on which prisons were built in the U.S. and abroad. Soon there were also special institutions for the blind and for "deaf mutes." In 1818 New York Institution for Deaf and Dumb was established in New York City (although American Asylum at Hartford was earlier) and Perkins School for the Blind was established in Massachusetts in 1832.

Construction of the Utica State Lunatic Asylum began in 1837 in Utica, New York and by the 1850s there were 30 such institutions all over the country (Braddock and Parish 2003). The first American institution specifically designated for "the feebleminded" was established in Albany in 1851. The Asylum for Idiots, as it was called, was devoted to a newly conceived program of special training and education. It was relocated to Syracuse New York in 1854, where it remained until its official closure in 1998.

The rise of the carceral

The inception of the prison seems to have commenced in a paradoxical time. The 1820s marked a time in which democracy was at its fullest, when citizens (white non-disabled property owning men) elected their chosen officers and exercised their rights (Rothman 1995). Of course it was also a time of slavery and mass infringements on others' rights, who were not even defined as citizens, a fact Rothman and other social historians neglect to mention in their accounts. The asylum seemingly resolved the liberal dilemma of freedom versus equality by supplanting freedom with treatment and rehabilitation. Thus, those defined as mad and criminals were revoked of civil liberties, and became the exception to the rule of freedom and justice for all. The same processes occurred in the U.S. during slavery, by which prisoners and slaves became the exception, which made all others, not incarcerated and owned, feel like they were free and executing free labor.

This seeming paradox between the rise of democracy and the rise of incarceration may not look so at odds when taking into account the pride that reformers and officials took in their new founded prisons, as well as their newly founded democratic society. Visitors from Europe and elsewhere traveled to America to witness this new system of punishment and later import it into their own countries. In fact, de Tocqueville's tour of American prisons and mental institutions in

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1931 resulted in his famous manuscript *Democracy in America*. The tendency to import repressive modes of incarceration from the U.S. will be intensified tenfold in the following century with privatization of prisons worldwide and the rise of the supermax prisons (for more see Sudbury 2005) but it is interesting that this phenomenon is as old as the prison itself.

From 1820-1850 there seems to be much more public debate and concerns about crime as a hazard to the forming republic. However, Rothman (1995) asserts that most likely this preoccupation with delinquency had more to do with a society in flux than with actual rising rates of crime. A similar phenomenon can be seen to this day with widespread panic discourses of mounting crime but no corresponding rise in crime rates (Gilmore 2006; Gottschalk 2006). There is, however, a correlation between social disorder and a public desire for being "tough on crime." In the Jacksonian era with its reform movement on the one hand and the call to bring order to the new republic on the other, this duality led to the establishment of the first penitentiaries (Rothman 1995). This discourse of the increase in criminality was especially punitive to women and freed slaves, two populations, which are hardly mentioned in the accounts of social/ revisionist historians such as Scull, Rothman, Ignatieff and others. In the following passages I have tried to supplement the canonical historiography of asylums and prisons by paying attention to those most marginalized but less incarcerated, i.e.- women and freed slaves.

At the beginning of the 19th century the majority of women who were convicted, of mostly petty crimes, were put in local jails and prisons. Their proportion at the time was between 4-19 percent of the entire prison population, which was actually lower than their European counterparts (Zedner 1995). Women often endured worse conditions than men as prisoners. This was due to systematic abuse and exploitation as much as a general lack of concern for them as a

"constituency." Friedman (cited in Kurshan 1996) claims that sexual abuse was so systematic in prisons that the Indiana state prison ran a prostitution service of female prisoners for the benefit of the male guards[8]. In general though, when prisons and jails were erected they simply did not have women in mind in their designs and daily routines. In 1828 a law requiring the segregation of county prisoners by sex passed. For the most part, this entailed finding separate cells or wards for women in men's prisons.

This impetus to segregate prisoners based on sex was not based only on the desire of prison officials, but actually came as a result of rigorous advocacy of reformers on behalf of women prisoners. Most of these reformers were white middle class women, the majority of which were Quakers. Although they also advocated for the creation of (more) prisons, their vision was different than other, mostly male, prison reformers at the time. While male reformers were taken by Bentham's ideas of the panopticon and advocated rigidity, uniform treatment and discipline for men prisoners, the women reformers advocated for women prisoners to be treated more gently, with patience and sympathy, so they would cooperate with their own rehabilitation (Zedner 1995). It is unclear just how influential their work was, but in 1835 the first female prison, Mount Pleasant, was opened in New York. In 1865, when the population at Mount Pleasant doubled, the state refused to finance an expansion and the prison closed, dispersing the prisoners amongst the local prisons. It was an institution ahead of its time, and remained the only female prison until the 1870s. In 1874, following a successful campaign by two Quaker women from Indiana to end the sexual abuse of women in prison, the second separate women's prison was built (Kurshan 1996). By 1940, 23 states had separate women's prisons. Interestingly though, on the west coast women's prisons were not built until well into the 20th century.

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[8] Although this story is cited in many anthologies of history of women it is hard to find verification to its actual existence

Zedner (1995) argues that in the UK the impetus to reform prisons was based on increased medicalization, both in psychiatry, which started to transform "bad" into "sick" and in the rise of eugenic science (a fact that may have hastened the creation of seperate instituions for these populations). But in the U.S. it was mostly women reformers who contributed to changes in penal thought and practice in the mid to late 19th century. For instance, the majority of the founders of the influential American Prison Association in 1870 were women. Their work could be (and was) characterized as a type of social feminism, in which women reformers advocated for special institutions that suit the unique needs of female prisoners. During this period, on both sides of the Atlantic, it seems that most of the debate and innovations in penal reform were directed towards women convicts. One of the major results of this was the removal from prison of women who seemed less responsible for their crimes because of medical, hereditary or other reasons. Although this may seem like a decarcerating move, in fact these women were sent to other types of reformatories to be "cured" or rehabilitated, and very often this meant they were incarcerated in these alternative institutions for much longer periods of time, until they had been reformed.

In the late 19th century, women's roles went through dramatic shifts as middle class white women became more independent and entered the public sphere, some in positions that made them prominent figures in the reform movement. These same transformations created a boomerang effect towards those who could not attain such ideals, especially women who were seen as overly dependent and/or promiscuous. What is most interesting is that women were at the forefront of efforts to imprison such rebel women, while they themselves were not conforming to traditional gender norms of the time (Rafter 2004). It seems that in order to maintain their upward mobility they had to send other groups down the ladder, particularly women who were

perceived as depraved or weak-minded. Making other women seem unfit (and indeed making them the Other) made women reformers seem much more moral, good and normal.

During and after the civil war, imprisonment of women soared due to men's absence during the war and the resurrection of Victorian moralism, which made certain behaviors acceptable for men but not for women. For instance, in New York during the 1850s crimes against persons, which may have included performing "illegal" abortions, tripled and crimes against property increased tenfold for women convicts (Kurshan 1996). These trends and explanations, however, only reveal part of the picture of the time, specifically focusing on the landscape of the North. In the South, slavery was still the preferred mode of punishment, and incarceration rates of black prisoners were the lowest in the South before the civil war. Post emancipation, however, the picture changed dramatically. For both black men and women, Jim Crow laws caused a rise in incarceration as they were sent to prison for the most minor offenses. Previously all-white prisons became filled with black prisoners overnight. Also, after 1870, prison camps were established in the South, which ostensibly housed prisoners who were freed women slaves but actually exploited their labor (Kurshan 1996). Some states forced women to work in state owned penal plantations but also leased women to mines, farms and railroads. As prison abolitionists argue, slavery was simply continued in the penal system.

In both the North and the South, a two-tier system was created in which both custodial and reformatory prisons were established for women. The custodial prisons were similar to the men's general prisons and housed mostly women of color. The reformatories were meant to rehabilitate or uplift the women, and housed mostly white women. For instance, between 1797 and 1801, 44 percent of the women in NYS prisons were black, as well as 20 percent of the men. In Tennessee in 1868, 100 percent of the women were black, compared to 60 percent of the men.

The southern prisons had the worst conditions, being unsanitary and lacking medical care (Kurshan 1996). In general it seems that the higher the proportion of black people incarcerated the more deplorable the prison. Women with mental dis-orders were simply locked in solitary confinement. These "reformatories" were successful in increasing segregation and confinement based on gender and race, but had little to do with reforming the actual prisoners.

A similar picture was beginning to be painted in psychiatric hospitals. Although the initial therapeutic aims that created mental hospitals should not be disregarded, from its inception psychiatry was also embedded in legal, punitive and policing functions. According to Foucault (1977) psychiatry did not develop in the asylum as a therapeutic mode and then generalize to the population, but had a social control function at the outset. Psychiatry made use of the asylum to justify its larger aims, by treating the most severe cases, and by creating an aura of scientificity by doing it in a medical setting. Psychiatrists sought to solve social problems of the era with their "expertise," and to a large extent, Foucault claims, that is still the context under which they operate today. The coupling of the policing function and the therapeutic one of psychiatry was already established at the birth of psychiatry, as a profession that grew out of the field of public hygiene and safety, not medicine. Much like the case with psychiatry, the first generation of superintendents in training schools and other institutions for people seen as mentally deficient had to justify the need for separate facilities for the feebleminded and disabled by validating their own expertise in such training and care for these "special" populations (Trent 1995).

Explanations for the historical creation and maintenance of landscapes of incarceration

Since the erection of prisons and psychiatric and other institutions appeared at the same time, the authority of the medical discourse alone, even with its claims to truth, cannot fully explain the proliferation of all such segregative institutions. Nor can it be explained solely as a function

of increased state control. Foucault (2003) explains this rise as a new form of disciplinary power that operates similarly within different institutions such as the madhouse, clinic, and prison. The objective is to normalize the pathological and create docile citizens. Through disciplinary interventions, "monsters" (i.e.- social aberrations) become "abnormals," and lose their subjectivity to that of professionals from the emerging fields of psychiatry, psychoanalysis, law, criminology and legal psychiatry.

Rothman's own explanation for the proliferation of the asylum is about the need to create more social cohesion in a time when massive societal changes were taking place, a time that sociologists might refer to as an era of anomie. Because the causes of abnormal behavior, poverty and crime were viewed as coming from the social, the amelioration of these social problems was sought in planned social solutions, in the form of various institutions that will cater to each social problem in a systematic and federal way. According to Rothman, the asylum had two goals when constructed. The first was to rehabilitate its residents and send them back to the community as a success story. The second and related aim was to serve as a testament to the normative function of society, and to demarcate deviance as a result (similar to Erickson's famous sociological study of deviance in modern times). But as we will see, institutions failed to deliver even the most modest of goals, yet they linger on well after their original purpose has been demonstrated to be unattainable.

Rothman demonstrates that since the asylum and its ideology began to lose its centrality in the mid 19th century and into the 20th century, then surely it was not an inevitable phenomenon, but one specific to its time. Furthermore, there was opposition to the prisons and asylums from the very beginning. Scull refutes these arguments by showing that the resistance to asylum building was mostly based on costs analysis and that in fact there were no alternatives offered in

such debates, on both sides of the Atlantic. They were however a few physicians that opposed the mental asylum on the basis of being critical of segregation and institutionalization as a whole. The idea of treating or curing madness by placing one with more "of its kind" seemed non-sensical to these doctors. Their cries were mostly relegated to the wayside of history for a number of reasons, according to Scull. These include their small numbers and lack of organizational support, the popularity of the reform movement, and most critically the lack of suggested or accepted alternatives. The only plausible alternative was to support the insane in their own communities, but that would have entailed some system of distributing welfare or pensions to such population at a time where social welfare was in its infancy. In fact, Scull argues, it was only the asylum system that provided a solution to the containment and treatment of the mad but without changing or expanding the provisions for paupers (poor laws in England and workhouses in the U.S.).

The social control function of these emerging institutions in colonial America cannot be denied, however. Institutions for the feebleminded and insane were seen as protecting both the institutionalized from a harsh world in which they could not cope and/or understand and protecting society from its undesirables, especially in terms of reproduction, as we will see below, but also in terms of physical segregation. Although prisons, as reformatories, began with rehabilitation of the convict in mind, it is unclear whether they carried the same protective goals as the mental and psychiatric facilities. Prisons did not seem to have even an aura of protecting prisoners from their own wrong doings, as much as punishing them for such acts.

Although social control is a powerful explanation for the creation of carceral spaces, Rothman (1971) and others believe that it is too simplistic to perceive these institutions as serving only a repressive function. And although there was an increasing need to regulate and

control the poor and unemployed in 19th century America, in an era of industrialization and increased urbanization, this explanation by itself is also too simplistic, according to Rothman. The prisons were designed in a way that was reminiscent of the new factories that were being built at the time. And of course they both emphasized punctuality, orderly conduct and docility. This is why Rothman believes many historians and social scientists saw the creation of the prisons as a mechanism of class control, which led from the asylum to the factory. But this was not just a geographical and functional similarity. In the 18th century, before prisons became prolific, imprisonment was mostly used for those who failed to pay their debts, and was therefore an amalgamation of jail and poorhouse (Friedman 1993). It was not sensible to imprison white able-bodied men for other offenses, as they can contribute to their communities in terms of work and status, and therefore corporeal punishments were more prevalent. Wealthy Quakers, who were a major force in advocating for the creation of penitentiaries, believed that the poor and indigent were not ready to participate in the new democracy and there was a need to reform them into more industrious workers.

More Marxist oriented scholars and activists view the prisons as tools to prevent the lower classes from rising up against their exploitive condition. They claim the prisons in the budding capitalist nation were expected to contain unemployed and unskilled laborers (Magnani and Wray 2006). Ignatieff and Scull seem to locate the establishment of prisons and insane asylums (respectively) in emerging class struggles in the 19th century. Indeed, Scull criticizes Foucault's work for not paying enough attention to economic or political structures in his analysis. Ignatieff shows how the prison satisfied a variety of agendas including separating the criminal from the worker which reduces the propensity of riots; symbolizing the power of the state but also its mercifulness; and instilling order in those incarcerated and those marching to do

factory work each day. Scull saw the inception of insane asylums as ways of establishing a bourgeois sensibility on all state citizens, mad or otherwise. Transformation of the mad into productive citizens was not much different than the transformation of raw materials into capital by industries of the time.

Reformatories were supposed to rehabilitate the convicts into good reliable workers who would then take their place in the working class. Prisons served as a warning sign for able-bodied men (and some women) that there is no alternative to industrial labor (not even in the prison, as we shall see later). Rothman disagrees with the labor warfare hypothesis and claims that the prisons were designed for individual salvation and disciplining, not the making of compliant laborers for the new factories. He substantiates these claims by showing that prisons were being built all across the U.S. (from 1820 onward), even in regions like the Midwest where the industrial revolution was still decades away.

What such accounts seem to miss is that the exploitive conditions of labor emerging at that time were not only to be deterred by the carceral system, but were inherent in it. Some prison abolitionists (Magnani and Wray for example) believe that the prison was not only a tool of state control, but also of economic gain from its inception. In 1819, two years after the prison in Auburn had opened, a local citizen was given a contract to operate a factory in it. This was a common practice in other states as well. The convict lease system was also popular in prisons from the beginning. Convicts were leased to private bidders who paid a fee for their labor. Although the prison-factories were never really profitable for the state, they were profitable for the private citizens who operated them and for those who leased the prisoners' labor (Magnani and Wray 2006).

Economic exploitation was not a foreign concept in the institution industry either. Following the civil war, the nation experienced severe recessions and extensive unemployment. As a result, superintendents in training schools for people with mental disability labels seemed ever more reluctant to release residents who reached adulthood, even if they thought they were "rehabilitated." The explicit reason was that they would not be able to compete for jobs in such a harsh economic climate. But more implicit reasons were the usage of high skilled residents as unpaid laborers within the institution, to keep it running for low cost (Braddock and Parish 2003). It is worth noting that many institutions were located in rural and remote settings, and their residents worked in farming, landscaping, laundry and other household jobs. Although this could be seen as benefiting the inmates by teaching them life skills, there is no escaping the broader view that this also enabled the institutions to survive and become self-sustaining entities even during hard economic times.

Like their Marxist counterparts, feminist criminologists (like Rafter and Friedman 1981) claim that prisons were not just mechanisms of state control, but also served as tools of patriarchy from their inception. Once (white) women started to become more autonomous, they were curtailed by Victorian era Puritanism aided by the penal system. This was especially harsh for women who worked outside the home, and women who did not conform to bourgeois notions of femininity or subverted gender norms. In fact, it seems that thousands of women would not have been punished or confined had it not been for the establishment of the reformatories. Put differently, much like prisons today, "when you build them" they will fill up quickly.

Institutions and prisons as human depositories

After mapping some of the history of the creation of early carceral institutions, it is important to attend to the resilience and enduring nature of these institutions. The roots of

confinement were apparently deep-seated as these institutions stood tall even after they were almost vacant. This section maps out the transition of both prisons and institutions for people labeled mentally retarded or mad from rhetoric of rehabilitation and cure to that of (ware)housing and coercion. The growing irrelevance of the humane and rehabilitative functions of the asylums did not bring their dissolution, even as it became clear as early as 1850 that their original purposes of habilitation and moral treatment were not being met. In fact, institutions became larger and more widespread as time passed. As we shall see, it was the same constructs that created asylums that also brought their failure. Over time incarceration became conflated with progress, so improvements within the inmate became marginal to perceived advancement due solely to the segregation of what was deemed as deviant. Put differently, institutions and prisons were seen as progressive endeavors, which symbolized the move to a more caring nation state. As such, these ideals became the focal point of policy makers, and the rehabilitation of the actual inmates became a secondary point of discussion.

According to Rothman (1971), asylums were based on the premise that they would provide temporary sanctuary, care or rehabilitation to first time offenders, recently mad, temporarily impoverished, newly orphaned etc. They were never meant to house the chronically mentally ill, people serving life sentences, or children becoming adults in poorhouses and orphanages; but these were increasingly the populations they housed. Prisons and penitentiaries had more "hardened criminals" than anticipated and those convicted served very long sentences (to this day the U.S. has the longest sentences in the industrialized world). The prisons also saw an immense increase in immigrants. By 1860, 44 percent of the prisoners in New York State prisons were foreign-born, and these rates increased each decade thereafter (Rothman 1971). It is not surprising then that they soon shifted from reformatories to custodial edifices. While the

reformatory practices were fading, no new practices were there to replace them. Instead of a means to an end, incarceration in the mid 19th century, and thereafter, became an end in itself.

Indeed, the critiques of the penal system as a warehousing institution are as old as the prison itself. In 1867 E. C. Wines and Theodore Dwight, members of the New York Prison Discipline Association, published a condemning report to the New York State legislature on the state of penal institutions in the U.S. They lamented the abandonment of early ideals to discipline and rehabilitate prisoners and the current conditions of overcrowding and corruption within the prisons. Wines and Dwight also critiqued the growing custom of convict lease labor, which was spreading post civil war (Rothman 1971). Other reports demonstrate as early as the 1850s that the rehabilitative function of the prison had failed and the only function it could serve in terms of crime reduction was confinement of the criminal as its own goal.

These critics however, Wines and Dwight included, did not call for the abolition of confinement as much as for a major reform in the way it was prescribed. They called for parole systems, constructing separate prisons for each offense, separating the young (juvenile) from the more repeated offenders, and creating after-release programs that would help former prisoners reintegrate into society. Although eventually many of these recommendations were carried out, these critiques were not adhered to for many decades following the establishment of the penal system. Partially, this was the result of the still strong ideals of the reformatory system and partially it was out of complacency of the era, which produced little public outcry about the plight of prisoners and other confined individuals under the asylum system, as there were other pressing matters to attend to in post civil war America.

Meanwhile, in the institutions, rehabilitation was also beginning to wane. By the 1860s, care of the so-called mentally retarded became the main goal of the institution, not training,

education or reintegration. The purpose, as expressed by superintendents and public figures, was transformed into an external one: showing the humanity of the American people and extending this vision to its most "feeble" members (Trent 1995). Hope for normalization of the feebleminded was lost[9], at least for the time being. The expectation that those deemed mentally deficient would become productive citizens within the institutional system was gone. This is of course extremely ironic, since the institutions lingered on because they exploited the labor of their successful graduates, who instead of releasing they kept as workers within the institutions.

It was probably the "lunatic" or "insane asylum" that made the most dramatic and fastest shift from therapeutic and habilitative to custodial. The advent of the authority of the medical discourse would change the status of institutionalization, which soon became the prescription of choice for a variety of mental and physical differences that were now deemed pathological and in need of cure or habiliation. By the 1870s it was clear to both the psychiatrists and the public that insanity is not a curable disease. But as with the prison, this realization did not give way to a reduction in the number of those confined to these institutions, or to a reduction in the number of such institutions, but quite the opposite. The decline of the habilitative function was also due to overcrowding, which meant the abandonment of most therapies and installation of more punitive measures to restrain those confined (straightjackets, cuffs, confinement to cribs). Early superintendents faced a conundrum that plagues psychiatric institutions to this day- if the most severe cases are released back to the community with its lack of resources, services and understanding of mental difference they will most likely end up in jail or in harm's way, but by keeping them in overcrowded conditions of the institution they were de facto giving up the goals of moral treatment and therapeutic aid.

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[9] Interestingly, normalization would re-appear in the 1960s as a concept which aimed at liberating those labeled as mentally retarded from institutional settings. See chapter 4 for more details

The shift to custodial care also marked a more explicit shift to control instead of therapy or cure of the inmates. For instance, once the institutions expanded, some implemented extremely regimented schedules, as well as military drills as part of the inmates' routine. If we take Foucault's theorization on disciplinary power then we can see these incarcerating institutions as forms of social control from their inception, as the goal of normalization and "moral treatment" is already embedded with normative power structures. More importantly perhaps, the shift to custodial care marked a renewed emphasis on prevention, not cure. Prisons, asylums, jails, mental institutions and training schools were seen as mechanisms through which the budding republic could prevent pauperism, crime, public dis-order, and the reproduction of hereditary conditions such as feeblemindedness and epilepsy.

The change in institutions in only a decade from rehabilitating to custodial occurred mostly as an unintended consequence of the popularization of this system of confinement. The populations in institutions grew at alarming rates while staffing and resources grew scarce. Under such conditions, it is no wonder that institutions mostly served (and still do) as warehouses for society's unwanted. The founders of the asylum system were hoping to create a harmonious and stable society by creating balanced and orderly inmates that will exemplify these ideals to the larger society. By the time of the civil war though, these ideals seemed utopian and for the most part irrelevant. The class divide, ideological and geographical divides and increased immigration made moral treatment and reformation fall out of favor, while confinement and segregation remained the major mechanisms by which social problems were handled.

The decline in the belief in the curative power of asylums, reformatories and moral treatment was not only the result of intrinsic failures but of larger ideologies in flux at that time. At the turn of the 19th century, Cesare Lombroso became renowned for trying to relate certain

physical characteristics, such as jaw size, to criminal psychopathology, or the innate tendency of individuals toward criminal behavior. In 1876 Lombroso's book came out and popularized criminology based on physical traits. In 1881 President Garfield was assassinated by what some professionals characterized as a mentally deranged offender. In 1882, with increased waves of immigration, congress passed the "Undesirables Act," which excluded convicts, poor, insane and idiots from entering the U.S. This was occurring at the same time that Spencer and Galton (fathers of social Darwinisn and psychometrics) gave talks in the U.S. and popularized eugenics beliefs (Trent 1995). Reflecting on the eugenic expansion of that era, Mitchell and Snyder (2006) contend that although institutions may have started with reintegrative purposes in mind, after 10 years of erasure of human difference, the populace seemed unwilling to return to these ideals and the segregative regime gained prominence within the public and professional circuits.

Penal-medico notions of danger

Rothman's query throughout his influential book, *The Discovery of the Asylum*, is "why did Americans in the Jacksonian era suddenly begin to construct and support institutions for deviant and dependent members of the community?" (1971: 1). What Rothman does not attend to are the reasons why particular populations (criminals, disabled, mad) were deemed as deviant or dependent, and what were the mechanisms that rendered them in those ways? The following section will engage specifically with such crucial queries.

The connection between imprisonment and definitions of "abnormality" seems to have arisen out of the modernity project, as a result of a new configuration of notions of danger. In *Abnormal* (2003) Foucault talks about the role of expert testimony in creating a new form of

social control[10]. Expert testimony of doctors in legal cases established what Foucault titles a "protective continuum," ranging from the medical level of treatment to "penal, the prison or the scaffold." Foucault emphasizes that "This continuum with its therapeutic and judicial poles… is actually a response to danger" (2003: 34), not illness or crime alone. Thus a chain of medico-judicial institutions was created, to classify, control and treat danger. This protective continuum is meant to control the individual deemed dangerous, but as importantly, to safeguard the rest of the population from this individual. But this is not a merely punitive response, but one of forced normalization.

From the 19th century the webs of the medical and the judicial start to intertwine with the rise of this hybrid discourse. Its hybridity lies not just in the sense of amalgamation of several discourses (legal, medical) but also in the creation of a new power/knowledge structure in which "doctors laying claim to judicial power and judges laying claim to medical power" (2003: 39) lay down an intertwined system of surveillance, which includes psychiatric progress reports of the incarcerated, examination in court of the accused, and surveillance of "at risk" groups. According to Foucault, this medico-judicial discourse does not originate from medicine or law or in between, but from another external discourse- that of abnormality. The power of normalization is cloaked in medical notions of illness and legal notions of recidivism. When looking at various procedures that generate this surveillance system, one can see that the aim was to control the abnormal individual, not crime or illness by themselves. Thus, it may not be surprising to learn that psychiatry (at least in France) was not established as a specialization in medicine, but as a branch of public hygiene, of social safety. It was psychiatry's role to codify madness as both illness and danger for the profession to have a legitimate cause for existence in

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[10] 'Expert testimony' utilized within deinstitutionalization and prison abolition work, in order to get inmates out of institutions and prisons, will be explored further in subsequent chapters

the public's eyes. In fact, legal psychiatry (or "expert testimony") was getting established at a time when psychiatry was trying to legitimate itself as scientific medical field, equal to other medical sub-specializations (Foucault 1994).

In the U.S, notions of danger as justification for confinement in both penal laws and psychiatry are still pervasive. The concept of "danger to themselves" is usually brought out when one cannot be proved to be a danger to others. But danger is not an offense on the books, nor is it a medical diagnosis, and yet is the main reason people get incarcerated in psychiatric units to this day. Although danger is not a psychiatric diagnosis, it is often psychiatrists who are asked by the courts if a person poses a danger, the results of which could be either confinement in a hospital or a prison or an amalgamation such as a forensic psychiatric unit. But what gives the psychiatrist the authority of expertise to identify or treat danger? These practices of labeling had become so neutralized as common psychiatric practice as to suggest that being perceived as dangerous is in itself an offense (Foucault 1977).

The psychiatrization of criminality seems to have been entangled in notions of danger from the outset. According to Foucault (1994) it was set in motion at the beginning of the 19th century with a series of cases, all involving unexplained and horrendous murders that occurred suddenly without any warning signs from the individual committing them. They were also unusually cruel (involving cannibalism or beheading), and did not involve the everyday type of disorder better known to psychoanalysis. Thus, "criminal psychiatry first proclaimed itself as a pathology of the monstrous" (1994:13). These murders were put under a new label of "homicidal mania." Since these crimes had no clear motive, they seemed like they arose directly out of dis-order and once the crime was committed, the disorder disappeared.

Thus, legal psychiatry constructed a crime that is insanity, and insanity as a crime. This development also followed the trajectory of bio-political control, or management of whole populations, not just individual's bodies, which was becoming more pervasive. As state control turned more to management of populations, the social body ceased to be purely a legal and moral metaphor and became a physical biological entity. As such, psychiatrists positioned themselves as experts in dealing with social dis-order. Insanity posed a danger to the social order either because of a linkage to heredity (reproducing disorder); poor living conditions (perceived links to alcoholism, promiscuity, overcrowding etc.) or danger to oneself or others.

Homicidal mania symbolically represented the kinship between madness and danger/crime although this link was never proven, but under this discourse, it did not have to be. Post 1870, when homicidal monomania was abandoned as a category, psychiatry was no longer limited to heinous unexplained crimes, but could be introduced into any legal situation, even to be rejected on the spot (Foucault 1994). This conflation of madness and criminality is particularly interesting when looking back at the past when reformers, who supported moral treatment, were protesting this very conflation, within the walls of the almshouse or asylum for example, and demanding that the two populations be separated into discrete institutions.

One can also trace the discourse on difference in physiology as linked to perceived criminality and a need for containment. For instance, it might not be surprising to find out that Lombrosian criminology was supported and developed by psychiatrists (Foucault 1977). Snyder and Mitchell (2006) contend that the origins of criminalization lay with disabled/abnormal bodies and minds who literally marked difference (physically, symbolically or mentally) and were put in early iterations of prisons because of the belief that they were involved in witchcraft and other deviant acts. Although this may be true, it seems likely that racial difference also had

something to do with the rise in the discourse of criminality, especially at the time where slaves were emancipated, which also gave rise to both eugenic and racist pseudo-science (which were sometimes one and the same).

The history of treatment and categorization of those labeled as feebleminded, and later mentally retarded, is also paved on cobblestones of notions of social danger. Goddard and other prominent eugenicists tried to "scientifically" establish that those whom they characterized as feebleminded had a tendency to commit violent crimes, and that women had a tendency to be promiscuous and carry children outside of wedlock, who were also presumed to be feebleminded. Goddard also estimated that up to 50% of criminals might be "mentally defective." In the late 19th century, as the eugenics movement gained momentum, it was declared that all feebleminded people were potential criminals (Rafter 1997; Trent 1995). Since feeblemindedness was considered hereditary, social scientists argued that crime and poverty could be eliminated if the feebleminded were controlled in institutions. Custody, in prison-like settings, replaced the goal of integration into the community.

By the 1880s, with the increased popularity of eugenics, the typology of feeblemindedness saw a change towards conflation with the criminal, with the inception of the category of the "moral idiot." The feebleminded in general, and moral imbeciles in particular, were perceived as more susceptible to criminal activity. The category of moral imbecile also demonstrated how early classifications, in the realm of both mental illness and mental deficiency, were undistinguishable, as some referred to "moral imbeciles" as juvenile insanity (Trent 1995). In addition to "moral idiot" the category of vagrant women of child-bearing age was added, as a dangerous population that needs to be segregated for its own good, and especially the good of the public at large.

In 1876 Josephine Shaw Lowell became the first female commissioner of New York State's Board of Charities. Lowell viewed feebleminded women as depraved, and due to degeneration (or hereditary traits, following eugenic jargon of the time), as literally the mothers of all criminals. Therefore she focused her efforts on fertile women and advocated for the establishment of a unique asylum with both hospital and prison characteristics. Lowell's image of the feebleminded woman combined the four D's: dependency, defectiveness, delinquency and degenerate heredity (Rafter 2004). Lowell's advocacy on behalf of "fallen women" led her to call for "self protection from their own moral leprosy" (Trent 1995:74). Her advocacy, connected with spreading eugenic beliefs about the risk of hereditary delinquency and deficiency, led to the establishment of the Newark State School for Women of Child-Bearing Age in Newark, New York. It was founded with the (initially reluctant) collaboration of the superintendent of the Syracuse Asylum, and was intended as custodial institution for women 16-45 and their children.

The campaign to create segregative facilities for women, like the one led by Lowell, relied heavily on traditional gender scripts and their reaffirmation probably led to the successful outcome of such campaigns (Rafter 2004). The main tenet was that women are inherently weaker than men and therefore require protection from "degrading influences," and feebleminded women even more so. What was criminalized was mostly the bodies of women of a child-bearing age. The target was a condition, not an outcome. Thus, a new criterion of dangerousness emerged, in which the fear of danger revolved around individuals, not possible harms.

It seems that in the late 19th century discussions of degeneracy introduced a new concept of danger- that of the one from within. Put differently, it was the "White Other" that was targeted as criminal, in addition to the person of color or the immigrant (both figures that were targeted heavily by both eugenic science and policies of incarceration and exile). For reformers, social

scientists and criminologists of the time, the more deviant they portrayed the White Other to be, the more secure they became in their own morality and normalcy (Rafter 2004). Like all science of abnormality, eugenic criminology had to classify the degenerate in binary terms in which "intelligent" and strong was good and law abiding, and "unintelligent," slow or weak was dangerous.

The prevailing response to the perceived criminal tendencies of those labeled as mentally deficient resulted in mass segregation and institutionalization of those certified as feebleminded or mentally retarded, a practice still in existence today. Most of these institutions were created to house those labeled as mentally deficient in a hospital-like setting, but some were an amalgamation of penal institutions specifically designated for this population. It also resulted in forced sterilization of women who were identified as "retarded." Although one may think these are past practices, the denial of reproductive rights to disabled women and women of color, especially those incarcerated in prisons and institutions, is still pervasive in society at large.

In conclusion, the connection between criminality and abnormality is hard to untie but crucial to explore. A protective continuum was established, which was a response not just to crime or illness, but to notions of perceived danger, which are inherent in both constructs. It was psychiatry's role to codify madness as both illness and danger for it to have a legitimate cause for existence in the public's eyes. As state control turned more to management of populations, the social body as a physical biological entity, became the target of control. As such, psychiatrists positioned themselves as experts in dealing with social dis-order. This discursive and punitive amalgamation of penal-medico notions of danger is also embedded in eugenic beliefs of mental degeneracy. This construction is especially insidious to white fertile feebleminded women and the "moral imbecile" who were seen as harboring danger within their

bodies and minds. As we have witnessed, and will see in greater detail below, the pervasive response to such dangers "from within" (of the white Other) was incarceration in institutions, asylums, hospitals and prisons.

Cycles of confinement and post-asylum geographies, OR 'institutions don't die- they only change names'

Looking at the asylum's origins and metamorphosis provides us with further clues to its resilience. Foucault describes in many of his studies a "sequence occupance" of marginal spaces: from leper colonies to madhouses and asylums (and into prisons, as we'll see below). Although social control can manifest itself in various arenas, I would like to provide a glimpse into the ways repressive power operates via incarceration, from the asylum of the past to the present day. Changes in the perception of the asylum can be traced not only in the physical landscape but within the changing linguistic realm as well. According to Berg and Kearns (1996), the processes of naming a place contribute to the social construction and cultural perception of that space, as well as being used as tools in battles over contested meanings. These practices contribute to the ways in which certain versions of history come to be seen as natural, and not the process of ideological signification, especially by the state (Azaryahu 1996). These naming battles can be see in the changes of the Rome asylum, which reflected the fluid nature of the institution, but also its material and ideological resilience.

In 1893 Oneida County established an Alms House in Rome, New York, which transformed into Rome State Custodial Asylum for Unteachable Idiots at the turn of the 20th century. Rome was the first state institution of this type, and served the entire state until similar institutions were established at other locations. Rome developed (although it did not invent) the "colony" system that would become popular in institutions throughout the United States and

Europe. Each colony operated as an off-campus branch of the parent institution and was a self-contained community. In 1919 it changed its name to Rome State School, and lastly in 1974 to Rome Developmental Center[11], which was mostly a name change since it housed the same population. By 1960 the population of the Rome State School, which had grown into one of the area's largest and well-paying employers, had peaked at 5,166. The institution finally closed down between 1984 and 1989 as the Rome Developmental Disabilities Service office, and its residents were scattered among group homes, community living placements and other institutions in the area (Braddock 2008).

Discussions of how to reuse asylum spaces suggest that stigma is often associated with the original use of the space[12]. Joseph et al. (1988) speak of stigma which is attached not only to the residents of former institutions, but to the institutions themselves. This stigma affects the possibilities seen for the reuse of the property by both the locals or corporations who intend to buy it. Thus, it may not be surprising that after the closure of large institutions, many of them remain unused. Those that have been re-cycled are typically used as developmental disability services offices, homeless shelters, hospitals or correctional facilities, and continue to house stigmatized populations. Not more than a month after the announcement of the closure of the Rome Developmental Center, the local newspaper reported that the center was "eyed as possible prison site." Thanks in part to the 1973 Rockefeller Drug Laws, the prison population in NYS was exploding. The cost of reconstruction would be $50 million dollars and the prison would

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[11] See http://www.geocities.com/MotorCity/Downs/3548/facility/onieda.html for more information

[12] There are also discussions of conversion of institutions into lucrative operations such as resorts (as in the case of the Syracuse developmental center). Famous prisons that have closed down already serve such functions as haunted house type tours taking place in a carceral spaces used to repress thousands of people (for a modern examples see the tours at Alcatraz).

ultimately house about 2800 prisoners. The northern part would be the site of Oneida prison and the southern part would comprise Mohawk prison.

Rome would not be the only institution in central New York turned into a prison in the 1980s. Marcy Psychiatric Center was soon converted. Marcy is located midway between Rome Developmental Center and the Utica Psychiatric Center (formerly the Utica lunatic asylum). In their peak in the 1950s, these 3 institutions housed almost 10000 people who were labeled as mentally retarded and mentally ill (almost 10% of the overall institutionalized population in New York State at the time). In 1983, as the population of the Marcy hospital continued to decline, a group of buildings was fenced off as the new Mid-State Correctional Facility. The new prison was not seen- as new prisons often have been in recent years- as an economic godsend. The surrounding community saw this as a first step toward the takeover of the entire hospital. Though opposition was sometimes couched in terms of public safety, the real fear was economic with the loss of jobs generated by this mega state hospital. Workers picketed, and Marcy Psychiatric Center's Board of Visitors sued the state. Because of such vocal opposition, Mid-State prison was phased in gradually in Marcy, first opening as a small 300-bed medium-security prison, which grew by 1998 to house over 1,900 prisoners and include a minimum-security community service unit and a maximum-security block, making it one of only a few prisons in New York State to include all levels of security within. Mid-State slowly gained respect, setting the stage for the opening, during 1988 and 1989, of three additional prisons in the region. Mohawk prison and Oneida prison absorbed the grounds and facilities of the former Rome Developmental Center. Marcy opened as a medium-security prison across the road from Mid-State. All three prisons were built on the grounds of psychiatric hospitals and developmental centers that were closed in the 1980s as part of the state's deinstitutionalization efforts.

In regards to closures of large state institutions for those with developmental disabilities on a more national scale, Alabama turned three out of four of its closed institutions (which closed in 2003) into correctional facilities (the fourth's use is undetermined); Illinois closed seven institutions, two of which became correctional facilities and a third a women's prison. New York State had the absolute largest number of institutions in the U.S., 17 of which closed between 1970 and 2010. Most of them were left as is, with future usage undetermined, but Craig Developmental Center, as well as the center in Rome both became correctional facilities (Braddock 2008). These figures, although not comprehensive by any means, serve to highlight the complicated nature of closure politics as well as the persistent nature of incarceration as a strategy to categorize and keep out "undesirable" populations.

Incarceration and disablement: dare to compare?

At this point it should become clear that institutions and prisons operate on similar premises. It should also be apparent that the two sites are interconnected in more ways than one. It is important to interrogate not only the economic logic that lies beneath the prison-institution-industrial- complex but also the ways in which these sites are comparable or analogous to each other. This section briefly looks into the ways institutions and prisons have been compared in public policy, public sociology as well as the public's eye.

The main similarities between prisons and asylums/ institutions have been described in the sociological literature by defining and analyzing such settings as *total institutions*. In *Asylums* (1961) Goffman analyzes a specific structure, an ideal type in the Weberian sense, of the total institution. "A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman 1961: xviii).

What makes total institutions unique, and socially interesting, is that they are sites in which people reside 24/7, sleeping and eating and working in the same place, with the same people. Goffman immediately adds that "Handling of many human needs by the bureaucratic organization of whole blocks of people- whether or not this is a necessary or effective means of social organization in the circumstances- is the key fact of total institutions." (1961:6).

In Goffman's account, people in total institutions fill strict roles, as either inmates or staff, and it does not matter what in-group differences may exist (prisoners vs. patients or varied positions based on race, class, gender etc. in each group or subgroup). Thus, "Each grouping tends to conceive of the other in terms of narrow hostile stereotypes, staff often seeing inmates as bitter, secretive, and untrustworthy, while inmates often see staff as condescending, highhanded, and mean. Staff tends to feel superior and righteous; inmates tend, in some ways at least, to feel inferior, weak, blameworthy, and guilty" (1961:111). Characteristically, the inmate is excluded from knowledge of the decisions taken regarding her fate. Whether it's a military base, where one's travel destination is concealed, or a medical facility, where the staff may conceal a diagnosis, plan of treatment, and approximate length of stay from patients, such exclusion gives staff control over those placed in total institutions. All these restrictions help to maintain the antagonistic stereotypes between the two groups.

As Goffman described in *Asylums*, the incarcerated populations in institutions and prisons are subjected to stripping of their identities and processes of dehumanization. Also, especially with people with intellectual and psychiatric disabilities, their citizenship and personhood is questioned. This can be done in the form of taking away or denying voting rights or performing medical experimentation and, for women, denying reproductive rights. These populations are also targets of medical experiments in institutions and prisons. While such comparisons help

crystallize the coalition building potential between the two populations, they also obscure the important ways in which one identity or form of oppression is used to discredit the other. In an essay in *Justice Matters*, Bird (2006) formalizes the important connections she finds between the two populations but cautions: "In 1995 I began sharing my story publicly of how being paralyzed in a drunk driving crash has changed my life. I'll never forget the first time that someone said to me "…but you got a life sentence sitting in that wheelchair and all he got was a year in a restitution center!?" (Bird 2006). What such assumptions create is an equation of disability with punishment. This punitive moral discourse of disability is not new. One of the earliest sources of stigmatization of disability can be found in religious or magical thinking that assumed that disability is a result of punishment from the gods or a result of witchcraft.

Imprisonment is also used rhetorically to describe disabling states. The description of a wheelchair user as "being confined to a chair," for instance, conjures up ideas of wheelchairs as imprisoning the people who utilize them. People who use wheelchairs themselves would often describe them as auxiliary aids that assist them in being more independent, not restrict them. If one listens to the narratives of disabled people who were segregated in institutions, another obvious connection emerges in which many self described their time their as a form of incarceration. Patricia Killius who had spent 18 years in developmental centers in central New York, says that being institutionalized based on disability is "like going to jail for a crime you did not commit" (*Herald Journal* 1983). Such statements, which repeat often in narratives of people who support deinstitutionalization, help crystallize the vital connections between prisoners and people with disabilities, but may also pit one group against the other and ignore the differences between the two.

When Rome Developmental center closed down and was about to reopen as a prison it faced opposition not so much from locals or from prison abolitionists, but from members of the Arc (formerly the Association for Retarded Children). The Arc of New York State objected to the move of prisoners into the center while it still housed people with developmental disabilities. In their letter to the editor in 1987 they write: "if he (the governor) really feels that government must protect those who cannot protect themselves, our association cannot imagine how he could subject persons who are mentally retarded to conditions, which no other group of non-disabled persons would tolerate. Obviously, NYSARC is strongly opposed to ``co-location." We believe that "co-location" of vulnerable persons with potentially dangerous populations not only increases the risk of bodily harm and injury to persons who are disabled, but more importantly, creates a substantial detriment to the therapeutic atmosphere which is essential to adequate care and treatment……….. Finally, "co-location"' with undesirable persons suggests that persons with developmental disabilities are dangerous misfits and should be forcibly separated from the rest of society." (Lettman 1987).

There are many notions about the connection between those labeled as "mentally retarded" that need to be unpacked in such statements (and the above is by no means an exception). First, the Arc assumes prisoners are dangerous while assuming that people with developmental disabilities are vulnerable and in need of state protection. This protection however should not be equated with separation from society, according to this letter. This statement is quite odd considering that the population in question is incarcerated in a state institution, segregated from the rest of their peers or those deemed as non-disabled. Such comparisons between prisoners and people with disabilities also obscure the important ways in which these populations are in fact not distinct, but one and the same (i.e. the growing population

of prisoners with disabilities, and particularly the overrepresentation of people of color in the category of "mentally deficient").

Remember Marcy prison? Built across the street on the grounds of Marcy Psychiatric hospital? Because of its flat terrain and single-story construction, Marcy was selected as the site of a unit for housing prisoners with physical disabilities. The Department of Corrections in New York State reports that two dorms "were modified for wheelchair accessibility, with larger cubicles, ramped fire exits, wide bathroom stalls, rails in the showers, raised sinks and down-tilted mirrors." The prison-industrial-complex is becoming ADA compliant. This may seem like good news for prisoners with physical, and other, disabilities who are currently incarcerated in deplorable inhumane conditions. But what are the costs of making prisons more humane? In subsequent chapters I will analyze the abolitionist discourse which seeks to close out all prisons and institutions, as opposed to trying to reform them. Under this ideology, making these carceral institutions more palatable only prolongs their existence.

Conclusion:

In this chapter I mapped out the social, cultural and economic value of vast places of incarceration, looking specifically at the ways their present functions are entrenched in their original use. Most importantly, this chapter aimed at questioning their existence in the past and present and to ask whether this landscape of incarceration is inevitable. This query began by calling up the historiography of institutions as carceral spaces and the ways in which they were made to be taken for granted in the cultural and material landscape in current day North America.

In a study devoted to resistance to incarceration, it seems essential not only to describe and analyze the enactment of incarcerating spaces, but also their resilience. Without

understanding their endurance over time and space, it is impossible to grasp any current struggles that attempt to take them down. Equally important in such alternative historiography of prisons and institutions is an attempt to paint some of the evils of these systems that were present from their inception. I therefore showed the ways in which such institutions moved from being rehabilitating to custodial; were (and are) embedded in notions of danger; were created for economic gain; and were influenced by increased medicalization, and by racist and eugenic impetuses that mark them to this day.

By emphasizing underlying assumptions underneath the rise of incarceration (in relation to penal-medical notions of danger; eugenics beliefs; commodification of institutionalization and the authority of psychiatry and the helping professions), I hope I have demonstrated how these seemingly separate edifices are not only similar but intimately linked, stressing the importance of moving away from analogies (institutions are like prisons, for example) into thinking more intersectionally about their interrelated nature. This is not done only heuristically or for scholarly purposes, but as a way of illuminating the ways in which activism in one dimension can be detrimental to a population oppressed on another dimension.

An implicit goal of such work is also highlighting the importance of activism in the creation of new social realities, not just those of "experts." Although the role of medicalization and psychiatry should not be lost, it was the advocacy of religious reformers who transformed penology and psychiatric practice in relation to incarceration in the mid 19th century onward. Moving through the landscape of incarceration, it seems that each of the parts is confined to its own discourse and historicity. It is my hope that throughout this work, the ties that bind these seemingly distinct discourses are stronger. Although it is important to pay attention to the ways in which incarceration and disablement are indeed comparable, this should be done without

reducing disability to a personal misfortune and incarceration to a taken for granted social

outcome of "criminal activity." The next chapter will delve into genealogy, as a methodology

that enables, and necessitates, engagement with interwoven and multilayered analysis that pays

attention to its own constructed nature.

Chapter 3: Genealogy is not just family trees- Engaging with Foucault's methodologies

Social scientists use Foucault's work often, but mostly as theoretical scaffolds or conceptual tools. In this chapter I outline Foucault's genealogical methodologies and propose their merit in sociological inquiries. These methodologies are part and parcel of Foucault's theoretical framework, but I suggest that an engagement with the ways Foucault conducted research is as important as familiarity with the content of his work. Although I offer some critiques of Foucauldian genealogy, it is a methodology that could enrich any discussion on research methods in the social sciences, as well as research projects that wish to engage with or broaden the type of conceptions raised by Foucault's own work. I therefore explicate the connections between Foucault's methodologies and other research methods more prevalent in the social sciences, like qualitative and feminist methodologies. As a disability studies scholar, I also highlight the ways in which disability complicates and enhances the project of genealogy. In order to make these connections, this chapter starts with an exploration of Foucauldian archeology and genealogy, including their philosophical roots and their relation to historical research. I then demonstrate how to engage with Foucauldian methodology by showcasing my own research, which constructs a genealogy of resistance to incarceration institutions for people labeled as psychiatrically or cognitively disabled and in prisons. The various ways one can collect and analyze data in a genealogical research project are also be highlighted. The chapter ends with a discussion of using genealogy as a political tool in doing research.

Archeology of knowledge

Many scholars of Foucault recognize a shift from what Foucault characterized as archeology of knowledge to what he called genealogical projects. This shift does not indicate an evolution in

his writing, as Foucault was very much against notions of progress, but a gradual succession in which he built on earlier work in subsequent writings. Some key works engaged with archeological methodologies are *Madness and civilization* (1965); *The birth of the clinic* (1994 [1963]); and *The archaeology of knowledge* (1972). In a series of lectures he gave in 1975-1976, Foucault sought to explicate the connection between his first works and his most recent research projects. By the time of these lectures he had already finished all the archeological excavation in the books listed above as well as his two famous genealogical projects *Discipline and punish* (1995 [1975]); and *The history of sexuality: Volume I* (1990 [1976]).

In his 1975-1976 lectures Foucault terms the method for analyzing local discursivities as archeology; and genealogy as the tactic that reactivates the subjugated knowledges that have been released from the claws of unitary discourse. Genealogy, in this light, can be seen as a form of intervention, one that can help stimulate knowledge and bring struggles over knowledge claims to light (Foucault 2003). It is unclear whether he finds one methodology to be better than the other, as Foucault would not subscribe to any ideology of progress in this regard.[13]

Of all the above, *Madness and Civilization* can be read as an in-between project in which sparks of genealogy come through, although Foucault's refers to it as an archeological project in interviews and lectures. In this book, Foucault developed a more specific archeological inquiry of scientific control of madness (in comparison to the one conceived in *Mental Illness and Psychology*) and constructs a semi-genealogy of psychiatry as a discipline and discourse. In an interview conducted in 1966 (Foucault & Faubion 1998), Foucault explained his approach: "By "archeology," I would like to designate not exactly a discipline but a domain of research, which would be the following: in a society, different bodies of learning, philosophical ideas, everyday

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[13] Scheurich and McKenzie (2005) claim that many U.S. scholars see genealogy as the successor of archeology, and as a method more comprehensive and superior. They believe it is because of Dreyfus and Rabinow's translations and interpretation of Foucault, which held this belief explicitly.

opinions, but also institutions, commercial practices and police activities, mores- all refer to a certain implicit knowledge special to this society. This knowledge is profoundly different from the (formal) bodies of learning that one can find in scientific books, philosophical theories, and religious justifications, but it is what makes possible at a given moment the appearance of a theory, an opinion, a practice" (1998: 261).

Scheurich and McKenzie (2005) explicate that this is where Foucault differentiates between *connnaissance,* which is formal knowledge (such as disciplinary and scientific one), and *savoir*, which are concepts, practices and norms (i.e everyday knowledge). What Foucault is attempting to do in *Madness and Civilization* is to jot down not just the historical trajectory of the development of psychiatry, which will be a more traditional historical project, but also interrogate the "condition of possibility" (Foucault & Faubion 1998) for the emergence of this formal knowledge. This requires analyzing not just how psychiatry became a science, but also interrogating the practices, everyday life, opinions, politics and so forth, which made it possible. As he describes the project (Foucault 1965): "We must try to return, in history, to that zero point in the course of madness at which madness is an undifferentiated experience, a not yet divided experience of division itself. We must describe, from the start of its trajectory, that 'other form' which relegates Reason and Madness to one side or the other of its action as things henceforth external, deaf to all exchange, and as though dead to one another" (preface). His larger implicit point, beyond the specificity of archeology of psychiatry, is to demonstrate the irrational roots of even the most reason based science. The same mechanism is operating in *The Birth of the Clinic* (in relation to medicine) and *The order of things* (the human sciences).

It is also important to note that Foucault saw all the above as only one aspect of his archeological project. The other part is decentering the subject (Scheurich and McKenzie, 2005).

Man (his terminology[14]) tries to create science that is seemingly not man-made. The premise behind this vision of the omnipotent man is of course the bedrock of enlightenment ideals and the basis of modernity. Foucault exposes this modern project as a myth, by showing, empirically, that there never was an evolution of discourses in which one sprung out of a previous one in a great narrative of progress. He deconstructs the grand narrative of the modern move from dark to light or from irrationality to an era of reason, a critique that cannot be fully understood without refiguring the human as subject. Foucault means "subject" not only in the modern sense, as imbued with agency and ability to create, but as an object of power/knowledge (of the human and social sciences), i.e., when man became subjectified to disciplinary knowledge. In this light, decentering the subject entails uncovering the discourses that constructed (certain) people as subjects of particular epistemes and the conditions of that creation. For instance, In *Madness* Foucault analyzes the creation of the mentally ill subject under psychiatry, which turned the mad into abnormal, and in need of medical categorization and treatment.

Genealogy and effective history

Although published in 1977, Foucault's seminal text, *Nietzsche, Genealogy, History*, was written in 1971, and therefore before his two genealogies, *History of Sexuality* and *Discipline and Punish,* were published. Thus, *Nietzsche, Genealogy, History* can provide a bridge explaining Foucault's reasoning behind the two methodologies. Most importantly, Foucault notes that genealogy "opposes itself to the search of origins" (1977: 140). It does so for several reasons. It runs counter to any notion of the existence of truth out there to be discovered, i.e. the primordial nature of truth. If a genealogist were to search for "the truth"- "he finds that there is 'something altogether different' behind things: not a timeless and essential secret, but the secret

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[14] This is according to the English translation. There may be variations in the original French manuscript.

that they have no essence and that their essence was fabricated in a piecemeal fashion from alien forms" (1977: 142). In *Madness*, for instance, Foucault demonstrates that psychiatry (i.e. the voice of reason) arose much out of chance, of rivalry between doctors, of competitiveness, not out of scientific progression. This notion of how one episteme changes to another is in strict opposition to the one proposed by philosophers and historians, as even those who were somewhat critical of evolutionary stances like Popper and Kuhn still subscribed to a linear progression model of history.

The origin, the birth story as narrative, masks the chain of singular events, events of error, discontinuity and chance and of disparity. As Foucault explains, "the origin lies at a place of inevitable loss, the point where the truth of things corresponded to a truthful discourse, the site of a fleeting articulation that discourse had obscured and finally lost" (1977: 143). Once established as a power/knowledge regime, this history is lost. It is the job of the genealogist to uncover this history of submersion, in meticulous ways, not the origin story of the discourse. A genealogy "will cultivate the details and accidents that accompany every beginning" (1977: 144). Thus, a genealogist uses historical research as a means to dispel the primordiality of truth, and the origin story. There are multitudes of beginnings, and one must seek beyond the obvious materials to uncover them. It is a project of heterogeneity, not unification. "The purpose of genealogy, is not to discover the roots of our identity, but to commit itself to its dissipation" (1977: 162). The aim of the genealogical project is not to find our roots, as individuals, subjects and society, but to uncover the discontinuities of such a (modernist) project. This modernist project is not one of neutrality, or worse, the notion of progression and enlightenment, but one of domination. Genealogy cannot find the roots, because it destabilizes the very foundations of our assumptions.

Much of what we conceive of as advancement (for instance, the shift from torture to imprisonment as forms of punishment; releasing people who are mad from asylums and jails and into psychiatric hospitals to be cared for) are in fact not signs of progress. Moreover, they are not so much the result of planned actions but more an accidental outcome of unrelated changes, or of multiple unidentified events set in motion. It is most important to stress in this regards, that in genealogy, the researcher is looking for contingencies, not causes (Kendall and Wickham 1999). Imprisonment as a form of punishment is a contingency, as is punishment as a result of crime or wrong doings. States' ability to control and measure its population is a contingency, as is the notion of a nation state to begin with.

But if genealogy is not a search for origins, what is the relationship between genealogy and history? Foucault explains that critical engagement with history can be a tool of the genealogist as it "refuses the certainty of absolutes" (Foucault 1977: 153). History as a tool should liberate events in history, show their divergence and marginality. This, Foucault termed as "*effective history*." The past cannot be conceived as a progressive enterprise, one of unity. Therefore, the tools used to conjure up such a past cannot be comprehensive, universal or outside of history. What makes something into an historical event, in the traditional sense, is not embedded in the event itself, but in power relations that define one historical episode as meaningful, while defining others as inconsequential. Effective history is a history of discontinuity, without the false option for stability. Events need to be analyzed through their specificity and peculiarity. For Foucault, "this is because knowledge is not made for understanding; it is made for cutting" (1977: 154).

Genealogy deals with both the concept of descent and of emergence. Descent is not the search of origins, but is the analysis of the multiple strands not visible to the traditional historian

(Tamboukou 1999). It is not searching for the present in the past, but rather finds the past of the present (Brown 2001). Emergence tries to grasp "the moment of arising," while being aware that this is an accidental moment, a result of both struggle and chance (Tamboukou 1999). This approach departs from traditional historical analysis, of that time, which seeks to interpret the past in terms of the present (which is referred to as "the error of presentism" by Dreyfus and Rabinow 1983). A biographical reminder may be in order here to note that Foucault was affiliated with the type of historical research known as "general history," which is opposed to the approach of total history (Kendall and Wickham 1999). As its name suggests, total history seeks overarching principles and narratives that explain the development of an issue. General history, however, focuses on discrepancies, contrasts, similarities and mutations, and pays more attention to the local, to details and complexity.

Foucault perceives history as continuous; it is not in the past and it does not stop. Therefore, genealogy uses history as a way of diagnosing the present. It calls into question the conditions constructing our present moment, becoming a "history of the present." In looking at these constitutive moments, they become themselves the subject of historical introspection. Thus the present is both the starting point and the object of genealogical excavation. By dislocating the present from its passive state, it also takes away its neutrality and seemingly objective character. One can say that Foucault's history of the present is more interested in possibilities for the future, by exposing what appears as self evident in the present and tracing the various ways these contingencies were constructed in the past.

Foucault, like most theorists or philosophers, tends to pick a problem he wishes to grapple with, not a historical period to analyze (Kendall and Wickham 1999). After problematizing an issue, a decision is made as to which historical period will be the focus of the analysis.

Therefore, genealogy is always a part of a larger project of social and historical excavation. Although it deals with specificity and particular historical events, its aim is to reveal something about the larger social corpus entangled in such events (like the great confinement, the ship of fools, and the panopticon). Genealogy develops a critical historiography, loosened from the specific meta-narratives that seemingly produce it (Brown 2001). Genealogy constructs "dirty histories," histories of hegemonic take-overs, losses and disappearances. History does not just link the past and the future, but is a dynamic force open to fractures and possibilities. It does not simply offer images of alternative futures in the past (or at least that was not the goal of Foucault's own work), but it opens up spaces of fragility in the present (Brown 2001).

In his later works, Foucault (2006) distinguishes between two types of knowledge, or two types of truth claiming apparatuses, which helps to crystallize the goal of the genealogical practice. The first is the scientific discourse, which sees truth everywhere, waiting to be discovered by anyone with the proper credentials and the instrument for its discovery and description (i.e. the right methods, empirical aspiration and knowledge of the right language and categories for which to place the discovery). It is a demonstrative, constant type of truth, what Foucault refers to as "truth-knowledge."

The second type of knowledge is what Foucault refers to as "truth-event." It is dispersed, discontinuous, interrupted truth. It is delivered by particular messengers or privileged agents (the blind, the mad, the prophet and the oracle are some of Foucault's examples). It only appears occasionally and in particular locales. It has its own calendar and geography, as Foucault phrases it. It is not universal, but particular, and is not waiting to be found, but is aroused. It cannot be captured through instruments. This form of knowledge is encompassed by relations of a power between it and the person seized by it. In modern times, there are no longer recurrences of this

form of truth or knowledge, the truth-event, only its traces. There is also no return to this knowledge. However, in exposing the "truth-event", it is important for our understanding of our present predicament as well as our past and how we got to the established knowledge we have today. This knowledge as truth-event was a dominant form of knowledge for centuries, and lived in the margins of the scientific discourse until it was subsumed by it.

Archeology of knowledge, according to Foucault, is the act of exposing scientific method as a ritual. What we perceived as universal truth then is specific knowledge produced by "qualified" personnel: truth is produced by rituals, not discovered by them. Genealogy of knowledge is taking a further step by revealing how scientific discourse (truth-knowledge) took over localized knowledges (truth-event) and exposing this relationship of power and colonization of one form of knowledge by a tyrannical other.

Genealogy as a coupling of erudite and subjugated knowledge

Foucault asserts that most people who seek the history of truth only look at truth as discovery or truth as knowledge (i.e. the language of science). His project is to find out the technology of the truth-event, of dispersed local truth, and the power relation that produces and characterizes it. From this perspective, genealogy is largely about uncovering subjugated, disqualified knowledge. Foucault identifies two elements within genealogy. First, it is the buried histories that have been subsumed by "formal systemization" (2003: 7). As Foucault writes: "It was certainly not a semiology of life in the asylum or the sociology of delinquency that made an effective critique of the asylum or the prison possible; it really was the appearance of historical contents" (2003: 7). Foucault claims that it is only historical material, used in a critical manner, which allows one to excavate what was buried under generalizing grand theories and research. It is these excavated "blocks of historical knowledges" that he terms *subjugated knowledges*. It is

knowledge that has been obscured, and only revealed and resurfaced as a result of rigorous

scholarship, and a profound encounter with the archive.

The importance of genealogical work is to uncover buried histories and reactivate them,

make their struggle significant to the present. For example, in this research deinstitutionalization

could be perceived as a buried history, as the hegemonic history tells us a story of failure and

abandonment. The dominant narrative is that institutions closed and left people homeless, all as a

result of irresponsibility of radical activists and policies. But anti-psychiatry and

deinstitutionalization activists have a different history to tell. In a similar manner, people who

fight against the prison industrial complex have a different perspective of not just history but the

present punitive system, as well as subjugated knowledges in relation to crime, punishment, and

justice.

The second meaning of subjugated knowledges, besides being buried, is forms of knowing

that have been disqualified, considered nonsensical or non-scientific. It is "the knowledge of the

psychiatrized, the patient, the nurse, the doctor, that is parallel or marginal to, medical

knowledge, the knowledge of the delinquent, what I would call, if you like, what people know"

(Foucualt 2003: 7). By stating that it is the knowledge of what people know, Foucault is not

referring to the taken for granted or dominant form of knowledge circulating, but localized,

particular, specific knowledges- what might also be called marginalized, experiential or

embodied knowledge.

For this study, I am focusing on the subjugated knowledges of the activists who conjure/d up

alternatives to prevalent discourses of penalization, incarceration, and institutional segregation.

Thus, some of the perspectives I focus on are of the people who were incarcerated in these

institutions themselves, as some activists in these movements were/are prisoners, psychiatric

survivors or self advocates. The other foci are the knowledges of "professionals," family members and social justice activists who resist the carceral mindset, including doctors, lawyers, life-long activists and intellectuals.

It is important to note that Foucault included under the prism of subjugated knowledge the epistemology of both the doctor and the patient. It is not only the alternative knowledge of the person who was subjected to medical authority, but also that the one who administered it as well. Because medical discourse is authoritative and has the power to tell us the truth about ourselves, it is also exclusionary to counter-hegemonic medical knowledges. In this genealogy I therefore include the subjugated knowledges of people like Thomas Szasz, who although being a prominent psychiatrist, is a strong advocate of abolishing psychiatry as a medical profession.

For Foucault, the seemingly paradoxical nature of grouping together scholarly buried knowledge and localized disqualified experiential ways of knowing is what gives this coupling its critical efficacy. What is at stake in both these forms of subjugated knowledges is a history of struggle and resistance, "a memory of combats" (p. 8). These histories and memories are of those who have lost in the struggle for dominant knowledge production. This coupling of erudite knowledges and embodied (popular) knowledge is what Foucault refers to as genealogy.

Foucault describes the recent period (mid-seventies, when he delivered his lectures) as one characterized by localized critiques of grand theories and practices or what he terms "dispersed and discontinuous offensives" (2006: 5) against authority. In this regard, Foucault critiqued some seemingly liberatory theories and practices, such as Marxism, are also critiqued by Foucault as authoritarian and unitary. Other examples of critiques of grand theories that began at the time include the discourses (and they are local, decentralized and multiple) of anti-psychiatry; critiques of the penal apparatus from multiple angles (Marxist, anarchist, critical race theory);

and reformulation and critique of psychoanalysis (from feminist and poststructuralist thinkers). It is a time, according to Foucault (2006) when taken for granted assumptions and ideas, and our everyday lives for that matter, were losing ground to localized and multiple problematizations. These knowledges are local and critique positivism, but should not be discounted as naïve, relativistic, or primitive.

Genealogy can only arise when grand narratives and theories have started to lose their meaning and have been contested. Local and disqualified knowledges can surface only when unitary forms of knowledge as scientific truth-claiming are put aside. Thus, genealogies are not a return to a more exact form of science, but in fact are an anti-science. Not in the sense that they are not methodical or rigorous, but because they are opposed to "the centralizing power-effects that are bound up with the institutionalization and workings of any scientific discourse organized in a society such as ours" (2003: 9). Genealogy, therefore, struggles against the truth claiming effects, hierarchization and authoritarianism of scientific discourse. It is opposed to the ideology of science and its imperial tendencies.

Constructing a genealogy of resistance to incarceration

Gilles Deleuze's musings on engagement with Foucauldian analysis rings true: "When people follow Foucault, when they're fascinated by him, it's because they're doing something with him, in their own work, in their own independent lives. It's not just a matter of his intellectual understanding or agreement, but of intensity, resonance, musical Harmony" (quoted in Scheurich and McKenzie 2005: 861). In a similar vein, I perceive my research project not as a genealogy with all of its characteristics, but a genealogically-inspired project. Another approach would have been to utilize an historical organizational case study method which would have followed an organization over time. I could have also used prison abolition and

deinstitutionalization as comparative case studies (as detailed by Bogdan and Biklen 1998). However, these methodologies would not capture the interrelated nature of my chosen sites or the critical historiography involved in this research. For that, I turn to genealogy as articulated by Foucault.

The components of the genealogical approach are laid out by Foucault in the following manner[15]: "genealogy retrieved an indispensable restraint:

- it must record the singularity of events outside of any monotonous finality;

- it must seek them in the most unpromising places, in what we tend to feel is without history- in sentiments, love, conscience, instincts;

- it must be sensitive to their recurrence, not in order to trace the gradual curve of their evolution, but to isolate the different scenes where they are engaged in different roles.

- Finally, genealogy must define those instances where they are absent, the moment where they remained unrealized" (1977: 139-140).

This quadruple impetus, along with the study of erudite and subjugated knowledges, is the core of my approach to constructing a genealogy of resistance to incarceration in the U.S.

The last component of genealogy in the quote above is most important to my project, as one of my sites is the present, not the past. There is a need to seek out those moments where a change was imagined, perceived and outlined but ultimately discredited and forgotten. Genealogical work allows one to investigate moments of possibility in the past, not just historical events in the traditional sense. We live now in a moment in which resistance to the current penal system, and prison abolition as a practice, is very much a minority view. It is unclear whether it will gain momentum and whether and how the penal system will change, not to mention be abolished. It is

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[15] Bullets added by me but the quote was left intact from the original.

apparent to many activists in this movement that the goal of abolition is a long term one, and that they will not see this change in their lifetimes. Therefore, this research is about the future, as much as it is about the past or present. Genealogy allows the researcher to investigate imagined possibilities and conjure up of alternatives to the current world order and carefully construct not just an alternative historiography but also a futuristic narrative of what could have been. Genealogy allows me to critically investigate instances of possibility, both in the past and present, looking at deinstitutionalization as a tactic, which some see as incredibly successful in closing down repressive institutions; an ideology that sought to change the way people with disabilities are perceived and treated; and an unfulfilled promise seen by activists, policy makers and social scientists. Genealogy also elucidates the contingencies in the present and future, as seen in current prison abolition work and the, yet unrealized, vision of a non-punitive and non-segregationist society.

Genealogy "must be sensitive to their [singularity of events] recurrence, not in order to trace the gradual curve of their evolution, but to isolate the different scenes where they are engaged in different roles" (Foucault 1977). This is a crucial aspect of constructing a genealogy of resistance to incarceration. Genealogical work begs us not to think about things in an evolutionary way, and not perceive the closure of institutions as a sign of progress. It would also be a rather superficial analysis to claim that prisons replaced institutions (although geographically that is often the case), and therefore there is a linear evolution in which people with psychiatric disabilities move from hospitals to jails, a claim which will be problematized in chapter 6. Any linear or progress narrative misses the ways in which the past is entangled with the present, as well as the webs of power, which are always dispersed and multilayered. The interconnectedness of prisons and institutions as mechanisms of control is what needs to be studied, in this case- through

understanding the resistance to both institutions and prisons. Another aspect of being attentive to the "singularity of events' recurrence" (Foucault 1977: 140) is to trace the fault lines of a discourse without resorting to totalizing discourses or truth-knowledge. For instance, deinstitutionalization activism, prison abolition and anti-psychiatry are not monolithic discourses, as there are many fragments within each movement/ideology. Some are intersecting and some even contradictory, but they all should be studied if one is to reach a more comprehensive understanding of incarceration and its resistance.

The other part of the genealogical project, in addition to uncovering subjugated knowledges as discussed in the previous section, is to uncover the fault lines of erudite knowledge on the topic. As such, part of my research is devoted to critiquing scientific discourses constructed upon populations who were made its subjects, such as psychiatry; public policy; criminology; social science (with theories constructing people with disabilities and prisoners as deviant and seen under the prism of social problems). These truth-claiming discourses will mostly be investigated as they come up from the site of their resistance (i.e. from texts and activists within prison abolition and deinstitutionalization themselves).[16] I also investigate disability studies and critical prison studies as both erudite and subjugated knowledges. Although they are formalized disciplines, they often represent and embody the voices of people from the margins (disabled, incarcerated). As such, they are disciplinary, but non-hegemonic at the same time.

I engage with the practice of genealogical research from a sociological perspective, while contemplating sociology's emebeddedness in such histories. Foucault argued that genealogy can only arise when grand narratives and theories have started to lose their meaning and have been contested. Genealogies interrogate truth claiming, notions of (scientific) progress, and the

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[16] Other disciplinary subjugation of these populations that needs to be investigated (but are outside the scope of my own research) is in the fields of law and law enforcement; education and social work.

discovery of one universal truth. Although my research is placed firmly within the social sciences, it also begs to ask: what makes the social, scientific? For instance, I analyze in chapter 6 the ways in which social science data, including statistics, have been used by people who wish to resist incarceration and institutionalization, and those who wish to uphold these structures. In chapter 4, I showcase how disability, mental illness and prisoners have been constructed in the social sciences (what Foucault characterizes as erudite knowledge), as well as how these characterizations have been resisted, enacted or performed by prison abolition and deinstitutionalization activists.

Foucault, through the use of genealogy, is occupied with the ways the subject emerges in history. In his archeological and genealogical work Foucault analyzed the formation of the mentally ill subject, as opposed to the mad person, as well as the criminal or imprisoned subject, as opposed to other punitive modalities such as torture or exile. These subject formations and punitive modalities will be highlighted in my research as well, although I am less concerned with their 'ways of arising' as I am with contemporary history and the ways these subjugations both persist and are resisted. In that sense, and in particular in chapters 5 and 7, my study also examines the formation of an activist subject, who, like the genealogist, investigates conditions of possibility in the past and questions the hegemonic modalities of incarceration and segregation. In addition, in chapter 6 I explore the ways in which the imbecile/feebleminded/mentally retarded subject is constructed within debates around deinstitutionalization. Such discourses reveal within them the hegemonic scripts, which, at least partially, support institutionalization, segregation and highlight difference in regards to people labeled as mentally retarded. But the same debates also offer myriad opportunities for counter-

hegemonic discourses that perceive all people as competent and challenge the need for separation based on presumed mental difference.

My project could also be characterized as genealogical in the sense that it is researching the history of ideas (abolition, closure, going against reform efforts). More importantly, it reveals how one form of knowledge or tactic was discredited and seen as irrelevant and non-sensical; and how relations of power made one knowledge (discourse on reform) subsume the other (discourses of abolition or closure of institutions and prisons). As genealogy does not follow a progression model or evolutionary stances, I also demonstrate how these two tactics are embedded in each other and live side by side, albeit one is seen as more legitimate and the other one is discredited as belonging to a radical fringe.

Disability and the challenge of genealogy

A history of the present, Brown (2001) writes, exposes the familiar as an illness, as the Socratic charge. And Foucault himself notes that the task of genealogy that is to become a curative science (Foucault 1977). But there is more to genealogy and disability than metaphorical connections. Disability can be viewed as a litmus test to the messiness of data and corporeality, both aspects cherished by the genealogical method. Furthermore, disability makes visible the contingencies in our lives as it's often transient and emphasizes the fragility, disorderliness and finite nature of the human body. As such, an engagement with disability has the potential to expand genealogy even further, not just apply it.

A vital aspect of undertaking a genealogical project, which Foucault emphasized in his writings, is the focus on the centrality of the body in any such project. Although he does not discuss this in very much detail, the ideas below are much cited and used by many theorists of the body (such as Grosz 1994 and Butler 1993). Foucault states that "the body is the inscribed

surface of events (traced by language and dissolved by ideas), the locus of a dissociated self (adopting the illusion of substantial unity), and a volume of perpetual disintegration. Genealogy, as an analysis of descent, is thus situated within the articulation of the body of history. Its task is to expose a body totally imprinted by history and the process of history's destruction of the body" (1977: 148).

Throughout his work, Foucault indeed carries out the connection between history and the body, as the practice of genealogy, to the fullest (the medicalized body, mind and soul; the disciplined body; the punitive body; the sexualized body). In short, Foucault's nexus of analysis is the body politic. This resonates with much disability studies work, which centers on theorization of the lived disabled body (Clare 1999; Mairs 1996), embodiment (Wendell 1996), body as spectacle, visuality and visibility of grotesque and disabled bodies (Thomson 1997), body as a site of control and power struggles (Oliver 1990; Mitchell and Snyder 1997), and the construction of normalcy in relation to disability (Davis 2002). One can even claim that today there is an over emphasis in disability studies and social theory scholarship on the body, to the point where complex lived experiences are left out and the body becomes an empty vessel through which to theorize anything and everything.

But there are other advantages to "approaching disability through the framework of genealogy and genealogy through the framework of disability" (Diedrich 2005: 652). The aspect of genealogical work as anti-science is reminiscent of disability studies work, as it attempts to debunk the medicalization of disability and expose the medical discourse as imperialist. Disability studies challenges "expert" knowledge and offers an alternative historicity of resistance to such framework. Research on disability conducted in disability studies exposes different viewpoints that have been hidden under the hegemonic view of the medical discourse.

In this way, disability studies not only utilizes genealogy as part of its methodological and theoretical arsenal, but, as demonstrated below, also resonates with and expands the genealogical framework itself.

A related aspect that connects disability and genealogy is the reliance on interdisciplinary work. Foucault believes that genealogy challenges disciplinary knowledge and that we must seek new forms of knowing that are "both interdisciplinary and emancipated form the principle of sovereignty" (2003: 39-40). Interdisciplinary research can be seen as a form (or in congruence with the idea) of genealogical research, when it conjures up both subjugated and erudite knowledges. Disability studies springs in part from the disability rights movement and social change activism spurred largely by people labeled and marginalized as "disabled." Disability studies interrogates the social construction of disability, the power structures that support and enhance ableism, and the idea of normalcy. Like feminist and queer studies, disability studies provides a conceptual framework for a critique of law, culture, and society. As such, disability studies is an interdisciplinary field, which deconstructs disciplinary and dominant ways of knowing and telling the truth on disability; as well as forms of power that make disability into a subject/object of research. But perhaps disability studies is (or could be) also antidisciplinary, especially in its current marginalized position in the academy.

A genealogist of disability, Diedrich (2005) claims, would "look for the invention, not the essence.. of the concepts of the normal and the abnormal." Indeed, much work in the field of disability studies is premised on exactly such an impetus. The affinities to the genealogical approach do not end there, however, as the most inventive of Diedrich's claims comes to light. Foucault claims that genealogy's aim is to "discover that truth or being do not lie at the root of what we know and what we are, but the exteriority of accidents" (1977: 146). Foucault is

alluding here to non-reason, which is at the basis of all scientific projects. Science does not move in progression, but changes because of chance, competitiveness between its actors, and historical context, not evolution of thought (which are part of the modernist project he is critiquing through the genealogical methods). Diedrich uses the quote above (perhaps tongue in cheek) to explain the strange affinity between work that engages with accidents and disabled people, who were often disabled by accidents (!!). Although I think it takes Foucault's poetic writing, which might even have a completely different meaning in French, a bit too literally, she brings up a good point. The category of dis/ability in its fluidity, as a category one can join at any time, epitomizes Foucault's claims that the body and identity are never stable categories. There is no truth of being, no authenticity to identity, and this assertion is well epitomized by the category of disability.

Tensions with and affinities to sociological methods

At this point it should be clear that if Foucault were to engage in a methodological discussion of the social sciences it would be only from the standpoint of problematizing the desire to make the social, scientific. One of the political aims of the genealogical method is to trace how science is implicit in the formation of new subjects/objects. It is a counter-epistemology to the "will to knowledge"- the scientific production of power/knowledge with truth effects. Foucault offers us a fundamental critique of the social sciences with genealogy as a method and practice. The claim of any discipline (like psychology or sociology), theory (like psychoanalysis) or ideology (like Marxism) to be scientific has to be critiqued not because of lack of scientific rigor but because of the claims to power inherent in such assertions. Foucault wants us to query what kind of knowledges get excluded in congruence with stating that something is scientific. What discursive

subjects, subjectivities and whole discourses are disqualified when something is established as scientific?

Genealogy is a way to investigate how sociology, for instance, is complicit in and indeed constructs certain regimes of truth. The claim of certain currents in sociology to science should be questioned, not because if its unscientificity (like some claims in regards to qualitative methods), but because of the claims to truth and power embedded in such desires[17]. Qualitative research, from its inception, came under fire from scientists (social and otherwise) who regarded it as mere common sense or pseudo-science. Especially in the formative decades, researchers modeled their research after so called "hard science" (random sampling for interviews, finding causal relations). Ironically, as Bogdan and Biklen (1998) note, scientists in these hard sciences (mathematics, physics) do not define science as narrowly as social scientists who emulate them. Unfortunately, the critique of qualitative research as unscientific is not old news. In recent years there has been a strong current in the social sciences to create empirical and positivist types of research (Denzin and Lincoln 2005). This is not a mere undercurrent but a political wave, which subsumes all others, in a similar fashion as Foucault's genealogy details, and constructs them as illegitimate research. This discursive practice, of course, has political and economic effects, because as qualitative research is disqualified it also does not get funded, or gets less funding, under federal agencies.

If we take Foucault's challenge seriously, then we must move beyond comparing qualitative methods to more traditional scientific methods (such as statistics). We need to investigate how

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[17] A genealogy of the un-scientificity of sociological methods and their claim to truth in this spirit is also offered by Orr (2006).

statistics, interviewing and other methods of extracting information have a "will to measure," what these claims are, and what are the implications in terms of power relations. In this sense, qualitative methods, especially as used in sociology, are no different than quantitative methods in their embeddedness in knowledge production and power effects. In fact, one can see Foucault advocating not for the unequivocal adoption of qualitative methodology but for uncovering its truth claims and their historical ancestry. For instance, as Vidich and Lyman (2000) suggest, qualitative research has a strong colonial foundation and legacy, as forms of representing the exotic Other, especially in Anthropology and Sociology.

Genealogy and qualitative methods?

Genealogy, like qualitative research, should be conceived of as a methodology and not a method. There are multiple ways to carry out a genealogical research. But the goals have to be the same as described in previous pages. Sandra Harding suggests that the terms method, methodology and epistemology, should be distinguished (DeVault 1996). Methods can be described as particular tools used for the research, while methodology is the process of theorizing about the research practice. Foucault's genealogical work can be seen more as theoretical musings and sustained criticism of research and science, and not as mere tools of research that can be deployed in any study. Genealogy is meant as an analytical framework, not a way to invalidate existing methodologies. One can do an ethnography, key interviews, media analysis and legal critique through the prism of genealogy (Tamboukou and Ball 2003).

In a good research project, the method would follow the logic of the guiding methodology. Since qualitative research holds so many options for conducting a research study, it can be viewed more as a methodology then a set of methods. Since the guiding theories which comprised the inception of qualitative research were interpretive and phenomenological by

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nature, the logic guiding the ascribed methods as "qualitative" follows this logic, and focuses on context and the meanings produced by the subjects being studied (Bogdan and Biklen 1998). Thus, not every observation or interview can be regarded as a form of qualitative research.

Tamboukou and Ball (2003) offer an analysis connecting genealogy with ethnographic work done in the social sciences, and in the education field more specifically. Some similarities include recovering excluded subjects and histories; the centrality of embodied discursive formation and embodied knowledge; and being a project of political critique, which highlights forms of domination but opens up possibilities for resistance (Tamboukou and Ball 2003). However, this might be an overly optimistic reading of Foucault, as the authors read genealogy as empowering subjugated people. However, at times it is hard to see how Foucault's analysis empowers any of its subjects, as opposed to demonstrating their subjugation. Also, it is important to note that for Foucault, the resistance to the circuits of power never resides outside of discourse either. Genealogy, as pointed out by Tamboukou and Ball (2003), does help formulate a critique of social science, and both forms are interested in the local and specific as it relates to the general, but without resorting to meta-narratives. Genealogy and ethnography can also be characterized as drawing maps of social relations or matrices of power. But genealogy does not attempt to capture "what lies beneath the surface," because it rejects the notion of hidden truths (Tamboukou and Ball 2003), or truth-events. Even buried knowledges exist within a particular discourse, and are maintained and contained by it.

Connection (and tension) with feminist qualitative methodology

Since Foucault's genealogy is a critique of traditional scientific methodologies, it has much in common with other critical research frameworks. In particular, I want to suggest that it has the most affinity with feminist methodologies. As DeVault (1996) posits "feminists seek a

methodology that will do the work of 'excavation,' shifting the focus of standard practice from men's concerns in order to reveal the locations and perspectives of (all) women" (1996: 32). The choice of the word "excavation" in describing the aims of feminist methodology alludes (perhaps not consciously) to Foucault's archeological aims. Both projects seem to uncover buried histories and experiences. As we have seen, genealogy can be defined as a combination of erudite knowledge and subjugated ones. This is reminiscent of feminist methodology, which also tries to uncover the voice of the marginalized and powerless. This process can ultimately "reveal both the diversity of actual women's lives and the ideological mechanisms that have made so many of these lives invisible" (DeVault 1996: 32). In doing so it has much in common with genealogical work, which seeks to uncover discursive formations and expose them as the workings of power relations.

As was described earlier, genealogy investigates discursive formations. It conjures up various types of competing knowledges and knowledge claims (savoir and connaissance; erudite and subjugated). As such, it has much in common with feminist research, which seems to also center on issues of epistemology. Much of feminist research and theorization is devoted to the epistemology of the oppressed and marginalized, and feminist researchers at times perceive their roles as "giving voice" to marginalized and seemingly powerless populations (Reinharz and Davidman1992). Another shared interest of genealogical work and feminist thought and research is the critique of knowledge production as objective (for a theoretical explication of these claims in feminist theory see Haraway 1988; Harding 1986).

Feminist guided research is of course aiming towards social change (Reinharz and Davidman1992), especially dismantling and exposing patriarchy and gender inequality. It may be surprising to think of Foucault as conducting research explicitly aimed at social justice, but I

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think one can make such a claim, in regards to the genealogical approach. As Foucault tells us, genealogy "allows us to constitute a historical knowledge of struggles and to make use of that knowledge in contemporary tactics" (Foucault 2003: 9). The point of conducting genealogical research is excavating buried histories and disqualified knowledges and reactivating them. What is being excavated therefore is a history of struggle, in which one ideology or epistemology lost and was subsumed under another, which became hegemonic. To activate Gramsci's (1973) notion here, doing genealogy helps us uncover and build a counter-hegemonic narrative. To me, this seems like an essential first step in counteracting any form of oppression, to uncover the historical resistance to it and some of the sources that enabled its construction as dominant.

There are a few significant differences, though, between feminist methodology and genealogy, which is not to say that it is not a useful tool for feminist researchers. The greatest difference is of course that, although Foucault was very engaged with exposing the workings of power, he did not seem interested in the workings of gender or patriarchy in the least. In fact there has been much feminist critique on Foucault's work (Sawicki 1991) and postmodern approaches that seem to critique subjectivity at the same historical moment that women start reclaiming subjectivity and agency (for examples see Bordo 1990; Hartsock 1990).

As stated above, both feminist work and genealogy aim at uncovering subjugated knowledge. But unlike feminist thought, Foucault does not equate subjugated with oppressed. Doctors can hold subjugated knowledge on madness, but studying them will not uncover the voice of the mad, for example. Foucault is more interested in finding non-hegemonic forms of knowledge, especially in the past, which will elucidate the power hold of dominant knowledges of the present. In this sense, the knowledge does not have to come from subjugated people. The other major difference in this regard, between the two approaches, is that Foucault's research does not

seem to focus on people at all. As genealogy is interested in buried histories and subjugated knowledge, its aim is to uncover ideas, sentiments, and morals. Foucault is interested in knowledges, as effects of power, but these subjugated knowledges are discursive practices, not necessarily biographical accounts. These buried disqualified knowledges can have traces in a variety of texts and archival materials. Thus, Foucault is not committed to researching people per se, even dead ones, as much as understanding ideas in particular contexts.

What is the data for genealogical research?

In an interview given in 1966, Foucault gives some insight into his method of writing his recent books (*Madness and civilization* and *The order of things)*. Foucault explains that he advocates for genealogy (or archaeology) as a method of inquiry because it allows one to bypass the traditional divide between theory and practice (Foucault 1998). Genealogy puts institutions, theories, ideas, and practices on the same plane and they are all data to be studied. For Foucault, discourse is always practice. But if the subject of inquiry is both theories and practices, how does one collect data?

What is the criterion for choosing some data over another? Foucault answered this very question in the interview by declaring (not sarcastically) that "one ought to read everything" (1998: 263). As genealogy focuses on the details and the particularities, it requires immense amounts of data. As Foucault admits "it depends on a vast accumulation of source materials" (Foucault 1977). Because the significance of subjects for research cannot be assessed in advance, there is no criterion for elimination that should be accepted a priori. In reply to the question "how does one read everything," Foucault explained, in a typical manner, that "one can read all the grammarians, all the economists. For the *Birth of the Clinic* I read every medical work of importance for the methodology of the period 1780-1820. The choices that one could

make (about what to eliminate) are inadmissible and should not exist" (1998: 263). It is interesting to note that even this all encompassing tactic does have some criterion of elimination, as Foucault himself admits he read "work of importance," which means that he designated in advance, or surveyed, what is important and what is peripheral. "In other words," claims Foucault, "one must have at one's disposal the general archive of a period at a given moment. And archeology is, in a strict sense, the science of this archive" (1998: 263).

In regards to the research strategy he employed after collecting all the relevant data, Foucault explains that he looked for traces in all the theories, institutions and practices he uncovered. Once he had collected sufficient material he tried to "find common traits between these traces of orders different enough to constitute what logicians call "classes," aestheticians call "forms," social scientists call "structures," which are the invariants common to a certain number of traces" (1998: 262). From this description, one can see that Foucault's strategy of analyzing data is not that different from most qualitative researchers. Once the data is collected, it needs to be coded and then searched for general repeated themes that emerge.

However, the traditional aim of discovering and conveying new knowledge is no longer possible when taking up genealogical projects. Reflexivity is no solution either. The question is not what meanings the researcher gives to the data, but rather how will they navigate through multiple and layered meanings to arrive at something that makes sense as "findings" or scholarly knowledge, without reaching any terminal conclusions or end (Tamboukou and Ball 2003). As such, one of the issues with doing genealogy is not so much its practice but the way the conclusions are perceived by scholarly and especially disciplinary specific communities. As Hook (2005) explains, the point is not so much what to use in a genealogical project, as much as how to utilize this data in a critical manner, to serve as "effective history."

Foucault is not a social scientist but he also did not identify as an historian, although his methodology and subject matter are historical. However, most of his work truly defies any disciplinary criteria. One can extrapolate by deduction some of the data used by carefully tracing Foucault's arguments. Foucault's data consists mostly of texts, by/of/about mostly dead people, i.e. his corpus of research is the archive. Foucault used a variety of information sources such as dossiers and diaries, such as the diary of Pierre Rivierre upon which he based his book of that name. In his more theoretical work (*The order of things* for instance) Foucault employed an analysis of works of art (Such as Velazquez's 1656 painting Las Meninas) or novels relevant to the era he was analyzing, in order to show the shift of epistemic knowledge. In his more genealogical works Foucault expands his corpus to discursive practices and draws on architectural designs (panopticon (1995) geographical locales (prisons, schools (1995)) and actions (goings on in gay bathhouses (1990) for example). This heterogeneity points to the collapse of the division between what in the social sciences would be called primary and secondary sources of data, or "low" and "high" sources of history (Hook 2005) in Foucault's work. Such polyphony of sources also arises out of the core of genealogy- to collect and analyze formalized sources with as much rigor as popular or mundane sources.

It is also illuminating to uncover the various data used by other scholars who take up the genealogical approach. In *Panic Diaries* sociologist Jackie Orr traces the U.S. history of panic as a social disorder and the mechanisms by which it would be governed back to order. This includes survey and public opinion polls, lab experiments, research on mental patients, and clinical drug trials as compository of techniques attempting to communicate with terror. It traces the communication of disease and the technologies, which made panicked bodies speak, while erasing their voices. Orr's research was constructed in multiple sites, temporalities and mediums.

Some of the data was gathered through what might be called participant observation, coupled with autoethnography, in which Orr was the subject and case study, in a pharmaceutical drug trial of Xanax. Orr (2006) also gathered many historical materials such as records of research studies conducted by psychologists, and social scientists on the nature of panic; interviews with physicians and psychiatrists studying panic (in military populations and later on civilian ones); news reports of incidents of panic, such as War of the World telecast and the fire in the Iroquois theater and much more.

As demonstrated above in the discussion on data collection, one can take up genealogy as a methodology, but engage in it in various, disciplinary, interdisciplinary and anti-disciplinary, ways. For this research, on resistance to incarceration in deinstitutionalization and prison abolition activism in the U.S, I gathered a variety of sources and drew on multiple methods in the process. My archive consists mainly of texts written by scholars and activists within prison abolition, as well as texts written by people fighting against psychiatric and other institutionalization of people with disabilities (including doctors, former inmates, lawyers and family members). Other data were obtained by analyzing what was written about these movements (in popular books, scholarly articles and to a lesser extent media portrayal), especially as it provides insights into reactions to institutional closure initiatives and to prison abolition. Although I can not claim I have "read everything," I did attempt to gather and analyze every important text (especially books and monographs) written about prison abolition and institutional closure in the time period of 1970-present and 1950-1980 in relation to closure of psychiatric hospitals. This may seem like a large corpus, and in many ways it is, but I did not attempt to read and engage with everything in relation to anti-psychiatry, anti-prison activism or

the history of institutionalization, to name a few closely related fields, but only in relation to abolition of these edifices. [18]

My research cannot be construed as employing only textual analysis, however, as it also entailed looking at federal and state policies and case laws regarding deinstitutionalization of those labeled as developmentally disabled, as well as changes in closure of psychiatric hospitals and facilities and the shift to community care. Although the lion's share of my corpus is textual, I also had informal conversations with several key figures in these movements and gathered their own perspectives on "doing abolition" and its consequences. For instance I have spoken with: Angela Y. Davis, a longtime activist in the prison abolition movement; Thomas Szasz, the famed psychiatrist who propelled the American anti-psychiatric movement; Wolf Wolfensberger, known for popularizing the normalization principle in the U.S., which revolutionized the field of "mental retardation" in the 1970s; Jean Stewart, a lifetime activist who works, amongst other things, on issues related to disabled prisoners; and Cynthia Chandler, the director of Justice Now, a feminist prison abolition organization based in Oakland. These conversations were used to engage with key points they have made in their writings on the topics of prison abolition and deinstitutionalization and to steer me to more literature on the topic or debates in the field that I may have missed on my own.

I also attended and participated in relevant conferences, talks and community events occurring during the time the research was conducted, such as the Critical Resistance 10th Anniversary conference in Oakland in October 2008, which was the largest prison abolition gathering in the U.S. and PsychOut in Toronto in May 2010, which was a grassroots and academic anti-psychiatry conference. I also attended the American Criminological Society's

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[18] A more comprehensive list of the kind of texts I engaged with can be gleaned from the bibliography attached at the end of this manuscript.

conference in November 2009, where I spoken with many of the attendees and organizers of ICOPA-The International Conference on Penal Abolition (which I could not attend as it was held in Europe for the last 4 years).

Another strategy I used, which Foucault could not have used in his time, was to gather initial information from websites of specific activist organizations, governmental and state databases and sites, media outlets, blogs written about institutional closures and prison abolition and more. There is a plethora, in fact infinite amount, of information that can be obtained online to the point where I would say that the archive has moved to the internet. Some websites I looked at included Anarchist Black Cross, Prison Sucks, Rights for Imprisoned People with Psychiatric Disabilities, MindFreedom International, Self Advocates Becoming Empowered, The Center on Human Policy, Bazelon Center and many more. Although none of the above data would fit into a neat rubric of doing qualitative research, discourse analysis or historical research they all complemented the questions I set out to ask, which were genealogical, as well as feminist and qualitative, in nature.

Critiques of Foucault's notion and practice of genealogy

As can be seen above, genealogy is a complex and multifaceted enterprise, which can be explained and employed in a variety of ways. After relating the connection it has with other methodologies, it might be useful to lay out some questions that are left unanswered from Foucault's own description of the genealogical method.

It is unclear from Foucault's description of genealogy and his own research whether he believes genealogy sits outside of power and its effects. On a more general note, we can ask whether genealogy can be considered a method without truth claiming effects. In other words, does Foucault not fall into the same trap as Marx, whom he critiques extensively as a totalizing

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theorist, in which he is the only one outside of false consciousness (or in Foucault's theorization, outside of discourse) that can really perceive what is going on and critique it? Other questions remain when analyzing Foucault's own use of various research practices. Are Foucault's theorizations really localized and dispersed, as he described in interviews when discussing genealogy and his own work? Notions such as biopolitics or disciplinary power seem to be quite unitary and all encompassing. Foucault's own historicization in his expanded works spans through whole centuries without much specificity. Thus, it remains an open question whether or not Foucault practices what he preached, so to speak (i.e. whether he really attended to the specific and localized events as intended in his description of genealogy).

A related question is whether Foucault was even practicing genealogy in his later writings. He is most certainly conducting extensive archival research that excavates buried histories, especially in regards to discursive formations and how they came to be dominant. But if genealogy is the combination of erudite knowledges with subjugated ones, should not we see more accounts of people's own knowledge, the everyday knowledge (savoir)? Where are the subjugated knowledges in *Discipline and Punish* or *The History of Sexuality* for example?

Genealogy as a political tool

Tamboukou and Ball (2003) see genealogy as a project of political critique, which highlights forms of domination but opens up possibilities for resistance. This is a possible interpretation of genealogy, but it might also be a reductionist or overly optimistic reading of Foucault, as the authors read genealogy as empowering subjugated people. But it is hard to see how Foucault's analysis empowers any of its subjects, rather than only demonstrating their subjugation. Also, it is important to note that for Foucault, the resistance to the circuits of power never resides outside of discourse either.

It seems that, unlike Foucault, activists develop an attachment to ideas of progress, because "a better world is possible." Indeed, Brown (2001) asserts that activists claim that without a progressive vision, what is the point of working for change? But genealogy does not prescribe political aims, or draft formulas for alternative futures. Its aim is to make clearer our current visions of the future, how and why they came into dominance, and the ways they operate in a manner reminiscent to those they came to replace. In one of his works, on pastoral power and governmentality, Foucault links policy (and its studies) with policing (and the state). The preoccupation with policy, Foucault posits, is not merely a deficit of reform politics, but a symptom of contemporary thought, which does not question the bureaucratic administration of everyday life by the state (biopolitics) (Brown 2001). Thus, a political commitment focused on policy changes or any specific prescription for change would further reinforce the administration of everyday life by the state.

The mode of effective history, though, is political in nature. The present political options seem constrained by their histories, but these histories are open to ruptures, and tales of impossibility. The political also comes into play by choosing genealogical locales and the answers they generate. What is happening now, and what is this now in which we are living? And how are we defined, as subjects, in this time? What kind of subjects have we become and how? The type of questions asked, the kind of openings that are sought and most of all, what is done with them is the subject of political inclinations, desires, power and pure chance (Brown 2001).

Genealogy is also political in its essence, in the ways it transforms those conducting and utilizing it. In its extreme, genealogy calls for a change from within. It is a political tool in the sense that it encourages us to question what we took for granted before, and begs us to be what

we have not been before. It is "an agitation within" (Kendall and Wickham 1999). Nietzsche's original aim in devising the genealogical method, later revised by Foucault, is to create a distance between ourselves and our knowledge, a space of questioning and defamiliarization from both epistemology (what we know) and ontology (what we are) (Brown 2001).

In summary, genealogy, as Brown recounts, opens up the terrain for postprogressive and postunitary politics, as well as postidentity politics, but does not prescribe their replacement. But genealogy does open up new conversations and formulations of our present circumstances. By using genealogy as his methodology Foucault rejects temporal logic (as in notions of progress) in favor of spatial ones (power as circulating and disciplinary). Spatial assignment is perceived as a technique of power. Thus, Foucault's work moves us, as scholars and activists, from typologies of time to geography of power (Brown 2001). I hope my work can expand genealogy to of not just instruments of power but the topography of their resistance. For that end, the next chapter will start charting the genealogy of deinstitutionalization and prison abolition not just as historical events, but as forms of disqualified knowledges.

Chapter 4: Subjugated knowledges as tools for social change

This chapter presents a partial genealogy of anti-psychiatry, critical criminology and social scientific theories (such as normalization and labeling theory) that have been taken up by activists and some scholars, but have also been discredited as non-scientific and illegitimate within their home disciplines. The formulators of these theories have been revered in certain circles, mostly by critical scholars and activists, but have also been the subject of scorn and critique from their home disciplines. Some of these theories, such as normalization and in some circles labeling theory, are today either status quo or almost passé and are not regarded as so controversial as they once were. However, other theories, such as the invention or social construction of mental illness or the tenets of critical criminology and prison abolition, are still regarded as marginal and are actively marginalized within both activist and scholarly spheres.

In the concluding part of this chapter, I focus on the subjugated knowledges of those psychiatrized, institutionalized and incarcerated, as well as activists within the movements to abolish psychiatry, prisons and institutions. It is important to remember that Foucault (1977) included under the prism of subjugated knowledge the epistemology of both the doctor and the patient. It is not only the person who became the object of knowledge and was subjected to medical authority, but the one who administered it as well. In the first part of the chapter I therefore focus on the construction of disciplinary and anti-disciplinary knowledges by scholars within scientific fields. Such examples include Wolfensberger and Goffman within the social sciences; the field of critical criminology within the discipline of criminology and criminal science; and Szasz, Laing and others who despite being psychiatrists mobilized the movement against psychiatry as a medical science.

The story of Anti-Psychiatry and the consumer/survivor/ex-patient movements

Characteristics of the movement critical of psychiatry

If Foucault constructed a genealogy of psychiatry as a discipline and new form of power (1977), I wish to paint in broad strokes the creation of its shadow, the modern anti-psychiatry movement in North America. The movement critical of traditional psychiatry has many names and many branches, and not all are necessarily in agreement about its history, the challenges at present or even goals for the future. In general, anti-psychiatry activists believe and act towards the abolition of psychiatry, including hospitalization, medication and viewing "mental illness" as a biological deficit. In very broad terms, the key players are those who self-identify as psychiatric survivors, or consumers or ex-patients (some identify as all, some only as one category although they are often lumped together); mad people; and anti-psychiatry activists (Diamond 2010). Psychiatric survivors perceive themselves as most affected by the practices of bio-psychiatry and they do not necessarily share a common goal or politic, except for perhaps a shared sense of oppression and working towards its reduction in the lives of psychiatrized people (Diamond 2010).

Others within the movement identify as mad people. The Mad peoples' movement has grown as a counter movement with a goal of reclaiming the identity of being mad or crazy in a celebratory or matter of fact way, as opposed to its historical use as a derogatory label. It represents a variety of people and goals with a shared vision of creating a world that is inclusive of all people and experiences. They, as well as psychiatric survivors, do not necessarily share the goal of abolishing psychiatry. Some psychiatric survivors seek to create meaningful alternatives to psychiatry that would increase the quality of lives of those currently psychiatrized. However, Mad people tend to take a more radical stance and are not interested in alternatives per se, but in

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the creation of a different word. Of course, as can be gathered from their identification, mad people reclaim the biological identity of "mental illness" but redefine it as madness, in a move that showcases the term as celebratory, rather than a source of shame. The difference between these individuals and those who identify survivors or consumers, is that instead of rejecting madness as oppressive, mad people work to reclaim it. So activism around rejecting mental illness as non-existent or socially constructed, as some ex-patients or anti-psychiatry activists work to establish, may raise a challenge to some who identify as mad (Diamond 2010).

The third major group within anti-psychiatry could be identified as those working against the institution of psychiatry and its effects on individuals and the social world. This last group is assembled together less by identity than by a shared goal. It encompasses those psychiatrized and those who are professionals or lay people in relation to psychiatry, and shares an ideological affiliation such that anyone who supports it can join in the struggle. According to Diamond (2010), the anti-psychiatry movement, at least early on, was dominated by professionals with non-traditional opinions about the power of psychiatry and its practice (i.e. Szasz and Laing and their followers, for example). In some communities, it has been later taken up more by mad people and psychiatric survivors (Chamberlin 1977; Morrison 2009). This dynamic will be discussed further below.

According to prominent activist Judi Chamberlin (1975), anti-psychiatry, from the patient perspective, views psychiatry as a mechanism to normalize some and discard and confine the ones that cannot be normalized. Bucalo, an anti-psychiatry activist in Italy, states that "antipsychiatry is not a theory, but a set of practical and daily actions that human beings put into effect in order to defend themselves from psychiatric violence and to manage their own existence" (2007: 217). Bucalo does not perceive the actions that he and his comrades are taking

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as "alternatives to psychiatry," because alternatives to torture and oppression should not exist. What should exist is living up to people's potential and abolishing oppression and torture. According to Bucalo and other anti-psychiatry activists, the only way to abolish psychiatry is not to refer to it as a referent- not to use its discourse, its language and its assumptions. In fact, the idea is not to reference it at all, but to accept people with challenging behaviors as they are. The strategy of mad movements and those against psychiatry is not to fight against psychiatry (or create alternatives to it) but to refuse to adopt "normal" behavior.

The organizing and "self-help" groups that ex-patients established started as ways to respond to lacks and failures within the mental health system, and at times in defiance to that system. But one can also look at these initiatives for their intrinsic merit, not in comparison to the established system, i.e. not as alternatives, but as ways of dealing with crisis, mental difference and issues of pain. As organized strategies and initiatives, these are collective responses, which are vastly different than the individualized response given out by modern medicine (Sedgwick 1982). Many of these alternatives will be highlighted in the next chapter.

Beginning in the 1980s, "health-care consumer" was added into the mix and became interchangeable with "consumer." According to Nancy Tomes (2006), patients initiated the use of the consumer language back in the 1960s and 1970s because they viewed it as "a liberating alternative to the traditional doctor-patient relationship they believed to be hopelessly mired in paternalism" (Tomes 2006: 83). During the first Alternatives to Psychiatry conference in 1985 in Baltimore a schism between ex-patients groups started to surface between those who were adamant about opposing involuntary treatment and those who supported more cooperative approaches (Morrison 2009; Spivak 2000). The former group became known as the "psych survivor" group and the latter as "consumers." At the same year, 1985, NAMI (National Alliance

on Mental Illness, discussed below) established its own "consumer council," which demonstrated the cachet of the term at the time.

The adoption of the term consumer, however, has not eliminated medical paternalism, as was hoped. Nevertheless, the concept of disabled people as consumers (mental health consumer, Consumer Advocacy and Advisory Committee for Persons with Disabilities, etc.) remains dominant. With respect to disability organizations self-labeling as consumer organizations, this is generally done to have business and industry recognize disabled people as an important (niche) market. Of course, this discourse of consumerism excludes many disabled people who do not have the funds to "vote with their dollars." De Jong, who is known as one of the formulators of the independent living movement, accused the movement of being entrenched in ideals of "radical consumerism" (Barnes 1998). In the same vein as critiques heard in the LGBT movement, from self-identified queers for instance, the conceptualization of "the movement" as consumer driven is beneficial to a small section of its constituency- mainly middle class white American men. Many others cannot participate in this cultural celebration of formerly marginalized identities through consumerism, because they simply cannot afford it. Others do not subscribe to the ideals of consumer culture to begin with.

Advocates within deinstitutionalization and anti psychiatry also point to the fact that it's highly problematic to call individuals who are forced into "treatment" by the state- consumers (Chamberlin 1977). Many psychiatrized people are forced to take medication, undergo electroshock "therapy," or to reside in institutions. For anti-psychiatry activists, forced psychiatric treatment is not a service that people consume; it is a violation of their autonomy (Ben-Moshe, Nocella and Withers, forthcoming). It should come as no surprise then, that the

pharmaceutical industry was amongst the first to embrace both the family movement (as in organizations such as NAMI) and the new consumer movement (Spivak 2000).

The term consumer/survivor/ex-patient (or c/s/x) was proposed as a way of achieving more governmental funding by presenting a unified view of mental patients. It was especially popular during the first Alternatives to Psychiatry conferences. Ironically though, the term hides the vast differences that hide beneath the hyphens in this acronym (Spivak 2000). As Morrison (2009) characterizes it, the consumer/survivor/ex-patient (aka c/s/x) movement is a "loose coalition of advocacy and activist groups whose members engage in numerous activities designed to promote mutual support, rights protection, alternatives, advocacy and information flow that will enhance empowerment and choice for people whose lives had been affected by psychiatry" (2009: 57-8). For the purposes of this research I will focus more on the activism of the c/s/x movement, as it relates to activity and discourse around abolition of psychiatry and especially in relation to hospitalization (forced and voluntary). One dissenting physician described the movement as a "broad coalition of all those who shared common goals such as the abolishment of all forced 'treatments' and forced psychiatric incarceration and institutional psychiatry itself" (MNN 1976 in Morrison 2009).

Partial genealogy of the movements critiquing psychiatry

In 1961 a few influential monographs appeared in print that would cause controversy and forever change the understanding, as well as advocacy and policy, in relation to the construct of mental illness. One was the eventual publication of the joint commission on mental illness and health's report titled *Action for Mental health*, as well as the American Bar Foundation's *The Mentally Disabled and the Law* (Johnson 1990). 1961 was also a big year for academic books critiquing psychiatry and its institutions. It was that year in which psychiatrist Thomas Szasz

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published *The Myth of Mental Illness*. That same year, sociologist Erving Goffman's book *Asylums* was published. Although not an exposé, but an ethnography- as the study was based on field research conducted at St. Elizabeth's mental hospital in Washington, D.C.- both books were widely read by professionals and offered academics and scholars empirical and theoretical frameworks to aid in the critique of institutions. In the same year, Michel Foucault published his *Histoire de la folie*, which characterized the birth of psychiatry as creating a chasm between madness and reason and in which he sought to provide "an archeology of that silence" (Foucault 1965). In all these seminal texts the psychiatric hospital was being attacked and critiqued as the modern epitome of social control, total institution and regime of power/knowledge. It is also interesting that all these books connected the psychiatric hospital to other loci of incarceration such as prisons.

1960-1961 was also the year in which R. D. Laing published his bestselling book *The Divided Self.* Although British, Laing is quite similar to Thomas Szasz in that they are both trained psychiatrists who critique psychiatry from the inside. However, there were many differences between the two iconoclasts. Szasz did not believe in mental illness as a psychiatric condition, while Laing thought that madness, especially schizophrenia, is real but that psychiatrists need to find ways to make it comprehensible and intelligible. Therefore, ultimately Laing aspired to create alternatives to traditional psychiatric practice that involved no coercion or drugs, while Szasz wanted to abolish psychiatry as a medical field. It is also interesting to note that the term anti-psychiatry is sometimes attributed to Laing, but it was actually his colleague David Cooper who coined it and both Laing and Szasz shied away from this label once it began circulating (Spivak 2000; Schaler 2004).

A year later, in 1962, Ken Kesey's bestselling novel, *One Flew Over the Cuckoo's Nest*, came out to wide acclaim. Although a fictional portrayal, it was this novel and its subsequent movie in 1975, which gave the critique of psychiatric hospitals a popular appeal (Taylor 2009). Some also add sociologist Thomas Scheff to the list of intellectual works contributing to the creation of an anti-psychiatry movement. Scheff, in his book *Being Mentally Ill* (1975), further developed labeling theory to assert that the process of stigmatization and categorization actually produced a person as mentally ill. As such, the label says less about the person and more about the socio-cultural context in which it was given. Taken together, these books (Szasz, Goffman, Kesey and Laing) were best sellers, printed as cheap editions for mass audiences. Whatever was their merit in changing the psychiatric landscape, their influence traversed into a wider social critique, which made them appealing to the lay public of their day, not just to professionals in the fields of policy or psychology (Sedgwick 1982).

Some of the philosophical roots of the critique on traditional psychiatry also came out of academic debates about positivism and neutrality (Brown 1985). These debates put scientific practices under examination and questioned the prevalence of a-historical theories, which are disguised as a-political but in fact carry the political work of objectivism and detachment. The need, and the perceived ability, to look into isolated variables in order to answer social questions were questioned. Some of this activist scholarship came also as a result of the active student protests at the time, which problematized the whole project of higher education (Brown 1985). Active anti psychiatry also took root outside of academic debates and writings, for instance, in the creation of the organization Psychologists' for a Democratic Society, which was formed as an offshoot to the organizing of Students for a Democratic Society (Brown 1985). At the same time, 1970s, the magazine *The Radical Therapist* was established.

As the hegemonic story above details, anti psychiatry was seemingly populated, and popularized, by theories of prominent anti-psychiatrists and academics. But it also included the knowledges, writings and activism of ex-patients/survivor and consumer movements in mental health from the onset. In fact, the 1970s brought with them a resurgence of mental health activism, especially in its radical forms (see more in the chronology appendix). Some of it was connected to the larger struggles for human rights and social justice, and against abuse of power and social control, which began in the previous decade. The formative years of this movement in the United States saw psychiatric survivors promoting their antipsychiatry and self-determination message through small, disconnected groups, including the Insane Liberation Front, the Mental Patients' Liberation project, the Mental Patients' Liberation Front, and the Network Against Psychiatric Assault. The fragmented networks communicated through their annual Conference on Human Rights and Psychiatric Oppression (held from 1973 to 1985), through the ex-patient-run *Madness Network News* (from 1972 to 1986), and through the annual "Alternatives" conference funded by the National Institute of Mental Health for mental health consumers (from 1985 to the present).

From the 1960s lawyers too started to join in the movement and dedicated their careers to the advocacy of people who are psychiatrized. Until the 1960s the field of mental health law and policy was controlled solely by professionals, mostly from the psychiatric establishment. In addition, up until then the Supreme Court had never decided on a case dealing with psychiatric disability. In 1969, however, the New York Civil Liberties Union passed a resolution denouncing involuntary psychiatric hospitalization. Bruce Ennis, who became one of the prominent figures in the "mental health bar," even referred to those hospitalized as "prisoners of psychiatry" (Spivak 2000). In 1972, many of these activist-lawyers formed the Mental Health Law Project (now

called The Bazelon Center), as a NGO dealing with judicial issues related to psychiatric disabilities. Most of the lawyers in the project advocated for reforms within the system such as adding safeguard for hospitalization. But some fought against psychiatry in general and especially against the issues of involuntary hospitalization and forced treatment (some of these cases will be highlighted in the next chapter).

Activism was also perceived as taking place within the field of mental health itself in the 1960s and 1970s. Mental health planners and practitioners after WWII viewed themselves as a social movement, as their aim was to change social norms and attitudes (Brown 1985). Some practitioners viewed the community mental health movement as akin to the civil rights or feminist movement. According to Brown (1985), community mental health was not only about treating people in a community setting, but a new approach aimed at dealing with a variety of social problems from poverty to racism. Medicalization of social issues meant that all these issues were seen as related to psychological and mental health related factors. People active in community mental health believed that therapies are a solution that would lead to reduction in social issues such as racially based unrest. Although seemingly benevolent, the community mental health movement or reformed psychiatry had also inherent contradictions. As psychologists and psychiatrists, it became too easy to label any opposition to the movement as dangerous and crazy. One branch of this outlook can be seen in the studies that try to show a psychological explanation for black liberation, anti war and student uprising in the 1960s[19]. Thus, many activists critiqued mental health practitioners' aspirations for power and authority from the get go, even when the goals of community mental health were seemingly benevolent, such as treating people outside of institutionalized settings. According to Chamberlin (1975),

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[19] For instance, when analyzing the uprising in Detroit in 1976, two psychologists suggested that a disorder (episodic dys-control syndrome) was responsible for the innate violence of the rioters (Brown 1985). The implication of such studies is that preventive medication and/or psychosurgery could reduce such uprising.

community mental health was growing alongside traditional psychiatry and therefore was not aiding in its elimination. If anything, it broadens the scope of psychiatric power to those who were previously free of its grasp.

Other critiques of psychiatry were coming from Marxist, feminist and gay/queer activists. Some have also developed their own alternatives such as feminist or gay psychotherapy. Feminist therapy in particular has been a major force in protesting psychiatry and psychology, although this "history of struggles" (Foucault 1977) has been mostly buried in the hegemonic story of anti-psychiatry. Some feminists claimed that psychiatry and psychoanalysis provided pseudo-scientific legitimacy for the construction and maintenance of institutionalized sexism (Brown 1985). According to feminist critiques, psychiatry could be construed as a mechanism of controlling women, a way to keep them in "their place" (Smith 1975). These critiques view psychiatry as depriving women of the possibility of protesting their present conditions but also of developing a vocabulary through which to explain their circumstance. Any attempt at protest is explained in a way that prevents or diminishes this act as such[20]. In addition, according to Smith (1975) men hold positions of authority within the psychiatric and medical fields. This makes them appear as experts, but not only of specialized knowledge but also experts in relations of ruling, of which women are not part. Even when men hear women in treatment, as some critics claim about Freud, women do not have the privilege of defining and assigning value to their own experiences. Therefore, even when women become psychiatrists that power structure remains intact because it was patriarchy, which defined psychiatry in the first place.

Feminist therapists were often in favor of social, as opposed to individual, transformations. Some feminists espoused counseling as a feminist practice of consciousness-raising. Griffith

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[20] This analysis is similar to current claims of psychiatric diagnosis in relation to race, made by Jonathan Metzl's in the remarkable book The *Protest Psychosis: How schizophrenia became a black disease* (2009).

(1975), for example explains that feminist counseling uses techniques which incorporate assertiveness training, peer counseling, anger management and is often inspired by consciousness-raising as a tool for transformation. It is a space in which personal "testimonials" are contextualized by social and political forces, which de-individualizes women's (and others') experiences and empowers them to understand their circumstance as well as receive support and validation for their interpretation of the social world. Rubin (1975) goes even further and suggests that we should not be looking for reforms within the current psychiatric system, nor should we be focusing on alternatives. While feminist therapy is a useful and empowering resource for some women, the question remains- why are so many women in therapy and in hospitals to begin with? The solution to oppressions according to Rubin (1975) is to fight for an end to capitalism and patriarchy. In all these formulations, I want to emphasize that feminist critiques of psychiatry should be understood as part of both the women's rights movement and of larger anti-psychiatry activism.

Identity politics and chasms within the movements critiquing psychiatry

As can be gauged by the examples above, anti-psychiatry as a movement is based on loose groupings of diverse groups and ideas. It is also made out of critiques, which represent both erudite (scholarly) and subjugated knowledges. This can be a source of fruitful collaborations between academic, scientific, activist and popular discourses. But this diversity and inequality (in regard to access to resources, prestige etc.) can also be a source of much contention. During the 1970s as the anti-psychiatry movement was growing, it was also experiencing what Morrison (2009) characterizes as a "crisis of representation" between dissenting professionals (like Szasz and many social and mental health workers who considered themselves allies) and those who are or were psychiatrized themselves. Because community mental health/psychiatry saw itself as a

social movement in its own right, it also took the credit for much of the reform in mental health and did little to credit c/s/x activists who were involved in the process. This cooptation and the need to create "safe" and empowering spaces for those who are psychiatrized led to further internal tension within the movement. Mad people and psychiatric survivors support a practice of "nothing about us without us" so common in disability circles.

But the same ideology, which is empowering to people with (psych) disabilities also excludes the intervention of professionals who may have resources and access to power that others do not hold. Therefore, even within this "crisis of representation" and the splinters that ensued, not all professionals were treated equally as personas non grata within various factions of anti-psychiatry. It seems that psychiatrists like Thomas Szasz and Peter Breggin were giving keynotes in many survivor-led conferences and their writings were widely circulated. However, psychiatrists such as Laing and Cooper were perceived as engaging psychiatry from within, instead of calling for its abolition as a field (Spivak 2000). Therefore, although their theories influenced many psych survivors, they were not given a privileged position within the anti-psychiatry movement.

During the 1980s the movement experienced another split into those who sought state funding and focused on developing self help groups and/or sought reforms in the mental health system as is, and those who resisted any funding stream coming from state or corporations and advocated for more radical changes (Morrison 2009). These self help groups began as part of a division of community support programs within the National Institute of Mental Health. The history of these programs is especially interesting in light of the fact that they were created after and during deinstitutionalization of psychiatric facilities. Ex-patients of institutions demanded a right to participate in programming related to community mental health. In part, this activism

was spurred by the realization that many community programs reproduce the same problematic features that they experienced in institutions, such as forced medication and a general attitude of paternalism (Spivak 2000). Although this was not a zero sum game, affiliation to any state/federal funding stream did mean that the organization would not be able to voice any vocal critiques against state funded programs and traditional psychiatry. Others saw it as a state tool of co-optation or even a way to destroy the movement from within, one that will silence the more radical voices in the movement. In addition, even those who supported self help groups viewed them more as supplemental to traditional psychiatry, not as an alternative and certainly not something that can create its implosion from within. It is also interesting that the, still prominent, annual conference on Alternatives was also funded by the NIMH. Symbolically, the same year it was established, the conference on Human Rights and Psychiatric Oppression, which was grassroots run, was disbanded (Spivak 2000). The result of governmental funding was that the fiery anti-psychiatric message of the early years was heard less and voices calling for alternatives and cooperation were heard more often.

In addition, most anti-psych organizations (as opposed to consumer or c/s/x groups) tend to not take money from the state in their efforts to abolish psychiatry, and therefore espouse a more anti-statist and anti-capitalist stance, which leads them to critique those who self identify as "consumers" as buying into a false model of choice posed by capitalist regimes. Such criticism often alienates other activists within and outside the movement who may also be critical of psychiatry but do not share these larger ideological stances (Diamond 2010). Diamond (2010) also comments that many anti-psychiatry activists are educated and white and therefore quite privileged in relation to social location and practices and language they use, which could be often quite exclusionary. Another pitfall of identity politics in the movement/s is the tendency of mad

movements to minimize other forms of oppression that intersect with their disability identity (Diamond 2010). A complicated example is the analysis of Judi Chamberlin (1975) who critiques feminists who critique psychiatry because in her view, they are doing it as outsiders who do not understand the perspective of those who have been psychiatrized. Most anti-psychiatry writers and activists, according to Chamberlin, are professional middle class women who strive for gender equality. But leaving the voices of those most affected by the system unheard is also a form of oppression. Sexism is only one part of psychiatric oppression, according to Chamberlin, and while feminists do a good job of exposing it (in her analysis), they leave the rest untouched. Eliminating sexism in psychiatric practice is not akin to abolishing psychiatry, according to Chamberlin (1975). All these chasms, splinters and tensions helped to galvanize critiques of psychiatry but also split the movement into smaller segments, each with its own agenda, members and means.

An added facet of these chasms is the distinction between anti-psychiatry and advocacy in relation to mental health. This difference can be best viewed by taking up the views of those psychiatrized and anti-psychiatry activists and the views of family members. In 1979, the National Alliance for the Mentally Ill (NAMI) was founded as an advocacy group of family members of those defined as mentally ill. Over the years it grew to also include the representation of those defined as mentally ill, but only those willing to align with NAMI's politics. NAMI started by trying to counteract some of the influential theories, especially during the 1950s and some to this day, of the causal relation between mental illness and relationships within the family, especially the mother, which were espoused by psychoanalytic theory (such as in the case of the "refrigerator mother"). As an advocacy group they want to promote what they perceive as effective treatment of mental illness, including research to find causes and cures for

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specific disorders. As such, this discourse is light years away from the philosophy, which sees

disability not as a disorder but a mental difference and an identity, which is embodied by many

survivor and anti-psychiatry organizations (such as the Icarus project). It is not surprising then

that NAMI aligned itself over the years with the American Psychological Association as well as

conceived those who did not align with its rhetoric as dangerous and in denial of their "true

condition" (see the polemic writings of Dr. Fuller Torrey for examples of such argumentations).

This ideology, espoused by NAMI, was in stark opposition to the discourse, which exposes

mental illness as a social construct and is discussed in the next section.

Deconstructing "mental illness" and the move to abolish psychiatry

One of the prominent theorists of the so-called anti-psychiatry movement, and one accredited

with its creation, is the psychiatrist Thomas Szasz. Szasz (in Schaler 2004) explains that he went

to medical school not to practice medicine but to learn medicine, and he did a psychiatric

residency in order to also be eligible to be trained as a psychoanalyst. He chose this career path

in order to learn what psychiatry is about and ultimately to critique it from within (Schaler 2004).

His basic premise is that mental illness is a metaphor, as there isn't and could not be an illness of

the mind. Unlike other fields of medicine, Szasz (1961) claims, psychiatry created new criteria

for diagnosis of disease: alteration of bodily function, instead of bodily form. In psychiatry, as

opposed to other fields of medicine, doctors only need to observe behavior to diagnose, they do

not need to find evidence of lesions or viruses. Therefore, in psychiatry diseases are invented, not

discovered. In essence, Szasz does not object to the views purported by psychiatrists, but to the

fact they do so as medical experts. For Szasz, psychiatry is a belief system, not a branch of

medicine. He is therefore famously quoted stating that "incarcerating people and talking to them

are not medicine" (Schaler 2004:18). According to Szasz, people are free to believe in what they

choose, but the problem with psychiatry is that it is coercive and one lacks a choice of whether to engage in it or not once they are forced into treatment, hospitalization, and medication. Moreover, as a libertarian Szasz opposes the power that the state and its agents have to engage in people's behaviors, beliefs or conducts, as bizarre as they might be. The theocratic state of the past was essentially replaced by a therapeutic state, according to Szasz (1998). For instance, although suicide is not illegal in terms of criminal law (i.e. one cannot be sentenced to prison for trying to kill oneself), it is made illegal by the therapeutic state via mental health professionals (i.e. one can be sent to a psychiatric facility without consent for trying to kill oneself).

It is useful to point out that one of the critiques of Szasz's theoretical work is that he seems to fall back on the age-old distinction between "medical" (or physiological) symptoms and "mental" (or psychological) conditions, reifying the traditional mind/body split (Sedgwick 1982). The former is seen as real and can be verified by scientific means while the latter is seen as constructed and cannot be assessed by scientific means. Medical categorization is seen by Szasz, and other anti-psychiatry scholars as objective, yet not applicable to psychiatric or psychological assessment. Thus, the essential character of medicine as objective, a-political and scientific is never questioned a-priori by Szasz or other anti-psychiatry scholar/activists, except in relation to mental symptomology.

Another prominent psychiatrist who was credited with influencing and creating the anti-psychiatry movement is R.D. Laing. Laing theorized that a person in an altered state or other psychological condition has a valuable point of view and there is a need to understand each patient/person on an individual basis to know what they are trying to say with seemingly bizarre behavior (Laing 1960). The basic premise behind Laing's approach (which may seem naïve or common sense today but was quite controversial at its time) is that people with mental illness

diagnoses are not that different from those who are not labeled as such in the basic sense that they are human beings with interesting perceptions, which are worth listening to. Therefore, the solution is not to change the patient/person but to treat them as equals and develop effective communication.

The anti-medical view of mental "illness," propounded by Szasz and Laing, was reaffirmed by social scientists, such as Thomas Scheff and others who supported "labeling theory" (discussed in the next section). It is also echoed in the writings of sociologists such as Erving Goffman and Wolf Wolfensberger who stated that once a person had been placed in an institutional setting they will act accordingly (i.e. disabled, institutionalized etc.). This argument was supported by the famous study done by David Rosenhan (1973) in which pseudo-patients were admitted to a mental hospital and their behavior was interpreted by staff solely based on the fact that they were patients in a psychiatric ward, despite the fact that they faked hallucinations in order to be admitted. Hospital staff failed to detect a single pseudo-patient and instead believed that all of the pseudo-patients exhibited symptoms of ongoing mental illness. Several were confined for months. The second and lesser known part of the experiment involved an offended hospital challenging Rosenhan to send more pseudo-patients, whom its staff would then detect. No real patients were sent. Yet, out of 195 new patients in the following weeks, the staff identified 42 ordinary patients as impostors and suspected 48 more. The study concluded, "It is clear that we cannot distinguish the sane from the insane in psychiatric hospitals" (Rosenhan 1973) and also illustrated the dangers of labeling in psychiatric institutions.

In a somewhat related analysis to that of more well-known (male) scholars such as Thomas Szasz, Thomas Scheff and David Rosenhan, feminist sociologist Dorothy Smith extrapolates the way in which mental illness is constructed as factual by people who do not acknowledge its

constructed nature. In *K is Mentally ill* (originally published in 1978) Smith reads an account of a woman referred to as K in which she is constructed as mentally ill by her friends, and recovers the underlying structure, which constructs her as such. The questions asked already assume the validity of the category, such as "have you known someone who you thought was mentally ill," which is the first question asked by the interviewer. Through careful discourse analysis, Smith demonstrates the ways in which behavior that is read by others as strange is read in this account by the interviewer through a medical lens as symptomatic of "mental illness." Furthermore, the "analysis of contrast structures and of the collection as a whole brings out a procedure for constructing an account of behavior so that it can be recognized by any member of the relevant cultural community as mentally ill type behavior" (Smith 1993: 48). Of course, an alternative interpretation is possible but is never offered by the interviewer or interviewee. K and her own account are never discussed in this example. K is only the object of the account but is excluded from the process of construction and interpretation.

What all these critiques share is an understanding of the constructed nature of mental illness. But some advocates would take this critique to its absolute- the abolition of psychiatry. For instance, life-long activist Judi Chamberlin (1977) critiques the mantra that is often cited by activists and professionals that "mental illness is like any other illness" or that the way to combat the oppression of those psychiatrized is in fighting against stigma (both of which are the major tenets of NAMI's activism). Given current laws in relation to involuntary hospitalization, mental "illness" cannot be characterized as being like cancer or heart attack, according to Chamberlin. Altered states, anger and pain should not be characterized as illness, but as a consequence of a system of power and inequality that denies people their basic human needs. In addition, stigma is not perceived by Chamberlin to be the force that most oppresses those psychiatrized. Psychiatry

itself is that force. Chamberlin (1977) also coined the term "chemical straightjacket" to refer to the social control function of psychotropic drugs and tranquilizers that are used on mental patients, and serve the same purpose as a straightjacket. Szasz also explains that since hospitals depopulated as part of the deinstitutionalization efforts, the straightjacket moved from physical buildings into people's bodies, via psychiatric drugs.

One lesser known chapter in the genealogy of anti-psychiatry involved the establishment of an organization solely devoted to abolition and founded by some of the aforementioned scholars. The *American Association for the Abolition of Involuntary Mental Hospitalization* (AAAIMH) was established in 1970 in Syracuse, New York by Thomas Szasz, Erving Goffman[21] and George Alexander (then dean of the Law school at the University of Santa Clara in California). Szasz explains that the motive for establishing AAAIMH was "the conviction that the practice of involuntary psychiatric interventions -- epitomized by civil commitment -- is a moral atrocity, similar to the practice of involuntary servitude. This makes the abolition of that practice a precondition of so-called psychiatric reform.[22]" Szasz, more than every other scholar and perhaps many activists in the anti-psychiatry movement, was never really interested in reforming psychiatry as a medical field, but was interested in its abolition. Szasz claims that there is no such thing as voluntary commitment to a psychiatric hospital because you are not the person who decides when you get out. So once you are committed, getting out is always determined by medical experts, regardless of how you entered the hospital. So if you cannot get out voluntarily when you choose, how can it be called voluntary commitment? Thus, for Szasz, modern psychiatry always stands for coercion.

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[21] Szasz says that Goffman was not really involved in the organization and that he became disenchanted with the enterprise early on (personal communication)

[22] The abolitionist, http://www.szasz.com/abolitionist.html

The organization was meant as a beacon, to show the way to others who oppose psychiatry, and especially the coercive aspects of psychiatry as a medical field. AAAIMH published a newsletter titled "The Abolitionist" to promote the association's goals. It also attempted to assist people who have been committed to seek legal advice and help. In the first issue of the Abolitionist the goals of the group are: "To create and promote an understanding of the dehumanizing effects of involuntary psychiatric interventions, especially involuntary mental hospitalization; to foster a desire for the abolition of involuntary psychiatric interventions, especially involuntary mental hospitalization; to promote the movement to obtain legislative and judicial action making such involuntary psychiatric interventions, especially involuntary mental hospitalization, unlawful; to aid individuals who seek assistance in avoiding involuntary psychiatric interventions, especially involuntary mental hospitalization, by all lawful means; to establish centers for the members in order to coordinate efforts at abolition, exchange information and provide opportunities for further study and dissemination of information concerning involuntary psychiatric interventions, especially involuntary mental hospitalization; and to do such other lawful things as the members shall approve to further the end of such abolition" (The Abolitionist 1, 1971). The platform of AAAIMH, although espousing the language of abolition, does distinguish between voluntary and involuntary psychiatric interventions. While it strongly opposes the involuntary aspects of psychiatric practice, it does not seem to be opposed to other psychiatric forms of control and the practice of psychiatry more generally. Put differently, although the organization espouses what could only be characterized as an oppositional and defiant stance against involuntary psychiatric treatments, it does not seem to be as interested in the abolition of psychiatry as a profession or practice.

The maximum membership of the Association in its heyday was approximately one thousand members. In *The Abolitionist*, Szasz explains that "the organization began as a shoe-string operation and, in the absence of interest and funding, remained in that state." Szasz states that no prominent person would join the organization, and that establishing it was akin to professional and academic suicide. In 1979, the organization was disbanded. Szasz sees the demise of the AAAIMH as an "idea whose time has not yet come" (The Abolitionist 9 (1)) but that it has accomplished its goal, namely the articulation of the moral and political reasons for the abolition of involuntary psychiatric hospitalization. The thought of involuntary psychiatric confinement as being cruel and inhumane has not been as widespread as it could have been, and is still considered to be esoteric, radical and even ludicrous by most professionals and the public at large. George Alexander, who was the last chair of AAAIMH and its co-founder, also stated that when the organization was first established they were perceived as "lunatic fringe" (The Abolitionist 9 (1), 1979). At that time, there were hardly any laws or cases brought forth in opposition to involuntary commitments. But by the time the AAAIMH was disbanded, the landscape of psychiatric incarceration had changed. Commitment laws were much more stringent and a few organizations were established to supposedly safeguard against coercion in psychiatry. As such, both Alexander and Szasz agree that the goal of the organization, to serve as a beacon and rallying cry for others, was accomplished.

There were also some institutional factors that led to the demise of AAAIMH, at least according to Szasz. One of the main ones is the co-optation of the organization's critical work and then its subversion by other organizations that claimed to do similar work. The main ones targeted by Szasz's critique were the New York Civil Liberties Union (who brought on the Willowbrook lawsuit) and the Mental Health Law Project (renamed in 1993 The Bazelon

Center). The MHLP was a primary stakeholder in many deinstitutionalization cases, especially in the seventies. Among the most famous cases were *Wyatt v. Stickney* (1972), the Willowbrook case in 1974, *O'Connor v. Donaldson* (1975) and more recently the landmark case of *Olmstead v. L.C.*, which upheld the right of people with disabilities to receive services in the least restrictive setting consistent with their need (1999). (These cases are discussed more fully in chapter 5).

Szasz, and other advocates in anti-psychiatry, claimed that although the Mental Health Law Project (MHLP) brought on landmark cases that protected the rights of people with mental and developmental disabilities, at the same time these cases reified mental illness as a medical category and a "real" inherent condition, as opposed to a behavioral or cognitive difference. In order to create protection under the law, these cases reinforced social notions that cater to these populations as separate, in need of extra protection and cemented their status as requiring medical treatment or rehabilitation in the first place. It also deepened the separation of "dangerous" mental patients from the "non-dangerous" ones, reinforcing the idea that people who are deemed dangerous by psychiatrists and/or the courts should indeed be imprisoned and are not entitled to the same level of civil liberties as the so called mentally ill individuals[23].

The backlash against erudite knowledges in/of the anti-psychiatry movement

The publication of the *Myth of mental illness* (1961) coincided with the introduction of psychiatric drugs. In the battle over power/knowledge, the medical model would receive hegemonic status from that point on, and its critics would be designated as marginal and not a part of the legitimate scientific community. Szasz uses the metaphor of David and Goliath to describe his battles with the scientific community about the validity of the category of mental

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[23] This argumentation was especially prevalent in the case of O'Connor v. Donaldson (1975), to which Szasz devotes much of his book *Psychiatric Slavery* (1977).

illness[24]. Only, unlike the parable, in this case Goliath always wins. Szasz says that because his views are seen as so outside of the realm of acceptable scholarship in medicine, his books were never reviewed by people from psychiatry (with the exception of his earlier books when they first came out). Szasz nonetheless has been very prolific, publishing a book every 2 years or so since the 1970s).

One of the critiques of Szasz's work is that "he went too far" by claiming that all psychiatric disorders are metaphorical and in essence non-existent as medical conditions. These critics (see for example Kendell in Schaler 2004) argue that if he had limited his claims to the fact that some conditions are over-diagnosed or that there are too many different psychiatric diagnoses and they are increasing each time the DSM is revised, then his critique would have been heard by many psychiatrists. A related critique is that Szasz's writings had circulated and gained respect only in "non-scientific" circles, such as liberal therapists and activists who are either left leaning or libertarian themselves. His analysis was not taken up by the medical establishment in any broad way and he is considered to be marginal and "radical" to this day. But I do not think it is true that his analysis was not heard in the medical community, but rather that it was simply not taken up by them. In other words, the sheer number of times in which he is mentioned in the medical and academic literature should alert us to the fact that although his work was never taken up as hegemonic, it is definitely not "buried knowledge" in the field of psychiatry, at least for the time being, but instead should be characterized as "disqualified knowledge."

Interestingly, Szasz does not necessarily align himself with the c/s/x movement. He says that he appreciates that survivors are against psychiatry and its control over them, but that there is no ideological coherency behind their claims. Szasz sees his work as influencing activists in the

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[24] Personal communication. Unless otherwise noted, information about Szasz's views came from personal communication with him in 2009

anti-psychiatry movement, but he says that despite gaining some legitimacy in the past, it had become defused. For instance, he is disturbed by the fact that the activists do not take up the insanity defense, but instead use it often times in court and perpetuate a system that in his opinion needs to be abolished. He sees the rhetoric in the anti-psychiatry movement as politically loaded and left leaning but thinks the critiques against psychiatry should be separate, as they are not against a particular ideology but against the state intervention in personal matters. It is important to note that Szasz is a staunch libertarian, so although he seems quite radical in his view on psychiatry, he is also quite conservative on other issues. It is also important to note that Szasz, unlike many activists in the anti-psychiatry movement, wanted to be considered a legitimate scientist and expert in his field, but was ostracized by his own milieu because of his views. Not every scholar or activist in the movement had a desire to be acknowledged as "truth-claiming" or wanted to change the medical discipline from within. Most activists seek to expose and abolish psychiatric practice because of what it does to them or their loved ones, and because it constricts their choices and freedoms, not because of their desire to expose "the scientific truth" about psychiatry.

R. D. Laing's work is also an interesting case in point in constructing the genealogy of anti-psychiatry and its backlash. The *Divided Self*, Laing's bestselling book, was not a sensation when it was first published in 1960. But by 1965, Laing had become a celebrity, especially in the UK. In his most prolific phase, 1964-1970, Laing demonstrates in his writing the influences of the counter-culture movement around him, from Marxism and existentialism to psychedelic experimentation and transcendental meditation (Sedgwick 1982). In his public talks he often alluded to the connections between the assaults of modern psychiatry and systematic violence on a larger social scale. Laing was therefore embraced by the British New Left and the likes of

Stuart Hall and Raymond Williams. At the same time, he embraced mysticism-based ways of thinking that were more individualistic and inward looking. In his writings during this period, Laing developed and expanded on, the theory that schizophrenia was not a psychiatric disorder, but a stage in the natural psychic healing process. This should not be too surprising, Sedgwick (1982) claims, as Laing was a product of his time and milieu. He critiqued the atomic bomb and the Vietnam War, but so did the majority of his colleagues. He also critiqued the family, through his writing on the psychodynamics of the family of the schizophrenic. But these critiques never amounted to radical analysis in a similar fashion to that offered by feminists and Marxists at the time. In essence then, according to Sedgwick (1982), Laing was a wannabe-revolutionary at best and an imposter who took advantage of radical currents to advance his own career, at worst. It is important to keep in mind though, that Laing was a philosopher of the mind, as much as a psychiatrist. His writing is full of cases and examples whose purpose was to shock its readers. This could be one reason why psychiatrists were outraged by his propositions and suggested that he could not be a guru and a man of medicine at the same time (Sedgwick 1982), a distinction that Laing refused to accept.

Such anti-psychiatry theories (such as Laing's and Szasz's) were under attack almost from their inception, especially by "men of science." But from the late1970s, the dawn of deinstitutionalization, they came under further critique and scrutiny in a more organized campaign to discredit the people who engaged with these theories as well as their efficacy. For instance, media campaigns that ridicule the position that mental illness is a myth were very effective in garnering public support as well as serving as the impetus for the formation of organizations such as the National Alliance of Mental Illness (NAMI). But backlash to these anti-psychiatry theories came not only from their proponents but also from their early supporters

and creators. Psychiatrist E. Fuller Torrey for example, became known in the early seventies as a supporter of anti-psychiatry, especially as theorized by Thomas Szasz. However, during the period of deinstitutionalization in mental health he became one of the most vocal critiques of Szasz, anti-psychiatry and deinstitutionalization. He literally made a very successful career out of these critiques, as can be seen in the slew of publications devoted to discrediting deinstitutionalization activists and anti-psychiatry (see Torrey 1988, 1997, 2008). He is also one of the most popularized professionals working for and with NAMI.

Additionally, some of the promulgators of anti-psychiatry retracted their own writing and thinking later on. Both Szasz and Laing always shied away from the anti-psychiatry label, which was attributed to their works. They also dis-identified from any connection to a 'radical left' or political interpretations of their work outside of the psychiatric debate. Szasz, however, still espouses the same beliefs he introduced in his first publication. Laing, on the other hand, seems to have shifted from his earlier work when in interviews he discounts the connection that is made between him and those who deny the existence of mental illness (Spivak 2000). In addition, according to Spivak (2000), the tendency to move from abolition of psychiatry to a reform based discourse amongst ex-patients (and especially "consumers") added to the de-radicalization of anti-psychiatry as a theory and a movement. Since activists who identify as ex-patients distanced themselves from what they saw as radical anti-psychiatry, which hurt the cause of creating real alternatives to traditional psychiatry, it is perhaps no wonder that the lay public took up their arguments as proof that this discourse was irrelevant and nonsensical.

The turn against anti-psychiatry also came from legal scholars and practitioners. The early mental health law bar focused on civil liberties and human rights, and their critiques of psychiatric practice were based on these ideological realms. With the introduction of

"therapeutic jurisprudence," there were increased demands for more empirical studies to aid in legal cases (Spivak 2000). Social scientific research and "empirical studies" were utilized in in courts and legal scholarship. The disconcerting aspect of such calls was the exclusion and delegitimization of activist voices, especially of those who are most affected. In seeking more scientific theories, the lived experiences of those psychiatrized were left to the margin of the debate and were seen as only supplemental, at best, in determining policy and the contours of the debate over psychiatric treatment. In some sense, they returned full circle to the relation between madness and reason described by Foucault in *Madness and Civilization* (1961). Even though those psychiatrized are invited to the table in many policy deliberations, (consumer) councils and public debate, the voices and authority of professionals override their concerns within such discursive locales (Spivak 2000). Some would recognize the participation of ex-patients in policy and political discussions about issues that would impact their lives, as opposed to the lone voice of the medical model in the past, as a sign of progress. But those who heed Foucault's warnings or those who have been a part of the movement and seen its transformation, also see this is a sign of co-optation or a hindrance to the creation of meaningful change.

In this section, I have provided a brief retelling of the fragmented formation of what some refer to as the anti-psychiatry movement, and especially the erudite knowledges involved in its formation. As a coalition of loosely based entities, organizations, individuals and theories it is not surprising that it defies any one definition or trajectory. The fact it was always composed of both erudite and professional knowledges (such as Szasz, Laing and Goffman) and other subjugated knowledges (the c/s/x movement for example, as exemplified in the writings of Chamberlin) caused tensions within the movement from its inception. It is important to keep this tension and this genealogy in mind in any meaningful discussion of deinstitutionalization in

mental health, as these theories gave way to more vocal critiques of the institutional model, especially in relation to involuntary hospitalization and forced medication that takes place within such settings. Although I am not suggesting that these formulations (such as characterising mental illness as a social construct or finding alternatives to psychiatry by ex-patients) were the sole cause of massive closures of psychiatric hospitals in the 1960s, I do suggest that any genealogy of deinstitutionalization and the abolitionist mindset cannot be completed without analyzing the ideologies that gave rise to the critiques of institutions. As will be discussed further in chapter 6, some of these ideological frameworks (such as the myth of mental illness or the principle of normalization) were also used by both professionals and activists in order to critique the whole project of deinstitutionalization in mental health and "mental retardation." An additional theoretical framework, which gave rise to the critique of institutions and the construction of mental illness (and "mental retardation") is found in sociological conceptualizations of deviance. These concepts also gave rise to new critical formulations in the form of labelling theory and the normalization principle, which are discussed next.

Social science as erudite knowledge in the critique of incarceration

This section is a partial retracing of sociology's complicity in creating criminality and "mental illness" as categories of analysis and as subject formations. The erudite knowledges that circulated in the 1960s and contributed to the creation of the anti-psychiatry movement as well as calls for decarceration that also led to deinstitutionalization, did not originate from psychiatry alone. The voices of dissident sociologists and criminologists both contributed to the vast critique of carceral edifices and the institutional mindset, but simultaneously aided in solidifying those incarcerated as objects of study in these disciplines. Although this section does not delve into this history in depth (which is the topic of other research studies and monographs); it offers

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a few prominent examples into the genealogy of erudite knowledges in the social sciences that contributed to the construction of the movement against institutionalization, imprisonment and hospitalization.

Sociological construction of "deviance" as a category of analysis

In *Mental illness and Psychology* (Foucault 1987), Foucault creates a historical analysis of the objectification and medicalization of madness. The mission that he details for his archaeological excursion comes to full attack on the sociology of deviance and mental illness. Foucault argues: "If Durkheim and the American psychologists have made deviancy and departure the very nature of mental illness, it is no doubt because of a cultural illusion common to both of them: our society does not wish to recognize itself in the ill individual whom it rejects or locks us; as it diagnoses the illness, it excludes the patient…. Two questions arise therefore: How did our culture come to give mental illness the meaning of deviancy and to the patient a status that excludes him? And how, despite that fact, does our society express itself in those morbid forms in which it refuses to recognize itself?" (1987: 63). This two-pronged inquiry was the challenge he posed and still poses to any critical theorization of deviance. Deviance must always be understood under specific political or historical discourses that construct it as such.

Following Foucault, it is useful to retrace quickly the genealogical roots of the concept of "deviance" in the social science, to understand how it came to be a dominant paradigm in social scientific thought and what made it "scientific." Deviance, like the concept of normalcy, comes from the field of statistics, which was gaining prominence in American sociology of the 1950s. Anomie, social degeneracy, psychopathology, political economy and social disorganization (including studies on interactions and learned delinquency) were some of the terms that came before deviance as concepts and possible explanations of abnormal activity or behaviors (Pfohl

1985). Deviance comes out of an understanding of deviation, which is incomprehensible without the advent of thinking in terms of curves and means. There is no deviance or abnormality without the idea of the "normal distribution" most often represented by the bell shaped curve. Sociologists started using the term deviation more metaphorically to imply a deviation from a norm or a cultural expectation. But even this metaphorical use conjures up images of empiricism and scientific objectivity, of measurable norms and distance from them. However, it is also a term laden with moral meaning and implications for the person who is seen as deviating from the norm or mean. With this emphasis on rule breaking and the role of social structures in creating and defining violation of norms, the term deviance gained prominence from the 1950s onward in American sociology (Best 2004).

Deviance's primary subjects in canonical sociology were (and are): crime and "delinquency"; medical issues, especially mental illness; addiction and drugs; and sexual deviance (especially emphasis on "homosexuality"). This is also closely related to the study of "social problems," which is still a prominent sub-field in sociology. Deviance is a primary category through which the subjects of this study (i.e. incarcerated people in prisons and institutions and those psychiatrized and labeled as intellectually disabled) can be understood, and indeed have been, in canonical sociology. It is fascinating that structurally heteronormativity, physical and mental normalcy, capitalism and consumer culture, racism and misogyny were not the targets of "social problems" discourse, but mental illness, crime and "homosexuality" were.

The discourse of deviance revolves around the question, what sorts of people violate norms? Why them and not others? Finding patterns was the name of the game, and the methods employed were indeed statistical by and large, as the name of this paradigm suggests (deviation from a mean). As such, deviance theory was seen as a symbol of progressive discourse and

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indeed a sign for the evolution of sociology itself post WWII from discourses of pathology (that sprang out of psychoanalysis and psychiatry) and ones of degeneracy (which were used by eugenicists) to a pure socio-logical terminology, which seeks patterns of individual behaviors in the social realm (much like Durkheim's classical study on suicide) by scientific means, which are mainly quantifiable. As such, the concept of deviance was seen as the epitome of sociology at the time.

Goffman, labeling theory and their critique

Within labeling theory, the question was not why do certain people or groups of people commit deviant acts, but what causes some acts or behaviors, and not others, to be perceived as deviant? Erving Goffman, for one, got his notoriety by answering this very question in his famous book *Stigma: Notes on the management of spoiled identity* (1963). Goffman conceptualized ex-convicts, disabilities, bodily changes and modifications, queerness etc. as social flaws and referred to these traits as either discredited (flaws which are visible and known to others) or discreditable (differences which are not yet visible to others), and his central concern was how to manage these "spoiled identities" (his term). Despite this demeaning terminology, Erving Goffman and Howard Becker were amongst the first in the social sciences to offer a re-conceptualization of disability and other identities as not inherently negative but a product of successful labeling as deviant. This notion freed the bearers of these identities from guilt and shame and placed the process of Othering in the social realm. In *Outsiders*, Howard Becker proposes that: "deviance is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender.' The deviant is one to whom the label was successfully applied" (1973: 9). This was a radical idea at the time, and still is when applied to issues such as disability or "mental illness," which seem to most

people to be inherent in the individual and not the result of power relations and successful labeling by a hegemonic discourse (usually bio-medical). This liberating aspect of their work (and writings of people such as Thomas Scheff 1966) is what gained the scholars of labeling theory notoriety, not just amongst academics but amongst progressive social movements, such as the disability movement and the anti-psychiatry movement.

Despite its liberatory potential, the major flaw in this work, in my mind, is the taken for granted assumptions regarding normalcy and deviance. What Goffman does not consider is that difference, even deviance, can be quite empowering. Difference may cause one to be regarded as inferior, but the person may not accept this stigma. Although Goffman does give notice to this option, he sees it as a process of rationalization because of an inability to pass as normal, thus pathologizing the individual further. He does not consider that normalcy may not be preferred or accepted by all, and that people may actually celebrate and appreciate their difference. His s.tigma approach (and related approaches by labeling theorists) assumes that whenever possible, people would want to conform to social norms, even if these norms are actually the ones that label them as different! The reality is that not all people choose to conform, either because of past social rejection or, more importantly, because they do not have the same viewpoint that assumes stigmatization as a result of difference. Choosing to embrace one's spoiled identity is something Goffman did not envision.

The biggest contribution to the anti-institutionalization and anti-psychiatry movement was probably Goffman's other critical and often cited book, *Asylums* (Goffman 1961). For example, Taylor and Bogdan (1980) concluded from their participant observations of four institutions for people with "mental retardation" labels (between 1970 and 1977) that there was no single official who was unaware of Goffman's critique of asylums. In this book, Goffman analyzes a specific

structure, an ideal type, in the Weberian sense, of the total institution, defined as "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, 1961:xviii). What makes total institutions unique, and socially interesting, is that they are sites in which people reside 24/7, sleeping and eating and working in the same place, with the same people. Goffman adds that "Handling of many human needs by the bureau-cratic organization of whole blocks of people-- whether or not this is a necessary or effective means of social organization in the circumstances-- is the key fact of total institutions." (1961:6). In Goffman'a account, people in total institutions fill strict roles, either inmates or staff, and it does not matter what in-group differences may exist (such as varied positions based on race, class, gender, etc. in each group or subgroup).

There are still remnants of dramaturgy and symbolic interaction in *Asylums*. His dramaturgy approach (epitomized in *The presentation of self in everyday life* (Goffman 1959) and *Encounters* (Goffman 1961b)) gave primacy to everyday interactions and hermeneutic analysis or interpretation of these encounters, over structural formations and meta narratives that were prevalent in sociology at the time. By insisting that all identities and social roles are performative he solidified the social constructivist perspective in sociology. In *Asylums* Goffman expands his analysis from an individual presentation of self, to an institution's presentation of self, including, for instance, the ways institutions were landscaped, the practive of providing brochures for visitors or conducting tours for local and national officials. Goffman laments, in relation to the presentation of self of institutional life in the room where visitors and inmates meet, for example: "It is a melancholy human fact that after a time all three parties- inmate, visitor, and staff- realize that the visiting room presents a dressed-up view, realize that the other parties realize this, too,

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and yet all tacitly agree to continue the fiction." (1961: 102). The question is, if no one buys the act- why is still performed? And more importantly, if this is a performance- who writes the script? The need to adhere to certain norms is well demonstrated, but where does this script comes from? Who does it benefit? How did it come to be? These are all questions that are the focus of the work of other scholars, but in Goffman's analysis they are not even mentioned.

Labeling theory, especially as espoused by Goffman, seems to suggest that the reasoning behind labeling one as deviant is subjective, and somewhat arbitrary. Labeling theorists, and Goffman among them, do not take into account, or describe in much detail, the ideologies and institutions that create hegemony and dominance which allows some to label and others to be labeled. But who/what decides? Although many studies focused on the deviants, and at times on their social exclusion and lack of resources to ward off labeling, the missing link is a discussion on power relations, especially in relation to their historicity or archeology. In Goffman's analysis, the onus of proof is always on the individual. The entire dramaturgy approach is based on individual acts and the way they are perceived by others. There is no discussion on the cultural assumptions that construct inferiority in some and not others. Stigma does not originate from the individual, or from the individual's difference or performance, as good as it may be. It is a result of power relations, processes of labeling and social expectations based on scripts of normalcy. Furthermore, there is a lack of discussion of the desire to implode these binaries by either social change or performing transgression. Becker can also be critiqued, mostly on not taking his own assertions seriously. He himself conducted many studies (the most famous of which was on marijuana users and jazz musicians) on the so-called deviants, instead of on the social mechanisms that label them as deviants (legal authorities or consumer culture for instance). The question then is not what people who are stigmatized as abnormal can do to

manage that, but more critically, as Foucault poses, under what discourse is normalcy and deviance constructed and maintained.

In relation to the focus of this study, Szasz, Goffman and other labeling theorists should be credited for at least starting a conversation about an issue that was not even discussed or thought of until their time, the issue of institutionalization and the dehumanizing effects of labels, especially in relation to disability and "mental illness." However, they can also be critiqued for not going far enough, even in their narrower critique of institutions. At least in his writing, it seems that Goffman could not envision a society free of institutions, as Taylor (2009) posits. Goffman's conclusion at the end of his scathing critique in *Asylums* is that "If all the mental hospitals in a given region would close down today, tomorrow relatives, police and judges would raise a clamor for new ones; and these true clients of the mental hospitals would demand an institution to satisfy their need" (Goffman 1961: 384). This may seem contradictory to the fact that Goffman was one of the founders, with Thomas Szasz, of the *American Association for the Abolition of Involuntary Mental Hospitalization*, as was described before. On the other hand, the platform of the organization, with its focus only on the involuntary aspects of hospitalization may help clarify this seeming contradiction. Under these circumstances, the stance taken by those who took inspiration in these writings (such as activists in anti-institutionalization, self-advocacy and c/s/x movements) can be seen as taking these theorists' work a step further and trying to suggest a world with no institutions and carve it in that image, which is the topic of the last part of this chapter.

Sedgwick (1982) further critiques anti-psychiatrists and social scientists for not providing a wider social critique, which their work alludes to but never delivers. Goffman and Szasz do not provide an analysis of larger social structures and their work is rooted in frameworks that do not

necessarily lend themselves to massive or radical social change. Szasz is a conservative libertarian, and Goffman does not analyze social structures or power relations but only micro-structures and social interactions. In fact, Sedgwick suggests, Goffman only seems radical in relation to the conservatism of, mostly functionalist, American sociology of the 1950s (with the exception of C. Wright Mills).

The birth of critical criminology

In addition to the criticisms mentioned above, and the general lack of reflection on power relations in deviance theory, a more specific critique came from Marxist theorists, especially those interested in cultural hegemony. Deviance theory assumed that norms were simply there, and agreed upon by most. Those who did not accept them were therefore deviants (even if doing so for subversive purposes). Marxist thinkers (such as Gramsci) emphasized that these norms were always in a state of contestation, and should not be looked at as taken for granted (Best 2004). Under this conceptualization, the rules are made in the shape of the capitalist classes in the name of class (and cultural) domination of the proletariat. Therefore, norms and rules are hardly an arbitrary construct. From this Marxist perspective, the next questions become, how these hegemonic formations or legal applications are produced, and who do they benefit. Thus, all forms of deviance are political acts, and "all prisoners are perceived as political prisoners" (Liazos, quoted in Best 2004: 36). This critical perspective not only led to the demise of some factions of deviance theory, but also led to the birth of a new professionalized field of study-critical criminology. This new discipline, established as such in the 1970s in the UK at first and later in the U.S., became a new form of power/knowledge taking "deviants" as its subjects/objects.

Prisons gave rise to criminology, historically, because they provided a convenient setting for researchers to study "criminals" and "deviants" in enclosed locations. It was not that criminals were now discovered as much as they were constructed and made the objects and subjects of a discipline that now profited from their creation. As Foucault explains "I was aiming to write a history not of the prison as an institution, but of the practice of imprisonment: to show its origin or, more exactly, to show how this way of doing things – ancient enough in itself- was capable of being accepted at a certain moment as a principal component of the penal system, thus coming to seem an altogether natural, self evident, and indispensable part of it" (Foucault 1994: 248). Thus, imprisonment became self evident with the rise of its experts (i.e. criminology). But this statement can also be contested. The role of the state criminologist was established as early as 1917 in Illinois (in Stateville prison) and was charged with diagnosing each convict upon entrance to the prison (Alford 2000). Interestingly, in relation to the conflation of psychiatry and law (discussed in chapter 2), the first state criminologist was a psychiatrist from Harvard medical school. Perhaps more importantly, files show that inmates were placed without much relation to the classification given to them. So although another classificatory system was born out of the social sciences, in actuality Alford (2000) claims that it had only little effect on the lives of those imprisoned at the time (which does seem to contradict Foucault's analysis in *Discipline and Punish*- a fact which will be discussed further in the concluding chapter).

Critical criminology emerged out of a critique of criminology, which focuses on individual or group behavioral processes as explanations for what is defined as crime. Foucault (1994) asserts that he decided to take up the prison as a core analytical scheme of the penal system precisely because it had been neglected in the study of penality (and I would add criminology) which opted to cover either the sociological study of criminal populations or juridical problems of the

penal system. The basis and practice of imprisonment was rarely studied, but taken at face value. The idea that defective individuals or disorganized communities caused crime and social instability were rejected by critical criminology. They also rejected the idea that criminology has to be scientifically based and value free. The definitions of crime and punishments, according to critical criminologists, are always socially situated and so are the people who research them. In its essence, Lynch and Michalowski (2006) define critical criminology as a form of resistance. Many critical criminologists are actively involved in movements covering a variety of repressed social groups such as workers' unions, gay and queer movements, feminist organizations, prisoners etc. Because of these features, radical criminology was subjected to criticism from its inception. Some critiques concentrated on the inability of critical criminologists to maintain their objectivity and neutrality when conducting research, which is in fact the cornerstone of the enterprise of critical criminology, a commitment to social change.

The majority of criminological literature and policy seems to operate under the principle of favorable outcomes or the race to find different measures and interventions that reduce or explain the exact causes of crime, recidivism and so on. This discourse is miles away from in depth discussion, which seeks the structural ailments of the system and humanizes the people caught in it. It also marginalizes any studies that focus on what does not seem effective and useful for prisoners and their outcomes later in life. Most of the traditional research on prisons is focused on prisoners (behavior, subculture etc.) and not on imprisoning and oppressive environments in which they are kept. It is not surprising then, that most prison abolitionists perceive criminological research as reproducing conditions of oppression for prisoners, while the researchers benefit from federal and other research grants, which essentially determine who and what gets to be studied (Knopp 1976).

Critical or radical criminology looks at crime as socially shaped by "class, race, gender, culture and history" (Lynch, Michalowski and Groves 2006: 1) and aims at providing an alternative to traditional criminological research. Radical or critical is used interchangeably in many texts and by people who engage in this type of criminology. Lynch, Michalowski and Groves (2006) suggest that being radical might be a more apt description because "to think radically means to be concerned with finding the roots of things" (2006: 14). Moreover, Lynch, Michalowski and Groves assert that most critical criminologists work towards radical social change in relation to notions of crime, punishment and injustice and thus should be proud of these commitments and not hide behind less radical labels.

In the first decades, especially the 1970s, critical criminology mostly dealt with class as a central explanation of crime and was very influenced by Marxist theories. The first Marxist analysis of crime was published in 1968 by George Rusche and Otto Kirchheimer and is still influential to this day. In it, the authors claimed that punishments correspond to the relations of production at any given historical period. In our times, it is capitalism that greatly shapes the types of punishments the state is designating and the types of crime it defines as worthy of punishment. Thus, imprisonment is not only entangled in the circuits of capitalism, but cannot be understood apart from it (Lynch, Michalowski and Groves 2006). Prisons, under this perspective, are conceived as reproducing modern class structure by ideologically reaffirming capitalism and materially repressing the lower classes (Reiman 1979; 2010). In that sense, it reproduces the notion of the "dangerous classes" of the 18th and 19th centuries by incarcerating people based on race and class not so much because of what they do but more as a way to seemingly protect society from what they *might* do. In his influential book, *The rich get richer and the poor get prison*, Reiman (1979) adds to this analysis by showcasing the ways in which the increased

incarceration of racial and class minorities is used as a way to divert public attention from the harmful acts of state actors, corporations and the more privileged elements in society.

Critical criminologists have often raised controversial issues that are akin to the struggle of prison abolitionists, such as corporate and state sanctioned crime, but these issues have been relegated to the margins of the academic discipline, if they are even seen as disciplinary knowledge at all. Critical criminologists do not believe that state sponsored forms of punishment are necessary to the creation and maintenance of social order and do not accept them as a given, but instead study the conditions under which they were conceived as such. They also document the ways in which state sponsored punishment creates more harm to society and social order than the positive effects it is supposed to bring (Lynch, Michalowski and Groves 2006). However, alternatives that are offered by critical criminologists, even those brought forth by an abolitionary perspective, are often taken up by professionals in the field of corrections in an attempt to extend, not diminish, current penal structures (Saleh-Hanna 2000). In addition, critical criminologists often seem to advocate for reform in the criminal justice system as opposed to prison or penal abolition. For example, the focus of many (such as Reitman 1979) on corporate and white collar crime as causing a disparity in incarceration seem to suggest that those who perpetrate these crimes should also be incarcerated and sentenced in order to decrease this disparity, not that this system be abolished for everyone and we conceive of different ways of dealing with various harms.

Prison abolitionists often discuss the prison-industrial-complex as a profit making enterprise. But it is not just prisons and prisoners that comprise the material upon which profit is made, but penology itself (Saleh-Hanna 2000). Criminological and social science research is dependent upon crime as a construct. Often research on crime and punishment is highly professionalized in

terms of the terms it uses, the tools by which these objects are measured and the personnel responsible for reifying these definitions (for instance, grant sponsored research in criminal justice has to be conducted by people with appropriate degrees and accreditation). Sim (2009) also connects the increasingly close ties between criminology and state agencies to the corporatization of the academy more generally. The increased demands to obtain grants and the race for externally funded research leads to studies, which focus on individual ills, as opposed to structural issues, not to mention corporate or state sanctioned crime, which never gets funded and therefore is rarely taken up in criminology and social science literature (Sim 2009). Anti-prison activists and scholars point out that criminologists need crime as much as the other parts of the crime control industry- the courts, the probation officers and the prisons. It also serves as a reminder to prison abolitionists of the way the academic-industrial-complex is interrelated to the prison-industrial-complex (Saleh-Hanna 2000). Therefore, some prison abolitionists discuss the abolition of criminology as a step on the way to abolish penalty, although most regard it as a by-product of penal and prison abolition, not a meaningful vehicle for change on its own.

Despite these differences between the agendas of critical criminology and prison abolition, sociologist Thomas Mathiesen calls for critical criminologists and radical sociologists of law to band together around a single issue and make a difference in the world outside academe. He suggests taking up not abolition of the whole system, but trying to stop prison expansion, for example, as a starting point. Even just that simple goal, he claims, will make significant headway in the struggle for a more just world (Sim 2009).

In conclusion, critical criminology can provide theoretical ammunition and cultural capital in the form of credentials and expertise that can aid in the struggle of prison abolition. But because of these academic ties (as an academic-industrial-complex) and the damage done by some

criminological theories, which only increased the net of incarceration, it is understandable why some activists are reluctant to build coalitions with criminologists, whether they hold the title of "critical" or not. While critical criminology can be credited for beginning a conversation regarding the critique of incarceration and its inherent inequalities, it is not these disciplinary knowledges that gave rise to the prison abolition movement. In the field of developmental disabilities, however, it seems that there was no other single factor that drove deinstitutionalization other than the new professional knowledge in the field, which is examined next.

The Principle of Normalization

Critical social science perspectives were also becoming influential in the field of developmental disabilities, at the same time that critical criminology began. Wolf Wolfensberger, who was one of the originators of the principle of normalization, was a psychologist who was greatly influenced by Goffman and other sociological critiques of the institution (Eyal et. al. 2010). According to Wolfensberger (1972), the concept of normalization (explained below) emerged and was taken up, because other conceptual frameworks were becoming popular at the time. These early conceptualizations included the concept of the therapeutic community, which was used and spread by various scholars and professionals in the 1950s; Garfinkel's (1956) analysis of degradation ceremonies that could be applied to institutions; Goffman's book *Asylums,* which coined the concept of the "total institution" and David Veil's (1966) book *Dehumanization and the institutional career.* These were all popular frameworks in social sciences in the 1960s, although none of them was specifically referring to developmental disabilities in relation to institutionalization and treatment.

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In the literature on deinstitutionalization of individuals with labels of "mental retardation," it seems that no theory or concept was more influential in the 1960s and 1970s than the principle of normalization. The concept of normalization came from Europe, especially Scandinavia, where it was originally suggested by Niels Bank- Michelson and Bengt Nirje. Bengt Nirje had observed the lives of Hungarian refugees living in refugee camps in Austria ten years after WWII had ended. His insights on the devastating consequences of growing up accustomed only to camp life were later applied to his work with children with cerebral palsy and cognitive disabilities in Sweden (Flynn and Lemay 1999). It was popularized in the U.S. in the monograph that started as a report of the President's (Kennedy) *Panel on Mental Retardation*, and was published as "*Changing Patterns in Residential Services for the Mentally Retarded*." In that book, Nirje defined normalization as: "the formula 'to let the mentally retarded obtain an existence as close to the normal as possible.' Thus, as I see it, the normalization principle means making available to the mentally retarded patterns and conditions of everyday life, which are as close as possible to the norms and patterns of the mainstream of society. This principle should be applied to all the retarded, regardless whether mildly or profoundly retarded, or whether living in the homes of their parents or in group homes with other retarded…" (1969). Nirje specifies the following component to the creation of normalized environments: normal rhythm of the day (eating, sleeping, working etc.); normal routines and settings for leisure, schooling, sleeping; experiencing normal rhythm of the year, including holidays, weekends etc.; opportunities to undergo normal developmental experiences of the life cycle; the choices, wishes, and desires of those labeled as "mentally retarded" themselves have to be taken into consideration as often as possible, and respected; ability to live in gendered (male and female) environments; maintaining comparable economic standards as their peers; and lastly, ensuring "that the standards of the

physical facilities, e.g., hospitals, schools, group homes and hostels, and boarding homes, should be the same as those regularly applied in society to the same kind of facilities for ordinary citizens" (Nirje 1969).

The idea that people with developmental disabilities should be raised in and live in normalized settings resembling those of their peers, as suggested by the principle of normalization, may seem trivial to us now, but it was an idea that was fiercely resisted at its time, and is not universally accepted to this day. It was a paradigm shift that seemed almost unimaginable at the time, in the 1960s and early 1970s, because the prevailing solutions of the era were focused on improving or reforming institutional living by creating smaller settings that would be are better managed or are geographically less remote, or to divert more money to segregated housing and special education. The notion that people with disabilities should not be segregated in the first place was unfathomable. Wolf Wolfensberger (1972), who is one of the formulators of the principle of normalization attributes[25] this lack of imagination to such factors as the lingering effects of eugenics and the mistaken idea that people who were labeled as "mentally retarded" can never change or learn. Moreover, at the time most experts in the field had never seen people with developmental disabilities in positive contexts that would enable them to thrive, not just live. The attachment that people had to institutionalization, Wolfensberger comments[26], was not rational, but emotional. In essence, people were fanatical in their loyalties to the concept and practice of segregation and institutionalization. He recalls receiving hate mail about the topic, as well as being a part of heated academic debates that almost devolved into physical violence. The theory had been dismissed from its early days, even by the President's Committee, which published "Changing Patterns" but never officially

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[25] Personal communication
[26] Personal communication

endorsed it. These types of professional knowledges, which Foucault refers to as "buried and disqualified," were fiercely resisted over the years and discredited as utopian, un-scientific and dangerous, and had been fiercely resisted over the years.

Wolfensberger critiques early formulations of normalization by stating that they were not empirically based. Wolfensberger wanted to create meta-theory of devaluation and "role valorization," which also made him generalize principles of normalization to all deviant people, not just people with disabilities (a similar move to that of Goffman in his book *Stigma*). It was important for him to tie it into social scientific language and "take it out of folk language"[27]. That entailed discarding a common sense word such as "normalization," which everyone thought they understood without engaging with the specifics of the theoretical framework offered by its various creators, a stance which upset Wolfensberger. Therefore he renamed normalization theory, in its latter formulations as Social Role Valorization (see Wolfensberger 1991; 1998). Wolfensberger states that it was his desire to ensure that money would go to community services and not to improving institutions that made him come up with an empirical tool to evaluate the way normalization is implemented (which he called PASS, see Wolfensberger 1973; 2007).

Wolfensberger defines Social Role Valorization (SRV) as "the pursuit of the good things in life for a party by enhancing their competency and image, by the application of empirical knowledge, so that these roles are positively valued in the eyes of the perceivers" (1998). So the values of empiricism are in the definition of SRV. This was important for Wolfensberger because he felt that normalization, unlike SRV, was an ideological construct and he wanted instead to create a meta-theory that, in his mind, was scientific. This is the reason why he does not affiliate with terms like inclusion or self-determination, because he perceives them as more open to interpretation and steeped in ideology (which he takes to be a negative process). This

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[27] Personal communication in 2008

insistence on scientificity and the need to belong to the scientific community is shared by Wolfensberger and Szasz, and led to their perceived failure, by their own accord. Ultimately, the principle of normalization, in its earlier formulation, helped to change the field of service provision in developmental disabilities. In most instances, it was taken up by agencies as another guideline that needed to be followed, and not as an ideological sea change, which is perhaps what Wolfensberger wanted all along. One of the reasons why the normalization principle caught on so fast and so wide (in terms of its international appeal) is that it made good common sense. In essence, it put into academic language issues and beliefs that progressive professionals and parents in the developmental disability world thought all along, but did not have the ability or credentials to put a name on their desire and experiences to integrate disabled people in all activities of life. Oliver (1994) remarks that this is also one of the pitfalls of the theory, that it made a lot of sense to professionals, but was never really verified with disabled people themselves (as opposed to their parents or case managers).

Something of this revolutionizing aspect was present in anti-psychiatry early on, but was never accepted by the majority of professionals in the field, even as lip service, in relation to the need to for community mental health services and less reliance on psychiatric hospitalization, as was advocated for by advocates and scholars. The result was that the medical paradigm won the day in psychiatry and mental health and therefore anti-psychiatry is still controversial today. Moreover, concepts such as normalization and integration are less controversial in the developmental disability service world. One can also say that these terms were co-opted by service agencies and the critical aspects of these theories were never really materialized in the reality of community mental health and community living for people with developmental disabilities. Despite Wolfensberger's attempts, normalization is not merely a concept, but an

ideology. For advocates of inclusion and deinstitutionalization, it provided a view of the world as it should be- one of humanness, respect and habilitation. Wolfensberger has argued that most service providers do not subscribe to the institutional paternalistic attitude anymore but service delivery systems operate as if this is the only model possible. This way, outdated ideology dictates policy de facto, even if its believers are diminishing (Braddock 1977).

As influential as the principle of normalization was, it was not without its share of critics. One prevalent critique of the principle of normalization is that it focuses too much on trying to change the individual so that she will fit into societal standards (Oliver 1994). Under this interpretation, it is really a principle of assimilation. In other formulations of normalization, like the original one proposed by Bengt Nirje (1969), the environment is what needs to be changed into being as normalized as possible, not the person. Such understandings follow what today we might call the inclusion movement, especially in relation to the schooling of children with disabilities (Biklen 1992). The normalization principle stresses that people with disabilities should live and learn with their peers, not in segregated and specialized settings. The early theorists of the principle of normalization, such as Nirje, were part of what became known as the parent movement in developmental disabilities. They advocated for change in institutions but if the institutions were "home like," these placements would follow the rules of the normalization principle. Wolfensberger claims that such understandings of normalization are too open to interpretation and that without more specifics they can lead to reforms, but stop short of the abolition of institutional structures. Wolfensberger therefore decided to put the emphasis not on the environment, but on the role (actual or perceived) that is given to an individual, and to ensure that that this role is a valued one. That is also his critique of the inclusion movement, in which, in his opinion, kids are put together in the same setting but their roles are not changed and not

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valued (although Wolfensberger calls this process inclusion, others might characterize it as mainstreaming, which is a different process and ideology).

The main critique of the normalization principle is of course questioning what gets to count as "normal." In their writings, Nirje and Wolfensberger seem to suggest that there is some sort of a consensus about what is a "normal setting" or "a valued role," but for critical scholars and activists this assertion is problematic. Who gets to define what is good and normal is highly debated, contested and fought, it is not something that should be taken for granted. Sociologist Mike Oliver (1994) views normalization as reproducing the ab/normal binary even if its explicit goal is not to normalize individuals in the everyday sense of the word. Furthermore, if one takes an intersectional analysis to the construction of identities, then the issue of what roles are valued becomes inextricably more complex in relation to issues of race, nationality, gender etc. A related issue is the underlying assumption that people should change to fit such social norms (whether in environment or themselves) instead of changing the norms and the power relations that define them. Also embedded is the assumption that people would want to change and assimilate, as opposed to celebrate their difference and not conform, which are the tenets of disability culture and mad pride, for example.

Going a step further, Mike Oliver, who supports a Marxist theorization of disablement, accuses Wolfensberger of constructing a theory that will not free disabled people and could even lead to their oppression (Oliver 1994). Although Wolfensberger does not claim that his theorization was the only or even most important factor that led to deinstitutionalization, he nonetheless claims that it "broke the back of the institutional movement" and without it "there would have been massive investments in building new, smaller, regionalized institutions" (quoted in Oliver 1994). But community living, according to Oliver (1994) and as demonstrated

in chapter 6, also reproduces the control of the capitalist state, especially since professionals, who as a class make money of controlling the lives of disabled people, remain intact in their position of power.

The principle of normalization led to another prominent concept related to deinstitutionalization- the formulation of the Least Restrictive Environment or LRE. As was mentioned earlier, the original premise of normalization (by Nirje and Mikkelsen) was to allow those with labels of "mental retardation" to "obtain an existence as close to the normal as possible." For some people, that would mean an array of placements, as the level of integration should be tailored to each individual in relation to their potential and needs. The concept of the LRE continuum gained prominence in the 1960s when professionals in the field of special education began to advocate for a wider range of placements for students, and was taken up by legislation and the courts thereafter. The residential continuum is perceived as ranging from public institutions or state schools to living in the community, meaning a home in a residential neighborhood. In between these poles are nursing homes and private institutions, including intermediate care facilities (ICF/MR), group homes, and foster care (Taylor 2005).

On a moral level, the LRE concept seems to be benign and beneficial to the rights of disabled people, but it could also act to legitimizes human rights violations, including the right to live in freedom and participate in one's own community. As Taylor aptly puts it "the question implied by the LRE is not whether the rights of people with developmental disabilities should be restricted, but to what extent" (2005). The continuum is based on the assumption that people, with developmental disabilities, move progressively from one pole to the other, from segregated settings to living independently. Related to this argument is the assumption that people with disabilities cannot move into the community or live in the community they are already residing

in without being "ready" for the next step in the continuum. Thus, one cannot just go get a job but needs to work in sheltered or supervised placements in order to gain permission to get unsupervised employment. Similarly, one needs to graduate from living in a group home or foster home to living in an apartment of their own, and not move straight from the institution into living independently (Kennedy, 1994).

Advocates who are against any form of institutionalization therefore critique the concept of the LRE and those who advocate for it, such as Wolf Wolfensberger and other supporters of normalization. They ask- who is to say when someone is ready to live independently. Furthermore, they query why such tests not being used on all individuals who live in non-segregated spaces to see if they are ready to live on their own (such as teenagers, or anyone choosing to live in non-institutional settings), why are they only used on people with disabilities, and when they are- why is this not seen as discrimination but instead seen as progress? (Taylor 2005). For those who critique the institutional mindset, these principles seem to promote professional intervention over self-determination as the deciding factor on what comprises the "least restrictive" or "more normalized" living environment.

Despite all these critiques on the principle of normalization and the LRE, and perhaps because of them, it is important to remember that they acted as one (of many) driving forces which ultimately led to the deinstitutionalization in the field of developmental and intellectual disabilities. Normalization differed from traditional approaches to mental retardation, in that it did not focus on cure or even on rehabilitation. Normalization itself was the goal. It thus filled the gap that was created at the time by treatments that focus on futile attempts to find a cure or an etiology to the condition; and psychiatric treatments, which most often resulted in custodial placements without a well-defined strategy or goal at all (Eyal et. al. 2010).

These concepts, such as LRE and the normalization principle, were also actively used by advocates of deinstitutionalization in the attempt to close down institutions. In the case of Willowbrook, the notorious institution for those labeled as mentally retarded, professionals and lawyers decided to politicize the parents of the inmates by making use of new professional assessments of children with developmental disabilities, which viewed them as capable of growth (Rothman and Rothman 1984). In other words, they not only spoke of the tragic conditions witnessed at Willowbrook, but provided the parents with medical opinions, which differed significantly from what they were used to hearing, i.e. that their children were not deficient and hopeless but that their deterioration was a result of neglect and institutional living. They also arranged for parents to meet with speakers who described model programs that employed the principle of normalization to demonstrate that there are successful alternatives to institutionalization (Rothman and Rothman 1984). A genealogical analysis thus reveals the ways in which these unorthodox theories were used as subversive and alternative knowledges for both the lawyers and parents to draw from in their advocacy for non-institutional alternatives.

On a macro level, the concept of normalization also played a big role in this process of the reorganization of professional expertise. Parent activism, which turned against the medical establishment in the 1960s, was seeking allies and found them in the more marginalized professions such as social workers, speech and occupational therapists, sociologists and special educators (Eyal at. al. 2010). In essence, normalization helped to democratize the field of developmental disabilities, by putting psychiatry and administrators on the same playing field. Ironically, this breaking down of the monopoly of medical expertise would eventually lead to a new monopoly of technocrats and bureaucrats in regards to prescribing and administrating benefits and services, as the pendulum shifted from notions of medical cure to notions of

habilitation. But this shift now meant that all these professionals, with their varying expertise, had to share the table with parents, advocates and later on self advocates in assigning the "social destiny" of those labeled as mentally retarded (Eyal at. al. 2010).

Progressive vision of society brought forth by abolitionists

Following Foucault, in this section I highlight forms of subjugated knowledges, which for Foucault are knowledges that have been buried or forms of knowing that had been disqualified, considered nonsensical or non-scientific. It is "the knowledge of the psychiatrized, the patient, the nurse, the doctor, that is parallel or marginal to, medical knowledge, the knowledge of the delinquent, what I would call, if you like, what people know" (Foucault 2003: 7). By centering "what people know," Foucault is not referring to the taken for granted or dominant form of knowledge circulating, but localized, particular, specific knowledges, what we might also call marginalized, experiential or embodied knowledge. I believe that people within the anti-institutionalization and prison abolition movements have varied subjugated knowledges, which shapes not only their activism but the way they perceive the social world. These epistemologies are useful not only for the abolition of the carceral system but also for envisioning an alternative world order.

It is also important to note that Foucault saw the uncovering of buried and subjugated knowledges as only one aspect of constructing a genealogy. The other part, as discussed in the previous chapter, entails decentering the subject. Foucault means "subject" not only in the modern sense, as imbued with agency and ability to create, but also as an object of power/knowledge (of the human and social sciences), i.e. when she became subjectified to disciplinary knowledge. In this light, decentering the subject entails uncovering the discourses that constructed (certain) people as subjects of particular discourses and the conditions of that

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creation. This section will therefore showcase the construction of criminality, punishment, madness, membership in a "community" and incarceration as they arise as subject formations out of counter narratives of deinstitutionalization, anti-psychiatry and prison abolition.

The most powerful relevance of the prison abolitionist and anti-institutional stance is to analyze imprisonment and institutional segregation as a core structure that shapes social relations in society, not just for those affected directly but for everyone. It is not merely about closure of prisons or institutions, as that is not enough, but it is a revolutionary framework, which transforms the way we analyze and understand forces that shape our histories and everyday lives in relation to the way we define crime, disability, punishment, justice or community (as in "living in the community" or "community re-entry").

Abolitionists' perspectives on crime

Crime, like insanity/disability, is one of many definitions that can be attached to a behavior or event, but has to be legitimated by a professional. This is why prison abolitionists do not refer to illegal or other acts as crimes, unquestionably, but they refer to them as "criminalizable events" (Saleh-Hanna 2000, Morris 1995). In a similar vein to labeling theory, prison abolitionist Ruth Morris contends that "the criminal justice process is not about justice, or truth... it is the process of making a person feel and become a criminal" (Morris 1995: 15). The social construction of crime is dependent on power relations, of who gets to define what is a crime and who gets to be defined as a criminal. Privilege and oppression (in relation to race, sexuality, class, ability, gender), and state definitions will all determine whether an act results in being labeled as criminal and what consequences that will entail.

Under this abolitionist perspective, every human being is a potential "criminal" or "offender," or will become one. The line between the "righteous and free" and "the dangerous"

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is seen as socially and politically drawn, and is perceived more as a continuum than a binary (Bourque 1988). These boundaries serve a purpose, so that those of us who are not imprisoned can feel like we live in a free society. Angela Y. Davis states that if we assume we can arrest anyone who performs illegal acts, almost anyone will be in prison at some point[28]. Prison abolitionists thus push for the need to deconstruct concepts of criminality and reasons why people end up in prisons. Davis further exclaims that the way we posit questions, even as activists or researchers, makes it harder to think in radically different ways. Such questions as "what are we going to do with these inmates while released," reifies assumptions of those imprisoned as objects, and not subjects with their own agency.

In a similar vein, Aptheker (1971) explains that being regarded as a criminal has nothing to do with breaking the law. Some facts that exemplify this false connection are that most criminal defendants in the U.S. plead guilty and never go to trial, because they cannot afford a lawyer. Furthermore, many current occupants of prisons and jails are there not because of a conviction but because they could not afford the bail and are awaiting trial. Aptheker's conclusion is that while being a "law-breaker" is not distributed based on racial and class status, being defined as a criminal is defined by those categories. Aptheker (1971) gives the example of one of Nixon's adviser's (Edward Banfield) description of the urban poor. Banfield describes them as feeble, suspicious, hostile, dependent, not caring about their dilapidated surroundings, and not being influenced by conscience but by what they can get away with. This is of course a direct continuum leading from stereotyping urban poor people of color to characterizing criminality. It is also uncanny how much such descriptions resemble eugenic ideas, which correlated the poor, criminal, and feebleminded (see chapter 2 for an elaboration of these connections). Thus, class,

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race and notions and criminality cannot be untangled in current discourses around incarceration and punitiveness.

Furthermore, many activists argue that the overrepresentation of people (mostly men) of color in prison is not due to increased criminal tendencies, but to being targeted more rigorously by law enforcement, judges, laws and economic policies (see examples ranging from Knopp 1976 to recent cases of "driving while black" and racial profiling). Sociologists and criminologists, as well as those incarcerated, further claim that imprisonment is in fact a major cause for crime and relapse back into crime. The degradation and loss of humanity, lack of human ties, and lack of attempts at education or rehabilitation are hallmarks of the current penal system (Bourque 1988). Critical criminologists also add that economic and social disparities induce criminal activities, and follow not an elusive "subculture" but the economic (ill)logic of mainstream culture. For instance, critical criminologist Jeffrey Reiman (1979) provides a thorough Marxist analysis of crime in relation to class location and corporate crime, in his popular book *The Rich Get Richer and the Poor Get Prison*, whose title is already suggestive of the way some entities (people of means and corporations) do not get labeled as criminal while people of lower means not only get labeled but get imprisoned as a result. Another prevailing example is the criminalization of specific narcotic substances, which is closely related to the class status of its users. Most substances associated with middle and upper class (narcotics that can be obtained with a prescription, alcohol) are considered soft, and those associated with poor and lower class people are labeled dangerous and their usage leads to harsh sentences. Angela Y. Davis therefore reminds us that the "war on drugs" occurred at the same moment when psycho-pharmaceuticals were on the rise, but of course they were not a part of this "war," which is characterized by some scholar/activists as a war on the poor (Rodriguez 2006).

Prison abolitionists and critical criminologists also espouse broader conceptualizations of harm. These include characterizations of crime that are not based on traditional notions of street crime whereby one individual is harmed by another, who is usually perceived as a stranger. They demonstrate that statistics and popular media enforce social fear of and panic about street crime, particularly from men of color. This fear diverts attention from other crimes- within the family, from acquaintances, corporate crime, and crimes induced by the state (Knopp 1976; Incite! 2006). Violent street crime, although serious and harmful, is only a small percentage of violence perpetrated on groups and individuals (Saleh-Hanna 2000). Those who facilitate sentencing circles and call for penal abolition suggest that the first step in redefining justice involves taking the perspective of crime survivors. Survivors know that the majority of offenses do not involve strangers, even in relation to street crimes, as the offenders and victims often come from the same communities (Magnani and Wray 2006). Prison abolitionists therefore open the definition of harm to discussions of crimes perpetrated by intimate violence, the state or corporations (Reinman, 1995; Morris 1995).

Also, there are many harmful acts that are not seen as criminalizable by the state, but that does not mean they are not crimes, only that the power to define them as such lies in the hand of state agents (Sudbury 2000). For instance, Justice Now, an Oakland based abolitionary group that focuses on women's incarceration, perceives incarceration as a form of violence against women. But because it is state sanctioned violence, it is perceived as natural and necessary. Prisoners and anti-prison activists also point to the ways in which building prisons, supporting them, working in them and profiting from them are crimes against humanity, but they go unacknowledged as such (Bourque 1988). But it is important to note that abolitionists do not call for corporate or state crimes to be subjected to penal law in the same manner as street crime, as

this will reify the very system they wish to be rid off. Within the abolitionist framework, the call is to deal with corporate crime under mechanisms of activism, human rights watch, education and other social justice tools (Saleh-Hanna 2000; Magnani and Wray 2006).

Prison abolitionists and critical scholars also examine notions of crime in relation to corporations. Historically, the nation state was supposed to protect one from crime. This is the major tenet of modern nation states, in which the citizen gives up their rights and liberties to the state in exchange for protection, education etc. But Snider (2000) suggests that in the 20th and 21st century, this practice does not seem to apply to corporate crime, which the state not only does not pursue for criminalization, but often actually promotes. The defense of corporations is often that it is an isolated event, and is performed by ordinarily good citizens, not criminals. This is of course a very hypocritical defense, because the fact that the person is good and did not mean harm is not accepted in relation to any other crime (Snider 2000; Saleh-Hanna 2000). Corporate crime is so elusive, not just in the courts but in academic literature as well. Because corporate crime is often state sanctioned, there are only a handful of researchers studying it and virtually no funds or grants that give incentives to study it (Sim 2009). Research that is funded, however, seems to involve investigation of "white collar crimes," which in essence entail prosecuting, blaming and naming employees for so called crimes against the corporation (Snider 2000).

Prison abolitionists insist that denying the a-priori existence of crime should not entail the denial of the painful consequences of a harmful event or behavior (Saleh-Hanna 2000). This argument is related to the social constructionist approach in relation to disability and mental illness, which also promotes the understanding of these entities as culturally and socially produced, but having very real consequences to their bearers, including pain. Recent disability

studies literature, especially from feminists, has insisted on bringing back the lived body into this discourse, to raise discussions around issues of pain, for example, which cannot necessarily be mitigated by social interventions. Feminist disability studies scholars' focus on embodiment challenges the medical model of disability, which conceives of disability as a lack and deficiency inherent in non-normative bodies. It also challenges the social model of disability, which encourages us to focus solely on processes of disablement as a critical framework that will end the oppression of disabled people (see writings by Wendell, 1996; J. Morris 2001; Price & Shildrick 1998). This could be seen as another fruitful point for intersection and collaboration between prison abolitionists and disability activists and scholars.

Alternative explanations for the need and expansion of imprisonment

The common functions of imprisonment are perceived as deterrence and punishment. However, prison and penal abolitionists point to the ways in which state violence, racism, white supremacy, patriarchy, the growth and transformation of U.S. capitalism – all disrupted the logic of the criminal justice apparatus in a fundamental way. Turning attention away from conventional notions of "crime," as isolated, individual instances of misbehavior necessitates the questioning of the conditions that cast "criminality" as a convenient political rationale for the warehousing of populations dispossessed by the above processes (Davis 2000; Rodriguez 2006; Sudbury 2004; 2005; Parenti 1999). Scholar/activist Dylan Rodriguez therefore redefines criminality as a useful construct that enables the state to warehouse large numbers of poor and displaced people of color and further disfranchises them through incarceration and post release. For example, presently, over 4 million adults are barred from voting, although 1.4 million of them have already completed their sentences. In Florida, for example, where the 2000

presidential race was decided, about 600,000 people were barred from voting (Braz 2000; CR 2008).

In *Golden Gulag* (2006), Ruth Wilson Gilmore demystifies the processes that led to the greatest prison expansion in history in (then) one of the richest states in the world, California. Gilmore reminds us that the connection between prisons and crime should not be taken for granted. But even if we take up this assertion the question of what makes imprisonment such an appealing and enduring tool of crime control remains. Gilmore suggests four main rationales used: retribution- which is supposed to keep those incarcerated from repeating the act; deterrence- which should work both on those inside and outside of prison in deterring them from committing crimes; rehabilitation so that "offenders" will not offend again; and incapacitation- which will keep those incarcerated from committing any acts on those outside (Gilmore 2006). Abolitionists reject all these frameworks as justifiable reasons for the creation and maintenance of the prison system. In relation to deterrence, many activists and scholars claim that there is no sufficient empirical data that supports the hypothesis that prisons deter people from committing certain acts. For instance, there are no research tools, such as surveys, to determine whether a possible prison sentence made people change their mind about doing unlawful activities. However, there is overwhelming evidence that those imprisoned get re-imprisoned post release, so that the notion that incarceration is deterring from specific activities is highly suspect (Knopp 1976; Morris 1995).

In addition, abolitionists question deterrence on moral grounds, and state that it is unethical to punish one person in order to potentially deter another (Knopp 1976). The concept of deterrence also assumes that others will know what happened to the person accused and incarcerated, and will care and be influenced by that fact, but there is no evidence to support

such claims. In addition, people don't really think they will get caught, even if the cost of the action is exorbitant, so increasing length of sentences has no deterring value either (Morris 1995). Another explanation for the "usefulness" of incarceration is protection of those not incarcerated (Knopp 1976). However, abolitionists claim that prisons do not protect those outside them from "criminals." As discussed above, the lines between those who are defined as criminals and sent to jail and those who are "free" are murky and politically drawn. The people residing in prisons are those who were classified as such for a variety of economic, political and other reasons and those who got caught (Knopp 1976).

Many abolitionists claim that imprisonment's main function is diversion- diverting our attention from the atrocities performed by those in power, usually on a larger scale than the petty crimes on which ordinary people get incarcerated for. This is also supported by the media and public perception, which construct prisoners as the most dangerous class (Mathiesen 1974). Activists in the anti-prison movement suggest that political and social contact with prisoners cuts down this diversionary strategy. It also disrupts the symbolic function of imprisonment, which stigmatizes those who are incarcerated and creates a barrier between those incarcerated and those who are supposedly free (Mathiesen 1974; Davis 2003).

According to R. W. Gilmore, the most prevalent reason used to explain the growth of the prison-industrial-complex and the American system of corrections is increases in crimes. However, Gilmore (2006) shows that increase in prisons had not led to decrease in crime, and in most cases quite the opposite had occurred. This fear of increasing crime leads to a state of moral panic, which is then used to construct more prisons, without the need to actually prove their usefulness. The second argument used is that there is a rampant drug epidemic, and stricter measures are needed to fight drug use and gangs who traffic in drugs. But Gilmore (2006)

disputes this argument as well by showing that during the 1970s onward drug use has declined, and that in fact not all gangs are even related to drug trafficking. The last explanation used in regards to prison expansion is that since unemployment rates are climbing, it leads to illegal acts and types of work that people resort to in order to survive. While this seems like a plausible explanation, Gilmore demonstrates that there was a drop in property crime since 1982.

What are some alternative explanations then for the growth of the prison industrial complex? The most obvious would be the fact that prison has become big business, and as such is motivated by pursuit of profits (as described in chapter 1 in relation to the concept of the prison-industrial-complex). An explanation derived from this approach focuses on changes in the economy and the making of surplus land, populations, capital and state capacity, which were fulfilled by the prison boom. This is Gilmore's (2006) major argument, demonstrating the intricate ways in which socio-economic, geographical, fiscal, racial, and legal processes led the way to the biggest prison expansion in history.

Two alternative explanations, which Gilmore mentions but does not focus on, remain. The first is often used by critiques of the American penal system and could be characterized as "new slavery" arguments, in which imprisonment is perceived as acting as a new form of slavery by some activists (Davis 2000; K. Gilmore 2000; James 2005). Other scholars (such as Gilmore 2006 and Wacqaunt 2009) critique the slavery-prison analogy by stating that only a minority of the prisoners actually get the privilege of working for wages while imprisoned. But abolitionists claim that the slavery argument is about the lineage of oppression and segregation of African Americans in the U.S, not necessarily about working (Rodriguez 2006; Sudbury 2004). These proponents do not perceive imprisonment as exactly like slavery, with the same characteristics, but rather that prisons, like slavery, function under similar (racist) logic. As some

activists/scholars point out slavery was more than a form of labor; it was an existential experience of oppression, which is useful when analyzing incarceration today (James 2005; Rodriguez 2006; Sudbury 2004, 2008). A limitation of the slavery analogy, however, is that it erases the presence of non-black prisoners of color, including the growing incarceration of indigenous and Latino/immigrant populations. Therefore, Julia Sudbury (2008) offers the term "maroon abolitionists" to refer to the subjugated knowledges of activists and those incarcerated who are of color. Maroon, as opposed to black/white binaries, could imply the possibility of coalitions as opposed to designations based on simplistic color lines (Sudbury 2008). Especially useful in the prison abolitionist perspective are coalitions in which people of color are using indigenous teaching to change ideas of justice, as in circles of healing or transformative justice perspectives.

Historian Marie Gottschalk (2006) also contends that it is a mistake to look at incarceration today as a continuation of slavery and the convict lease system. Although there are connections between all these systems, Gottschalk suggests, imprisonment in the U.S. at present is so vast that it diminishes all other phenomena in comparison, as so few blacks were actually a part of the convict lease system in the South. Such rationalization seems to miss the racist logic and exploitation that lies in the basis of these systems, although different in their numbers. Gottschalk (2006) suggests, in fact, that race is not the most helpful category of analysis in relation to the growth of imprisonment in the U.S., unless it is contextualized by historical and institutional forces, which is the focus of her analysis (at times downplaying the specific racial formation of the U.S. carceral system[29]).

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[29] For example, Gottschalk (2006) comments on the interesting correlation between the growing incarceration rates of prisoners of color at the same time that political mobilization around racial issues was heightened. But if you take the point of view of many American abolitionists, this is neither surprising nor a correlation, but indeed a cause and

The object of the prison- industrial- complex, under these critical perspectives, is not so much profit making from prisoners' labor, as much as it is about containment and elimination of certain segments from civil society (Davis 2000). Dylan Rodriguez, especially in his talk in a prison abolition panel at the American Sociological Association conference in 2009, also urges us to go beyond analysis of prison labor, or the regressive hypotheses of the move from slavery to the convict lease system to current day prison labor. The logic of the prison is not to profit off prisoner labor per se, but to socially neutralize people as a non-laboring population. Wacquant (2009) himself, perhaps unknowingly, also takes up this approach espoused by some abolitionists. He contends that there are three main functions of incarceration. The first is to neutralize and warehouse the dispossessed, working class and underclasses who have the potential for "open rebellion against their social environments," to use Du Bois' definition of crime (Wacquant 2009). Secondly, the judicial and punitive arm of the state disciplines the working poor and dwindling middle class and raises the cost for their resistance or attempts at participation in an underground economy. Finally, it asserts the omnipotence of the state and sets the boundaries between the "deserving" and "undeserving" populations (Wacquant 2009). Thus the purpose of the prison is very much connected to economic factors, but not so much to one-to-one relationship between prisoner labor and profit making of imprisonment as an industry.

Sociologist Nils Christie (2000) analyzes crime control as an industry that provides a solution to the problem of the unequal distribution of wealth as well as controlling those who might disturb the social order because of unemployment, while providing work for others. But the prison is not only profitable (mostly to the private sector), but also very costly especially to states. The financial costs of imprisonment and penalty are not discussed in popular discourse, at

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effect. Many leaders of black power movements were incarcerated because of their involvement in these political activities, which in turn politicized many of their fellow prisoners.

least not in critical terms, but they are well documented by the academic arm of prison abolition, such as the writings of critical criminologists. The expensive nature of the current justice system is often used, in fact, to blame offenders for spending society's money to incarcerate or treat them. This critique does not lead most opponents of such "wasteful spending" to advocate for abolition. This critique is also factually problematic because prisoners, like inmates in state hospitals and training schools, often work in jobs that keep the prisons running (cleaning, laundry etc.). In addition, much of the money spent on corrections goes to staffing and everyday operations of the prison, and is not spent on prisoners themselves (Saleh-Hanna 2000).

The last explanation for the expansion of imprisonment in the U.S, which will be discussed at length in chapter 5, is rooted in prison reform efforts. Gilmore (2006) wants us to question the role that activists play "first in normalizing the prison and then enabling its perpetually expanding use as an all-purpose remedy for the thwarted rights of both prisoners and harmed free people" (Gilmore 2006: 23). Gilmore and other activists, particularly from anarchist organizations, claim that advocating for prisoner rights and prison reform is problematic because it draws on the state in fixing social ills of its own creation. Ultimately such efforts, as Gottschalk demonstrates as well, boomeranged and led to prison expansion. If one fights for less overcrowding, the solution offered by the state is most often to build more units and more prisons. For instance, most anti-violence campaigns have focused on collaborating with the state on increasing responses related to policing and imprisonment (Incite! 2008). Such campaigns included hotlines, increased policing and harsher sentences for abusers, which only increased the net of incarceration and the scope of state sponsored punishment, but did little to help the women and others who were harmed by these acts (Smith 2005). Thus, it is often these single-cause and narrow attempts at reform and justice that end up expanding the system as a whole. Resisting

prisons from an abolitionary stance should be accompanied with an understanding that this system creates and reinforces gender violence, for example, including rape and domestic violence, both outside and inside the prison walls. Explaining the growth of the prison-industrial-complex by highlighting reform efforts is an analysis, which will be discussed, and critiqued, at length in the next chapter.

Abolitionist perspectives on punishment

One of the core assumptions of the abolitionist perspective is that our current system of criminal "justice" is based on ideas of retribution, vengeance and punishment. Abolitionists believe that justice should entail notions of healing, dealing with harm as a community and repentance. The tenets of such approaches, such as transformative and restorative justice, will be discussed further in the next chapter. For now, it is important to stress that there are alternatives to justice than viewing it as punitive. What many people seem to want though is punishment, not merely imprisonment. This also explains why some people are not opposed to prison abolition, because they feel that prisons could be replaced with a better and more refined mechanism of control (Baker 1985). Abolitionists however, are opposed to any such system of control. However, the rhetoric of "tough on crime" has become the hegemonic discourse, under which punitive measures are sought to the extreme. Furthermore, those who are perceived as the "toughest" on crime are usually rewarded politically and otherwise. This is somewhat true, but Saleh-Hanna (2000) also showcases the ways in which victim's rights discourse have almost superseded the "law and order" and "tough on crime" discourses since the 1970s. In the present, the discourse of victim's rights is used to increase the scope of incarceration and emphasize the vengeance function of punishment. However, abolitionists stress that victimization does not need to result in punishment or revenge. In actuality, many survivors of crime say they are dissatisfied

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with the current punitive system, which does not seek their involvement and provide healing. Furthermore, the media portrays rights as a zero sum game, in which prisoners'/offenders' rights need to be taken away in order for victims to have their rights protected (Saleh-Hanna 2000).

Prison abolition is a sustained attempt to highlight the inherent problematic of the system as is and envision alternatives. Under this view, prison abolition should not be perceived as "conspiracy theory" driven (as Wacquant (2008; 2010) and others critics suggest). In this stance, it does not matter if the dehumanizing aspects of the penal system are unintentional or premeditated; what matters are the effects of this brutal system, not only on prisoners but on a societal level as well. Prison abolitionists are often involved in multi-cause struggles in relation to racism, poverty, housing, circulation of drugs etc. As Angela Y. Davis (2003) suggests, there is no one single alternative to imprisonment, but a vision of a more just society- revamping of the education system, comprehensive health care for all, demilitarization, and a justice system based on reparation and reconciliation. One of the main problems with prisons and institutions is that they become a catch all for "problematic populations" that are deemed socially undesirable or dangerous. The alternative to incarceration therefore cannot be a catch all solution, but an individual one, in relation to the harm done and the community in which one is involved.

Prison abolition, therefore, is not about helping prisoners, but is about societal change that will improve the lives of all, inside and outside prisons (Knopp 1976). Mahmood (2004) cautions activists and scholars from restricting our analysis to those incarcerated. There is a need to examine the collateral effects of mass incarceration to local communities and society as a whole. It is necessary to link the expansion of the prison, as an industrial complex, and the increased damage to impoverished families and communities that comes at that expense. Women and children of color are particularly hard hit by both economic factors, like the loss of family

income and child support; and social factors such as severing family relationships and potential isolation. There are millions who are affected by these destructive policies of incarceration, much more than the numbers of currently incarcerated individuals. When we look at the big picture we can start reflecting on the prison as a societal problem.

Some critics of the prison therefore conclude that the prison, as an instrument of punishment, is not necessary and that society can and should manage without it. Pepinsky and Jesilow (1984, in Morris 1995), for example, argue that the system has not broken down, because it never worked to begin with. Others see it as a failing system, in that is actually creates criminality rather than reduces it. The prison thus becomes a hub and training school for criminal behavior (Morris 1995). Mathiesen (1974) disagrees with such propositions. He believes that the prison fulfills a very important function- that of incarcerating "the expelled" or those perceived as non-contributing members of society, which in turn also maintains the structure of a productive society of those not imprisoned. This argument, if taken out its functionalist components, is reminiscent of Foucault's arguments about the need to look at power as not just a repressive force, but a force that is productive as well. Foucault aids us in the realization that the prison has not failed, but indeed, has succeeded. Its success lies in the making of docile bodies and an underclass to imprison.

Subjugated knowledges of "community"

In addition to redefining what gets constituted as crime, imprisonment and punishment, activists who resist institutionalization and imprisonment also had to define and redefine what constitutes as alternatives to these edifices. The most pervasive of these are various forms of community living, re-entry programs and community mental health centers. Therefore, in this section I highlight various knowledges or ways of framing what constitutes "community" for

people with a variety of labels (intellectual or psychiatric disabilities, addicts, formerly imprisoned etc.) and what are the effects of such discursive formations. If one defines "community" as a binary opposite of institution, prison or hospital, for example, the course of action would be to advocate for the closure of institutions or to call for reforming current institutions so that they improve in quality. But if one defines "community" more in relation to human relationships and not locale of services, then the effects of what came to be known as "community living" and "community services" should be rethought and problematized given that one can be quite isolated while living "in the community." I interrogate these notions of community because they seem fundamental to the debate over deinstitutionalization and prison abolition. This is so whether community is constructed in the policy world, as in "community services" or "community re-entry," or whether it is used by people active in these movements to discuss notions of "inclusive community," "caring community" etc. In all these debates the notion of community is evoked and contested simultaneously.

Community as the negation of the carceral

Within the debate over living arrangements and services for those with disabilities, "the community" is often seen as negation: that which is not the institution (Carey 2010). Some professionals in the field of developmental disability, for instance, have espoused, or were interpreted to espouse, this approach (as can be seen below in relation to the normalization principle). Under this formulation, "the community" represented an opportunity for people with specific labels and diagnoses to live with their peers and in a similar fashion as their peers. Community could thus be connected to a locale, i.e. people who reside in the same territory and therefore share common practices and interactions. In relation to discourse around "community living" for those with developmental disability labels, this can be reflected in distinguishing

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between institutional placements and community ones (such as supported living, group homes, living with family or roommates etc.).

If the meaning of "community" seems to be contested, so is the definition of what counts, and what can be counted as, an institution. In the sociological literature, institution could refer to any groupings of patterned or structured behavior done by an individual or entities such as the family, school, work and so forth. For the purposes of this research project, however, I have been using the term institutions mostly to refer to large institutions that house people labeled as mentally retarded or mentally ill (psychiatric hospitals, reform schools, developmental centers, training centers etc.). Earlier I suggested taking up Erving Goffman's definition of a total institutions as a way to talk about prisons, hospitals, training schools etc. Goffman states that "A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, p. xviii). But even when using this narrow definition there is a question as to what one means by "an institution." Is a group home, which houses 3-6 people an institution then, and if so, why is it called "a home"? What about a commune of people who were psychiatrized (as those presented in chapter 5)? Who defines what is an institution and what are the effects of such discursive formations, especially when they are contested?

Often, what is an institution is defined by public policy, and the consequences are of course related to access to services. For instance, in relation to the field of developmental disability, the Social Security Act (Section 1905(d)) defines an institution as a place that "(a) Is primarily for the diagnosis, treatment, or rehabilitation for people with mental retardation; and (b) Provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination,

and integration for health or rehabilitative services to help individuals function at their greatest ability" (Center on Human Policy 2004). The issue is that many services are not provided outside of institutional settings in many states to this day, so the ability of an individual to attain services is highly contingent on whether an entity would qualify as an institution.

Some define institutions in relation to the number of people housed therein. Some would look at group homes as institutions on a smaller scale but others would claim that they are not institutions at all but homes for people with shared characteristics who act as roommates. In such instances it might be most useful listening to people who reside in them to define whether they think of them as institutional in mindset, practice and procedure. Liz, a self advocate, recounts her experience living in a setting in NJ: "I stayed at Bancroft for nine years. Yes, most of that time I was in the community, but the first six months I was in what I called a "mini-institution." You entered this place by a long driveway and at the bottom was a cluster of 10-15 small houses. I lived with two other people, but all of my neighbors were people with disabilities. I remember one night when I came home, my roommate threw out my dinner because I was ten minutes late from my job. When I first got to this place, my parents and the staff at Bancroft called this place "the community." I ask you: does this sound like a community that you would like to live in?" (Center on Human Policy 2004).

Self Advocates Becoming Empowered, a national advocacy group of people with developmental disabilities state that: "An institution is any facility or program where people do not have control over their lives. A facility or program can mean a private or public institution, nursing home, group home, foster care home, day treatment program, or sheltered workshop." (Center on Human Policy 2004) SABE's definition emphasizes agency and control over decision making as the decisive factor of whether one lives in an institutional setting. For instance, many

group homes have features that remind one of an institution or hospital such as set of rules that hang on the wall, emergency exits with lighted signs, regimented activities and schedules designed by staff and not residents etc. In that sense, a single home could act as much as an institution as a large facility housing dozens of people.

Discourses of "Community" as subjugated knowledges: beyond a negation

Within some formulations of community living and community services (especially as conceptualized by entities in charge of their implementation), "community" seems to be an entity that can be symbolically marked as being outside the walls of the institution, the prison or other facilities. Within penology, community seems to be an entity that can be separated by physical means, as can be seen in the assumptions that prisons separate those who are deemed as dangerous from the rest of the community. But in reality incarcerated people are still a part of their communities, especially via their families, and have tremendous effect on the communities from which they came, even if they are physically absent, or especially because of that reason (Saleh-Hanna 2000).

The lines between "the community" and the "institution" are therefore blurry to begin with, even though they have been constructed as rigid by some as a way to demarcate and establish the terms of the debate as binary opposites. The planners of the community mental health movement seem to have also had a specific version of what community is. Mostly, it assumed a 19th century notion of a homogenous, tight-knit and small locale (Brown 1985). But even that narrow definition has its own problems, as a "tight knit" community is not always a positive attribute (as will be demonstrated in further detail in chapter 6 when discussing the opposition to the construction of group homes). Nancy Scheper-Hughes (1981) did ethnographic research on discharged mental patients in South Boston and found that they were negatively affected by the

exclusionary and racist attitudes of people in the neighborhood. The people there had very rigid notions of what a community is and they constructed boundaries that kept the patients as outsiders even while they were residing there.

For those who have been imprisoned or marked as in need of segregation, "community" goes well beyond geographical boundaries and the definition of it as "non carceral placement" seems both inaccurate and insufficient. Saleh-Hanna (2000) extrapolates from her interviewees who are involved in prison abolition that their notions of community go well beyond geographical boundaries. Community, for them, is about support and acceptance, therefore about personal and interpersonal characteristics, not size or place. Prison abolitionists wish to establish communities based on solidarity and unity, while collectively fighting oppression and creating its own sense of safety as a "community". These knowledges (such as SABE's definition of an institution or prison abolitionists definition of community) remain often hidden, or in Foucault's terms "buried," in the debate over decarceration and "the community," as they are perceived as "biased" or non-scientific, in comparison to the knowledge of professionals in the field.

Social geographer Deborah Metzel (2004) suggests defining community by following Agnew, the prominent geographer, in the classification of space as encompassing location, locale and a sense of place (Agnew 1987). Community as location would mean the antithesis of confinement and the conceptualization of community as the sites of goods and services. This conceptualization is the one that can be interpreted from the writings of earlier proponents of anti-institutionalization in the field of developmental disabilities such as Gunner Dybwad and Wolf Wolfensberger, for example. But merely having access to goods and services is surely not enough for the full participation of people in community life.

Conceptualizing community as a locale adds to the definition of community the need for social interaction, or a combination of human and physical features. This follows the work of inclusionists in the field of education (Biklen 1985; 1992) and early proponents of social integration, such as Bergt Nirje. These advocates emphasize that physical integration is only the first step to integration. In order to achieve full inclusion, the person needs to be afforded the same opportunities as their peers, including in the social realm. It also entails a change in perspective, as inclusion, much like deinstitutionalization and community living, is not a space, but a mindset. Finally, community as a sense of place means identification and a sense of association with a place. This can be observed in the policies that encourage community membership amongst disabled people.

There are various kinds of associations that create a community, such as formal organizations (like the Elks or a bowling league), a gathering of residents (such as a block party), or a gathering of places of business and leisure (such as restaurants). Community organizer and sociologist John McKnight (1995) claims that it is these types of associations from which people with labels are most often excluded. It is also these kinds of associations and friendships that many advocates of deinstitutionalization had in mind when they pushed for community integration of those with developmental and other disabilities and labels. McKnight therefore suggests that instead of speaking of policies of deinstitutionalization, we think about recommunilization, or the recreation of meaningful community relationships. In this regard, Pam Walker's work on a sense of place of people with developmental disabilities is useful. Walker defines community as "a sense of membership and belonging whether that be derived based on geographic location, kinship, friendship, common interest, or other connections and bonds" (Walker 1996: 18).

McKnight (1995) goes even further to state that the usage of the term "community" by modern bureaucracies actually masks its opposite. The new language of community, as in community re-entry, community mental health, and community living, obscures the fact that people who use these services get more isolated from community the more they are surrounded by "community services." McKnight emphasizes that services provided in non-institutional settings should not be called community services unless they involve the users in meaningful community relationships. These types of services should be referred to, at best, as local services.

McKnight (1995) thus distinguishes between "community" and "community services." The problem with current services, according to McKnight, is not that they are lacking, but that they are too powerful, plentiful and authoritative. He warns that service granting institutions have commodified the care of community. They can never be reformed to be more caring, because care is the relation between consenting members, and it cannot be manufactured by a service entity. The more the community is co-opted and invaded by service granting institutions, the more the community will fail in its operation as a community, according to McKnight (1995). In the anti-psychiatry and consumer movement the notions of "community" are also contested on these grounds. Community, according to Chamberlin (1977), implies interaction or mutuality. Service implies someone providing it and someone being served, which keep the power imbalance intact. Therefore, the notion of community psychiatry is an oxymoron and not an alternative to psychiatric hierarchies at all.

The assimilationist impetus of "community" and "rehabilitation"

Community seems to refer to practices that attempt to produce identity, unity, and often solidarity. It evokes notions of caring, belonging, a collective. As queer theory scholar Miranda Joseph (2002) exemplifies, community is a powerful concept as it acts as a tool for political

mobilization and alignment, as well as self-identifications. As such, it creates unity, but at the cost of universalizing and essentializing identities and varied in-group experiences. Critics have pointed to a variety of oppressions and exclusion that result from such attempts to support in-group unity. Minnie Bruce Pratt, for example, highlights the tensions between feeling at home in communities where one does not seem to belong (based on religion, race, class, sexuality or history), and feeling "not at home" in communities where one thought they would belong (such as the feminist movement or the family, which turn out to be sites of exclusion) (Pratt 1984). Such narratives highlight that "home" is constituted on what/when/where one feels safe and comfortable, but only because other histories, identities and narratives had been removed in order to create a coherent sense of self and community. In short, one of the main problematics is that "community" seems to always be constituted in relation to internal or external Others. Community is always set against something it is not, its Other, which does not belong within the community. While it seemingly unifies its members, it excludes others from joining in, as we have seen in the examples of the fierce resistance to the construction of group homes.

Joseph (2002) warns, however, against going back to premodern notions of community and the political. After all, the central practices of modernity, such as the nation state, liberalism and rationality, are constituted by oppressive communal discourses. Community acts to universalize social expectations and "those who are different from that norm will be disabled in their participation, forced to change, or even fully excluded" (Joseph 2002: xxi). Thus, community in and of itself could be both an ableist and disabling practice for those who wish to "break new grounds" in the words of abolitionist Thomas Mathiesen, and not only be integrated and assimilated in the current system. In other words, those who advocate for anti-institutionalization and prison abolition see community as in need of change, and do not see integration (or

community re-entry) as the goal but the formation of new caring, socially just communities. This could be characterized as one of the main differences between (newer) formulations of activism around the concept of "disability justice," as opposed to disability rights, a dialectic explained further in the concluding chapter.

This allure of "community" operates under a similar logic to that of the rehabilitative ideal espoused by carceral discourses. Prison abolitionists emphasize that the primary functions of prisons are punishment and control, not rehabilitation (Knopp 1976, Morris 1995). In addition, when reading prisoners' writings and memoirs, imprisonment seems to be quite continuous in its oppressive nature, without many signs of progression or regression easily detected. Such buried knowledges reveal that rehabilitation was never perceived to be a major force in the everyday life of the American prisoner, as educational and other programs were few and far between and their purpose was always contested by the prisoners themselves (Sim 2009).

Most prisoners are therefore critical of the "rehabilitation" discourse espoused by prison administration (Ross 1998). If prisoners feel that the aim is to control them rather than help them (regardless of the original aims of the programs themselves), then such programs are rendered ineffective from the get go. Outside of the prison system professionals seem to agree that rehabilitation of an individual should involve their family, community and affected parties. However, in prison- rehabilitation can only be achieved in isolation and is based only on treatment for the individual offender, without addressing the crime or the survivors (Knopp 1976, Morris 1995). Such "rehabilitation" is thus doomed from the start. Bourque (1998) offers as an illustrative example from a prisoner point of view the fact that a sign of rehabilitation by the parole board is that the prisoner has accepted his oppression and the system as a whole, from their sentence and their treatment while imprisoned, to the need for incarceration in the first

place. Such understandings of "rehabilitation" are nothing more than attempts of assimilation of those incarcerated. Also, it is important to ask, in the context of the prison-industrial-complex as well as in the disability context, what is the person being "habilitated to," as Magnani and Wray (2006) ask: to a society fraught with violence, racism and lack of economic opportunities? What does rehabilitation means when it is decontextualized from discussions of inequality, inequity and social justice? Abolitionists thus ask, what does it mean to have rehabilitation in a cage?

The impetus to rehabilitate, felt most potently at the mid 20th century, in the criminal justice system, was entrenched in colonial impetuses. In North America this trend continued the attempt to assimilate indigenous communities in order to "civilize" them, through training schools and continuing in prisons (Ross 1998). When discussing the racial erasure of Native American culture in prisons, the cultural enforcement of rehabilitation as a western white tool of subjection becomes clearer, and the prison can be seen as a site of re-education and normalization. For women, rehabilitation in prison is designed for conformity with Eurocentric ideologies that espouse, amongst other things, sexist notions of how a "proper woman" should act. Training and education in prisons that follow these rehabilitation ideals is usually provided on doing clerical work, cosmetology and food service (Ross 1998). Besides reproducing strict gender roles, these trainings also "prepare" prisoners for low status and low paying jobs once they are released.

Luana Ross (1998) discusses rehabilitation as a form of control and cultural erasure for Native American women, not a benign therapeutic practice. This logic of assimilation and normalization operates on the concept of rehabilitation when dealing with disability as well. Institutionalization, in its early days, was meant as a way to treat people with a variety of conditions and that phase seems to have taken a more benevolent character in the public perception, as opposed to later phases signaled by pure warehousing of people with not even a

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façade of training or treatment. But even in those early days, discussed more fully in chapter 2, the rehabilitation ideal needs to be interrogated along the lines offered by Ross (1998), Stiker (2000) and Foucault (1965; 1975). The construction of New York's Utica State Lunatic Asylum began in 1837, and then the first American large institution for "the feebleminded" was established in Albany, New York in 1851. These developments occurred out of French-inspired American understandings that intellectually disabled people, as a population, could learn. Although there were widely divergent effects on the groups incarcerated in these various settings (including the emergence of prisons), there was a loosely shared political rationality, which stated that under the right conditions, degenerate, disabled, criminalistic, or uncivilized peoples can be corrected and brought up to acceptable social standards. As Lennard Davis (1995) suggests, everybody was, for the first time, now theoretically capable of, and in fact expected to, achieve normalcy. EveryBody was now measured against it, and the effects of this new discourse of normalcy, as opposed to the earlier one of "the ideal" still has detrimental effects for all, but especially those who are scapegoated as unable to achieve this illusive normalcy. Those aspects of humanity that fell outside of this narrow conception of normalcy were to be eliminated, but not by pure eugenic or genocidal means, as was in the past. It was now believed that this could be done on an individual basis, by developing characteristics that fell within the narrow conception of normalcy, through training and rehabilitation (Chapman, Ben-Moshe and Carey, forthcoming).

In the disability studies and disability rights movements there are vast critiques of notions of cure and rehabilitation of disabled people. Some see it as a way to normalize people to fit particular societal norms regarding bodily function, behavior and appearance, which are not necessarily shared by those whom medical professionals try to "rehabilitate." According to

philosopher Henri-Jacques Stiker, rehabilitation is the cultural desire for identification, for making things identical: "This act will cause the disabled to disappear and with them all that is lacking, in order to assimilate them, drown them, dissolve them, in the greater and single social whole" (Stiker 1999: 128). In Stiker's critical formulation of rehabilitation, integration of disability always necessitates assimilation, as the integration is to a society as is and under its own terms. In order for rehabilitation to be effective "disability cannot be a confrontational position" (Stiker 1999: 137). Disability, therefore, could be emphasized as a form of difference, not only affinity ("we are all similar, we are a part of the human race"), but one that strives for radical departure from the current social order and imagines new forms of "community" and not only inclusion in existing ones. It is no wonder then that the abolitionary approach to deinstitutionalization and imprisonment, as an epistemic change that breaks down the institutional model altogether, did not occur overall, as it was perceived indeed as a "confrontational position" as Stiker indicates.

In conclusion, this chapter attempted to lay out both erudite and subjugated knowledges that constructed a robust critique, which aided in deinstitutionalization in developmental disability and mental health, and could aid in present struggles for prison abolition. The struggles of anti-psychiatry and the consumer/survivors/ex-patients were instrumental in keeping the momentum of the critique against hospitalization and psychiatry more broadly alive, even during times where the backlash against deinstitutionalization in mental health was (and is) fierce, as we shall see in chapter 6. The principle of normalization and Goffman's concept of total institutions were instrumental in critiquing institutions for people with a variety of disability labels and ultimately created a critical mass leading to deinstitutionalization in this area. Critical criminology, coming out of a critique of traditional criminology and sociological concepts of deviance also

strengthens the theorizations espoused by the tenets of prison abolition, despite some tensions with this movement.

In addition, the knowledges of activists within deinstitutionalization, disability rights, anti-psychiatry and prison abolition were (and are) key components not only of bringing forth the closure of institutions and other carceral edifices, but of a broader critique of societal constructs, which if taken up transform the way we perceive crime, community, disability and incarceration itself. This broader critique raises the tensions that exist between abolition as a strategy that takes apart an oppressive structure, and abolition (and other strategies) that attempt to build something anew. This tension is the focus of the next chapter, which discusses in depth the merits and drawbacks of abolition as an activist strategy.

Chapter 5: Politics of abolition

There are many ways in which one can fight for social justice or social change. In the arenas which are the topics of this work, the fight against total institutions in the form of prisons and institutions for those labeled as mentally retarded or mentally ill, there were also myriad possibilities through which the struggle could have taken place. But what is illuminating in these cases is that at least some took the view that the only route for successful struggle against these repressive structures was to abolish them. In this chapter I explicate the ways in which abolition was, and is, taken up de facto by activists in these movements (deinstitutionalization, anti-psychiatry and prison abolition). I describe some of the ways abolition was sought and what we can learn from these struggles. My goal is to illuminate the sites of struggles and the tactics by which these struggles were taken up so that others can apply or learn from these practices in their own activist battles, in order to engage in similar practices or learn what they can improve upon. The last portion of this chapter deals specifically with the ways abolition politics and decarceration are taken up by legal advocacy. This strategy was a primary one used to contest both imprisonment and institutionalization, with some success in terms of prisoner's rights and decarceration. I will offer a critical reflection on such practices as they relate not just to discourses of rights and equality but also the ways they complement and/or undermine abolition efforts. In order to delve into such discussions it is necessary to begin with a discussion on what is the difference between reform efforts, abolition and institution closures.

Abolition, reform and closure

In order to explicate the tenets of "doing abolition," there is a need to conceptually separate abolition from related forms of activism in relation to prisons and institutions, especially ongoing efforts to reform them or close them down. All these strategies are interrelated, of course, but the

nature of these connections needs to be explicated further. As there are different consequences to employing various activist strategies, as discussed in the subsequent chapter, it is imperative to analyze the ways in which one strategy (such as reform) an influence another (such as abolition) and in what ways does this amalgamation become a hindrance or facilitation to social change.

Norwegian sociologist Thomas Mathiesen conceptualizes abolition as an alternative in the making: "The alternative lies in the "unfinished," in the sketch, in what is not yet fully existing" (Mathiesen 1974: 1). Abolition takes place when we break with the established order and simultaneously break new grounds. So abolition is akin to the unfinished, in that freedom is stepping into unmarked territory. The alternative, according to Mathiesen, needs to both contradict and compete with the old system it is trying to change or replace. The opposition though cannot be totally foreign to the present system; otherwise no one will adhere to the message. On the other hand, the alternative cannot be fully formed as the new world in the making is not yet here. This dialectic connects abolition efforts to other activist strategies such as attempts to reform a system, on the way to abolition. Even efforts to close down repressive institutions do not always result in the abolition of the system as a whole. Below I explicate the connections between these three related strategies, abolition, reform and closure.

Does institutional closure equate to abolition?

Closure of repressive institutions, such as mental hospitals and prisons, can be conceptualized as a necessary but not sufficient action on the road to abolition. The most important element in institutional closure, according to Taylor (1995/6), is to ensure that people do not end up re-incarcerated in other ways such as in group homes or other institutional placements. In this sense the effectiveness of deinstitutionalization as a movement is in ensuring community living, not the closure of the institution, which is only a first step in such a process.

This ideological stance may create a dilemma of whether proponents of deinstitutionalization should wait until there are sufficient community placements before advocating for institutional closure, or go ahead regardless based on the principle that no one should live in an institution at any time, which is the very dilemma posed by Mathiesen in regards to abolition in general . Taylor (1995/6) suggests that in such cases one should ask, which path would lead to the least harm done to the fewest people. Such questioning, he believes, would lead one to realize that institutional living is unjustifiable under any circumstances, even if community settings are imperfect at the present time.

The mere closure of prisons and large state institutions for people labeled as mentally retarded or mentally ill does not necessarily entail a radical change in policy, attitudes or the lived experiences of those incarcerated. Penal abolitionist Ruth Morris reflects on her own experiences within the prison abolition movement in Canada and the United States: "…. My objection to prisons is to something much more oppressive than closed buildings, or even locks and keys. It's important to think this out, because otherwise we delude ourselves about building alternatives when actually we are creating their very spirit in the community, destroying people just as effectively as any building with locks can possibly do" (Morris 1989: 141). In this light, closure in itself is still embedded within the same circuits of power that created such institutions, unless there is an epistemic shift in the way community, punishment, dis/ability and segregation are conceptualized. Therefore closure of prisons and institutions is only one step in the way to achieve a shift in perspective. Other activists within the prison abolition movement also emphasize that activism entails much more the closing prisons. It is about creating a society free of systems of inequity, which produce hatred, violence, desperation and suffering. In such a society the idea of caging people for wrong doings will be seen as absurd (Lee 2008).

Closure of repressive institutions should be distinguished from abolition but perhaps it is also not the same as deinstitutionalization. In the ethnography *Deinstitutionalizing Women*, Johnson (1998) describes the lives of women in a locked ward within an institution for people with developmental and intellectual disabilities. When a decision to close the institution was made, most of the women studied asked to be placed with family or their advocates. For the most part their requests were ignored and out of 21 women, a third were moved to other institutions and the remaining were placed in group homes. As a result, Johnson (1998) contends that although the institution finally closed, its deinstitutionalization was a failure. This can be seen in the way the institution closed, with opposition from parents and the union who were given little information and advance notice of the closure. In essence, Johnson claims, it was not deinstitutionalization but institutional closure. The final placement of the women only reinforces this analysis. Johnson further claims that the women were locked into a discourse that objectified them and saw them as needy and dependent, and until that discourse was changed any attempt for true deinstitutionalization was futile (Johnson 1998).

When a system is abolished there is a danger that other systems that fulfills the same functions would arise to fill in the void left by the abolished system. More specifically, within the U.S. prison archipelago there is a clear overrepresentation of poor people of color. Therefore, some penal abolitionists (Davis 2000; Gilmore 2000) position slavery, the convict lease system and the prison industrial complex on a continuum, as sites of warehousing the racialized underclass. Under this analysis it is clear that just "tearing down the walls" is insufficient as the state will find another mechanism by which to construct and contain its unwanted populations (Appel 2002). Famed sociologist W.E. B Du Bois, in his book *Black Reconstruction* (1935), discusses abolition not as a mere negative process, one of tearing down. It is ultimately about

creating new institutions. Du Bois was very insistent that in order to abolish slavery in modern times, new democratic institutions have to be established and maintained. Because that did not occur, slavery found a new home in Jim Crow, convict lease systems, second class education and mass incarceration. Thus, the abolition of slavery was only successful in the negative aspect, but no new institutions were created to successfully incorporate black people into the existing social order. Prisons today have thrived precisely because of the lack of such resources that Du Bois was arguing for. Prisons today cannot be abolished until such equality ensuring mechanisms are in place (Davis 2005). Being free of chains is only the beginning.

What is the connection between abolition and reform?

In *Instead of Prisons* (1976) the earliest published attempt to conceptualize prison abolition in the U.S., the connection between abolition and reform is already being raised. Some of the questions this booklet is trying to answer are whether it is possible to work for prison reform without being co-opted and whether working towards abolition means that prisoners will be left in intolerable conditions in the meantime. The authors believe that many reforms can be achieved in an abolitionary context. Reform and abolition are not mutually exclusive if one remembers that the goal is to replace prison, not strengthen or improve it. A useful tool is to imagine the long term goal of prison abolition as a chain for shorter campaigns around specific issues- like jail diversion, restitution programs, or the move of those released to community placements (Knopp et al. 1976).

In his pioneering manuscript *Politics of Abolition*, Thomas Mathiesen (1974) follows Andre Gorz's distinction between reformist and "non-reformist" reforms. Reformist reforms are situated in the discursive formation of the system as is, so that any changes are made within or against this existing framework. Non-reformist reforms imagine a different horizon that should

be realizable for the improvement of humanity, and are not limited by a discussion of what is possible at present. Mathiesen expands this notion to state that non-reformist reforms that are effective need to be of the abolishing kind. He also creates a typology that distinguishes between positive and negative reforms. Positive reforms are changes that improve the system so it will act more effectively, so that the system gains strength and abolition becomes more difficult. Examples of positive reforms in the current penal system include probation and technological monitoring systems (such as ankle bracelets) that, although they ensure that those convicted could live outside of the prisons, further the reach of the penal regime to populations and actions that it has not dealt with before. Another example is attempts to change the overcrowded conditions of many jails and prisons nationwide, which often results in building more units or new jails or prisons. On the other hand, negative reforms are changes that abolish or remove parts of the system on which it is dependent (Mathiesen 1974). An example of negative reforms could be to demand better health care for prisoners in current prisons and jails, to a point where the prison system won't be able to afford these conditions and will have to start decarcerating inmates who require medical attention[30]. Even if it makes the system look more responsive, from a public relations standpoint, such reforms do not contribute to the growth of the system as a whole.

Longtime anti-psychiatry activist Bonnie Burstow suggests, in her keynote speech in the 2009 PsychOut conference, that anti-psychiatry as a movement could benefit from the insights of prison abolitionists, especially as formulated by Quakers in the 1970s. Following the recommendations of Honey Knopp et al. (1976), Burstow suggests that the short term goals of anti-psychiatry activists, such as reform efforts, should be kept as such, as steps on the road that is not yet fully formulated- the unfinished road of abolition. At any given time, the work should

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[30] The drawbacks of this strategy will be discussed further at the end of this chapter.

be aimed not at reform as one link in the long term goal of abolition, but with goals for concrete and direct partial abolitions on the road to long term change.

Angela Y. Davis (2000a) does not believe there is a strict line between reform and abolition. The question is what kinds of reforms are sought and whether they will strengthen the system in the long run. For instance, fighting for health care for prisoners is something activists should support, as integral to abolitionist and decarceration strategies. However, some health care initiatives are opposed by abolitionists, such as attempts to open prison hospitals or separate clinical wards, as these would only expand the scope of incarceration in the long haul. Many prison abolition and anti-psychiatry activists are insistent that the trend to develop mental health services within the prison only serves to criminalize women with psychiatric and cognitive disabilities further, as quality health services of this nature are sparse in the community, while funds go to operate them within an already oppressive system. The same critique can be stated in the case of forensic units that are constructed in institutions and psychiatric hospitals, of course.

The relation between abolition and reform should also be explained as one in constant danger of co-optation. Mathiesen (1974) suggests that modern capitalist states are very absorbent of demands of the liberal reform lobby. They do this first by "defining in," or co-opting organizations concerned with developing alternative penal policy, for example, by allowing them to comment on certain drafts of legislative bills, proposals and reports. This promotes a sense that things are done in cooperation and there is "buy in" from the organizations for the ultimate policy and its outcomes. Secondly, the state "defines out" those that challenge fundamental aspects of the system and then constructs them as irresponsible, unrealistic, extremists and even dangerous (Sim 2009).

Morris (1995) reflects on her own activism, from 1975 and into the 1990s, of attempting to bring underserved populations from prisons back into the community. She founded bail programs and the organization My Brother's Place (for chronically institutionalized men), as well as befriended many (ex)prisoners and brought them into her home. Looking back, she has found that almost everything she was working towards was co-opted by the state or the criminal justice system for their own use. The programs turned punitive and retributive and she was essentially fired from participating in the programs she founded.

Some suggest that it is possible to create changes from within a system while maintaining a revolutionary perspective as a long term goal, like electing prisoner councils to improve prisoners' conditions. Mathiesen (1974) warns that this is extremely difficult as the system tends to absorb these efforts to the point that the long term goal seems unfeasible and unrealistic. Although not always successful, organizing from below (of those who are marginalized) makes the struggle have less opportunity to get diluted and is in essence a counter-organization (Mathiesen 1974). However, the ultimate goal is not to replace one category of prisoners with another, but to eliminate the keeper.

Some of the factors leading to the growth of the prison industry, according to Sauve (1988), who is a prisoner himself, were the direct result of attempts to reform the system. Public awareness and advocacy efforts to change the conditions inherent in prisons (overcrowding, need to build specific enclosures for specific populations) have eventually led to prison expansion. Senger (1988), a fellow prisoner, also critiques prison activists, who although well-intentioned brought on reforms that ultimately reinforced the prison and its power (like Claire Calhoun, mentioned by many prisoner-writers, who confronted issues like living conditions and solitary confinement). The overall aim may be that the public will be so outraged by exposing the current

conditions of confinement that it will call for immediate abolition of the system. But by insisting on changes in the prison, these activists reinforce the system as a whole, so that positive change in the daily lives of prisoners actually perpetuates the power structure that keeps prisons as a viable solution to criminality.

Political scientist Marie Gottschalk (2006) examines progressive groups or social movements that may have unwittingly aided in the construction of the carceral state, as key players that have been overlooked in previous analysis of the growth of the penal state. She focuses on four pockets of activism in particular- the victims' movement, the prison rights movement, the women's movement (especially in relation to the criminalization of domestic violence) and opponents of the death penalty. Gottschalk demonstrates how each movement inadvertently brought forth changes that concluded in more draconian punishments and increased incarceration. For example, opposition to the death penalty brought forth life sentences without parole as well as legitimated the view that public opinion should be central in any penal policy and helped strengthen the deterrence argument in crime control discourse. Similarly, LGBT activists fighting against homophobic and transphobic violence helped in creating hate crime legislation; and Moms Against Gun Violence ushered in gun control measures. The victims' rights movement had no parallel in other industrialized countries at the time and it made crime victims and those accused and their rights a zero sum game pushing for policies such as "three strikes" laws. Of course, these were aided by structures that are deeply American, such as the shallowness of the welfare state, and deep social and economic inequalities based on gender, race and sexuality, which led these activists to the arms of "law and order" ideologies to deal with such inequities (Gottschalk 2006).

An implied facet of such argumentation is that being too radical and specialized in demands leads to erasure and/or cooptation of such arguments by the state, leading in turn to increased punitiveness. An alternative explanation does not lie in blaming the activists for the unintentional consequence of mass incarceration, but in the ideology and overarching goals of public policy. One can claim that it is reform efforts of the penal system, which led to its expansion, not being radical and expansive but perhaps not being radical enough. Middle of the road types of claims tend to get more co-opted then abolition type claims, to which the state does not respond, except through repression. Thus, it is the willingness of the state to engage in reform, as long as it does not lead to shrinking of the administrative and control functions, which may have led to change in policies during the 1970s onward, when calls for abolition of the system started to become more visible and created a parallel route for activism.

Through examples from KROM, the Swedish penal abolition group, Mathiesen (1974) shows that the most fruitful tactic is perhaps to keep the relationship between abolition and reform open. As long as this occurs, the organization has both competing and contradicting powers in relation to the current structure. It is very telling that opponents to such organizations try to place them as either reform or revolutionary/abolition. For Mathiesen, the relation between reform and abolition is a political and strategic continuum, not a binary. In reality, deciding between the two is making a choice between being regarded as irrelevant and radical, or being co-opted and ineffective. Mathiesen exemplifies how KROM was made to look like either a radical and political organization that does not care about the welfare of actual prisoners, or that it is irrelevant because it is not service oriented or does humanitarian work (like the red cross for example). Some abolitionists go even further to suggest that the term "abolition" in itself is unhelpful in the struggle to create an equitable view. For example, some suggest discarding

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language that limits the current movement to either abolition or prison activism and creates "prickly coalitions" with those who are not necessarily anti-prison but ARE for promoting human dignity, equality, and justice (Lee 2008).

Such examples are striking in understanding how abolition versus reform works de facto, albeit in the European context. Gottschalk (2006) emphasizes that the U.S. prisoners' rights movement was significantly different than those in other western countries because of the relation between them and civil rights and black power struggles, as well as the reliance on the legal arena as the ultimate gateway to rights and justice. In the UK, two organizations emerged in the 1970s that challenged the mainstream penal reform lobby to offer more abolitionist or radical stances on prisoners' rights. One was Radical Alternatives to Prisons (RAP) and the other, Preservation of the Rights of Prisoners (PROP), which helped organize prison strikes and numerous protests nationwide. However, these protests resembled those of the 1920s and 1930s in the U.S., as demands to improve prison conditions (Gottschalk 2006). In general, the radical prison rights movement in the UK did not garner wide public support, as it did in the U.S. at that time. In the end, the Howard League on Prison Reform established itself as the primary organization through which debates on prison reform and prisoners' rights should take place in the UK. Although they are still around today, they represent a more elitist organization with close ties to the government. Interestingly, it was the Howard League which hosted ICOPA, The International Conference on Penal Abolition, in 2009, much to the amazement of abolitionist participants who regarded the conference, ironically, as the most non-abolition centered conference ICOPA had seen.

As the road to abolition sometimes starts in reform types of activism, there are various steps one might go through on the path to prison and penal abolition. Longtime abolitionist Ruth

Morris (1995) refers to those who are not critical of the criminal justice system as gangbusters, who derive most of their information from popular culture and media. Then there are glimpsers, who witness a piece of the reality of the system and start questioning its efficacy. There are also helpers, who get involved, especially when someone they know gets entangled with the criminal system. Many of them do good for many specific individuals for many years, in terms of legal or other advocacy or helping people while imprisoned but they don't move from helping individuals to looking at the system as the main problem. Individuals that do make that transition are usually reformers, who fight for systemic change but still believe that system can be mended. The last category is of those advocating for abolition of the system, although they diverge in meaningful ways. Some work towards a specific alternative, while others advocate abolition of the current system regardless of possible alternatives. But they also share certain beliefs such as fighting against a retributive system based on vengeance. Morris (1995) goes a step further from earlier advocates of prison abolition, and identifies another step in the road to abolition, to advocate for transformative justice. This requires moving from critique of the current system and actively pursuing its end, to also researching, imagining and building models of transformative justice within local communities.

Even when one has been exposed to the evils of the current criminal injustice system, there are roadblocks to the path of abolition (Morris 1995).The first is the impetus to help an individual prisoner, instead of fighting for systemic change. Another problem is that of potential cooptation by the system, especially for those who work for change for many years and get to know the system and the individual working for it from the inside. The last challenge many activists face is that of despair, as working for abolition is often a discouraging and painful process without many immediate gains. These perils can also be found in many organizations

which try to create change within the field of developmental and psychiatric disabilities. Such organizations often become service oriented, such as many Centers for Independent Living, and thus are co-opted by the state. Individuals who work within these sectors, although well-intentioned, often strive to help individual people and not create system wide change, as that will also eliminate their own position within the system (as special educators, social workers or psychiatric practitioners). This results in the appearance of striving for equality and freedom but without changing the root causes that created inequality and lack of services in the first place.

Reformist politics are the main strategy used by the left and liberal politics and are in the greatest risk of being co-opted by the state and its apparatuses (Appel 2002). In many cases the state's mechanisms are not even necessary because activists embody the state in their actions and interactions. According to some liberal discourses that call for social change, change entails incorporating excluded groups into current structures- the government, corporation and politics. These calls are prevalent amongst disability activists who advocate for more hiring of people with disabilities in all sectors of the market economy, and activists calling for the election of a black or a woman president. But of course these calls only change the hierarchy of the structures in which marginalized populations are placed, and not the structures themselves (Appel 2002).

Closure and abolition in action

What are some tactics and strategies that were used during the struggle to move from an institutional model for people with psychiatric and developmental disabilities, to a community based model? What were some tactics used in order to facilitate the closure of institutions, hospitals and prisons? What do prison abolitionists suggest as effective strategies to employ in the fight to end imprisonment? What can prison abolitionists and those engaged in deinstitutionalization teach us about various forms of activist engagement, as well as demands

for policy changes? This section attempts to start providing answers to such questions. It does not provide comprehensive answers, as so many individuals and groups are involved in the movements of prison abolition and deinstitutionalization and the strategies they use are too numerous to mention here. However, it begins the conversation between the movements in regards to effective strategies and tactics that can be used by social justice activists to bring about the closure and ultimately the end of the reliance on repressive carceral institutions.

Tactics used in abolition and anti-institutionalization activism

Criticisms of state schools for individuals labeled as developmentally disabled have come from various arenas and have questioned the very existence of these institutions. Some of these included various exposés performed by journalists, professionals and scholars since the early 1960s, from Senator Robert Kennedy unannounced visit to state schools; to Blatt and Kaplan's damning depiction of back wards of institutions for people labeled as mentally retarded, which was published in *Christmas in Purgatory* and in *Look Magazine*; to Geraldo Rivera's exposé on Willowbrook which attracted national coverage (Taylor & Bogdan 1980). In addition to these types of exposés, several influential books were published in the early 1960s that exposed mental hospitals as coercive warehouses for the indigent, such as Thomas Szasz's (1961) *The Myth of Mental Illness*, and Erving Goffman's (1961) *Asylums,* discussed in chapter 4. A year later, in 1962, Ken Kesey's bestselling novel, *One Flew over the Cuckoo's Nest*, came out to wide acclaim. Although a fictional portrayal, it was this novel and its subsequent movie in 1975, which gave the critique of psychiatric hospitals a popular appeal.

Numerous and repeated exposés showed that institutions were beyond reform and presented them as inhumane and serving a warehousing function, often alluding to concentration camps in their imagery and textual references in editorials and protests. The public outcry over the

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deplorable conditions in Willowbrook can be gleaned from a *New York Times* editorial ("Betraying the helpless") published in 1971. There were other news stories run over the years in a variety of publications, but they did not seem to bring about much change. The media became a much more effective player when journalist Geraldo Rivera took a cameraman and visited Willowbrook unannounced in 1972. His televised exposé on ABC opened the door for more reports in the *New York Times* and the *Village Voice* and a public interest in Willowbrook and the conditions at mental institutions more generally (Rothman and Rothman 1984). Overall though, these early exposés did not do much to change the fate of those institutionalized, at least not immediately. Blatt published his monumental photographic exposé *Christmas in Purgatory* in 1966. In 1979 Blatt revisited these institutions and found no great improvement; they were just "mildly cleaner snake pits." Geraldo Rivera also went back to Willowbrook a year after his exposé and found that the conditions were not much improved. These exposés did however have a cumulative effect and brought to the public imagination the horrid conditions of institutions, which led to calls for reforms.

In his book *Acts of Conscience* Taylor (2009) constructs a historiography of exposés of mental institutions from the turn of the century, focusing on the 1940s onward. Taylor presents the exposés of such well-known reformers as Dorothea Dix and Clifford Beers who brought on the beginning of the mental hygiene movement, which resulted in the construction of mental health hospitals. Later exposé driven reforms, as suggested above, resulted in change in the degree of squalor presented in the institutions, but the qualities of the institutions essentially remained intact. It was not until the call was made for the elimination of such institutions, in the later writings of Blatt for example, that a change in the institutional mindset was sought. It was the coupling of these exposés with the ideology of normalization, labeling theory and anti-

psychiatry (as described in the previous chapter) that ultimately led to a change in perspective – from institutional living to a community based model and calls for the closure of all such institutions.

Although not exposé in the traditional sense, the media blast around prison revolts in the 1970s also served as a way for the public to get a glimpse of the repressive function of state prisons, as well as the conditions in which prisoners were living. In particular the revolt in the Attica prison in upstate New York in September of 1971 solidified the cries for reform by both liberals and even administrators who were outraged by both the prison conditions and the outcome of the revolt, which ended after a five day takeover of about a thousand inmates of the prison, in 39 people killed by state troopers by the order of Governor Rockefeller. Ten of them were guards and the rest were inmates. The revolt came days after the murder of radical black prison activist George Jackson in San Quentin prison in California. But prisoners who took over Attica did not only attribute the revolt to his murder, which some saw as a political assassination, but they stated that the main aim of the revolt was to protest the conditions within the prison at the time.

The prisoners demanded religious freedom, the right to organize within the prison, an end to unpaid labor, an end to censorship and other demands related to education, rehabilitation, health care programs and other reforms that would enable prisoners to live with dignity. After Attica some reforms were initiated in prisons in New York, which allowed for more religious freedom, more recreation time and addressed some other issues that were brought up by the prisoners in Attica, although the Department of Corrections did not admit these were instigated by the revolt. In the public consciousness though, Attica is a symbol of both the need for reform but more importantly, of state repression in its extreme. For many people of that generation, especially

young, white and middle class, Attica was the first time they got a glimpse into what goes on in U.S. prisons, as well as the way the state handles political unrest. For many young activists and liberals, this was a hard thing to swallow and the incident ended up politicizing a whole generation of activists, some of whom became more involved in prisoners' rights movements or other social justice causes of the era as a result. But ultimately the murder of George Jackson, the trial of the Soledad Brothers (including Jackson) and the Attica uprising served to bring prisons to the public's attention not as a mere policy issues, but as a political issue.

The thrust behind much of deinstitutionalization and decarceration activism came from parent groups as well. The campaign to close down institutions for those labeled as developmentally and intellectually disabled in Canada was propelled by mothers who were active in the (later named) Canadian Association for Community Living. These were mothers to children diagnosed as developmentally disabled in the 1950s who resented the 'choice' between keeping the kids at home with no supports and institutionalizing them in a state school (Panitch 2008). The Association was comprised of "institutional parents," who did not want a sea change in regards to their children's placement; and "community parents" who were more interested in alternatives, especially smaller group homes. It is important to note that, according to Panitch (2008), such alternatives were originally sought because they would improve the overcrowding and other conditions in the institutions, not because of ideological reasoning related to human value and worth or quality of life of those labeled as developmentally/intellectually disabled.

Panitch (2008) highlights in her ethnographic study of "accidental mothers" the work of mothers like Jo Dickey, who wanted her son out of one of Canada's institutions. She therefore developed a campaign more focused on institutional closure than on its reform. In 1977 she was elected president of the Canadian Association for Community Living and credited her experience

of caring for her son as a major source of knowledge and activism. One strategy she, and others, employed was to publicize any institutional abuse amongst all the parents and members of the association. Another strategy, employed years later in 1979, was to call for a moratorium on new admissions to institutions nationwide. Even then, though, there was vocal resistance from the "institutional parents." A further resolution, passed by the Association in 1980, defined an institution as any place larger than an ordinary family home, which helped to solidify a view of group homes as small institutions and further the Association's anti-institutional stance as a result.

Panitch's description of the parents', and mostly mothers', advocacy efforts would sound very familiar to those who are involved in prison decarceration, especially activists of color. In her book, Ruth Gilmore (2006) describes the activism of mothers to create an organization that would help them understand their sons' incarceration and ultimately aid in decarcerating them. The organization described by Gilmore, Mothers Reclaiming Our Children, was started by outrage in relation to the murder of George Noyes by police in 1991, in south central Los Angeles. Noyes's aunt, Barbara Meredith started organizing small discussion groups for mothers at Imperial Courts, in order to encourage them to start talking about what was happening around them in terms of police and gang violence. They discussed grooming, raising children, nutrition, premature deaths of the children and joblessness. Ultimately, Barbara and her two kids managed to create a one day truce between gangs in south central LA in time for Noyes's funeral. This analysis shows that the LA uprising (or "urban riots") did not create the truce, as some believe, but it was the grassroots activism of Mothers ROC and others, which made it happen as a form of resistance to state repression, in a similar fashion to the uprisings that occurred at the same time. Although most of the women that came to the meetings at Imperial Courts did not attend

the formal meetings of Mothers ROC later on, ROCers, as they called themselves, came to each other's hearings and monitored courtroom practices. They learned how the criminal (in)justice system works from the inside. By studying and researching various laws and procedures, and the structures that sustain them, the mothers learned about the conditions that kept them and their children in subordinate positions. One of the conclusions they came to after much discussion about the importance of class and race in criminalization is that you have to be white to be prosecuted under white law (paroles, shorter sentences, not getting arrested at all), but you don't have to be black to suffer the negative effects of black law. This form of resistance is a part of a long history of African American struggle against the state. Gilmore (2006), however, locates the roots of their organizing outside the U.S. and as a part of American history simultaneously. They consciously identified with third world women's struggles that centered on mothering as a radical political practice (like the Madras de la Plaza de Mayo in Argentina). Gilmore thus identifies motherhood as political, and shows how using it as a tool of resistance conflates the traditional boundaries between public and private spheres.

Parents of children with developmental disabilities spent about two decades, 1950s- 1970s, campaigning politicians, fundraising, letter writing, and creating successful alternative living and educational experiments (Carey 2009). They were also instrumental in bringing lawsuits against institutions for those labeled as "mentally retarded," as discussed in the previous chapter in relation to the case of Willowbrook. More examples of such lawsuits brought by parents and activist lawyers on behalf of inmates is discussed at the end of this chapter.

Manifestos and communal calls for action helped to galvanize not only parents but also progressives who wanted to close down institutions. In 1979 the Center on Human Policy in Syracuse, New York issued "The Community Imperative: A Refutation of All Arguments in

Support of Institutionalizing Anybody because of Mental Retardation" (Center on Human Policy 1979). The authors liken the benevolence of professionals who think that for some people with "profound retardation" death is better than life in abusive situations, to bombing Vietnamese villages during the Vietnam war in order to save them (this line of thinking demonstrates the interwoven consciousness of anti-war activism and deinstitutionalization activism in the seventies) (Center on Human Policy 1979). In the realm of Prison Abolition, manifestos and petitions were, and are, used as ways to raise awareness to particular campaigns, such as the prison moratorium initiative in the mid-seventies. Today most petitions and calls for action are circulated online.

The mid-seventies also saw a rise in activism by those most affected by incarceration. In 1979 self advocates in Nebraska held a press conference stating that all institutions should be closed and that people with disabilities have the right to live in communities of their own choosing (Carey 2009). Ruthie Beckwith, advisor to People First of Tennessee, suggests several ways to push for moving people from institutions to community living. These efforts include constant visits to developmental and other centers, making sure their residents have a voice and are visible to the advocacy and local communities; helping establish self advocacy chapters inside institutions or helping people join a community chapter; providing self advocacy training to those on the inside; testifying in hearings about institutional closure and filing lawsuit on behalf of those institutionalized (Beckwith 1995/6). People First members also helped others who lived in institutions by becoming "next friends" and advocating for community living for those persons. "Next friends" is a legal term used for those who advocate for protection of rights for those who cannot advocate for themselves and have no family members who will advocate for them. People First organizations can become a good resource for legal and advocacy help

when needed. (O'Brien 1997). Some other tactics People First members can use to advocate for community living for those living in institutions is talking with them about their rights and how People First might help them fight for these rights. O'Brien suggests that it is also important to share personal experiences of living in the community with dignity. It is also helpful to become personal role models for others. It creates peer support mentoring and problem solving of everyday issues on the way to living independently (O'Brien 1997). In the realm of prison abolition there are many organizations that are steered by prisoners, like Justice Now, whose board is comprised by imprisoned women, although much of the advocacy is fueled by those on the outside. Some organizations are comprised mostly of prisoners and their families who also provide peer support and services (such as All of Us or None).

The Center on Human Policy's Community Toolkit (2004) suggests a few strategies for advocates of institutional closure, which can also be useful for prison abolitionists and other activists. The authors suggest raising awareness about the issue amongst the general public by holding a public forum on institutional closure or other issues; working with reporters and editorial boards to publicize issues related to the construction and closure of institutions and prisons as well as any public debates or forums on the issues; and encouraging advocates and concerned citizens to write letters to the editor and op-ed pieces, which do not require any specialized training but are often read by the general audience of the journal, as well as its editors.

Critical Resistance is one of the primary prison abolitionist cooperatives operating today. It was formed in 1997 and worked for the creation of a three day conference in 1998. Critical Resistance also filed a lawsuit against the California Department of Corrections aimed at stopping California from building a new prison (Braz 2000). Critical Resistance members

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suggest some strategies specific to prison abolition that can be taken up specifically by activists, and that they found to be useful in combating the prison-industrial-complex. These include anti-prison expansion organizing, whether it is by signing petitions, or going door to door in neighborhoods where new prisons are proposed; forming reading groups or parties to educate each other; providing legal services for those incarcerated or in danger of being incarcerated; holding regular radio shows and media outlets, encouraging the voices of prisoners; forming neighborhood cop watching groups; lobbying for specific legal and legislative changes, which decrease the scope of imprisonment, such as the repeal of the three strikes laws; educating and politicizing people whether it is in universities or "on the streets"; researching and publishing findings promoting abolitionary goals; doing cultural work in the form of films, documentaries and other artistic installations exploring the prison-industrial-complex; promoting community healing projects; encouraging letter writing with prisoners; working on housing and environmental justice organizing, which links to the anti-prison work in the long run, as it is crucial that PA focus on both the cruelty of the prison system and the harmful structures, which lead to incarceration- such as poverty, violence, various forms of oppression etc. (CR 2008).

Decarceration, closure and abolition by attrition

Many decarceration strategies can be learned from states that have closed institutions for people labeled as developmentally, intellectually or psychiatrically disabled. The first strategy for successful closure necessitates building a shared vision of "community for all" among many different individuals and groups. Therefore, the planning has to involve a wide variety of individuals who represent different organizations and interests. It also involves the recognition that some parents will have great fears about moving their son or daughter from an institution, often because this is the only alternative they were ever presented with. Thus, it is important not

to see these parents as "the enemy," but to work to answer questions and dispel myths about community living and institutional closure. It is also important to address local community issues related to institutional closure, such as the economic impact of closure as well as future land use. For instance, during the closure of Brandon Training School in Vermont, the Vermont Division of Developmental Services formed a task force to work with the citizens of Brandon to discuss and address these issues. The facility is now used for multiple purposes including: real estate developer office, school supervisory union office, senior housing, day care, and a community meeting space. Lastly, decarceration and closure has to involve identification of the pathways that lead to institutionalization, and work to provide alternatives. This strategy has to also include work on increasing community supports. This includes identifying and addressing gaps in the community service system and ensuring that there is adequate funding for community services including the availability of very intensive supports for people with significant medical needs or behavioral challenges. It is very useful in this regard to point to a spectrum of community living options, not just the use of halfway houses and group homes. In fact, many states have passed legislation related to zoning so that group homes cannot be excluded from residential neighborhoods based solely on neighborhood opposition. At the same time, states, regions, and localities find that there is virtually no opposition when they develop more individualized alternatives to group homes (Center on Human Policy 2004).

Taylor, reflecting on the process of deinstitutionalization in the 1970s onward, suggests a few successful strategies used in closing institutions in the past and present. The first is to announce the closure far in advance while making sure the move has support from the local community and professionals (this strategy was used in Vermont for example). In this regard, Taylor stresses that advocates and administrators can play complementary roles in the process of

deinstitutionalization, and do not have to be adversaries (Taylor 1995/6). A riskier strategy, but one with many benefits, is a swift and massive system change from within. Jerry Miller, then the director of the Department of Youth Services in Massachusetts, emptied all but one juvenile facility in the state in three years. Miller's (1991) method was to create swift changes, so as to not give time to professionals and those in positions of power to revolt against his closure efforts. A lengthy phasedown of reform only invited opposition, not only from the staff and parents but also from judges who would send more adolescents into the school about to close, in order to prevent it from happening[31]. What Miller (1991) did that was unusual in the history of deinstitutionalization is that he closed juvenile corrections institutions without seeking the approval of the legislature and with no real cooperation of any other agencies, except for specific individuals with whom he had good working relations. The plan was to initiate group homes as alternatives to incarceration of youth in MA and once they were set up with federal funds, the state would divert money from the institutions and reform schools that were already empty, into the new units. This was done solely under the jurisdiction of the Department of Corrections, a move, which raised much animosity from politicians and policy makers outside and inside the department.

The use of legal advocacy, as a strategy of closure and abolition, is based on the belief that massive legal pressure will collapse the walls of the prison. This pressure would come from dual tracks- the prisoners filing lawsuits based on constitutional principles, and advocates, abolitionists and reformers putting pressure from outside the prison[32]. By the end of the 1970s it was becoming clear in the field of developmental disabilities that community living is desirable, but the institutionalized population was not decreasing in most states. The "inevitable" change

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[31] A similar phenomenon can be seen in Ferri and Connor's (2006) analysis of desegregation efforts in relation to race and disability in schools.

[32] Litigation in prisoners' rights and deinstitutionalization cases will be discussed further at the end of the chapter.

professionals, activists and parents were after was late in coming. The most pervasive new tactic was turning to the judicial realm. After the success of Brown v. Board and the enactment of the civil rights acts, the courts looked like a favorable place to carry out the new rights platform for people with disabilities (Carey 2009). This era, post civil rights, also marks the rise of the prisoners' rights movement, which sought to improve prison conditions and later on to question the constitutional validity of imprisonment itself. Legal cases were brought by "jailhouse lawyers" as well as lawyer-advocates from the ACLU, for example, who perceive/d this type of litigation as a continuation of their struggle for civil rights and racial equality, taking into account the rising rates of incarceration of men of color.

Another strategy that was used for deinstitutionalization is more implicit, and required the gradual depopulation of an institution to the point where it is no longer cost effective to keep it open (this tactic was used in New Hampshire) (Taylor 1995/6). This strategy could be characterized as "abolition by attrition," as described by Knopp et al. in regards to prisons. According to the attrition model, the function and power of prisons will be slowly worn down. One component of abolition by attrition is to decarcerate as many prisoners as possible by such strategies as abolishing parole; releasing prisoners who are perceived as requiring supervision into community peer groups; substituting prison time with restitution to victims; pushing for release of prisoners convicted for victimless crimes. The second component is to excarcerate and examine all alternatives to incarceration by abolishing bail and preventive detention, creating community conflict resolution centers, establishing community probation programs, and decriminalizing whole categories such as prostitution, sex related crimes, marijuana, public intoxication and other crimes without victims. One of the prisoners interviewed by Saleh-Hanna (2000) maintains that sometimes abolishing prison for one individual could go a long way

towards penal abolition. Diverting individuals from prisons and getting people released from jail and prisons is a strong component of Prison Abolition, according to him.

Canadian abolitionist Ruth Morris (1995) critiques the attrition model by asserting that it is indeed an aggressive reform effort, but a reform nonetheless. The point is to decarcerate prison populations one by one- first the young, then the mentally ill and so on. The problem of chipping at the margins of the system is that the center remains intact. Some components of the attrition model call for a moratorium on prison construction until full utilization of alternatives to incarceration is achieved, as advocated by the National Council on Crime and Delinquency in 1972. According to Morris (1995) the moratorium on prison construction failed due partially to the reform efforts of liberals who saw the worsening conditions of current jail and prison cells and wanted to do something about it. Decarceration and excarceration led to deepening a retributive system in programs now billed as alternatives to incarceration, such as boot camps and parole sanctions. As to the dangerous few, they seem to scare even the most radical of activists so that there has not been a cohesive plan as to what do to with them or how to identify them. With a traitorous past, "humane restraint/ segregation" seems to Morris to be as scary an answer as a prison sentence.

Another reason why attrition or gradual approaches to prison abolition does not work, according to Morris, is that our fallback position, socially, is punitive. Morris refers to this as "penaholism," in which penality and vengeance will always take center stage, even when there are other so called alternatives, as they will just be folded into the current framework. Morris suggests moving into transformative justice approaches (discussed further in the next section), although some in the prison abolition movement believe this approach to be utopian and unrealistic. Claire Culhane, who was a leading prison abolitionist and prisoners' rights advocate,

believes that the best way for abolition to occur is not by a trickle but by a total attack on the system, including tactics like civil disobedience. Although she is not completely opposed to the attrition model suggested by Honey Knopp et al., she alerts activists to the ways in which taking prisoners out one group at a time becomes a diluted and often counterproductive strategy, especially when it is co-opted by the state (Morris 1989).

American Friends Service Committee offers a long term agenda against which incremental solutions can be tested, as gradual steps can be co-opted or reversed by the system if an abolitionary horizon is not part of the implementation. AFSC offers the following steps in its vision for a world without prisons: work towards penal abolition; decriminalization; elimination of solitary confinement and the death penalty; create citizen review boards to oversee the police, closed facilities and community based programs; create a prisoners bill of rights; create more services for prisoners upon release; revise the thirteenth amendment of the U.S. constitution to abolish all forms of slavery and servitude, including for those convicted of crimes; implement international law pertaining to confinement, torture and human rights; stop trialing children as adults with permanent sanctions; and create a campaign for reparations (Magnani and Wray 2006).

Another abolitionist strategy, often advocated by Quakers, is reducing the complicity with the prison system by all citizens. For instance, citizens might intervene in city planning meetings that approve budgets for prison maintenance and construction, to a point of withholding taxes that pay for such activities (in a similar fashion to tax withholding during the Vietnam war). A prevalent strategy is to hold town hall or other meetings to inform and educate the public about prison expansion and about the current conditions of imprisonment. Knopp et al (1976) recommend a strategy of "advocacy research," in support of abolition efforts. The results of the

research should be published in pamphlets, legislative testimonies, websites etc. Other proactive approaches, which can be taken up by all who are interested in decarceration and abolition are the use of alternative media; letter writing campaigns; speaking tours explaining incarceration rates and the goals of abolition; saturating public spaces with flyers, pamphlets and other materials educating the public about prison and penal abolition; and planning specific events related to abolitionary goals (Morris 1995).

In *Instead of Prisons*, the first prison abolition manual, the authors describe various frameworks used by prison abolitionists: they try not to use the language of the system (offender, criminal) in order to change the way we perceive harm and imprisonment; they work with prisoners but remain outsiders to the prison system (in terms of duties, jobs, salaries etc.); they push for self empowerment of prisoners as a crucial component to changing the system. In summary, abolitionists should be allies of prisoners not "helpers" in the traditional way. Knopp et al. (1976) contrast being a prisoners' ally to being a "charitable person": an ally helps the prisoner become empowered to change their own situation, not rely or depend on the actions of others; an ally relationship is based on equality and mutual aid, not pity or guilt; an ally understand that the situation in which the prisoner is placed is based on social forces not problems inherent in the person. These strategies resemble those of self determination and empowerment used in creating self advocacy organization, of people with developmental disabilities. Empowerment is considered a major goal of such organization and non-disabled people mostly serve as advisors, which is a similar role to that of an "ally" as described above, although some revert at times to a role of a "charitable person" or helper instead of pushing people with disabilities to take control of their own lives.

The most severe cases and "the dangerous few"

A question which is raised often in the context of abolition of prisons and institutions is what to do with those deemed as having the most challenging behaviors. In the prison abolition circuits this discussion is known as "what to do with the dangerous few"; and in the developmental and psychiatric disabilities realm it is the question of what to do with the most significantly/profoundly disabled. In both cases the general assumption is that these are the populations that will not be able to "make it on the outside" and therefore will always require some sort of segregation and/or restraint. There is significant debate though, in both arenas, as to whether this is indeed the case.

Disability and queer studies theorist Robert McRuer suggests that Crip theory, which combines the two, will "draw attention to critically queer, severely disabled possibilities in order to bring to the fore the crip actors who… will exacerbate in more productive ways, the crisis of authority that currently besets heterosexual/ able-bodied norms"(2006: 31). By "severely disabled" McRuer is not merely referring to the level of impairment a person is presumed to have, but to a queer position, one that questions that status quo or embodies resistance. By reclaiming severe as "fierce" or defiant, McRuer reverses able bodied standards who view severe disabilities as those who will never be integrated to the circuit (the adage of "everyone should be included, except for…."). From their marginal state, "severe disabilities" and queer subjects are positioned to reenter the margins and point to the inadequacies of straight and nondisabled assumptions. As we shall see below, some prison abolitionists and activists in the fields of developmental disabilities and anti-psychiatry begin their critique and suggestions for alternative social arrangements from the positionality of "severe" cases.

In this regard, it seems that the developmental and psychiatric disabilities field is more progressive and radical than the prison abolition sector. In *Instead of prisons,* Knopp et al. (1976) write that "There is little disagreement that for those very few people who exhibit continual violent and aggressive behavior in society, temporary restraint is not only indicated but demanded. Review and monitoring procedures can be designed with adequate due process safeguards." (1976: chapter 7). Penal abolitionists today seem split on this question, as some advocate for transformative justice and healing practices in which no one will be restrained or segregated, while others believe that there will always be a small percentage of those whose behaviors are so unacceptable or harmful that they will need to be exiled or restrained effectively. Even they believe, though, that such segregation should be done humanely and not in a prison-like setting.

In the field of developmental disabilities and anti-psychiatry there is also similar a debate that has been ensuing since the beginning of the deinstitutionalization movement. In professional language this could be called the inclusion debate or debates around the least restrictive environment (as discussed elsewhere). Those who are deemed as "radical inclusionists" believe that everyone deserves to belong, to be educated with their peers and to live in the community. For proponents of this attitude segregation is never a viable response, even for those whose behaviors are challenging and are seen as disturbing to others. The goal is to educate the person to not violate any major laws or rules but simultaneously challenging social views and attitudes that construct normalcy in particular ways. It also entails changing public policy, the education system as a whole, and housing infrastructure in the process. In the field of anti-psychiatry such attitudes would involve opposition to any type of psychiatric hospitalization and managing care,

even of those labeled as "psychotic" and instead advocate for treatment or support in the community and without coercion.

It is partially this reason that prompted those advocating for community and educational inclusion as well as deinstitutionalization, to begin with the most severe cases. A lesson learned from successful institution closures was that people who are labeled as those with the most significant needs should move to community placements early on in the process of closure and throughout the process. If left to the end, such people would most likely be placed in segregated and not integrative settings, because of lack of skills, experience, ability or desire to support them in the community (Taylor 1995/6). In order to assess successful programs with regards to people who are considered to have significant needs or challenging behaviors, Fitzpatrick and Lakin (1995/6) interviewed state officials and service providers from 13 states who made significant deinstitutionalization efforts, including a few that operate no state institutions. They found a few common practices that facilitated creating effective programs in the community. These included eliminating new admissions while closing institutions throughout the state; retaining state operated programs, especially for populations that are seen as challenging, but moving the programs from institutional to community settings; creating crisis prevention and intervention systems; expanding psychiatric services for those with other disabilities; having specific programs, usually in rural areas, devoted to sexual offenders with developmental disabilities; and increased collaboration with corrections and mental health systems (Fitzpatrick and Lakin 1995/6).

Those deemed as the most violent and dangerous youth became Miller's symbol as he decarcerated juvenile facilities in MA, and were the first to be decarcerated. In regards to prison abolition, the work of Fay Honey Knopp is especially telling. After working to draft the

abolitionist manual *Instead of Prisons,* Honey Knopp sought to work with the "toughest" cases, and she devoted the rest of her life to working with sex offenders and sexual abusers. The thought behind this commitment was that if she could demonstrate the ineffectiveness of prisons for this segment of the imprisoned population, there would be no doubt that prisons should not be a response for lesser criminalizable acts like theft or drugs. She believed prisons took responsibility away from sex offenders by removing them from society and shutting them away without treatment, and when released without treatment, they would offend again. Therefore Honey Knopp and others who wrote the manual founded The Safer Society Program, which deals with the education and treatment of sex offenders to this day.

Alternatives to incarceration

Those who critique prison abolition, anti-psychiatry and anti-institutionalization activists often do so because they feel that although the critique of prisons and institutions they offer sometimes has merit, these perspectives do not provide any solutions, only criticisms. Although it may be true that there seem to be more agreement amongst deinstitutionalization and anti-prison activists about the problems inflicting these institutions than the solutions offered to these criticisms, such solutions are offered by activists in these movements. Although varied, prison abolitionists, anti-psychiatry and deinstitutionalization activists sketch alternative living arrangements, alternative responses to harm and ways of dealing with pain and altered states of mind without hospitalization. Put together, such suggestions amount to a new vision of abolitionist alternatives.

Alternatives to imprisonment

When discussing the goals of abolitionary work in regards to prisons, the question that people ask most often is what would be put in the place of prisons or punitive responses to harm. This question could be charted as trying to understand what to do with the inmates of carceral spaces at the present time; what to do with those deemed as dangerous in the absence of imprisonment as a viable strategy; or what to do when an offense is taking place (like sexual assault or mugging) if one is committed to non-punitive responses to crime. As stated previously, there is no monolithic abolition movement, and therefore the answers that activists provide to these questions are multiple and complicated. In this section, however, I sketch the ways some abolitionist groups had responded to such questions.

Angela Y. Davis (2003) contends that we can't think about substitutes to prisons, but instead should conceptualize a world without the footprint of the prison. One of the difficulties of conceptualizing a world without prisons is that many think about a monolithic system that will replace the punitive one we have now. But we will have to handle certain behaviors and their outcomes in a myriad of ways, so that murder is not handled in the same ways as prostitution, for example. Moreover, not every case of murder would be handled in the same way either. The response to one could be complete decriminalization and the response to the other could be treatment, for instance.

Some of the most scathing critiques of the abolition model are based on the fact that people view it as impractical, and as not offering any real-life solutions to the problems it is trying to raise. But as early as the first abolitionary framework was put into print, in 1976, abolitionist alternatives were suggested and explored (Knopp 1976). These included the use of restitution as a means of making amends for harms done, especially if there are financial implications to those

who were harmed by the act. Some alternatives that were already in place but were not used widely included the increase in reliance on such programs as community probation, supervision and parole as well as expansion of service work options. A related plan involves widening the scope of jail and prison diversion and treatment programs for a wider variety of people, especially in relation to prostitution and drug offenses. Other alternatives to incarceration could include community supervision programs. These can also have many drawbacks, such as having the power to supervise be abused or not used correctly. But over the years, the efficacy of such programs seems to have proved itself over other measures, especially since they relate people to the community and the area of other services available in it (Morris 1989). Another community based program is the use, in Ontario for instance, of community resource centers. These are used for people serving the last portion of their sentence while getting access to jobs in the community.

In regards to sexually violent offenses, abolitionists challenge the assumption that harsh sentences and retributive attitudes lessen victims' pain or help rehabilitate the offender from re-offending. Some programs in the abolitionist spirit are self help groups, peer support groups for offenders and support groups for victims, re-education and treatment programs. Current strategies that follow an abolitionist track can be found in the organization *Incite! Women of Color Against Violence* which tries to articulate ways of thinking and reacting to violence and sexual assault that do not involve the state or its agents. For instance, neighborhood watches in areas that are known as problematic to the safety of women and LGBTQ folks reduce the reliance on the police and its agents if something suspicious is taking place.

In regards to street crime there are some programs operational today that decrease the reliance on police and state intervention in crime control. Community action groups, like one in

West Philadelphia, are organizing using various self help and self reliance measures. Such techniques included hanging jingle bells on doors to alert intruders, and neighborhood watch comprised of several adults armed only with flashlights and horns. These techniques work not only as preventive measures to deter crime but also to create cohesive communities who feel responsibility for their own neighborhood and learn to trust one another in vouching for their own safety. This is part of the abolitionist measure of empowering communities, especially those marginalized, to define and deal with problems that arise within them.

Some alternatives to incarceration have been criticized by anti-prison and penal abolitionist activists. An inherent problem is that the programs' use and effectiveness are very uneven, as the criminal "justice" system does not really work as a system, but as haphazard activities carried out by local law enforcement agents, in different states, with differing perspectives and budgets. A serious potential problem with many of the alternatives like parole and probation is that they create a net widening effect, when people who would not have been sent to prisons are now under control of new systems, originally meant to keep those en route to prison, out of it. Another problem in relation to implementing alternatives to incarceration is related to the already wide gap in terms of class inherent in the system as it stands now. Alternatives such as fines or bail are discriminatory, if they are not income adjusted, as most offenders cannot really afford to participate in these programs and the rates of poor populations in prison will only widen. Since prison abolitionists advocate for non-punitive responses to so called crime, it becomes a tragic affair to learn that some alternatives to incarceration are as punitive and coercive as prisons. Some examples are halfway houses or community housing units that look and act like miniature prisons. This travesty can also be seen in the increasing critique of group homes post

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deinstitutionalization, which are seen by some as nothing more than mini-institutions in the community.

In addition to practices that were already in use by correction systems in modern industrialized nations, some abolitionists draw on traditions that come from pre-colonial societies and eras, in which prisons were never widely used. Such practices include the use of sentencing circles, which were created by indigenous communities in North America. A related practice is conferencing, practiced mostly in New Zealand. Drawing on such traditions, advocates of abolition point to the efficacy of victim-offender reconciliation programs. They suggest that in many cases, the reconciliation between the offender and the victim is much more powerful than the exile of the offender (Davis 2002). Victim-offender reconciliation programs are also based on Christian faith principles (which originated with Quakers, Mennonites and others) (Leung 1999). Drawing on such traditions, criminologist Nils Christie (1978) called for the establishment of community based courts in which no professionals are involved and the offender faces those who were harmed by the act.

Such practices are often referred to as representing a restorative justice, as opposed to penal or criminal justice, frameworks. The restorative justice movement in North America seems to have arisen out of four traditions, which include aboriginal justice, faith communities (especially Mennonites), the prison abolition movement and alternative dispute resolution programs (Leung 1999). Restoration refers to the process of righting wrongs or healing wounds caused by harm. This is a very broad definition, which will entail different outcomes for different parties. It does not necessarily mean returning to the relationship prior to the conflict, for example in an abusive relationship. Restitution is a similar approach, but on narrower grounds, as it assigns material value for the offense and does not look to non-material disruptions and disputes (Leung 1999).

Alternatives to incarceration should be based on a new justice paradigm, according to some abolitionists and social justice activists. Peace building justice, suggested by Magnani and Wray as part of the American Friends Service Committee (2006), is not based on punishment but on three tenets: repentance, reparation and reintegration. Repentance involves public acknowledgement of what has been done; issuing an apology for the harms done and the desire to atone for the action. For example, public acknowledgement of harms done was the centerpiece of the Truth and Reconciliation Committees in South Africa. Another example is the Navajo justice system, which is based on the practice of Nalyeeh- demanding to discuss harms done and the pain it caused so that something positive will result from these actions. Navajo justice, in contrast to western concepts, confronts the action and its consequences, not the individual.

Despite the appeal of such suggestions, there have been numerous critiques raised against the principles of restorative justice. Firstly, and in a similar vein to other alternatives to incarceration, these ideas are increasingly being co-opted by the criminal justice system. The system uses the language of healing and restorative justice but without implementing the necessary changes that will alter the system from within. The only change is in the rhetoric used, not in changing the value base of the programs and the system as a whole. For example, restitution and probation are now added on to long sentences, not as real alternatives to incarceration. In addition, the restorative framework is mainly advocated by white middle class activists, although its roots are mainly within indigenous communities worldwide. As a result, many poor communities and communities of color see this framework as a form of colonialism, as these activists go to indigenous communities and harvest their knowledge to bring it back to their own communities. This practice could also be perceived negatively because poor communities and communities of color are already burdened with complicated bureaucratic

assistance mechanisms, and the need for mere survival, so experimenting with new justice programs is perceived as one more thing imposed on already maxed out communities. In order for restorative justice to be meaningful, it should come out of the communities it is trying to restore.

In addition, restorative justice, as opposed to punitive approaches, is very labor intensive for all involved. It is an ongoing process, and often there are no magical solutions that fit all parties. Each time one takes steps towards restoration, the terms need to be sought and negotiated to fit the specific case and those involved. It is also a voluntary operation, which means that you cannot force someone who has done harm to take the route of repenting and atonement for wrong doing. Other critiques of current formulations of restorative justice are that they assume communities that are very different conceptually from the ones we have now, as they draw from indigenous teachings. In addition, restoring does not deal with the structural inequalities that lead to injustice. It does not question the basic assumptions of the system, such as who gets to be defined as a criminal, what gets defined as the community. Therefore, restorative justice can never restore the offender to the community without critiquing the embedded assumptions and definitions behind such a goal (Saleh-Hanna 2000). Due to these problems, Morris (1995) suggested we need to move to thinking of transformative justice. A deeper stance of prison abolition thus entails a multiplicity of alternatives starting with demiliatarization of schools, physical and mental health care for all, a justice system based on reconciliation- not vengeance, decriminalization of drug and sex work and the defense of immigrant rights (Saleh-Hanna 2000, Davis 2003, Morris 1995).

Alternatives to psychiatry and hospitalization

The same critiques that have been laid against the prison abolition framework, have also been targeted towards critiques of psychiatry and the practice of psychiatric commitments, especially in relation to the absence of alternatives to such practices. Although alternatives to psychiatry are not widespread they have existed, and of course some of them predate the emergence of psychiatry as a field. Many of these alternatives are practiced outside the U.S., where medicalization and the pharmaceutical industry have their strongest hold. It is also important to remind the reader that the U.S. is the only western county without some form of mandated or socialized health care system, which means that any investment in psychiatric alternatives or more holistic approaches is scarce and is rarely funded by federal and state agencies.

In their groundbreaking collection, *Alternatives Beyond Psychiatry,* Peter Stastny and Peter Lehmann (2007) collected some ideas and lived experiences of those who have been psychiatrized or diagnosed and choose to live without psychiatric interventions, and especially reduce their need of medication and hospitalization. Some of these include the increased use of psychotherapy, as opposed to psychiatry and medication, in its different varieties such as group therapy, counseling, peer support and peer counseling etc. Other alternatives suggested by users are various techniques of relaxation and contemplation such as yoga and meditation techniques, which they found to be useful. Several writers also suggest that emphasizing jogging, swimming and other physical activities has helped them both in their recovery but also in everyday life in terms of coping and relieving stress. Although some of these suggestions may seem quite mundane to the reader, for people who have spent much time within the psychiatric system or taking psychiatric drugs, these proposals differ significantly from the traditional medical approaches.

Other alternatives to hospitalization were actually developed by people with psychiatric training. Soteria is an often cited pioneering model initiated in the early 1970s by American psychiatrist Loren Mosher. It is an alternative treatment model to traditional psychiatry and some of its characteristics are often taken up by psychiatric survivors. The original Soteria was a house in San Jose, California and offered a homelike environment for about seven patients at a time. It offered an array of activities such as yoga, art, music, dance, sport, outings, gardening etc., and everyone shared the day to day running of the house, to the extent they could. There were three phases identified for people in Soteria: the acute phase in which phenomenology was used for interpersonal communication; then the person was expected to start sharing in daily activities and the staff shifted from a parent-supporter role to more of a peer relationship; and the third stage included diversification of roles and competencies inside and outside the house (Aderhold 2007).

Although the model is often cited by psychiatric survivors and those advocating for alternative models of treatments to this day, it has been marginalized in the psychiatric discourse, even though empirical studies have proved the effectiveness of this model in treating psychotic breaks and other disorders. This neglect is probably due to the insistence that psychiatric drugs should be used only if no other options were working after a six week period, a proclamation unheard of in the bio-model of psychiatry. There was also critique of the fact that there was no universal treatment plan developed in Soteria that could assist in management of psychotic patients. Mosher and others, have argued that since the model is not about treating psychosis but about treating human beings, it cannot have a plan that will fit everyone and every situation.

Other networks to decrease dependence on hospitalization and allow ways and spaces for people in crisis have been attempted in Europe. In Sweden a unique hotel was operating from 1995-2004, which allowed people to stay for as long as they wanted, with no pressure to move

on to their own apartments, a pressure that may have put some of them in a stressful situation. Some people living there came from prisons, institutions, and others were elderly and wanted to live with others. There were no professionals involved, except for maintenance workers. Another example is the crisis hotel project in New York State, where people who are at risk for psychiatric hospitalization can retreat to, or the Runaway House in Berlin (Stanstny and Lehmann 2007). Bucalo (2007) also reports on La Cura, a network in Sicily, which operates a hotline that aids in legal strategies of avoiding psychiatric hospitalization and coercion. It also operates a network, Association Penelope, which provides shelter (housing, meals, and assistance with job applications), which is open to all people who need it without a need to get diagnosed or serviced by psychiatrists.

In North America, Second Opinion Society in the Yukon, in Canada, was founded by psychiatric survivors in the early 1990s and provides a drop in center and resources for advocacy and support for local people of the region. It emphasizes community and holistic healing approaches instead of bio-psychiatry and is run by survivors. They hold a weekly soup lunch, which is open to all and is attended by politicians, social workers, artists, tourists, holistic health practitioners and more. They also established a community garden, which provides the food for the lunch and creates a concrete connection to the community (Sartori 2007).

Other alternatives to psychiatry lie not in the use of places and strategies of coping but in warding off unwanted psychiatric interventions. Krucke (2007) suggests the use of advance directives, which are similar in terms of legality to a living will, in which a person can declare their wishes in case they have a psychotic break or other psychiatric episode. Unfortunately these are not always upheld by psychiatrists, who feel that the person is not competent enough to refuse treatment, which is ironic since their competency is rarely questioned when giving consent

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to treatment. This practice received attention in the early 1980s when Thomas Szasz suggested the use of "psychiatric wills" (Szasz 1982) and is still practiced today.

Famous anti- psychiatry activist Judie Chamberlin (1977) feels it is important to distinguish between "real" alternatives to psychiatry and those that are alternatives in name only. A true alternative, according to Chamberlin, is one in which all the power to make decisions is in the hands of those the service or facility is supposed to serve. The founding group needs to make decisions in advance that will make it a real alternative, such as who will it serve, who will they involve in the planning and decision making, will professionals be involved, where will the finding come from etc. Chamberlin distinguished between three ideal types of alternatives. The first is the partnership model in which professionals and nonprofessionals, including the service users, work together and they are both involved in decision making. The second is the supportive model in which membership is open to all. Non patients and ex-patients are treated as equals, but professionals are generally excluded from this model. The last model is the separatist one in which ex-patients are both the users and the ones running the service. Chamberlin feels strongly that the collaborative or partnership type models are not real alternatives because they separate those who receive from those who provide help. Currently though, most alternatives to psychiatry follow this seemingly collaborative model in terms of funding or in terms of who runs the programs, or who gets to be included/admitted to them. Such services, according to Chamberlin, are not alternatives because they mirror psychiatric practice, which is the core problem. When mental patients run the programs themselves they get more than help or services, according to Chamberlin (1977). They have opportunities to prove their competence and learn new skills regarding leadership and planning. Most alternative organizations, operated by mental patients, operate in some collective way, which encourages the sharing of responsibility. When

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they work collectively, without professional control, hierarchies are broken and people are viewed as equal, not as inferior or lacking expertise.

The most pervasive way in which alternatives to psychiatry are conceptualized, imagined and practiced are through myriad national and international networks and organizations, which were created by psychiatric survivors, ex-patients and consumers as well as people within the anti-psychiatry movement more generally and those who escape any definition. For instance, Hearing Voices Network and Beyond Belief Network in England, are trying to target coping mechanisms with could be used by those with "strange beliefs," as opposed to advocating the annihilation of the beliefs themselves, as prescribed by traditional psychiatry. According to the group's principles, the way people respond to their beliefs and perceptions is the key to improving their quality of life, not developing the ability to think normally or rationally.

Evolving Minds in the UK is another organization whose aims to create a public space where different approaches to mental well-being are shared. It covers topics such as sharing accounts of recovery, theatre groups, guided meditation, survival strategies for living in a mad world, the use of stereophonic sounds to alter mood, reclaiming language, discussion on Laing's work, using dance to process emotions, how to deal with suicidal thoughts, herbal medicine, the effects of war on collective well-being and creativity and mental health. They also do public campaigns of the negative force of psychiatry, which include an annual bed push, in which pajama dressed people push a hospital bed from a psychiatric hospital up to 60 miles to a point of convergence and celebration. They also have a weekly self help group, which helps members get off psychiatric drugs.

In the U.S., The Icarus Project has become an influential organization, with an active online community. Its members refer to altered states (focusing on bio-polar and similar diagnoses) as

"dangerous gifts" that need to be taken care of rather than diseases to eliminate. They have an active website with resources, art work and discussion forums. In order to keep the group's initial activist fervor, many Icarus groups use a meeting format in which they allow for one hour of inward support followed by an hour of outward action. This allows members to connect and collaborate with each other, and also with the larger community. MindFreedom International is probably the largest anti-psychiatry organization today. It calls for a nonviolent revolution in the mental health system. MindFreedom began in 1986 as a newsletter and held its first counter-conference/protest against the American Psychological Association in 1990. Today it has consultive status with the United Nations. They operate as a non-governmental organization with a human rights approach, but get no funding from governments, mental health organizations, religious groups etc. It organizes Mad Pride cultural events in six nations, including Africa.

Community living as alternative to institutionalization

The major alternative to institutional life for people with significant disabilities proposed by professionals and self advocates has always been living in the community, especially in one's own home, with supports as needed. It may be surprising, because it sounds so simple and not much like a grand solution, especially coming from rigorous scholars and professionals. But even this seemingly benevolent idea was novel, controversial and quite radical for its time, and in some places it still is. If one subscribes to an ideology, which views people with cognitive, psychiatric and other diagnoses as mostly incompetent and unable to care for themselves or make meaningful decisions about their lives, then it becomes clearer how an idea such as independent living would be quite radical.

Two dimensions could be affiliated with the term dependency: first, dependency on the state for financial support, health care and other provisions; second, perceived inability of people to

engage in their own self care without assistance from others (Oliver 1990). Disabled people seem to fit both definitions. In everyday usage, dependence implies inability to cater for oneself and thus having to rely on assistance of other people. Conversely, independence implies not relying on anybody and requiring no assistance, a concept tied to an individualistic ethos (Oliver 1990). Disabled people often embody a different definition of independence, as exemplified in the principles of the Independent Living Movement. Under this framework, independence is perceived as the ability to control one's life, such as hiring their own aides, and deciding on daily routines, rather than doing things without any help.

In addition, when analyzing our daily living in modern societies it is hard to find situations in which people are independent from one another. People are mutually dependent on each other for almost all human needs. Thus, projecting dependence as a concept fitting only to "fragile" members of our societies (i.e. elderly, disabled, and children) is illusory and misleading. If anything, in many cases it is societal attitudes that create dependence in the elderly and disabled people populations. Inaccessibility of the built environment, patronizing attitudes, historical exclusion from schooling and the increasingly fast pace of life in modern societies are all contributing factors to the social construction of dependence. Dependence is not inevitable or inherent within these populations. Dependence was prescribed to people with disabilities, and the elderly, so it will seem detached from 'normal people's existence' (Finkelstein 1993). The tragedy of the creation of forced dependence and infantilization is that it is often "masked by loving care" (Hockey and James 1993) of family members or staff.

Living independently or in the community can have multiple meanings, especially when used euphemistically by states and for profit agencies. As Taylor, Bogdan and Racino (1991) demonstrate, most homes in which people with developmental and psychiatric disabilities reside

are agency owned, licensed or certified, which means they must follow codes and regulations, which often limit the residents' actions and choices. The staff is accountable to the agency, not to the residents, which often creates conflict in the "home," and funding is based on the facility, not the individual who resides in it. These homes are more like small institutions that do not have gates; they are not true to the spirit of independent living and community inclusion.

Over the years, some of the figures given for deinstitutionalization of public institutions have been misleading, as significant proportions of people were transferred to other types of institutions including nursing homes. In 2000, for example, there were 53,913 individuals with developmental disabilities living in residential settings with between 7-15 people. Although these are not typically counted as "institutional" placements, due to their size as well as daily routines and other aspects of life in these settings, many people with disabilities, family members, and advocates consider them to be mini-institutions within the community (Center on Human Policy 2004). In this sense the effectiveness of deinstitutionalization as a movement should be in ensuring community living, not the closure of the institution, which is only a first step in such a process. In this light, closure in itself is still embedded within the same circuits of power that created such institutions, unless there is an epistemic shift in the way community, dis/ability and segregation are conceptualized.

Biklen (in Taylor, Bogdan and Racino 1991) offers a few guidelines to ensure that people who are living outside of institutions, with supports from staff, are not just living in smaller scale institutions but in something qualitatively different. These principles include making the place as homelike as possible, one that you or everyone else would want to live in; involving residents in community activities, work and life in general; presuming that everyone is competent and has the

ability to make decisions about their own lives; refraining from letting bureaucracy and regulation take over and make people's homes into programs or treatment options.

In the 1970s, when deinstitutionalization was getting started, two programs became models for inclusion and community living for people with developmental disabilities. They were in Eastern Nebraska (ENCOR) and in the Macomb-Oakland region of Michigan. Both of these programs supported people in living in apartments, with staff as needed, and not in group homes or institutions. Taylor (in Taylor, Bogdan and Racino 1991) explains that Michigan became a model state because of its unique program in the Oakland region, which placed people with intellectual and developmental disabilities in small homes throughout the region, but also because of other factors. These factors include the fact that the ARC branch in Michigan was not a service provider and therefore could provide strong advocacy independent from the state. The ARC also filed suit to close down a developmental disabilities center in Michigan, Plymouth, and thus gained momentum and awareness for deinstitutionalization efforts in the state. Today, there are such programs in many states, although most states still subscribe to the "group home" or institutional models.

Other than group homes, there were other forms of community living developed for and by people with developmental and significant disabilities. Often, these involved a re-conceptualization of what "community living" entails (as was explicated in the previous chapter). Some of these arrangements draw on anarchist, socialist and communist traditions, in the sense of creating non-hierarchical and at times non-statist communities in which everyone contributes to the shared production and consumption of goods. Norwegian sociologist and criminologist Nils Christie (1989) describes life and social arrangements in "communes for extraordinary people," as he refers to them. They are villages in various parts (usually rural) of

Norway, but there are about 55 such villages all over Europe, and people do move between them. They operate as alternative social arrangements in which people share households, work and cultural life. There are no salaries (although some residents get disability stipend that goes towards their stay in the village), and no staff or clients. The residents of the village come there for various reasons. Some are sent there by the state (as diversion from prison or institutional life) but most get there by choice. Some are not literate in the traditional sense and most likely would not get a job outside of the village that will sustain them, without government benefits. Some have labels of cognitive or psychiatric disabilities, while some had previous encounters with the legal system. Others come there in order to live in a more peaceful environment after encountering some personal tragedy or in order to "find themselves." There are a lot of foreigners who come to live in the villages, often from other villages in Europe. When outsiders enter the village they are often left to wonder who is disabled, mad or delinquent, but such labels are not used within the village. The only distinction that seems to be made is between those who have a bank account (and get disability stipend), also known as a villager, and those who do not, often referred to as co-worker, although that is an informal categorization that would not be known to outsiders (Christie 1989). Going beyond labels is of course a constant struggle.

The villages are run by an executive board which meets twice a year and is comprised of people who know the village but do not live there (similar to many boards for not for profit organizations); local boards which meet four times a year and mostly deal with financial matters; and the village assembly where real decisions are made regarding the everyday operations of the village, as opposed to general oversight. Decisions are made during assembly meetings, resembling town hall meetings, whose structure is non-hierarchical and encourages discussion by all, including those who are less verbal. It does not mean that all have equal power to influence

decision though. By having a real democratic, non centralized governing structure, these villages offer an alternative to the hegemony of state power. Although some are paid for with governmental stipends that support the village, others have no formal contract with the state. People come, stay as much as they want, work in the village and then leave, without formal pay, like the way they came. If this seems utopian or impossible, Christie (1989) reminds us that this is the way people used to live for most of history, and some still do, especially in non industrialized nations. When an individual becomes troublesome or does not seem to fit in with the village way of life, they are asked to leave. This does not seem to happen often, although there are probably more times when villagers feel unwelcome and choose to leave on their own.

Another example of shared communal living arrangements for and with people with developmental disabilities is the ones conceptualized as L'Arche communities. The L'Arche model was founded in 1964 by Jean Vanier in France, and is now an international organization working in 40 countries, including the U.S. and Canada. L'Arche homes and programs operate according to a not for profit "community model," which is distinct from "client-centered," medical, or social service models of care. At L'Arche, people with disabilities, and those who assist them, live together in homes and apartments, sharing life with one another and "building community as responsible adults; everyone is believed to have the capacity to grow and to mature into adulthood, and to make a contribution to society, regardless of the physical or intellectual limitations with which they may be living" (L'Arche website). L'Arche communities strive to "create small faith-based communities of friendship and mutuality between people who have disabilities and others; to develop life-long support systems with people who have disabilities, especially with those who are extremely vulnerable due to old age and/or multiple disabilities; and to highlight the unique capacity of persons with disabilities to enrich

relationships and to build communities where the values of compassion, inclusion and diversity are upheld and lived by each person" (L'Arche website).

As Christie (1989) suggests, perhaps the "extraordinary people" living in such "extraordinary" arrangements can direct the rest of us into converting parts of our communities into decentralized zones or independent villages. Perhaps their way of life is more ordinary or desirable then our own. From the viewpoint of people with disabilities, this view can be seen as idealistic and paternalistic. If such living arrangements are so great, why are they so disability focused? Another way to analyze the usefulness of these villages lies not so much in their contribution to outcasts, and not as part of the dilemma of isolation for people with disabilities, but as alternative governance structures that we can all benefit from. If we take seriously the idea of starting from the "dangerous few" or those with severe conditions (like in Miller's case or prison abolition), then perhaps what such experimental villages teach us is that if they work for people requiring more support, then they might work for all, as prime examples of communities of interdependence. Of course, the drawback of this line of thinking is that if everyone lived in these seemingly ideal villages, they would stop being ideal or villages… they would essentially lose their main characteristics and their meaning as alternative ways of living.

The issue of housing has been a major debate and concern for policy makers in the field of developmental disabilities since the 1970s, especially with the rise of deinstitutionalization as a movement and process. But the debate has centered mostly on the sizes of homes or facilities, their location, the reaction of neighbors to the establishment of a home in the area and so forth (Taylor, Bogdan and Racino 1991). All these concerns assume that people with disabilities do not already reside in every neighborhood, and that they need to live in groups in order to be somehow included in an already existing social fabric. In addition, it is important to keep in mind

(and this will be elaborated further in subsequent chapters), that housing is not only a disability issue. Accessible and affordable housing is something that U.S. policy has always struggled with and the federal provision of such policies declined further in the period in which deinstitutionalization took place. Although the disability/access aspect of housing should be integrated into any discussion of reform of housing policies, the struggle for equitable and accessible housing should be in the forefront of all social justice and human rights campaigns and organizations.

Conclusion: Critiques of alternatives to incarceration

Some view the shift from institutional life to community living as a victory, a move away from anachronistic approaches that segregate people with disabilities, into humanistic discourses that advocate for equality, inclusion and integration. Taking an analytical approach in the spirit of Foucault's genealogical inquiry (see Foucault 1963; 1977), however, blurs the lines between what has come to be termed as "community living" and "institutional living." Much of what we conceive of as advancement (releasing people who are mad from asylums into psychiatric hospitals to be cared for; or the placement of people with cognitive disabilities labels away from large institutions and into group homes) are in fact not signs of progress, if one takes a Foucauldian approach. I argue that the shift from custodial care and institutionalization to deinstitutionalization and community living should not be seen as the rise and fall of one epoch to be replaced by the other. This is because the effects of the former still linger on in the latter. In other words, I wonder whether institutionalization and community living should be conceived of as two separate epistemes, as Burrell and Trip (2011) seem to suggest in their genealogy of deinstitutionalization in New Zealand, or are they governed by similar logic that operates in seemingly different ways?

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The concept of community based services was supposed to be more than a change in the location of the provision of services, in the eyes of those advocating for the abolition of the institutional mindset, as opposed to reforming or closing institutions. It was meant as an epistemic shift in regards to the hierarchical system of care and the lack of meaningful relationships offered to people with disabilities. In theory, community based services were supposed to help in bringing down the barriers that prevent full participation of people with disabilities from all aspects of life. In reality, as was demonstrated above, "community" often became a negation, that which is not the institution or mental hospital (Carey 2011).

From an abolitionist perspective, it was a negative abolition, but the attempt to create something new out of the ashes of the old institutions, i.e. achieving meaningful relationships and living in the community, was not always successful. Community services were certainly smaller and more dispersed but the relations of power/knowledge at their core remained intact. Professionals created the programs and ran them, with little change or input from the service users. Under these conditions, it is not very surprising that many of these services fostered further segregation and marginalization of people with disabilities. Proponents of community based services envision a world of both natural supports and paid services but the system is ultimately directed by the needs and guidance of the service users themselves. Self Advocates Becoming Empowered (SABE) argue that any service provision that is not controlled by the service users themselves is institutional, whether it is given in an enclosed setting or not. Ultimately, they argue, decision making and resources should come from the disabled person, hence their advocacy for legislation such as Money Follows the Person as well as person directed services. This shift in perspective, from institutional to community based models, should not be made by disabled people or policy makers solely, but by all members of any given community

that will value and include other members, including those who have been historically marginalized and segregated (Carey 2011).

Chris Drinkwater (2005) uses a Foucauldian analysis of supported living arrangements (in group homes for those labeled as intellectually disabled) to demonstrate that although these represent alternatives to institutional living, they do not guarantee emancipation for those who live in them. The proliferation of group homes and supported living begs the question of what new forms of power are invested in practices of inclusion. The productive aspects of power, as opposed to the repressive aspects, are the ones that become more visible in these new seemingly non-institutional settings. What is ultimately produced in these settings, according to Drinkwater (2005), are well integrated citizens, people with valued social roles (as described by Wolfensberger's social role valorization principles). This is achieved by a variety of tactics such as cultivating different bodily regimens around the user (in relation to hygiene, conduct, sexuality etc.); different techniques of surveillance of the user of services and their actions; and other techniques that are supposed to elicit compliance from the service user. Drinkwater's analysis is useful because it goes beyond the critique that supported living or group homes are smaller institutions in the community. Drinkwater (2005), following Foucault, suggest that there is something else going on in the power relations operating in these settings, that is not the same as what is happening in institutions, and certainly does not necessitate a liberatory change, but it is a change nonetheless. I want to suggest that the change may be related to a shift from medical control to professional and administrative control over the lives of those labeled as developmentally disabled. But in the lives of those under this control this may not feel like much of a change at all.

Because of the rising cost of prison construction and maintenance, the corporate world and criminal justice systems are now turning to various alternatives to incarceration models. But this turn to alternatives to incarceration signifies the increased privatization of penalty, not the decline of imprisonment by any means. These corporations now lobby for alternatives to incarceration and use both the rhetoric of increased efficiency and that of restorative justice. Needless to say that no restoration can occur when private companies take over meanings of what is just and do it for profit (Selman 2009). Ruth Morris was a particularly vocal critic of some alternatives to incarceration, which she saw as a continuation of the current state of affairs. Morris (1989) distinguishes between "true community alternatives" and prisons in the community (like group homes as mini-institutions). Prison-like institutions tend to widen the net and regulate lives that would not be surveilled without such "alternatives"; create social isolation and segregation in the community; categorize people into staff vs. inmates; and promote control and violence as the basic tool for human interaction. In contrast, some characteristics of true alternatives to imprisonment include treating people in a humane fashion; creating meaningful integration into the totality of the community as much as possible; rejecting stigma and labels; and demonstrating non-violent ways of resolving problems.

Finally, it is important to note that activists view prison and penal abolition as part of a larger social justice agenda. Although this agenda is not the same for all activists, as some are faith-based, some have more anti-statist or anti-capitalist stances and so on, they all perceive the prison or penal systems as enmeshed in other injustice. In this sense, until the roots causes of injustice, oppression and inequality are resolved, there is little point in changing only one aspect of the equation, i.e. the reliance on imprisonment. Many activists therefore advocate change in the areas of housing, education, health care and more as forms of prevention to incarceration. In

addition, anti-prison and social justice activists, like the American Friends Service Committee, focus on alternative to violence programs as way of addressing not only imprisonment but the prevention of harm, the reduction of the school to prison pipeline and a way to address structural inequalities in the lives of those most marginalized and at risk of incarceration.

Litigation and its limits

One of the questions raised by using litigation as a mechanism of social change is whether it is conducive to creating fundamental social shifts or more narrow victories. In relation to deinstitutionalization and prison abolition, the question is whether anything other than reform can be achieved by such efforts or whether it can be used effectively as another tool in the arsenal of activists, motivated lawyers, organizations and those incarcerated, even those committed to an abolitionary stance. The other question is whether litigation and the law are even effective in creating reform or any significant changes in relation to institutional and prison closure and depopulation. Can litigation ever improve the lives of those incarcerated, and if so, what are the costs for employing this strategy in the long run?

Litigation as mechanism for decarceration in deinstitutionalization and prisoners' rights cases

Rothman and Rothman (1984) contrast public interest lawyers, at least in the field of developmental disability and mental health, with the legacy of reformers from the beginning of the 20th century, who were all professionals seeking to rehabilitate the deviant. But unlike their earlier counterparts, these new idealistic litigators seemed more motivated by a rights discourse than by paternalistic attitudes about their charges. This change could be seen as the legacy of the civil rights movement and the increased belief in social change brought forth by litigation efforts. Some lawyers who were involved in the civil rights movement simply followed their clients into

prisons and got involved in penal reform that way. Academics also played a central role in the legal arm of the deinstitutionalization and prison abolition movement, as can be seen in judges' opinions which cite such scholars as Erving Goffman, Greshem Sykes, Wolf Wolfensberger and others (this role is discussed further in chapter 4).

In this regard, the role of progressive judges is also important to note. In particular one should note the late Judge David Bazelon who ruled in favor of mental patients' rights in early landmark cases, especially in the late 1960s and early 1970s. At the forefront of the new legal advocacy was also the Mental Health Law Project, formed by some of the lawyers and mental health professionals who worked on early cases, including those in Judge Bazelon's court. In 1993, MHLP celebrated its 20th anniversary by rededicating its mission to Judge Bazelon and renaming itself in his honor. Many of these lawyers filed suits in landmark cases in the developmental disabilities field as well, based on their experiences with mental health law litigation.

The 1960s and 1970s also saw a resurgence in litigation about prisoners' rights. Prison rights advocacy was at its peak and brought to the greater public attention the real conditions of the current prison system. Beginning in the early 1960s courts began to recognize First and Fourteenth Amendment rights of prisoner inmates. In a series of decisions, federal courts ruled that Black Muslim inmates should have the same access to religious materials and services that are available to other (Christian) inmates, that Muslims had a right to a pork-free diet, that prisoners should not be segregated on the basis of race, and the like.

The "cruel and unusual" argument provided another new line of litigation for prisoners. In *Holt vs. Starver*, 1969, the district court in Arkansas ruled that the entire prison could be a form of cruel and unusual punishment, after finding out the deplorable conditions and intense violence

the prisoners were subjected to. In particular, the court found that the confinement of inmates in solitary cells, which were "overcrowded, dirty, unsanitary, and pervaded by bad odors from toilets, constituted cruel and unusual punishment."[33] Also, the state had failed to provide sufficient protection to the inmates outside of solitary confinement who lived in constant fear of their lives. In *Finney v. Hutto,* 1977, an Arkansas prison was again sued in regards to excessive guard violence and the use of confinement cells. The lower courts declared that "confinement of prisoners in punitive isolation for more than thirty days constituted cruel and unusual punishment and was impermissible."[34] Immediately after *Holt***,** federal judges elsewhere began issuing similar orders. The most expansive cases occurred in the South, whose prisons were explicitly modeled after slave plantations and were expected to operate at low or no cost to the state. However, prisoners' rights judgments were handed down against prisons and jails in virtually all fifty states.[35]

It was also the time of disability rights advocacy, especially the growth of anti-psychiatry in the 1960s and the spread of the normalization principle, which advocated for community, as opposed to institutional living, in the field of "mental retardation"[36]. Here too the legal arena was a major ground in which deinstitutionalization and human rights started to be implemented de facto. Since the early 1970s there had been more than 45 lawsuits filed against state institutions for people labeled as mentally retarded (Gran 1995/6). The vast majority were brought as class action lawsuits, and the plaintiffs were usually institutionalized residents, Arc affiliates,

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[33] http://www.libraryindex.com/pages/2562/Prisoners-Rights-Under-Law-EIGHTH-AMENDMENT.html">Prisoners' Rights Under Law - Eighth Amendment
[34] ibid
[35] Free legal encyclopedia. Prisoners' Rights - Ruffin v. Commonwealth, U.S. ex rel. Atterbury v. Ragen accessed at http://law.jrank.org/pages/18928/Prisoners%E2%80%99-Rights.html on August 2010.

[36] In fact, the judge in the Pennhurst case refers to the normlaization principle in the ruling: "Since the early 1960s there has been a distinct humanistic renaissance, replete with the acceptance of the theory of normalization for the habilitation of the retarded.... The environment at Pennhurst is not conducive to normalization……It is separate and isolated from society and represents group rather than family living."

advocacy organizations including self advocates, and parent groups. There is a high correlation between litigation and reduction in institutional populations (which will be complicated later). For instance the five states that ranked highest in depopulating mental institutions between 1988 and 1992 had court orders or consent decrees in place at that time (Gran 1995/6).

Litigation strategies used in deinstitutionalization cases include the use of the due process clause in the fourteenth amendment which guarantees, according to the courts, safety, freedom from harm and in some cases habilitation. In other cases plaintiffs used the integration requirement stated in section 504 of the Rehabilitation Act and later on the ADA (Gran 1995/6). Another strategy for institution closure in the legal route, was by enforcing standards that will be so costly to the state that it will choose to close the hospital/institution instead of complying with the court order. This seems to have been the strategy promoted by the lawyers in the class action suit in Wyatt. *Wyatt v. Stickney,* in Alabama, was one of the first cases to deal with confinement in psychiatric and mental retardation institutions. It was filed initially on behalf of patients at Bryce Hospital for people with mental illness in 1970 and expanded to include Partlow State School for people with mental retardation in 1971. In his ruling, the Judge affirmed that people with mental illness and mental retardation committed to institutions had a right to treatment (in the case of mental illness) and habilitation (in the case of mental retardation). In the summary judgment, it was made clear that Alabama and other states did not have a legal obligation to maintain institutions for people with mental illness and mental retardation. However, in order to operate existing institutions they had to abide by constitutional guarantees (Taylor 2009a). The hypothesis of the lawyers in the Wyatt case, and other deinstitutionalization cases, was that the prohibitive cost of rehabilitation would necessitate the release of patients into other settings and ultimately result in the closure of the institution (Rothman and Rothman 1984).

The Wyatt case is similar to prison cases that tried to convince the courts that rehabilitation should be part of services granted to those incarcerated. However, several courts ruled over the years that rehabilitation is not a necessary part of incarceration, and that prisoners do not enjoy a constitutional right to treatment. In some cases in the field of developmental disabilities, the courts did uphold a right to habilitation for institutionalized people with disabilities, at least under certain circumstances. However, this approach, of establishing a right to treatment and habilitation for prisoners and inmates, is in fact counterproductive to abolitionist ideals. Although some abolitionists do work to end prison labor and create some programs, for drug users for example, in prisons, the question is whether such efforts do not expand the scope of incarceration in the long run. A related question is what a right to habilitation even means when one is incarcerated, as incarceration is the epitome of un-rights and un-freedom.

Another landmark case in deinstitutionalization litigation is the Willowbrook case, aka *New York State Association for Retarded Children v. Rockefeller in New York.* One of the reasons this became such a landmark case was that at its peak, in 1969, Willowbrook was the largest institution for people with mental retardation in the world, holding 6200 people (Taylor 2009a). Noting that federal courts had ruled that prisoners had a right to be free from cruel and unusual punishment, the judge in the Willowbrook case reasoned that those confined to Willowbrook must be entitled to at least the same rights. For Judge Judd, the right to protection from harm entitled residents to safety, a tolerable living environment, medical care and freedom from conditions that "shock the conscience" (cited in Taylor 2009a).

Both these cases, Wyatt and Willowbrook, can be most plainly construed as institutional reform cases, even if the reforms sought were massive to a point that might render the institution too costly to maintain. As Taylor (2009a) points out, although both cases resulted in significant

deinstitutionalization, it was not until the Pennhurst case, filed in 1974, that the institutional

model itself was placed on trial. The Pennhurst case was the first deinstitutionalization case that

was actually ANTI-institutionalization as opposed to about deinstitutionalization-

institutionalization. Interestingly, the Pennhurst case did not begin with an institutionalized

person seeking legal recourse or a parent seeking to file suit on behalf of their institutionalized

child or adult. According to David Ferleger (1979), the case began when a high level

administrator urged a mother of an institutionalized adult to file suit on behalf of all residents of

the institution and sent her to Ferleger, who was then the director of the Mental Patient Civil

Liberties Project in Philadelphia.

Halderman v. Pennhurst State School and Hospital in Pennsylvania (*the Pennhurst case*), in

my mind, is operating on the logic of prison abolition, as outlined by abolitionist groups at the

time (like the work of Honey Knopp outlined earlier in the chapter). The plaintiffs, and

ultimately the judge, did not seek reparation or change in the condition of institutions, but sought

to prove that they are inherently unnecessary and unconstitutional, and therefore need to be

closed down altogether. The decision was based on citing both the equal protection clause of the

Fourteenth Amendment of the Constitution and Section 504 of the Rehabilitation Act, which was

enacted in 1973 to prohibit discrimination against people with disabilities by recipients of federal

funds. The ruling touched mostly on the right to nondiscriminatory rehabilitation, which the

court felt cannot be achieved in a segregated setting: "the confinement and isolation of the

retarded in the institution called Pennhurst is segregation in a facility that clearly is separate and

not equal" (as cited in Taylor 2009). Judge Broderick was in essence enacting the famous phrase

used during the 1954 school desegregation case, *Brown v. Board of Education*. With this usage

the connection was made that this too was a desegregation case about the right to live in integrated settings, based this time not on color but on disability.

Judge Broderick ordered Pennsylvania to provide community living arrangements for the inmates now residing at Pennhurst and, in essence, to close down the institution and by implication all such institutions. Judge Broderick's decision was upheld by the Third Circuit court, but the Supreme Court twice overturned the Third Circuit's opinion on narrow legal grounds and never engaged with the profound questions raised by this case and its implications for other institutions (Taylor 2009a). Although this case can be seen as groundbreaking in supporting an ideology of closure of institutions, it was not followed by similar rulings, which called explicitly for institutional closures. Although other individuals sued facilities for wrongful imprisonment or lack of services or inability to live in the community, it was the only court ruling that actually challenged the institution as such, not on individual basis but on constitutional and other legal and moral grounds. As such, it is the only case I can think of that came close to an abolitionary stance in regards to institutionalization, or imprisonment in general. The problem with the litigation strategy is that at its best it leads to the closure of one specific institution or unit. Prisoners and inmates are then moved to other facilities that are more compliant. There has not been a decision that imprisonment, or even solitary confinement, are unconstitutional per se.

Of course it is naive to believe that such cases, even if decided in favor of the plaintiffs actually resulted in significant improvements in the institutions in question. A follow up report, published in 1973, shows that although the court mandated in the Wyatt case a minimum of 96 physicians in Bryce hospital with its 4000 inmates, only 13 were working there at the time of the report. Partlow State School had only 3 physicians post its lawsuit, with an average age of 66,

indicating that not much had changed in the way the institution was run in relation to new personnel (Ahmed and Plog 1976). In the Willowbrook case, it took three years from the start of the suit until the consent decree, which was a watered down attempt to decarcerate Willowbrook residents in phases. The main problem with the decree was that it was full of contradictions, asking for huge financial investments to be made in the institution at present but requiring its closure in the near future. It was also apparent that the plaintiffs wanted nothing short of a revolution in the way mental retardation was perceived and treated, a total shift from institutional to community care, while the department of mental health subscribed to a continuum approach, by which institutions will be used for the care of those labeled as mental retardation alongside community placement and group homes (Rothman and Rothman 1984).

As can be seen by the length of time these cases were (and still are) litigated and the judgments in most of them, they were not a very successful legal strategy, but they had other effects. After some semi-successful court cases in the 1970s, the reliance on litigation to promote deinstitutionalization and decarceration had waned and fewer such cases were seen in the courts, especially as class action suits. The battle in some of these cases, such as Willowbrook and Pennhurst, waged on for a few more decades as the state refused to comply with the consent decrees or to close down the institution. Taylor and Searl (2001) point out that as late as 1983, more than ten years after the initial suit was filed, there were still about 1000 residents living in Willowbrook in squalid conditions. Eventually, other factors were more influential in insuring that institutions finally closed down, even those that were the subject of lawsuits in the 1970s. As Taylor (2009) points out, the value of many of these cases was to bring attention to the conditions in psychiatric and mental institutions and as such they were closer to exposés and journalistic accounts. Their symbolic value may be much bigger than their effect on the actual

plaintiffs that brought on these cases. Symbolic effects of lawsuits, beyond the specific individual or institution, may include: public relations, education regarding deinstitutionalization and prison abolition, or advancing a new or alternative ideology such as normalization, least restrictive environment, or imprisonment as cruel and unusual punishment); raising awareness about the conditions in prisons and institutions; testifying as empowering to those incarcerated; encouraging others to file suits; and offering the possibility to create policies that stretch beyond the individual case.

Individual decarceration cases and ableism in the "justice" system

Thus far, the law was discussed as a mechanism by which decarceration can be taken up by individuals or as class action suits. The goal is to both bring awareness to the plight of incarcerated individuals (in institutions, prisons, group homes etc.) and also to seek more immediate remedy by using the court system as a granter of rights. Even though the legal arena is a much contested one, and indeed does not even rule in the favor of plaintiffs in most of these cases, it is still sought by individual plaintiffs, such as the phenomena of "jailhouse lawyers." In his book, death row inmate and imprisoned intellectual Mumia Abu-Jamal (2009) chronicles the contributions of jailhouse lawyers to establishing current penal codes regarding prisoners' rights as well as the repression that results from this advocacy. For instance, it was jailhouse lawyers that exposed the deplorable conditions in the Texas prison system in the early seventies, which eventually led to signed decrees that led to reforms within the prison system. In general, Abu-Jamal demonstrates that, although this is a buried history, it was jailhouse lawyers in many states that pioneered and advanced the practice of "prison law" and prisoners' rights.

Based on some of these partial successes, it may not be surprising to learn that these efforts were soon curtailed. Abu-Jamal (2009) relates the passage of the Prison Litigation reform act,

aka PLRA, in 1996, as a point of attack on the practice of advocacy and litigation by public interest lawyers and especially targeting jailhouse lawyers. The timing of the passage of the PLRA does not escape Abu-Jamal, as it was the same time that TANF (Temporary Assistance for Needy Families) had changed and welfare was curtailed by the same, Clinton, administration. He connects these policy changes to media portrayals that showcased poor people, especially those of color, as lazy and deceiving the tax payers into getting welfare instead of going to work. At the same time, the same media constructed prisoners as trying to deceive the prison system by over complaining and litigating and therefore requiring restrictions on their right to sue from prison.

The fact that prisoners use the law to find ways to fight their own oppression and subjugation by the same system, does not escape Abu-Jamal. He observes that it is the people who try to fight the system using its own tools, i.e. the legal route, that end up the most wounded at the end of the process. In his own words, they literally go crazy, as something snaps when they realize that the system does not follow its own rules for everyone. Many of them believe that once they find the right case law or loophole and can cite it to a judge, they will be vindicated. But that rarely happens, and when it does not, the same jailhouse lawyers lose all hope in the system. So ironically, it is the inmates that are rebellious and have no faith in the system from the get go that have a better chance of accepting their incarceration, not as just, but as a fact of life (Abu-Jamal 2009).

Recent activism around abolition also shows that the legal arena has not faded as a tool used by individuals or organizations to either force decarceration in specific prisons[37] or try to appeal for release of individuals who are incarcerated. The question of early release based on diminishing mental or physical capacities is especially potent here, as an intersection of disability

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[37] See recent cases in California, especially Plata v. Schwarzenegger (N.D. Cal. 2001).

and decarceration legislation. Some prison abolition organizations, like Justice Now based in Oakland, are using early release for mostly individuals with degenerative disabilities or who have incurable diseases, as means to get people decarcerated and have them spend their last months outside of a prison setting. These cases are known as compassionate release or medical pardon cases.

However, there is a fine line between diseases and permanent impairments and some of these cases clearly blur such distinctions, and do so intentionally. For instance, in the case of people who are paralyzed due to disease or accidents, or who have full blown AIDS or have such conditions as Lou Gehrig's disease, it is hard to determine if they are dying or have disabilities (a similar conundrum occurs regularly in euthanasia cases). Some advocates and organizations are well aware of the problematic of using such tactics but still maintain that it improves the lives of individual prisoners who they are petitioning for, and also nibble away at the prison-industrial-complex as a whole. Such interpretation of abolition work seems closer to what Knopp et. al. had envisioned in the 1970s as abolition by attrition (described earlier in the chapter). The problem with using such tactics is that it often evokes disabling sentiments either by the petitioning parties or the judges. In other words, you have to claim that these prisoners have no life ahead of them and no quality of life to speak of in order for judges to grant them early release. This critique is often heard from disability rights organizations and activists such as Not Dead Yet and ADAPT, who try to resist such practices.

Aside from medical parole, there is an inherent problematic in using disability to lay bare the injustices of the criminal "justice" system as whole. Even seemingly benevolent attempts by the courts to reinstate the human rights of prisoners with disabilities reinforce instances of ableism if done under the current understanding of the prison or institution as a place that can contain

justice therein. In the groundbreaking and most recent case regarding deinstitutionalization, Olmstead v. L. C in 1999, the Supreme Court upheld the Eleventh Circuit decision that Georgia had violated the American with Disabilities Act by forcing two developmentally disabled women to remain in a state mental hospital after they were deemed ready for discharge. In this case, the Supreme Court ruled that a State is required under Title II of the Americans with Disabilities Act (ADA), to provide community-based treatment for persons with mental disabilities 1) when the State's treatment professionals determine that such placement is appropriate, 2) the affected persons do not oppose such placement, and 3) the placement can be reasonably accommodated, taking into account the resources available to the State.

However if one reads the summary judgment, things turn more complex: "It must be remembered that for the person with severe mental illness who has no treatment the most dreaded of confinements can be the imprisonment inflicted by his own mind, which shuts reality out and subjects him to the torment of voices and images beyond our own powers to describe." (Olmstead, 527 U.S. at 609-10, Kennedy, J. concurring judgment). Such interpretation of disability ultimately led the judge to grant the seemingly victorious decision in Olmstead. But what led the judges in this decision is entrenched ableism and lack of belief in the competency of people with psychiatric and cognitive disabilities.

In a recent case regarding a disabled prisoner, the principle of ableism by the court leading to a ruling in favor of the disabled plaintiff is demonstrated yet again. Doris Clarkson was a Deaf plaintiff in a 1995 suit against the state of New York. While in prison, she and other prisoners were routinely denied sign language interpreters, thus limiting their ability to participate in or understand parole hearings, prison activities and medical or psychiatric appointments. The federal judge in the case ruled in the prisoners' favor. The judge understood the injustice of the

segregation that deaf and hard-of-hearing prisoners experienced, but only from an abelist stance. As the judge wrote: "It is particularly true in the context of reception and classification that, as discussed above, the contention that ADA liability can only be triggered by a request for an accommodation from a person with a disability is reduced to a circularity by DOCS' failure to give proper notice and provide a coherent and effective protocol by which class members can make their needs known. The absence of these critical elements of the ADA scheme at the Reception Facilities has truly sentenced class members to a "prison within a prison." (Clarkson v. Coughlin 1995)

Abolition politics and the law

The law is not only a mechanism of attempts at release and decarceration but can be a tool used by the state to control certain populations. Even seemingly progressive or libratory laws and regulations often have loopholes or are based on assumptions that cut against any efforts for justice and equality. A prevalent example is the 13th Amendment, which symbolizes for many a rights based approach, especially in the post-slavery era. The 13th Amendment to the U.S. Constitution was signed in 1864 and (at least seemingly) abolished and prohibited slavery and involuntary servitude. But as Guyora Binder (1996), Kim Gilmore (2000) and others show, there is a clause in the 13th Amendment, which authorizes the state to use the labor of felons, as slavery is abolished except for punishment of crime. Thus, a seemingly benevolent and beneficial constitutional amendment became a state mechanism of control, capable of giving freedom to some and not to others.

This practice of involuntary servitude of felons gave rise to the racialization of both criminalization and unpaid labor. Some scholars/ activists thus view the convict lease system as the transition between slavery and the creation of the Prison Industrial Complex (Davis 2000), as

was discussed in the introduction chapter. The abolition of slavery thus did not end the practice of servitude or unpaid work. Many prison abolitionists are therefore wary of simply abolishing a system without starting to rethink what can come in its place, or starting to build it de facto. The 13th amendment can thus serve as a warning sign for prison abolitionists and anti-institutionalization activists of the fact that abolition in itself is only a first step and unless the roots of oppression are tackled, another oppressive structure will come to replace it. It also serves to point to the limits of the law in bringing about abolition, as the law only addresses very narrow aspects of profound social questions.

Like the clause in the 13th amendment, the cases dealing with institutional release of people with disabilities were also used to establish clear boundaries on who is worthy or unworthy of rights and freedom. In 1975, the U.S. Supreme Court ruled on the constitutional right of a "nondangerous mental patient" in *O'Connor v. Donaldson*. In a unanimous decision, the Supreme Court ruled that Kenneth Donaldson, a "nondangerous" mental patient, had a constitutional right to liberty. The judgment relayed that it was not constitutional to incarcerate a person who is deemed nondangerous who can safely live by themselves or with the support of others. This proved to be a landmark case, seemingly assuring the freedom and liberty of people labeled with mental illnesses. This was viewed as a milestone as such rights are not usually associated or guaranteed to those institutionalized. In fact, as opposed to incarceration in prisons, there is no limit on a time an inmate must spend in a psychiatric hospital or institution. At the same time though, the ruling reinforced the notion that those who are "dangerous" are not deserving of such rights and freedoms. This ruling, therefore, once again constructed and reinforced the boundaries between those deserving of freedoms and rights and those who mark

the lines of un-freedom (in this case, people with psychiatric disabilities who are labeled as dangerous, which is the main cause of involuntary institutionalization to begin with).

Some contend that the prisoners' rights movements had a positive effect overall, as they almost entirely eliminated or at least reduced practices like torture, starvation, freezing, banning the exercise of religion and so forth, from American prisons. Others claim that such seemingly progressive measures only led to the strengthening of the penal system and led to the increased usage of more invisible and repressive modes of control in the prisons. (Gottschalk 2006). Abolitionist Ruth Gilmore wants us to question the role that activists play "first in normalizing the prison and then enabling its perpetually expanding use as an all-purpose remedy for the thwarted rights of both prisoners and harmed free people" (Gilmore 2006: 23). Penal expansion came about after the rise of the civil rights movements. But were rights a way, used by the state, that eventually pacified any real change or inclusion? The 1990 American with Disabilities Act can be perceived as a reform measure that seemingly provides equality under the law, thus pacifying more radical opposition (from groups like ADAPT, which use direct action to protest the placement of people with disabilities in nursing homes). If we look at rates of unemployment of people with disabilities, which have risen or have stayed the same since the enactment of the ADA, and the fact that most cases brought under the ADA are not ruled in favor of disabled plaintiffs, we can begin to analyze such laws as a form of co-option of activism by the state.

Brown insists that rights must not be confused with equality and that they "are more likely to become sites of the production of identity as injury than vehicles of emancipation" (Brown 1995: 134). For instance, if a woman's rights are violated it is then up to the state to uphold those rights as they have been written into law. Protection is then institutionalized, creating a female dependence on state power. There is no discussion of transcending the existing patterns of male

dominance within the masculinist state because women have been granted equality under law. The liberal philosophy of writing rights into law thus entrenches and subjugates women into the existing systems of traditional subordination, allowing no real way out of the cycle of dependency, protection and regulation.

Litigation and rights discourse draws on the state in fixing social ills of its own creation. Under this view, using the law as an arena to create change assumes that the law is just and is a fruitful arena through which change can come to harmed populations. But many anti-prison and social justice activists perceive the law as inherently repressive, not just in cases where the plaintiffs do not win justice. Hence their use of the term "criminal injustice system" to refer to the current state of punishment in the U.S. Prison expansion serves as a reminder that it is precisely this kind of reform impetus that boomeranged against incarcerated populations. By using the law, one perpetuates and reifies an oppressive structure that needs to be challenged and ultimately abolished. As Audre Lorde (1984) wrote years ago - the master's tools will not dismantle the master's house.

Prisoner's movement and deinstitutionalization: Preliminary conclusions about reform and abolition

What led to successful deinstitutionalization and what led to the "fall" of the radical prison movement of the 1970s? Deinstitutionalization and anti-psychiatry were not as threatening to the state as the radical prison movement was in the 1960s and 1970s. Since the prison movement was connected to black power and other anti-statist and revolutionary struggles the state repression against its activist was very pronounced and had lingering effects, to the point that many prominent activists in those struggles are incarcerated to this day. This is not to say that

some activism related to deinstitutionalization was perceived favorably by the state. For example, to this day self-advocates are denied visitation to their friends in nursing homes and institutions for the fear of "influencing them" with an anti-institutional mindset (O'Brien 1997, see also footnote 38).

Secondly, deinstitutionalization was not motivated by ideology alone, as can be observed throughout this research. It was the result of planned and unplanned policies, budgetary considerations, politics on a local level as well as pressure from disabled people, their families and professionals. In contrast, at least at that time, discussion of decarceration and prisoners' rights was mostly ideologically motivated and was not combined with other forces such as policy changes and a shift in professional view of incarceration. Without the ideological fervor of its supports, the prisoner movement had little chance of survival. Because of state repression and the backlash against it, the radical prisoner rights movement was silenced.

Another explanation, which was suggested by Gottschalk (2006) as an explanation for the rise in incarceration, is that the activists engaged in practices that de facto widened the net of imprisonment. However, Gottschalk does not connect that directly with the fall of the prisoners' rights movement, but the same logic seems to work in this case as well. The prisoners' movement was connected to reform efforts, trying to change the conditions of imprisonment to include the right for religious affiliation, for gathering etc. Also, alternatives to incarceration were ultimately co-opted by the state or private entities and their radical edge was dismantled. The reform factions within the movement seem to have won over the abolition vision, which was in contention and in a minority position from the get go.

In comparison, deinstitutionalization and anti-psychiatry had a strong abolitionary stance, from an ideological standpoint (not taking into account the policy, politics and fiscal factors that

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viewed deinstitutionalization as a process, not a mindset). In its ultimate vision, and praxis, deinstitutionalization was very radical for its time and advocated for closure of all institutions for people with disabilities. The premise was that no one should be put in a hospital (for more than a few days) or in an institution, regardless of their dis/ability and its degree. I believe that because this was the line that eventually caught on within the movement, although there were definitely dissidents to this view, it ultimately became a reality in many states, even when it was co-opted by politicians and professionals.

In the field of developmental disabilities the abolitionary vision seems to have won the battle and most organizations today believe in deinstitutionalization and community living for all. Today, most organizations and professionals support community living, as can be witnessed by the fact that by 2004 183 organizations signed The Community Imperative (Center on Human Policy 1979), including the ARC, who supported deinstitutionalization, especially since the 1980s onward (Carey 2009). This claim is also supported by the increasing numbers of institutional closures as opposed to people living in institutional care. Most telling is the fact that even in existing institutions the populations are aging, and are not being replaced by younger cohorts. From 1977 to 2002 the number of children and youth institutionalized had decreased from over 54,000 to about 1478 (Prouty, Smith and Lakin 2003). Thus, Taylor argues that controversy over deinstitutionalization will not continue indefinitely, as families do not wish to have their children or adults placed in institutions any longer, but some do not want them to be placed out of such settings. But there is hope that once the current institutionalized population passes from old age, the idea of institutionalization will die with them (Taylor 2005).

In the field of psychiatric disabilities and the movement to abolish psychiatry and its institutions, the picture is murkier. There were some gains made as a result of

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deinstitutionalization and closure of many psychiatric hospitals, which allowed hospitals to become a place of last resort, not the first option for people with mental illness diagnoses. But deinstitutionalization in the field of mental health remains controversial to this day. Both of these movements, deinstitutionalization and the radical prisoners' movement, resulted in great backlash from the public, professionals, the media and scholars as well, which is the topic of the following chapter.

Chapter 6: From "radical activists" to "dumping people in the street": Critiques and backlash against deinstitutionalization and prison abolition

When one mentions deinstitutionalization in casual conversation, two pervasive images often emerge. The first is of zealot activists and lawyers who would not compromise until everyone is served in the community and all institutions close. The mirror image of this narrative is that of Geraldo Rivera's exposé of Willowbrook with its back wards in which naked adults with a variety of disabilities walk or crawl aimlessly in filth and urine. This narrative then is one of triumph, of a movement from deep darkness of institutional corridors into the light of community care. The second image is that of the "mentally ill" individual who is begging in street corners across the U.S or just walking by, talking to themselves, aimlessly as a result of massive hospital closures. This narrative is of utter failure of both the state and by default all the players that led to deinstitutionalization and its aftermath. Both narratives are of course skewed, but the questions guiding the inquiry in this chapter are- why were these images circulating? At what times and to what aims? What gave rise to these narratives and how were they utilized by various players?

During the move out of institutions, many critiques were laid out by policy makers, parents of children with disabilities, employees of institutions and community members who resisted deinstitutionalization and the tenets of community living and community mental health. I will highlight a few of these vocal and implicit critiques, which did not result in putting an end to deinstitutionalization but on some level made public opinion turn against its proponents. In the popular imagination this staunch criticism has led to a backlash and what can be characterized as "the failure of deinstitutionalization." Much of this chapter will be devoted to investigating the

chasm between activists' perception of the process of institutional closure and community living and that of their critics.

More specifically, the latter part of this chapter will investigate the claims that in the wake of deinstitutionalization people, especially those with psychiatric disabilities, were "abandoned to their fate" and became homeless in the streets. As part of this investigation I will query the use of statistics as a means to construct a particular (medicalized) discourse around the "homeless mentally ill" that creates a backlash against deinstitutionalization efforts. The chapter will end with a discussion of the consequences of the backlash against and critique of deinstitutionalization for a future without institutions.

In addition I will pay attention to the way social science is embedded in these debates over the merits of deinstitutionalization, its effectiveness and its backlash. In particular, I will investigate the use of statistics as tools that are used by activists and social scientists to stake their claims in these debates. In the genealogical tradition, my goal is not to prove or disprove the accuracy of particular measurements of homeless mentally ill, disabled prisoners or rising crime rates but to view the ways in which such measurements are used as tactics in constructing particular narratives over what deinstitutionalization was, what it meant and what were its consequences.

Impediments to anti-institutionalization, prison abolition and facility closures

Before and during deinstitutionalization, there were many critiques that were laid out against the notion of community living and community mental health and the closure of large state institutions and psychiatric hospitals for those with developmental and psychiatric diagnoses. In the next section I will highlight some of the various ways in which deinstitutionalization was resisted by parents of disabled children, staff and employees of institutions and hospitals. I will

also discuss resistance to deinstitutionalization on ideological grounds as well as material resistance to community living as posed by those currently living "in the community." Many of the same types of resistance that were encountered by those trying to advocate for the closure of institutions are now used as ways to resist discussion about prison closure. The phenomenon of prison closures is by no means widespread, and is definitely not reaching the levels of deinstitutionalization in terms of institutional closure. But even at this early stage it is important to look into the types of resistance that prison closure has been receiving.

Ideological resistance: pro-institution factions

Before and during deinstitutionalization, opponents of closures in the mental health and developmental disabilities arenas claimed that the policy is unrealistic and that its proponents should wait until the time is right for it. One of the most pervasive arguments against deinstitutionalization, which is still debated today, is the widespread belief that certain people will always require some custodial care. This is true for people with cognitive, psychiatric and intellectual/developmental disabilities- especially those labels on the severe or profound side of the spectrum. Many professionals, and parents, believe that the best interests of "these people" will always be better served in residential settings and although others can benefit from programs and therapies, they cannot. This is the position of organizations such as Voice of the Retarded, and some, vocal, family members from NAMI (the National Alliance of Mental Illness). They actively lobby for increasing options such as involuntary hospitalizations and medication or residential living options. This of course ends up competing with those who advocate for more community living options and supports, both ideologically and in terms of budgetary priorities.

A similar barrier is constructed by the category of "the dangerous few" in regards to imprisonment, as discussed in an earlier chapter. Sauve (1988), a prisoner himself, perceives

prison abolition as two worldviews. One advocates for the total abolition of prisons and its system of penalty. The second holds that a few small prisons for violent criminals are a necessary evil but all other prisons should be closed and depopulated on a major scale. He sees the first strand as unrealistic and utopian, and so radical as to deter people from joining the movement. Total abolitionists, as he refers to them, seem to want to return to a mythical Garden of Eden where everyone loved their fellow men and women. In realistic terms, he believes that the "dangerous few" still need to be segregated from the rest of society. These views are reflective of many opponents to decarceration who advocate for abolition but only for certain populations.

There is also a tendency, when trying to dismiss deinstitutionalization, to characterize the process as hasty, happening too quickly and with no regard to the consequences of closure. When looking at the process of actual closures of institutions, fast closures are the exception, not the rule. Some institutions took decades to empty out, and some are still in the process of placing all the residents, decades after the announcement of closure had been made. Moreover, even when consent decrees and lawsuits were in effect in institutional closure cases, it took years and sometimes decades to actually close down the institution and place all its residents in other programs (some prominent examples are the Willowbrook and Pennhurst cases). However, the process may have seemed hasty to some because in some processes of institutional closure, the public and even the parents were not involved or informed until very late in the process of closure, making it appear like the decision had been rushed.

Another pervasive argument put forward by those who support institutionalization is that no alternatives are currently available in the community and the community is not ready to receive mental patients or those labeled as intellectually disabled or offenders. This is a complex issue,

as it is true that in most local settings in most states, there indeed was not an array of community living options, especially those that are federally funded and of high quality. However, the question is whether there will ever be an optimal time by which such processes as deinstitutionalization, decarceration and community mental health should be implemented, and for whom it would be optimal. The notions that communities are not ready will be discussed later on, but suffice to say that if we think of people with disabilities, addicts and those psychiatrized or imprisoned as already part of communities, then one could claim they are quite ready right now, or at least should be made to be. The other issue is related more to notions of what it means to have social change, especially as it pertains to abolishing a certain structure that had been there for so long, such as institutions, prisons and mental hospitals. In that regard, looking at abolition as "the unfinished," as Matheisen suggests in regards to prison abolition, insists that abolition should always take place when not everything is yet in place, because by then it is too late to learn lessons, make changes and create a revolutionary and lasting change, as opposed to cosmetic changes only.

Another common argument, which is heard most often in relation to deinstitutionalization in mental health, is also about the right to live in the community. Stephen Rachlin (Ahmed and Plog 1976), for example, who was a psychiatrist in a psychiatric facility at the time that deinstitutionalization started to happen, defends hospitals by stating that the right of treatment should supersede unrestricted liberty. He cites an article on re-hospitalization of chronic patients, stating that "the research team was of the opinion that 84% of the patients studied might not have needed re-hospitalization if appropriate services had been available elsewhere; the fact remains that they were not" (Ahmed and Plog 1976: 33). So in essence his argument, which is not unusual, is tautological in nature- there were no alternatives so we should keep the hospitals as is

without developing community alternatives, because hospitals are needed based on the fact that people get admitted to them repeatedly. Another common argument against closure, also put forward by Rachlin, is that once patients are discharged they do not really reside in the community, as they are not a part of it, even if they live outside of an institution. The claim is that discharged patients in the community "are neither thriving nor prospering." Of course one can counteract these claims by stating that neither do they thrive and prosper in hospitals. Quite the opposite. Rachlin (1976) goes further to state that the right to treatment should now be extended to those who are involuntarily communitized..

As we have seen in chapter 2, some institutions' claim for change is only in the symbolic level, so that even when they claim to become more humane and less restrictive, they hold the same ideological ground as before. State schools for the developmentally disabled have been justified historically for three main purposes: to educate and train those labeled as "retarded"; to provide custodial care for those labeled as severely disabled or "profoundly retarded"; and finally to act as agents of social control, for instance during the height of the eugenic movement. In modern day institutions, however, none of these mythical images can suffice to legitimate the existence of the institution as they became warehouses, not schools, and overt social control fell out of favor post WWII (Taylor & Bogdan 1980). However, the old institutional myths seem to have given way to new ones, instead of disappearing by virtue of the weighty critique. Most institutions and hospitals simply changed their vocabulary, their image and even their goals in accordance with newer models, like normalization and development, but maintained the same ideological stances they held in the past (which is the issue at the heart of the problem with reform). For instance, many institutions changed their names from state school, asylum or institution to "developmental center" or training center; inmates were now called residents or

clients. Some institutions even hired public relations professionals to actively change their image in the eye of the public and others now offered guided tours with preapproved scripts told by the guides. As an interesting side note, the practice of touring has become a whole industry in corrections (i.e. prison tourism) not just for lay visitors in empty prisons, such as Alcatraz, but also for professionals who tour present day prisons for research (such as social scientists and criminologists) and entertainment (such as documentary makers, TV hosts etc.). Such tours usually recount the humane treatment that the inmates are getting, especially in relation to prisons of the past (Piche and Walby 2010).

In the 1970s onward, institutions began to use prevalent rights rhetoric in order to justify their own actions, from lack of activities (explained as a result of cutting off inmates' unpaid labor because it became illegal); disallowing outside visits (as the inmates have a right to privacy); to the lack of sufficient clothing, explained as a right to be oneself and be naked if one chooses to (Taylor & Bogdan 1980). Thus, as exemplified with the Rome school in chapter 2, institutions, or state schools for those labeled as mentally retarded, engage in survival techniques to prevent their closure, and enhance their legitimacy. Similarly, the functions that are proposed for psychiatric hospitals are treatment by/with hospitalization; protection of the individual; protection of the community from the individual; respite; and long term/custodial care for the chronically ill. Dingman (in Ahmed and Plog 1976), explains that the primary functions of psychiatric hospitals, from their inception, have been public safety and custodial care. However, most people involved in them believe that their primary goals are rehabilitation and treatment. Dingman warns that this will be the faith of community mental health centers, which inherit this defunct model.

The most prevalent line of opposition to facilities' closures involved advocating for gradual changes in regards to incarceration, for the betterment of the inmates. Ever since prison abolition was suggested in a systematic way in the 1970s, it has encountered oppositional arguments in favor of prison expansion (Knopp 1976), especially in relation to overcrowding and terrible living conditions in current prisons. Following the bloody outcomes of the Attica uprising in 1971, public and scholarly interest in prisons grew, especially in relation to how to make them more humane and less overpopulated (Gottschalk 2006). As we have seen in previous chapters, abolitionists respond that there can never be a humane cage by definition and therefore abolition, and not reform, is advocated. This is in line with the philosophy of anti-institutionalization as well.

Some critics of deinstitutionalization, especially professionals, also view community living and community mental health as a fad. Some think it will fade away and be replaced by an alternative paradigm of treatment and care. As such, they are very wary of supporting it, fearing it will soon be replaced by another trend in the field and they will be chastised, just like many professionals and parents are chastised now for supporting institutionalization for all these years. Their perspective is that there are various trends of treatment that have manifested over the years, often in cycles, ranging from control via medication; aversive treatments for behavior issues (used mostly on children with psychiatric and autism labels); to mainstreaming and inclusion. Thus, they believe that community living is only one alternative amongst many, and residential treatment is just as valid, legitimate and effective as any other option.

Repressions based on advocating for prison abolition and deinstitutionalization are sometimes more implicit as well. Some perceive the biggest threats to the penal regime as coming from awareness and solidarity. This is perhaps one of the main reasons why prisoners are

prohibited from political activity and sometimes are denied access to each other (Saleh-Hanna 2000). It is also a reason why prisoners' organizations and prison abolition groups are made to look extremist and out of touch with reality, as mentioned earlier. This is also the case in regards to advocating for deinstitutionalization. Self advocates are also sometimes denied opportunities to be in solidarity with their peers who are still institutionalized (O'Brien 1997)[38].

Self advocates and People First members[39] realize that institutions keep people with disabilities separate from each other and that prevents them from coming together and fighting for what they want- to live free in the community. Institutions deny visitation from People First members, and prevent them from attending self advocacy meetings. Sometimes they do it by saying that People First members have no rights to be there and sometimes they move people to other facilities and buildings and do not reveal where they are because of "confidentiality." They also sometimes censor and deny mail and phone calls from empowered self advocates (O'Brien 1997).

Rhetorical throwbacks: Anti-institutionalization and prison abolition as radical

A more implicit critique of deinstitutionalization and prison abolition is in the way it is perceived by the public and (social) scientific literature. Specifically, the characterization of these movements as radical and utopian did much to hasten the backlash against their activists as well as against the ideas they put forward. Prisoner organizing, described in chapter 5, was a particular target of backlash and critique from the public and the state. This strand of activism, which was more radical and marginal by nature, started to overpower reform based efforts and

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[38] This varies from state to state, in relation the efficacy of the Protection and Advocacy system in each state. The P&A system allows lawyers and advocates entry into institutions and prisons to check on their conditions and those of the inmates they house.

[39] Self advocates are people with labels of intellectual and developmental disabilities who are active in advocacy efforts. People First refers to the movement that insists on personhood over disability labels, as in referring to "people with.. (disabilities)" instead of looking at disability as an all encompassing trait of the person

prison litigation, which were driven primarily by civil rights lawyers and progressive policy makers. The prisoner movement provided a bridge between the activism on the left, which was largely white and middle class, and the revolutionary stance of black power activism, according to Gottschalk (2006). Most importantly, because of this movement, prison issues became a major concern for most radical and progressive social justice organizations at the time, regardless of their "cause."

According to Cummins (1994), some activists and groups on the left, which were mostly young white educated activists, romanticized the prison as a hothouse for breeding radical politics. They were also infatuated with individual prisoners, according to Cummins, especially well-spoken political prisoners, and started thinking that all convicts are potential political leaders and soldiers of the revolution. In his polemic book, Cummins (1994) essentially blames this revolutionary fervor for the demise of effective prison activism after 1970. In his analysis, it divided the prisoner movement between revolutionaries/radicals and reformers. The former were enshrined in images of urban warfare of radical groups like the Black Panthers, Weather Underground and the Symbionese Liberation Army, according to Cummins. Suggesting that these groups were radical, violent and ineffective in creating change makes many assumptions that seem more related to their public image and interpretation by people for a variety of political agendas, which need to characterize them as radical and violent in order to separate them from what they perceive as more legitimate forms of activism. In other words, one needs to ask not who was or was not radical but why is this category used, how it is used as a rhetorical tool and for what purposes. For instance, this narrative reinforces assumptions about the nature of violence in which state violence in relation to the "war on drugs" and repression of dissent is not seen as violent but citizens who resist the state are seen as violent. In essence, Cummins is also

blaming activists in these movements for their own repression instead of investigating the structural oppression and violence that necessitated their establishment and later facilitated their demise. Although I will not get into the ways in which the state actively aided in the destruction of radical dissent (such as in the famous case of the Black Panther Party), it is clear that the label of "radical" was, and still is, used to make the claims of such groups seem as illegitimate as possible.

The public response was not late in coming, and, according to Gottschalk (2006), it drew back almost all support for prisoners of fear of these local "terrorist groups." Furthermore, Cummins (1994) claims that this backlash gave way to the "law and order" agenda of the mid-1970s and 1980s. This ultimately led to terminating many educational programs in the prisons, intensifying surveillance on prisoners, creating more maximum security prisons and outlawing most prisoner associations. In my opinion, however, too much emphasis is given by Cummins to direct activism in bringing forth these changes, which were often gradual and reflected institutional and political agendas that went well beyond the public's perception of militant activism.

Famed criminologist Roger Matthews further critiques prison abolitionists for trying to abolish not only prison but the state, as a centralized entity that controls punishment and other governing operations, and moving those entities into the hands of individuals and local communities. Thus, he refers to abolitionists as "anarcho-communist." This is in contrast, in his view, to the position offered by many other prison activist groups who attempt to make the state a more effective or accountable entity in relation to penalty (Sim 2009). Prison abolition is also seen as "uncivil" and undemocratic, as it does not espouse change through pressure groups which lobby for particular policies, such as specific reform efforts within particular provinces or

states, but seek to abolish a whole system. This strategy is perceived as breaking from the liberal political discourse all together, as well as the discourse of modern social movements (Sim 2009). On the other hand, abolitionism has come to be regarded as a remnant of 1960s idealism, rooted in extreme libertarian views, similar to those espoused by anti-psychiatry and other anti-authoritarian activists. From the inception of prison abolitionism as a movement, its activists were being dismissed as "dreamers, crackpots and sentimentalists" (in Knopp 1976). Activists in these movements point out that it is ironic that abolitionism is considered to be idealistic, while prison reform, whose oxymoronic goal to create reformed non-oppressive prisons is considered realistic.

Other scholars also similarly critique abolitionists and mischaracterize their work based on unfamiliarity or misguided reading which presents them as radical and utopian. Wacquant (2009) sees prison abolitionists as reproducing the "repressive hypothesis" refuted by Foucault, which sees power as a negative force that controls, not one that also produces and seduces. He also characterizes their analysis as a "conspirational view of history that would attribute the rise of the punitive apparatus.. to a deliberate plan pursued by omniscient and omnipresent rulers" (2009: 29), and argues that "they fail to see that crime fighting is but a convenient pretext and propitious platform for a broader redrawing of the perimeter of the responsibilities of the state operating simultaneously on the economic, social welfare, and penal fronts." As was demonstrated in chapter 1 and 4, this characterization directly contradicts the position of activists who have a much more complex analysis of the penal state then the one suggested by Wacquant as conspiratorial and lacking depth. Like many other social scientists, Wacquant and Mathews do not seem to hear activists' analysis, perhaps because they do not perceive them as holding the proper credentials and tools for analysis sufficient to be equally heard in policy debates.

Proponents of institutions similarly characterize deinstitutionalization as a radical and dangerous movement, related to other "hippie" activism of the sixties. Crissey and Rosen (1986) edited a major anthology in defense of institutions for "the mentally retarded." In the book they describe deinstitutionalization as being "part of the upsurge of various human and civil rights movements, the accompanying litigations and the focus on individual rather than societal needs…. This change (i.e.-deinstitutionalization) was promoted by substantial numbers of young professionals who, in the 1960s, identified with the underprivileged and espoused anti-establishment causes" (1986: ix). What is interesting in such portrayals is the notion that civil rights activists and those who advocated institutional closures were acting as part of an individualistic wave (and also implying egotistical motives), and not advocating for "societal needs." I think the difference in perspective may be the result of overlooking both power and privilege in the question of whose social needs are being met and whose are being repressed. Many activists in the sixties believed that the pyramid of what constitutes "societal needs" needed to be revaluated, and viewing deinstitutionalization from this perspective does position it adjacent to other social movements of the time. However, this narrative of the young idealists taking up the cause of closure of institutions for the disabled as a byproduct of their wider revolutionary stance is only one version of this story, as there were many advocates for institutional closures who did not affiliate with any progressive movement of the time, and this was a single-goal campaign for them.

Resistance from parents

It is ironic that parental opposition is a barrier to efforts for community integration, since it was massive push from parents, which fostered the movement towards deinstitutionalization in the first place. During the 1960s when deinstitutionalization in the developmental disability

realm took a slower pace than anticipated, it was often parents who were vocal in their demands to push things along towards community living (Fronboese and Sales 1980). Historically and categorically, parents' attitudes towards deinstitutionalization have been split between those who are seen as "institutional parents" and those who advocate for community living for their children. In some states, deinstitutionalization lawsuits had caused a rift between parents as to what will serve the best interest of their child (Taylor and Searl 2001b). It is also important to note, however, that when there are successful programs for community living, parents are generally persuaded and start demanding similar programs in their communities (Taylor and Searl 2001b).

Parents who were opposed to deinstitutionalization of centers and institutions for those with developmental or intellectual disabilities were concerned about a variety of processes and issues related to it. Some raised concerns about the quality and adequacy of services and housing, which is available in the community, as opposed to in institutions. Fronboese and Sales (1980) comment that it seems that some particularly disturbing examples of inadequate or neglectful conditions in community services were often circulating amongst groups of parents and then repeated and generalized to prove the inefficacy of the system as a whole. Parents also connected these concerns with the media portrayals of deinstitutionalization of those labeled as mentally ill, who were perceived to be dumped in the streets and left homeless and without services. Since this backlash happened before and during deinstitutionalization of those with developmental disabilities, parents latched on to these stories and highlighted them in conversations as a similar fate for their kids if deinstitutionalization were to be supported. Perhaps needless to say, there were plenty of horrific examples of neglectful institutional care of both populations of disabled

people, but those occurring within institutions were not highlighted amongst parent groups who opposed deinstitutionalization, although most were quite familiar with these cases.

Another concern that parents had was that they did not believe that community services and living was a stable and sustainable option for their developmentally or intellectually disabled children. This is partially the result of perceiving deinstitutionalization as a fad and as something that is going to be replaced by another policy in the near future. But these concerns were also motivated by the fact that, contrary to popular belief, these parents were now parenting adults and not children and they were concerned about what would happen to their children after they were gone, if indeed community support is not sustainable (Fronboese and Sales 1980).

But the opposition to deinstitutionalization and community living for those with developmental/intellectual disability was not only on administrative grounds and issues with implementation of the policy. It was in its most basic form an opposition on ideological grounds. Most of the parents that opposed deinstitutionalization also opposed the principles of normalization, the notion of the least restrictive environment and the push towards inclusion, integration and mainstreaming. In the minds of these parents, the proponents of such ideologies are idealists and extremists who have no idea what is realistic for "their children," especially in relation to those labeled as "severely" disabled. In essence, many parents expressed the belief that their children were very limited in what they can achieve, that they are very dependent and will remain "childlike" even as adults (Fronboese and Sales 1980). If taken from this parentalistic[40] perspective, some of the parents' concerns could be better understood, as they viewed community living without supervision to be akin to child neglect. Other variations of such ideological opposition to deinstitutionalization was that those who are mentally disabled

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[40] Parentalism is a term coined by Prof. Arlene Kanter (from Syracuse University's Law School) to indicate that women could also be implicated in "paternalistic" attitudes

cannot adjust to life in the community, that the community will not accept them, and that "they will be happier with their own kind" (Fronboese and Sales 1980).

The opposition from parents also created several organizations, which became committed to supporting residential treatments and placements for people who are labeled mentally retarded. In the mid 1970s, when parents who were associated with the ARC (then the Association for Retarded Children) could no longer agree on deinstitutionalization as a desirable policy, they branched into a new organization- the Mental Retardation Association of America. The latter became a strong opponent of deinstitutionalization, especially in relation to institutional closures achieved through litigation. It perceived deinstitutionalization to be no more than a dangerous fad that needs to be stopped (Fronboese and Sales 1980). The Congress of Advocates was established in 1979 by a mother of a child with cerebral palsy and mental retardation labels; and Voices of the Retarded was established in 1983 by a mother of an institutionalized child. Both organizations oppose institutional closures and believe that the most appropriate services for some people with developmental disabilities will always be in institutions of some sort (Carey 2009).

In this view, people with "mental retardation" labels who are placed in community settings are forced to modify and be "normalized" to fit a norm they cannot and should not be asked to uphold. From a disability rights, and disability studies stance, this may seem like quite a progressive view, one which proposes that norms are socially constructed, just like the labels they produce, and those who are so labeled should not be expected to change themselves to fit a societal norm not of their creation. A second look at these organizations' platforms does not yield itself to such interpretation, however. What they seem to strive for is a segregated space in which "people have the right to be retarded." The label is never contested, but instead upheld,

thereby creating not only difference, but inherent inferiority. It is very interesting, though, that the rights discourse is still inherent in such statements, albeit perhaps in opposition to the one promoted by the disability rights movements.

Ultimately, it is clear that some parents' concerns over deinstitutionalization and their support for residential living and forced hospitalizations do not match the desires of people with developmental and psychiatric disabilities themselves. One of the major differences lies in the fact that parents often do not have the same opinions as their kids, especially when the kids are adults. In the disability rights movement the slogan "nothing about us without us" comes to represent this very paradox, to state that people with disabilities should control their own lives and decisions in relation to their lives. It is also understandable that many parents have concerns about their children and they disagree with their choices, including such choices as not taking psychiatric drugs or refusing treatment. The problem comes to bear when these are not perceived as choices but as representing the inability of the person to govern their own lives, and as such often lead to forced hospitalization or forced institutionalization. For instance, NAMI (National Alliance on Mental Illness) represents the views of some people with psychiatric labels and also family members. On the one hand they are united in fighting for services and against the stigma of what they define as mental illness. But on the other hand, there are many others with psychiatric labels who completely disagree with NAMI on issues such as medication, hospitalization and other policy issues. As with other organizations, it is often the voices of the parents that override the voices of those with the disability labels.

I would be remiss, however, not to point out that some, perhaps unexpected, opposition to institutional closure also came from people with disabilities, who did not want to leave institutions or advocate their closure. Residents who lived in institutions for decades considered

it to be home, for better or worse (Lord and Hearn 1987). Some never experienced a different home or living arrangement. Many made meaningful friendships in the institution, with both residents and staff members and did not want to see these relations severed. Their genuine sense of loss, combined often with feelings of anxiety and excitement about moving into the community, was often not dealt with effectively by advocates of institutional closure (Lord and Hearn 1987). In regards to one institution that closed in the early 1980s, it was suggested that residents that were institutionalized for less than 5 years were the most comfortable with and were less ambivalent about the idea of moving out of the institution (Lord and Hearn 1987). If activists are to remain true to the principle of advocacy based on those most affected, then what are they to do with such opposition coming from those with disabilities? False consciousness is not a satisfactory analysis in my opinion, since it can become a knee jerk reaction about resistance to any kind of change. In this case in particular it leads back to regressive arguments about the ability of people with disabilities (especially with mental retardation and psychiatric labels) to make informed decisions about their own lives. Such opposition needs to be better understood and addressed, as opposed to dismissed, by those who are committed to institutional abolition.

Opposition from employees and other economic considerations

In many closures of institutions and state schools, the staunchest opposition came from unions or groups representing the employees of these facilities. For instance, in the case of the Brandon School in Vermont, although there was widespread support for the closure, the move also had its opponents. These included the school association, many of its employees and some of the town residents (many of which were families of employees at the school). Interestingly, their opposition used the same rhetoric as that of the proponents of the closure plan, which

advocated for "the best interests of the school residents." The opponents did not launch their disagreement on the basis of losing jobs but instead made an effort to persuade others that some people are not suitable for community living and those people will be better served staying in Brandon. Opposition to the closure was ultimately forfeited in favor of what people defined as "professional opinion," which favored community living for people with developmental disabilities (Shoultz et al. 1999).

In the case of the closure of juvenile facilities in Massachusetts, the state employees' union representative was in favor of the closure on an ideological level, as he recognized the need for a deep level change in the Department of Corrections (Miller 1991). Despite their profound opposition to the closure, even staff knew that the conditions of most buildings were not sufficient for the programs to run smoothly and that a deeper change was needed. But they simply did not think the schools would close, even after the announcement went out. This might help explain why their positions were still paid months after the institutions were left vacant of residents. Reform school staff opposed the closure, and even beforehand opposed any sense of reform that looked like leniency on the kids, such as letting them wear their own clothes and hairstyles. Miller (1991) contends that as runaways increased, the dress code and stringent rules became also a measure needed by the towns-people to separate the residents from the "free" public.

Opposition to facility closures is not based only on ideological grounds, though, but is also based on economic factors. At the beginning of the prison boom, state and federal authorities often offered incentives for towns to build prisons so that today many towns compete for the chance to have a prison in their jurisdiction. In order to compete, some towns offer the land for free or provide housing subsidies for the guards. The prison is promoted as a recession proof no-

fail industry, which is non-polluting and will bring job opportunities, especially to areas damaged by agribusiness or where other blue collar unionized jobs have moved elsewhere (Ahrens, 2008). Abolitionists respond that new employment opportunities should be created without reliance on imprisonment to do so. It is interesting that politicians have also started taking up this framework, at least rhetorically. In a recent speech , given in January 2011, New York Governor Andrew Cuomo stated that: "An incarceration program is not an employment program. If people need jobs, let's get people jobs. Don't put other people in prison to give some people jobs… That's not what this state is all about. And that has to end this session."[41]

In general, prisons are not a good economic development tool for small towns because they generally do not create many links to the local economy. In actuality, most new prison jobs do not stay in the town housing the prison. For instance, the new prison built in Delano, California in the mid 1990s generated about 1600 jobs, out of which 79 went to local residents of Delano (Ahrens 2008). These new employees also show little interest in purchasing a home in the area. Food and supplies for the sustenance of the prison are often ordered from centralized state locations. Prisons also facilitate the opening of national chain stores around them (for fast food, retail chains etc.) and drive local companies out of business (Ahrens 2008). More generally, Mosher, Hooks and Wood (2007) conducted comprehensive statistical analysis on the 3100 counties in the U.S. in which a prison (or several prisons) had been built, comparing urban and non-metropolitan counties. They found that in urban counties there was little difference in the average income per capita between counties that have or do not have a prison, and that those with a newly built prisons actually showed the slowest pace of economic growth. For both rural and urban counties, those that had no prisons demonstrated the fastest pace of economic growth.

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[41] See http://www.northcountrypublicradio.org/news/story/16942/cuomo-says-prisons-can-t-be-a-jobs-program

They hypothesize that one of the main reasons for this lack of growth (economically and in terms of employment) is that the communities try to attract prisons by supplying infrastructure (such as electricity, roads etc.) which diverts necessary resources from already impoverished towns into the business of corrections. In addition, they confirm that most jobs are not taken up by local residents, whether as guards or construction workers (Mosher, Hooks and Wood 2007).

Direct opposition to deinstitutionalization and prison closures also comes from labor unions. In 1975 AFSCME, the American Federation of State, County and Municipal Employees, which represents 250,000 employees in the public health sector, authored a report titled *Out of their beds and into the streets*. The report presented deinstitutionalization as a failing practice that will leave the indigent uncared for or worse yet, will move the care from public entities into for profit sectors that will decrease state budgets and will not truly care for and about the disabled (Taylor and Searl 2001b). In 1978, the Civil Service Employee Association sponsored a public relations campaign to show the public and politicians that deinstitutionalization means dumping populations into the streets. Taylor and Searl (2001b) emphasize that it is hard to gauge the effect of such campaigns on deinstitutionalization as a whole but such efforts probably dissuaded those who were on the fence about deinstitutionalization, and created unwelcoming environments, not to mention blatant opposition, to efforts to relocate people into the community. Planned prison closures, which have been proposed in recent years as solutions to state and districts' budgetary deficits, have also been resisted fiercely by unions. For instance, in response to the NYS governor's proposal to close four prisons, the New York State Correctional Officers and Police Benevolent Association ran an advertising campaign criticizing the Department of Corrections for closing prisons and not making administrative cuts, calling it a "dangerous choice" and "a difference between life and death." These ads ran on TV and on radio and urged the public to

take action. It was not mentioned that this was a campaign related to employment issues, but instead emphasized "public's safety."

Opposition to deinstitutionalization also came, perhaps not surprisingly, from administrators of institutions. The National Association of Superintendents of Public Residential Facilities for the Mentally Retarded did not oppose community placements, but stated that some individuals will always need to live in institutional arrangements, and therefore some units or some institutional settings will always be needed (Carey 2009). The issue was one of job loss to be sure, but also of losing occupational power and prestige, as the "experts" in the field of developmental disabilities. One also has to believe that at least some administrators did believe that the best interests of their charges are served in such settings better than in the community and therefore thought that the whole notion of deinstitutionalization and normalization was not only wrong, but dangerous.

Although much resistance to deinstitutionalization came from employees working in state and federally funded institutions, there were exceptions of course. In the lawsuit that led to the consent decree that led to the closure of Willowbrook state school in New York, the efforts of one of the employees became paramount to leading the way to the lawsuit and exposing the institution initially. William Bronston became a resident physician at Willowbrook in 1970. Rothman and Rothman (1984) describe him as idealist, a part of the 1960s generation that sought to bring deep meaningful change to American society. Many employees of Willowbrook, though, had no such aspirations for change and most took the job at Willowbrook because there were few other positions available. Closure of the institution was the last thing on their minds (Rothman and Rothman 1984).

It is important to note that some workers spent their entire career working in institutions or often at a single institution. Their commitment was to the residents and their well being but also to the overall structure of the institution. Some scholars suggest that long time employees of institutions tend to exhibit institutionalized behavior, similar to that of their patients, which bonded them to the place and its rules and policies (Lord and Hearn 1987). Dingman adds in relation to deinstitutionalization and labor battles, that "there is substantial literature on the economic and psychological consequences of being uprooted from one's work, which cannot be ignored" (1976: 48). It is almost comical, however, for a psychiatrist to mention "psychological harm" done to workers after institutional closure and not to the patients during institutionalization and then re-entry.

Barriers to implementation of deinstitutionalization

Even in places where near consensus is achieved regarding deinstitutionalization and institutional closure, there are various impediments to the successful implementation of the policy. The biggest barrier to implementation of community living and community mental health on a national level is federal policies that make it fiscally undesirable to move people out of institutions and nursing homes. There is inherent institutional bias in programs such as Medicaid, due to their funding stream, strong political lobby and staff organizations and unions that are often underutilized (Lerman 1985). This bias means that money (in the form of benefits or waivers) goes towards institutions, nursing homes or group homes but not to the person who benefits from these services directly. The introduction of Medicaid money (as waivers, benefits etc.) mostly applies to alternative institutions (nursing homes, hostels) and not alternative care. There is a lack of reimbursements that could cover services such as non-hospitalization long term treatment, day and vocational habilitation, advocacy and support for living in the community.

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The consequence is that most people with disabilities do not have real choices in terms of whether and with whom they would like to live, if their main source of funding is federal benefits. Many disability advocacy organizations, most prominently ADAPT, therefore support any initiatives (such as Money Follows the Person, Medicaid Community Attendant Services Act (MiCasa) and the *Community Choice Act*) that enable people to utilize their benefits and waivers as they see fit, to hire their own aides and enable them to live an integrated life in community settings of their own choosing.

In the mental health and developmental disabilities fields, deinstitutionalization was justified, by its advocates and the states, as saving money on a state and federal level. However, at least in the 1980s and in some states to this day, the spending on mental health has only increased post deinstitutionalization and the majority of the budget still goes to psychiatric centers and hospitals, because of outdated ideologies but also the policy bias described above (Johnson 1990). In the field of mental health, one of the immediate consequences of deinstitutionalization in the seventies was that more patients were treated in institutions than before the program began, and more money was going to institutional care than to community mental health. For example, Shadish (1984) describes an innovative approach to treat mental patients who were released from institutions, called the Lodge Society. This program, which had been in operation from the early 1960s, had been proven to be effective in establishing the well being of released patients as well as helping them with job placement and decreasing their dependence on professionals. But in a large effort to disseminate this model, less than 10% of the 255 hospitals contacted made any effort to adopt or learn more about this program. One of the reasons offered for this rejection is that the Lodge model goes against many of the ideals of the current mental health system. Under this program, it is believed that social factors are the major factor

contributing to people's behaviors and the way these behaviors are perceived. But the current system views mental patients as the ones responsible for their own predicament and therefore they are the ones who need to be changed or cured. In addition, although lodges are much cheaper than hospitalization, they are not reimbursable or profitable under the current health care system. The lodge system also discourages dependence on health care professionals, but often it is these professionals who hold the resources that the residents need. In contrast, Shadish (1984) reports on the growth of the nursing home industry at that time, as the major beneficiary of deinstitutionalization. They filled this role, which the lodges did not, because they were constructed around the same beliefs as the general health care system and retained the "mentally ill" in their former place as patients and dependent on care and services from medical professionals, not peer support.

Another issue is the absence of conversion plans for existing institutions and move into a policy that actively encourages community living and care (Center on Human Policy 1979). Blatt et. al. (1977) pushed for the idea that for deinstitutionalization to be successful, a full conversion model from an institutional to a community service model should be achieved. In order to accomplish full conversion one must recognize the depth of business interests in seemingly non-profit services and agencies. Secondly, creating new meaningful use for the evacuated settings after their closure is paramount. In chapter 2, I discussed a few recent examples in Upstate New York in which a former developmental center and psychiatric hospitals that closed down as part of the deinstitutionalization movement were converted into prisons shortly afterwards. Some facilities created smaller units on the ground of the old institutions in which people with the same disability labels can live. Such examples illustrate the need to guarantee explicitly what will

happen with the physical remains of the closed institution and have the community involved in such decisions.

One of the most prominent barriers to implementation of any policy is lack of budgets and budgetary priorities. In the case of state-run institutions and mental hospitals there are two compounding issues at play. The first is that states are often reluctant to close institutions since they were funded by municipal and state bonds (Blatt et. al. 1977). Secondly, even when they close down, the budgets of each institution do not seem to go directly into community services. This of course creates a budgetary issue as monies that used to be utilized for the care of people with disabilities either disappear from the budget all together or go to the upkeep of institutions even as the number of their residents is very small. In most states traditional institutional facilities receive the bulk of the mental health budget, even while the patient populations have shrunk significantly over the years (Lerman 1985). One of the reasons is that there is renewed interest in upgrading the old facilities, which have closed down or are underutilized. Many states had thus included in their mission statement of deinstitutionalization the desire to improve conditions of institutions for those who will need them. However, this priority not only raised the mental health budget overall, but it also cut the funds from community programs and less restrictive placements (Lerman 1985). Miller (1991, citing Rothman 1979) claims that in New York State and Pennsylvania, while thousands of patients were left with little housing or treatment options in the community, the budgets for the depopulated hospitals actually increased at the beginning stages of deinstitutionalization. He sums up the situation by remarking that although most mental patients left the institutions in past decades, the staff, resources and budgets remained institutionalized.

It may be equally problematic though if the same agencies that provided services in the institution would be the ones to develop and deliver community based services, for ideological, bureaucratic and economic reasons (Blatt et. al. 1977). Such simple conversion from institutions to a community model is highly suspect, as it is unclear whether the staff and administrators made a real shift in perspective in terms of providing care and service for people who they used to serve in institutions. Until a cultural shift has occurred regarding the realization of human dignity of all and service provision is based on independence and normalization rather paternalistic attitudes, the conversion, and the process of deinstitutionalization, should be regarded as incomplete (Blatt et al 1977). In short, for the most part, the changes that are implemented are cosmetic when the same agencies are charged with care pre- and post-deinstitutionalization, as they create a feeling of institutions in the community.

A related barrier to the implementation of the original goals of deinstitutionalization, is leaving people with disabilities with no plans for reintegration and no housing options when released from institutions (Center on Human Policy 1979). The main goal of deinstitutionalization, as an ideology and a movement, was not just to close down institutions and "close the doors" but to open new opportunities for people with a variety of disability labels which were not afforded to them beforehand, whether they were institutionalized or not. It is a paradigm shift in relation to the way we understand disability and community. Not providing such options after institutions had closed, and indeed restricting such options even further because of budget cuts, is interpreted by some (Center on Human Policy 1979) as an intentional act by the state, one which creates more public resistance to the whole notion of deinstitutionalization and seemingly demonstrates that it was an ill-conceived idea. In this line of reasoning, people equate deinstitutionalization with "dumping" of people with no recourse.

Community resistance and the NIMBY phenomenon

The general public seems to have supported people with disabilities when it came to charitable donations during the 1950s onward. But when people with disabilities started to demand equal rights in regards to housing, employment and education, in other words to be integrated within various facets of society, then objections started to be raised. In fact, it seems that the most vicious attacks on disabled people were and are in relation to opposition to deinstitutionalization and especially the construction of group homes in the community (Kanter 1984). In Washington DC and Staten Island, potential housing that would have been used for group homes were actually fire bombed, in a way reminiscent to church bombing in the South in the era of civil rights and calls for racial integration. The resistance to community living has been so staunch and violent that it led Taylor and Searl (2001b) to connect it with eugenic ideologies and stereotypes, including the rallying cries of politicians and editorial writers about the release of "dangerous" persons into the general public because of deinstitutionalization. Provoking these notions of danger and criminality as conflated with disability should be quite familiar to students of eugenics, which saw people who are feebleminded and mentally deficient as biologically prone to violence and debauchery and therefore in need of being segregated from the rest of the population (as described in chapter 2). Thus, the legacy of eugenics seems to be alive and well when one observes protests against the integration of people with disabilities in the community.

Protests against group homes in residential areas seem to follow such a similar pattern, that the validity of the claims of the protesters needs to be questioned, according to Rothman and Rothman (1984). The objections to the placement of group homes usually follow seemingly pragmatic lines and the initial concern raised is always about the supposed well-being of the disabled residents. Examples of these arguments include raising such issues as lack of sufficient

space, no adequate signage, increased traffic or dogs in the area, and the absence of a yard (Rothman and Rothman 1984). All these arguments are raised as issues that will jeopardize the safety of the new residents and therefore should prohibit them from moving into that house or the neighborhood. It is interesting that the same concerns are not raised about other residents who live in the same area, despite the fact that their safety might also be compromised if "lack of a yard" is indeed such a major source of concern. The other line of argument, usually stated in closed neighborhood meetings, is the fear of losing property values following the construction of group homes in the area. The claim of decline in property value has never been substantiated, however. New York State actually enlisted the help of Julian Wolpert, a renowned urban geographer from Princeton, to research the validity of such claims, and they were disproved in his study (Rothman and Rothman 1984). Very similar claims and tactics are used against the construction of any supported living or rehabilitation facility in the community, such as halfway houses, housing for those formerly imprisoned or dealing with various addictions etc.

Over the years there has not been much in the way of national mobilization on this front, but rather strong and vocal organizing around resistance to group homes or apartments for people with mental retardation and disability labels on a local level. Some of the tactics used by residents and neighborhood associations included bringing up zoning regulations and building codes to block the creation of residential services in the area (Carey 2009; Kanter 1984)). At times, lawsuits would result out of such resistance, as the residents would sue the district or local entity but there have also been cases in which companies sued the local entities on behalf of group homes to ensure they would go ahead with the plan to open them up. The other line of action that is often employed by residents in opposition to group homes is trying to convince the renter or sellers to cancel the agreement with the state, either in diplomatic ways or by using

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scare tactics (Carey 2009). Often, neighborhood association or individuals would also try to enlist local politicians to in their opposition to the arrival of residents with disabilities in their community (Rothman and Rothman 1984).

It may seem that attitudes about declining property value are the basis of many of the struggles against the creation of community living settings for those formerly incarcerated and institutionalized, but at the root of such complaints are deep-seated ableist attitudes about who should and should not reside in the neighborhood. Post deinstitutionalization in the field of mental health, Rachlin (Ahmed and Plog 1976) cites a study that shows that a significant percentage of the general public see protection, of the community as one of the primary functions of the state hospital. As such, it is implied, there is an expectation that people who are not institutionalized be protected from those who are. But what such (often cited) studies fail to discuss is any relation between such findings and ethical and moral discourse. In essence, just because something exists does not mean it should continue based on other people's expectations. This was the guiding principle behind the civil rights and women's rights movements and questioned who governs such decisions about inclusion, and who gets to be "in the community" and be treated equally. The perception that post deinstitutionalization, or because of deinstitutionalization, there is a reduction in quality and quantity of mental health services seems to miss the fact that hospitalization, in the mind of its users, did not provide any meaningful services in the first place. The only meaningful function hospitalization seems to fulfill is warehousing, which was of use to some because it provided board and food paid by the state.

This function also eroded over time, not because of deinstitutionalization, but because of neoliberal policies developing at the same time. The expectation of the lay public, leading to and also after deinstitutionalization, was by and large that those discharged would somehow be

normalized and rehabilitated (i.e. assimilated) in the community. Psychiatry's inability to cure "the mentally ill" and the understanding that disability is part of the human spectrum became more visible now to most people, who had encountered people with significant behavior differences for the first time as they exited the walls of the hospital (Johnson 1990).

Racial politics were also a factor in resisting group homes, especially for those formerly incarcerated. Suburban upper middle class neighborhoods tend to have the staunchest opposition to group homes, despite the fact that they have the most resources to aid such homes. This may often be based on racial fear, and is also reflected in resistance to racial integration from the 1930s onward. Some see this resistance as another form of resistance to diversity and clinging to homogeneity in bordered spaces (Morris 1989). In terms of deinstitutionalization of mental health, strong opposition from local residents (who were mostly white and affluent) kept people who were deinstitutionalized out of suburban areas and in the inner cities, where there was also a higher percentage of housing and services (Dear and Wolch 1987). Therefore, Lerman (1985) puts the responsibility for some of the undesirable consequences of deinstitutionalization on official policies and administration, in relation to the institutional bias of Medicaid for instance, but also the general publics' disdain for enacting programs and placing residential facilities in more central and less impoverished locations.

Geographers Jennifer Wolch and Michael Dear investigated the emergence of the "service dependent ghetto" in inner cities in North America, brought forth by exclusion from suburban and affluent communities and in search of affordable housing and access to transportation and services. The populations serviced in such ghettos are those who have been deinstitutionalized from traditional large enclosures housing them in the past- people with psychiatric labels, those with cognitive and physical disabilities, addicts and convicts. The basic premise of Wolch's

research is that deinstitutionalization produced a new kind of urban ghetto. It is interesting to connect such analysis to that of sociologists, such as Wacquant, who defines the ghetto as an ethno-racial enclosure with specific characteristics, such as territorial stigmatization. Some see several advantages to such grouping of so-called marginalized populations. For instance, such grouping could help foster a subculture for those who are similarly located, geographically and socially. People can thus serve as peer support for each other, as they are in close proximity and obtain services (or attempt to) in the same places[42] (Dear and Wolch 1987). At the same time though, the creation of such stigmatized locals within the city further exclude the recipients from being an integrated part of the local community, and creates its own mini-institutions within a community setting

In addition, in many cases, advocates of group homes (for ex-prisoners, drug users and so on) knock on doors of people in the neighborhood to let them know such a home will be built and explain the implications. Although this is done in order to prevent any future opposition to the creation of the homes, in actuality it creates a situation in which residents are warned of the existence of future residents, highlighting only one characteristic of diverse people (Morris 1989). Therefore, instead of diffusing any resistance to the new residents or facility, such acts often end up disseminating worry and fear in the minds of future neighbors. Since no other groups of new neighbors need to be announced (such as families with loud children, an abusive husband and so on), this exclusionary practice does little to create peaceful bridges to community inclusion. In a similar fashion to the creation of moral panics about crime and safety nationwide

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[42] Dear and Wolch assume that most institutions were in urban settings, but in most states that was not the case in relation to mental retardation institutions, or prisons that are often built in remote areas, requiring family members to travel large distances to visit those incarcerated.

(which are well documented and discussed elsewhere), group homes and community living for people with criminal and/or disability labels seem to also construct a panic inducing discourse.

A useful approach to analyzing the way "community" is perceived and contested by various stakeholders in the discourse around the construction of group homes is to utilize the work of theorist Sarah Ahmed. Ahmed (2004) challenges the assumption that emotions are individual matters that come from "within," but instead she suggests that they create the boundaries of bodies, collectives and discourses. It is the passion of negative attachments to others that produces an imagined community, to use Benedict Anderson's (1991) term, of those who possess such attachments. At the same time these affective forces construct those who are the bearers of negative attachments as Others, and as not part of the collective. It is the emotional reading of fear and hatred that binds the community together and indeed constructs it as "a community." Thus, emotions are not inanimate, they produce things. Therefore, we need to speak of them in an economic sense, as affective economies.

Ahmed (2004) demonstrates that these attachments work best when the "ordinary citizen" is perceived to be in crisis and under attack. In the case of the struggle against the construction of group homes and the production of NIMBY attitudes, it is not so much the "ordinary citizen" but normalcy itself that is seen as being under attack. There are the notions of living in suburbia and all that it entails (the American dream, historically white segregated communities of "like-minded people" etc.) as well as prejudice regarding disability, ex-offenders, and addiction. When these notions mesh up, emotional attachments are produced that construct those who are opposed to integration as "your average citizen" whose core values are now under attack. Such affective discourses shift the locus of victimhood from those who are not allowed in, to those who oppose their integration as the wounded party. The affective economy of fear creates not only a sense of

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shared community (community in crisis struggling to maintain its core values) but also creates what it is not- the object which is seen as threatening its existence. Thus, the fear of the Other, and fear of integration does not involve the defense of the boundaries of the community, but it in effect creates these borders. By creating these borders through affective economies, the "community" creates itself by standing apart from the objects it fears or feel threatened by, i.e- those labeled as developmentally or psychiatrically disabled, people who were imprisoned and those requiring welfare and medical services. This helps explain the way in which communities construct themselves as different from these entities, even though as a whole they have always already contained these entities.

Social science data used in support of and against deinstitutionalization

When deinstitutionalization started to gain momentum and novel notions such as normalization and disability rights started to circulate, many professionals and researchers began to critique these trends. The most common strategy employed amongst social scientists who engaged in these debates was to call for "further research" to be conducted or suggest that the research on community living versus institutional living is inconclusive and until more conclusive results are achieved no further policy should be implemented (Taylor and Searl 2001b). The problem with such demands is that it makes the research seem neutral on an issue that ultimately should be decided on moral, and not (social) scientific grounds. Stifling policy by calling for more research to be conducted can therefore be construed as "neutral" as making policy favoring institutionalization.

Social science research in particular became an ideological and political tool in the service of proponents and opponents of institutional living and community placements alike. Proponents of institutions debate the research findings from studies that compare institutional to community

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placements, claiming that the data is inconclusive, insufficient or biased (Crissey and Rosen 1986). Over the years there have been numerous studies conducted on comparing the costs of community living versus living in institutions. In most of these studies, either a large or slight savings was found in favor of community placements. However, in their meta- analysis of research conducted on cost comparisons between institutional and community settings for people with developmental disabilities, Walsh, Kastner and Green (2003) found that despite the common assumption, community living is not necessarily cheaper than residential placements overall. First, the comparative aspect in general is hard to hone down, as there are so many varieties of community placements (from group homes to living independently with support, from private monies to public funds and waivers). In addition, many of the articles that were reviewed used very different methodologies and therefore cannot be compared accurately. Second, Walsh, Kastner and Green (2003) contend that most of the difference in cost "savings" from institutional to community living is directly related to cutting down on the cost of staffing. Put differently, staff is paid significantly less in privately owned group homes and other community settings, as opposed to publicly funded institutional staff pay. This gap is due to issues of tenure and seniority of some employees and the fact that in most states, state employees are unionized and have better salaries and benefits as a result. Basically, Walsh, Kastner and Green (2003) argue that some costs are not accounted for when comparing community to institutional living, such as extensive support needs for those with more intense or complex disabilities or the costs associated with equitable pay for staff.

Such studies could be (and have been) critiqued by deinstitutionalization activists and scholars, on methodological grounds, citing other studies that demonstrate the cost savings in community living versus institutional living. But the conclusions of such studies as Walsh,

Kastner and Green (2003) are perhaps not as alarming as one would think. First, none of the studies that I have seen shows that institutional living is ever cheaper than community living, so these studies do not provide support for reinstating institutions for those with developmental and psychiatric disabilities. Furthermore, the core of the philosophy of deinstitutionalization remains completely unchanged by proving, or disproving, the savings between community and institutional living. The argument to close institutions and assist people to live in the community with adequate supports is made by its proponents on ideological and moral grounds.. Even if one cannot prove it is cheaper to do so, abolition of institutions is still a legitimate policy goal, for the quality of life of the people who are still warehoused therein, and not simply as a cost saving measure.

Another example in which social science research has contributed to the heated debate over the merits of deinstitutionalization, was in measuring public attitudes toward community integration. One can wonder if the creation of panic discourse around community living for formerly incarcerated populations was further enhanced by the constant need to survey attitudes about this very phenomenon. NIMBY (Not in My Back Yard) surveys ask about attitudes of acceptance of facilities being built next door or new people coming the neighborhood and whether the individual approves or disapproves, and which populations they most disapprove of. For instance, Segal and Aviram (1978) hold that there are three main factors that influence people's attitudes about community acceptance or rejection: the characteristics of the "host" community (socio-economic status for example), the characteristics of the residents (formerly incarcerated, dealing with addiction, disabled etc.), and the characteristics of the facility (open, gated, inviting etc.). There have been numerous researches in social science (in sociology, social psychology and geography in particular) that tried to measure these characteristics and determine

which is the optimal and the worst population to come in contact with which community. The need to continually ask such questions assumes that these are valid and legitimate questions, and are in fact neutral. But the construction of such surveys assumes that there is something fundamentally wrong, or at least qualitatively different, in people who have been imprisoned or have disability labels and therefore there is a need to ask how people feel about having such Othered groups in their midst. If the perspective was that many disabilities are invisible or undiagnosed and that most of us know people who are psychiatrized or criminalized or are such people ourselves, then such questions would be quite nonsensical. Such surveys, therefore, are not neutral repositories of attitudes collected with objective social scientific tools, but could also be construed as reinforcers of perspectives, which further marginalize and Other certain communities, while asking about their seeming inclusion.

Crime and other statistics in the service of activists and the state

People often treat statistics as a fetish or totem because they perceive that "a number is more precise than a word and a statistic is more accurate than a belief" (de Santos 2009). In other words, "a number, like a photograph, seems like a piece of reality, rather than an interpretation of it" (quoted in de Santos 2009). If photographs speak louder than words, then it should not be surprising that so many journalists mention statistics of various phenomena in their stories, as illustrations, even if they do not fully understand their interpretation, how they were constructed, what categories were used etc. But issues related to the use of statistics go beyond statistical literacy, or lack thereof. De Santos (2009) argues that such media representations create statistical dramas, by utilizing tropes such as records ("the problem of the mentally ill in jail is at its all time high") and rankings ("the U.S. is ranked highest in the world in imprisonment per capita"). Thus, statistics provide the public with take away points that are easy to remember,

much like a photograph or a headline, even without a clear sense of what the numbers are about exactly. This drama is produced not only by journalists however, but by almost all major players in a particular arena. For instance, in the debate over deinstitutionalization and prison abolition several statistics were/are stated repeatedly by activists in these movements as well as those who oppose them. Prison abolitionists often turn to statistics to demonstrate the severity of the problem of incarceration in the U.S., often in relation to racial over-representation in prison and in terms of rankings of the U.S. in comparison to other industrialized nations. Opponents to prison abolition, or prison reform, point to statistics about recidivism and short sentences and compare those with other nations as well. What is interesting, from a genealogical stance, is not whose statistics are "right" or more accurate, but the ways in which they are used as rhetorical devices in moral debates.

This use of statistics by activists should not fall under the rubric of "false consciousness" or falsely representing their cause by numerical manipulation. Many activists are indeed very savvy about the use of statistics, and they decide which ones to use and for which audiences to use them, as well as the danger of using them at all. In relation to the debate over measuring the so-called homeless mentally ill, as we shall see later, some activists decided to not "play the numbers game" anymore, as it diminishes the cause as a whole. They felt that so much time, energy and resources were going into counting that there was little left that went into actually helping people, regardless of how many there were. In relation to prison abolition, Davis (2003) cautions against the uncritical use of statistics, even by activists who use them to demonstrate the omnipresence of the prison-industrial-complex. She argues that it is the abstraction of numbers, which aids in the transformation of imprisonment into something legitimate and unproblematic, and in doing so helps in reproducing the prison-industrial-complex. In essence, such numerical

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abstractions criminalize individuals and make their life stories into a number game of punishment and criminalization. Thus, prisoners' lives are erased by the Bureau of Justice Statistics and the activists who frequently use them.

Another example in which statistics are utilized and contested for their truth claiming properties is in the arena of crime statistics. One strategy utilized by those who are wary about the growth of the criminal justice system is to de-connect the Gordian knot between crime and punishment. As shown in previous chapters, such strategy includes the demonstration that crime had gone down while imprisonment was on an incline, in a variety of states. The sociological and criminological literature is also an arena in which crime statistics are constantly debated. Baer and Chambliss (1997) claim that the FBI and the U.S. Department of Justice routinely and consciously misrepresent data about crime rates, in ways that actively produce public panics. In their annual report, for example, the Department of Justice often has alarming graphs on the cover, which show an immense increase in crime. When you read the actual report, however, the data itself is much less alarming, often demonstrating a decrease in several measures of crime. But most people, including journalists, do not read beyond the cover and first page.

The way this data is obtained is also highly suspect, in the minds of Baer and Chambliss (1997). For instance, the guidelines are that the crime be reported on the scene. However, if the next day the interpretation of the crime has changed (for instance it was determined as a suicide, not a murder) the initial classification still holds (i.e. it counts as a murder). The U.S. justice system also relies heavily on plea bargains in order to make convictions. Since this is understood by prosecutors, there are often enlarged charges that are added to the original charge so that the defendant will be forced to make the plea, and indeed these charges are often dropped. The problem is that all these charges appear under the official statistics of the Justice Department as

"crimes." Baer and Chambliss (1997) warn that the crime related panics that are produced are also reproduced by sociologists and criminologists who use these statistics uncritically and who make their careers out of appearing in the media and professional journals as the "bearers of bad news" and oracles regarding the impending crime apocalypse.

The consequences of spreading public panics about the rise of crime go well beyond arguments about the validity of statistics of course. The current construction of crimes, as perpetrated by strangers and often of a violent nature, feeds into racist assumptions about who commits crimes, and what gets to count as a crime (corporate crime, for instance, is not counted by the FBI as a violent crime), as described in chapter 4. It also hinders the quality of life of everyone, because it infuses fear into people's daily lives and routines. And the most profound consequence on the policy level is that such panics usually create a fertile ground for expanding the budget of local and national criminal justice agencies (Baer and Chambliss 1997).

Backlash and the "problem of the homeless mentally ill"

In addition to resistance to deinstitutionalization and community living when they were proposed or enacted, there have also been critiques against them after the fact, which some characterize as "the backlash against deinstitutionalization." Such critiques helped build a narrative in which deinstitutionalization is seen as a culprit in a variety of social problems of its era, and especially as leading to increases in homelessness and trans-incarceration (especially of people with mental illness in jails and prisons). This section will explicate some of the key arguments in these debates and hopefully bring new light to understanding both deinstitutionalization and its backlash.

Although there are variations to this idea, the hegemonic story is that deinstitutionalization led to "dumping people in the streets," or to "mentally ill" people living in the streets or in jail

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via being homeless. Snow et al. (1986) give a few examples of such accounts as reported in the popular media during the 1980s: "...a recent Time essay (Krauthammer, 1985:103) contends that a conservative estimate would place "a majority of the homeless . . .near either psychosis or stupor" and then adds, presumably to mollify public fears, that the homeless do not pose a serious safety threat because "the overwhelming majority are simply too crazy to be dangerous." A Newsweek cover story (Morganthau et. al., 1986:14-19) on the homeless mentally ill paints a similar picture by claiming that the majority of the homeless who will succumb to the effects of exposure on city streets "will be found to have a history of chronic mental illness and to have spent at least some time in psychiatric hospitals." And a *People* magazine essay (1986:27-36) on homelessness asserts rather matter-of-factly that "probably the greatest contributors to the size of the homeless population. . .are the state mental hospitals." (Snow et al. 1986: 1). Add to these news stories the stack of scholarly books written on the topic, such as Dear and Wolch's *Landscapes of Despair: From Deinstitutionalization to Homelessness,* Issac and Armat's *Madness in the Streets* and E. Fuller Torrey's *Out of the Shadows*, and it would be clear to any lay person that the connection between deinstitutionalization in mental health and homelessness is undisputable.

Instead of investigating the truthfulness of such claims it might be useful to analyze why such assumptions seem to have such a strong hold on public discourse related to both homelessness and deinstitutionalization. Power relations are inherent in discussions of objectivity in measurement. In fact, Porter (1995) reminds us, the word validity, in its Latin root, literally means power. Indeed, most debates about social statistics are about whether they represent accurately the social reality they are supposed to capture. Some characterize numerical data as "biased" or "invalid" as part of such debates. But there is much less discussion on the

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way statistics are constructed and then taken up by the public once they have begun to circulate. As de Santos (2009) aptly demonstrates, however, social statistics often transform quanta of information into powerful collective representations. In that sense, it does not matter if they were "wrong," "biased" or "exaggerated" but what matters is how they get embedded in social meaning and become a part of what de Santos characterizes as "statistical imagination." For our purposes then, the notion of exactly how many people are or are not homeless and mentally ill is almost inconsequential to the larger question of how such statistics became powerful cultural agents in the fight for and against deinstitutionalization. Since such statistics have been circulating in the media quite frequently during the 1980s, they have become symbolic objects, or "fact totems." A fact-totem is a statistic with high media visibility that becomes part of the construction of reality and the collective consciousness of a social group (de Santos 2009).

It seems that the battle of the "problem of the homeless mentally ill" has been fought more on statistical and measurement grounds than it was raised or fought in terms of solutions, but of course the two are related. Wright (1988) proclaims that the most commonly researched aspect of the homelessness issue is the pervasiveness, or lack thereof, of mental illness amongst the homeless. In fact, it seems that trying to accurately measure the percentage of the mentally ill amongst the homeless has become somewhat of a social science obsession, and one that is still debated amongst scholars. Estimates of the percentage of mental illness amongst the homeless vary extensively, from some studies reporting it to be at up to 90% to the average of about one third (Wright 1988). Snow et al. (1986) call into question prevalent estimates of this phenomenon and state that they are largely gross overestimates. Their data is derived from a study of nearly 1000 homeless adults in Texas and reveals that only about 16% of their sample had contact with the mental health system and only 10 percent were institutionalized before.

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Wright (1988) critiques the estimates provided by Snow et al. (1986) as lower than average, but after conducting his own research of the homeless population in 16 U.S. cities, he also concludes that mental illness is not a pervasive feature of people who are homeless.

When looking at research done about homelessness, at least in the 1970s and 1980s when deinstitutionalization was more pronounced, the causes offered for the creation of the phenomenon seem to be related to unemployment, lack of low cost housing, cutbacks in welfare and public aid and deinstitutionalization. Some put the focus on deinstitutionalization as a major reason and some mention it as one of a variety of causes, mentioned above. However, the argument that deinstitutionalization caused, or was one of the causes of the increase in the homeless population can also be contested. As was described in earlier chapters, deinstitutionalization of those deemed as mentally ill occurred mostly in the mid-1950s and 1960s and the major waves had waned at the beginning of the 1970s. However, increasing rates of people seeking public shelter did not appear en-masse until the early 1980s with an increase in percentage throughout that decade (Mathieu 1993). From the mid 1980s most, if not nearly all, of those classified as mentally ill have never been institutionalized (Wright 1988). Therefore, the pervasiveness of mental illness amongst the homeless should have been a moot point by now, especially in relation to the effect of deinstitutionalization, which occurred decades earlier.

Snow et al. (1986) demonstrate that the institutionalized population in Texas had not declined in significant percentage at the time when the homeless population was at a rise. Snow et al. (1986) also attribute the vast discrepancy in the data to several conceptual and methodological shortcomings of previous studies. Most research on the topic tends to use instruments that have been tested on the general population and not on people living in the streets. Thus, many of the behaviors and responses exhibited by people who are homeless can be attributed to that fact

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alone, such as being depressed, agitated, mistrusting authority, having eating difficulties and being unresponsive, but these are all taken as signs of the prevalence of mental illness. Wright (1988) also emphasizes that one cannot prove a causal relation between mental illness and deinstitutionalization and homelessness, because the very definition of homelessness conflates with that of mental illness, such as the inability to care and provide for oneself. The other side of this argument also calls into question the assumption that there is anything normal about being homeless in such an affluent society and sees the disabling effects of being homeless, which of course then cannot be traced to deinstitutionalization because they are intrinsic conditions of living on the streets.

Some studies also suggest that the conflation of homelessness and psychiatric disabilities was probably confounded by the fact that some of the most visible people who are homeless might also be regarded as mentally ill (Snow et al. 1986). The figure of the homeless person talking to themselves and shouting out in the streets of urban neighborhoods became the archetype of homelessness at large. Without trying to erase the existence of people with altered states who live on the streets, it is also important to remember that just because something is visible and vocal does not mean it is in a majority position. Most people who are considered to be homeless "pass" as normal and blend in with passersby or are bunking up with friends of relatives. In essence, the majority of the homeless are invisible. In research and surveys it was found that most people seeking shelter are people of color, many are male or whole families, and about 40% of them attribute their condition to unemployment or job loss (Johnson 1990). In the public's eye it seems that deinstitutionalization is a major cause of homelessness even though during deinstitutionalization the major population affected by home loss were families with small

children, which are not the same populations affected by deinstitutionalization (Johnson 1990; Mathieu 1993).

But if there if there is no causal relationship between deinstitutionalization and homelessness, then what were the reasons such a connection was evoked, by whom and to what effects? Morrisey and Gounis (1988) describe the phenomenon of medicalizing social problems as alchemy. They analyze the U.S. discussion on homelessness as a way to psychiatrize what is a deeply political and socio-economic issue. This diversion serves to shift responsibility from the state and its fiscal and welfare policies into the human service sector as a way of ameliorating the problem with interventions in mental health. This sets the stage for both reform and its failure.

Taking up New York City as a case study, Mathieu (1993) demonstrates how during the 1980s city officials linked homelessness and mental illness in political ways, which diverted attention from the socio-political roots of the problem and into a medicalized discourse. The public outcry (from sociologists, activists and the media) post deinstitutionalization, that most people, particularly those labeled as mentally ill became homeless and started to be re-incarcerated in jails and prisons in urban areas in the U.S needs to be problematized. This pervasive narrative reduces a much more complex process and puts the blame on an easy target, deinstitutionalization, and away from discussions of neoliberal policies that led simultaneously to the growth of the prison system and to a lack of financial support for people with disabilities to live in the community. It is important to remember that the Reagan administration introduced a fundamental change in public housing in the early 1980s, which was a significant shift from the policy the U.S. had from the 1930, and included a 30 billion cut in housing assistance (Johnson 1990). At a time when workers' wages were eroding, Reagan tightened eligibility requirements for federal assistance programs, including unemployment benefits (Mathieu 1993). To add to

these policy shifts, local changes in housing markets work to displace many populations. Such changes include gentrification of urban neighborhoods, inflated rents (coupled of course with decreasing welfare benefits), and "urban renewal" projects or evictions (Johnson 1990). Studies done by Kim Hooper and colleagues, similarly indicate that the primary causes of homelessness are the decline in real wages and other sources of income in the 1970s and 1980s; changes in household formations; changes in housing policies and regional population shifts (Baxter & Hopper 1981, Hopper 1985).

The conflation of mental illness and homelessness also allowed city and state officials to remove homeless individuals out of public spaces by using a discourse, which emphasizes the connections between danger and mental illness. The medicalization of homelessness delegitimized the plight of those who were homeless and re-directed any public discussions from talking about poverty and the retrenchment of welfare to focusing on medication non-compliance and re-institutionalization of the "mentally ill." Deinstitutionalization became a perfect scapegoat on which to pin the plight of the homeless mentally ill, and by affiliation homelessness itself. Mayor Koch, mayor of New York City at the time, even called for involuntary commitment of the homeless.

In many cities, officials seemed to be more concerned with removing dispossessed peoples off the streets than they were with trying to aid them in any meaningful way. In NYC, police force was used in combination with medical staff to forcibly and involuntarily hospitalize or send to shelters homeless people during the winters of 1985-1986 (Mathieu 1993). Criminalization of homelessness soon followed in which people who were dispossessed were picked up by police and sent to local jails on misdemeanor and minor charges. The media, especially the printed

news media outlets such as the *New York Times*, also contributed to this seemingly common-sense connection between homelessness and mental illness and deinstitutionalization.

The public outcry about overcrowding prisons and jails and an increased homeless population at a time when deinstitutionalization was taking place may have been appropriate, but pointing the arrow at deinstitutionalization as the cause was due to a combination of willful ignorance and well crafted public campaigns that deflected the blame from shifting federal spending priorities, structural inequality, decreased to non-existent budgets for community alternatives, and neoliberal policies more generally. In addition, as demonstrated by critical race theorists and activists, at its root, housing insecurity and deprivation are distributed not simply in terms of economic resources, but along racialized and gendered lines. Therefore, the issue of homelessness or housing deprivation is a phenomenon much larger than can be gleaned from its media portrayal or its policy analysis, and involved the reproduction of racial and gender inequalities.

Much time and money went into trying to "accurately" count the homeless mentally ill, and much less time went into rethinking the root causes of homelessness and lack of quality community mental health care. This counting was not a pure exercise in futility, however, but a major battleground between state, cities and the federal government. If the homeless are considered to be a welfare issue, then the city would need to address the issue. But if it could be proved that it is a mental health crisis, then states will bear the financial responsibility of taking care of the problem (or making the problem less visible). Perhaps needless to say, states had more funds than cities; therefore there was a lot at stake in trying to "prove" the connection between deinstitutionalization of psych facilities and homelessness (Johnson 1990).

Prisoners with disabilities at the intersection

Another set of studies that examine the phenomenon of trans-incarceration is the gathering of statistics around the prevalence of disability, especially labels of "mental illness" and "mental retardation", amongst the imprisoned population. Statistics on "criminal mentally ill" or people with mental illness diagnoses in jails and prisons are generally hard to come by, especially historically. This is one of the reasons why claims of increasing rates of mental illness in prisons post deinstitutionalization are hard to support, as there is no comparative data pre deinstitutionalization that can be used as a baseline for such comparisons. Although several attempts have been made to estimate the number of prisoners who have psychiatric diagnosis, it is impossible to quantify their number with any degree of precision, even if taking the label of "mental illness" as a viable construct. The American Psychiatric Association reported in 2000 that "up to 5% (of prisoners) are actively psychotic" and that as many as one in five prisoners were "seriously mentally ill" (APA 2000).

Other attempts to estimate the prevalence appear to have used a substantially more expansive definition of mental illness. Bureau of Justice Statistics (1999) reports that 16% of state prison inmates either identified as having "a mental condition" or having stayed overnight in a mental hospital. The statistics for women prisoners are particularly stark. The same study by the Bureau of Justice Statistics, based on a survey of prisoners, found that "twenty nine percent of white females, 20 percent of black females and 22 percent of Hispanic females in State prison were identified as mentally ill. Nearly four in ten white female inmates aged twenty-four or younger were mentally ill." (BJS 1999)

Even when taking the construct of "mental retardation" as a pure label, which is dependent on socio-historical power/knowledge paradigms, there is no precise measurement for the number

of prisoners who are labeled as mentally retarded. A policy brief states that while those with intellectual disabilities comprise 2% to 3% of the general population, they represent 4% to 10% of the prison population, with an even greater number of those in juvenile facilities and in jails (Petersilia 2000). One study that looked at the number of people with disabilities in state and federal prisons found that fewer than 1% of inmates had physical disabilities while 4.2% had "mental retardation" (Veneziano & Veneziano 1996). It is also important to note that the construct of "mental retardation" cannot be entirely separated from that of "mental illness," as there are many, especially those who end up in prisons and jails that are labeled as both, and the types of discrimination they are facing is compounded by unfounded beliefs and lack of services in relation to both disabilities.

Analyzing imprisonment from a disability studies lens will necessitate a closer look at the social and economic conditions of disablement and incarceration rather than looking at disability as a cause for criminal acts. Prisoners are not randomly selected and do not represent all statuses of society. The majority of prisoners are poor, and are people of color. Poverty is known to cause a variety of impairments and disabling conditions. In addition it is crucial to emphasize that the prison environment itself is disabling- from hard labor in toxic conditions and materials; to closed wards with poor air quality; circulation of drugs and unsanitary needles; and lack of medical equipment and medication (Russell and Stewart 2001). It is also crucial to take an expansive view of what constitutes a "disability" in such environments. For instance, the high prevalence of HIV/AIDS amongst prisoners and the various impairments that come with aging in a disabling environment such as a prison, as a result of prolonged sentencing policies, should be analyzed critically by sociologists and disability studies scholars. Disability in this framework is

not a natural biological entity, but related to economic and social conditions, which lead to an increased chance of both disablement and imprisonment.

Regardless of the percentages, it has become clear that while in prisons or jails, those with disability or psychiatric diagnoses are often discriminated against. Far too frequently, when there is no serious effort to provide mental health treatment, the only semblance of treatment offered is psychotropic medication, and often, in such circumstances it is ill prescribed and controlled (see see brief of Adapt et al. in Goodman v. Georgia 2005). Because of lack of access, prisoners with physical disabilities cannot leave their cells, including going to the bathroom or showering. The lack of basic human needs in the penal system is brought to full light in the heart wrenching stories of prisoners with disabilities. Like in the case of Newman v. Alabama, finding systemic constitutional violations of prisoners' rights in the Alabama prison system including the death of a quadriplegic inmate, who spent many months in the hospital confined to a bed, leading to bedsores, which developed maggots from lack of care "until the stench pervaded the entire ward" (see brief of Adapt et al. in Goodman v. Georgia 2005). What such horrific stories show is not the uniqueness of the disability experience behind bars, but both systemic disablement within society at large and the inherent cruelty and inhumanness of the penal system as a whole.

Similarly, conditions of confinement may cause further mental deterioration in prisoners entering the system with diagnoses of "mental illness" or intellectual disabilities. Most court cases show that the right to (re)habilitation is often not fulfilled in jails, prisons and institutions, and that this further distresses those incarcerated and worsens their mental and physical health overall. Those incarcerated (in institutions or prisons) with labels of intellectual disabilities may in fact lose crucial life skills that they had before they were imprisoned such as "loss of the ability to communicate, perform daily self-care, remain physically safe, and to maintain even

rudimentary emotional stability" (brief of American Association of Mental Retardation et al. in Goodman v. Georgia 2005). Prisoners who are identified as mentally ill or exhibit "disruptive behaviors" are often sanctioned to "administrative segregation" in separate units, which are often isolation units. These segregated forms of incarceration, such as supermax or SHU (security housing units), are likely to cause or exacerbate mental and physical ill-health of those incarcerated. Haney (2003) lists "rage, loss of control, paranoia, hallucinations, and self-mutilations" as some of the adverse effects prisoners secluded in supermax and solitary confinement have experienced.

Like in the literature on the homeless mentally ill, there is much at stake in counting the percentage of disabled prisoners, in terms of policy and activism. It is clear that if one can prove sufficiently that there is a large percentage of prisoners with a specific disability, then it would require a specific solution such as requesting more hospital units to be built in specific prisons or prescribing more medications on a particular unit. For activists, using statistics which demonstrate the high prevalence of disabled prisoners could go both ways. If one is an activist in NAMI (National Alliance of Mental Illness), for instance, then these statistics are used to show that deinstitutionalization failed and that prisons have become a dumping ground for those labeled as mentally ill due to the lack of other alternatives. Such campaigns, which have been ongoing since the early 1990s, call in essence for the (re)hospitalization of those with psychiatric diagnosis. However, if one is of an abolitionary mindset, they might use these statistics to showcase the cruelty of the criminal "justice" system and call for the just treatment of all prisoners (such as abolishing the "SHU" for anyone). The downside of such arguments, much like those in the legal reform cases showcased in chapter 5, is that they can turn into arguments

that reproduce ableist rhetoric and may seem to call for the release of some prisoners (i.e. those most disabled) but not others.

Trans-incarceration: From balloon theory to reconceptualizing incarceration

Another area of research and calls for activism in relation to the intersection of institutionalization and incarceration is in the idea that post deinstitutionalization many of those deinstitutionalized ended up in prisons and jails. This move from one carceral space to the other has been termed trans-incarceration and is much debated in the literature. In general, the literatures and empirical studies regarding incarceration tend to focus on one policy, program or locale (welfare, corrections, institutionalization or hospitalization) and for the most part, such studies and literatures remain distinct from one another (Liska et al. 1999). The relationship between the criminal justice system and the mental health system has been studied through looking at three main sites: the histories of these two systems; studies that examine covariation in terms of admissions rates; and studies that look at the prevalence of mental illness and criminality in prisons and psychiatric hospitals. When looking at general trends, it is easy to interpret the data as a hypothesis of medicalization giving way to criminalization. When examining incarceration rates, one can stipulate that psychiatry had the strongest hold on taking charge of social problems, in the first half of the 20th century, culminating in over a quarter million people in mental hospitals in 1955. However, since the 1960s, the mental inmates' population decreased but the prison population has increased (Liska et al. 1999). The shrinkage of the safety net from the Reagan era to the nineties, coupled with federal expansion of corrections operations, also created in essence a tradeoff between social services and incarceration. Wacquant (2009) further argues that the shift from medical and social services to penal and surveillance measures can be seen in the treatment of people with psychiatric

disabilities who are now imprisoned. Such arguments basically reiterate the claims that deinstitutionalization resulted in re-incarceration of mentally ill people in jails after being homeless.

This relationship, of reversal of the trends between the mental health and the criminal system, is hardly new, however, and has been studied over the years by many social scientists who nicknamed this phenomenon "the balloon theory." As early as 1939, Penrose suggested that social control evolves from incarcerating people to treating people, therefore suggesting an inverse relationship between the mental health and prison system. Since then, this hypothesis has been tested numerous times with inconsistent results. Trans-institutionalization of juvenile offenders happened repeatedly in the seventies, when reform schools depopulated while numbers in psychiatric or child welfare institutions increased. But interestingly, Miller (1991) observes, these were not the same kids who simply moved from one institution to another, but a system change that is a core component of the institutional system. Institutions tend to reproduce themselves, only the populations change in the meantime.

Another set of studies examines the process of trans-institutionalization, especially after deinstitutionalization. The hypothesis usually is that the mental health system reroutes individuals into the criminal justice system, via arrests and placement in jails and prisons. Overall, studies suggest that in relation to arrests, this hypothesis may be corroborated, as the percentage of mental patients with prior arrests had increased from the 1940s to the 1970s. But studies of imprisonment seem more inconclusive, suggesting that some inmates end up in jails after being arrested, but not so much in prisons (Liska et al. 1999). The research conducted by Liska et al. (1999) finds no support for the hypothesis that a decrease in hospital capacity led to an increase the capacity of jails and prisons, what they term the "functional-alternative" thesis.

They did find, however, some support to the conduit thesis, which posits that the criminal justice system operates as a conduit to the mental health system, but not vice versa. The movement of some people from jails and prisons and into hospitals could be done by official transfers decided upon by a judge and based on a psychiatric evaluations, or it could be based on more unofficial means such as plea bargains for reduced time or an individual decision that hospital time is better than time in prison.

Steadman et al. (1984) researched the relationship between the mental health and prison systems in the aftermath of deinstitutionalization of psychiatric hospitals. They used both a comparative and longitudinal approach. Their study randomly selected a total of 3,897 male prisoners and 2,376 adult male admittees to state mental hospitals from six different states, half from 1968 and the other half from 1978. They gathered full institutional histories for arrests, imprisonment, and state mental hospitalization for each inmate and then compared the system overlap between 1968 and 1978, thus enabling them to measure the extent of trans-institutionalization. Their results indicated that Texas experienced a huge increase, California and Iowa had increases as well, but New York, Arizona, and Massachusetts experienced proportional declines. Steadman et al. (1984) concluded from these data that there was little evidence of massive transfer from mental hospitals to prisons. But they did find evidence to suggest that mental hospitals were becoming more "criminal," in that the number of mental hospital admittees with one or more prior arrests increased by an average 40 percent.

Social scientists, like Wacquant (2009) and Dear and Wolch (1987), want to understand what went wrong with deinstitutionalization, without supporting reinstitutionalization, while also reiterating the claims that people who have been deinstitutionalized find themselves inappropriately placed in other institutions, like prisons and jails. Such critiques from activists

and scholars about inappropriately placing disabled people in nursing homes or prisons reproduce the sentiment that there are those who are somehow *appropriately* placed in nursing home and prisons. In other words, it reinscribes the notion that there are those who really need to be placed in spaces of incarceration, while those who are young and disabled do not.

Therefore, a reconceptualization of what is meant by imprisonment is needed, in order to connect the critiques of institutionalization with those of incarceration. When people speak of "the rise in incarceration," including criminologists, they only refer to rates of imprisonment in jails and prisons in the U.S., and then point to the increasing rates of incarceration, which in terms of sheer numbers, as well as percentages, demonstrate nothing less than a revolution in incarceration in the latter half of the 20th century. However, as Harcourt (2006) suggests, if the data on mental hospitalization and institutionalization were also covered in such studies, the "incarceration revolution" would have reached its peak in 1955, when mental hospitals reached their highest capacity. Put differently, the incarceration rates in prisons and jails barely reach the levels of incarceration during the early part of the 20th century, even when the data is aggregated.

Taking incarceration in its broadest terms, i.e. in relation to both prisons and institutions, would also entail deconstructing the categories that are used by criminologists, psychiatrists and social scientists. The point would not be to try and find the most accurate way of measuring "the mentally ill" in prisons and jails, but to ask questions which take into account the blurry line between criminality and medicalization. For instance, instead of discussing "the rise in imprisonment" as a uni-faceted phenomenon, one should examine it in conjunction with previous rates of institutionalization as a way to see if the criminal justice system widened its net to include those who were previously incarcerated in institutions and asylums (Harcourt 2006). However, the assumption that these are the same people, i.e. that people were deinstitutionalized

and ended up in prison, should also be deconstructed as the demographics of these populations are quite distinct. Over the years, the gender distribution of inmates in mental hospitals tended to be either equal or tended towards over-representation of women. However, in terms of imprisonment, the majority of those newly imprisoned are male. There are differences in terms of age and race as well. Although there is some evidence to suggest that during deinstitutionalization the proportion of those identified as non-whites had increased for those admitted to mental hospitals, they were still at about a third at its highest point (Steadman et al. 1984). As should now be clear to anyone familiar with the prison system in the U.S., non-whites are highly over-represented, reaching over 50 percent in the early nineties. Put differently, generally speaking, the inmate population in mental hospitals tended to be more white, older and more equally distributed by gender than those incarcerated in prisons (Harcourt 2006). Therefore, we are not speaking about the same population, but of ways in which the social control function of incarceration retained its importance, but for differing populations.

A critique of Harcourt's pioneering work is that even he, in his call for inclusion and broadening the scope of current research, neglects to take into account the rates of institutionalization in a variety of confinement spaces. The rates of incarceration that he describes are made up of rates of hospitalizations in psychiatric hospitals and those of incarceration in prisons. Another huge body of literature and data that is omitted from the analysis is that of incarceration in institutions for people with intellectual/developmental disabilities. The scope of my own research takes seriously Harcourt's suggestion in terms of the theoretical and conceptual underpinning of what is considered incarceration (such as theorizations by Foucault, Goffman and other discussed in chapter 2) to include those incarcerated in asylums, training schools, institutions for those labeled mentally retarded and

psychiatric hospitals. It would be interesting, though, to extend that analysis in terms of

aggregated data sets in a similar vein to Harcourt's configuration but also include other

institutions such as those for people with developmental disabilities and nursing homes. Such an

analysis would truly broaden the scope of incarceration and take into account the lived

experiences of those who are housed in such settings as carceral spaces.

The future of institutionalization

The debate over the "success" or "failure" of deinstitutionalization in developmental

disabilities and mental health was fought on several grounds: ideological, (social) scientific,

labor related, parental opposition and community resistance to living in the community. In

addition, the framing of deinstitutionalization as utopian and as a failure, which resulted in

people living as homeless in the street, has had material consequences as well. One of the major

effects of the backlash against deinstitutionalization are calls, officially and unofficially, for a

return to institutionalization as a way to alleviate the suffering of the "mentally ill in the streets."

Wolch, Nelson and Rubalcaba (1988) characterize these calls as a "new asylum movement,"

especially within psychiatry, which perceives an upgraded hospital system as a necessary

solution to the inadequacies of community mental health and the wellbeing of those

psychiatrized. For instance, by 1984 the special task force of the American Psychological

Association was calling deinstitutionalization in mental health "a major societal tragedy." Four

years later the editor of the report became a major proponent of the reinstitutionalization of

mental patients on the basis of their right to involuntary treatment (Miller 1991).

Such calls are also followed by specific policy changes, which taken together could become a

reality of reinstitutionalization, at times via trans-institutionalization, of those who are labeled as

mentally disabled. Such policies include the construction of new homeless shelters; the

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upgrading of state mental hospitals; and the segregation of those labeled as mentally disabled in the criminal justice system, especially by the creation of new facilities or beds (Wolch, Nelson and Rubalcaba 1988). This increase in state capacity towards reinstitutionalization and away from community living and adequate services in the community is joined by various measures that increase social control over those who are regarded as mentally disabled offenders. These measures include bills that attempt to alter involuntary commitment laws and the increased use of transfers from the criminal justice system to the mental health system (Wolch, Nelson and Rubalcaba 1988).

Another intriguing paradox emerged after deinstitutionalization of psychiatric institutions. Since deinstitutionalization there have been more outcries, in the media and general public, about "deranged criminals." A typical story would be a serial killer or rapist who is considered mentally ill and perhaps was once hospitalized and had killed or raped after their release. The other side of this phenomenon is the outcries, from mental health advocates and professionals, about the increased rates of frivolous causes for incarceration of those labeled as mentally ill in prisons and jails. What is intriguing is that although these two narratives seem to be contradictory, as Jonson (1990) points out, they both seem to point to the same root cause, deinstitutionalization, and the solution to both seems to be reinstitutionalization for the safety of both the decarcerated population and the "free" population.

Reinstitutionalization is not the only consequence of the critics of deinstitutionalization and its backlash. The fights over decarceration and community living were fought on ideological grounds as much as they were fought on policy and financial grounds. This is why it is important to conceptualize deinstitutionalization as a change in perspective, not just a social and historical process. Advocates within these movements point to the ways in which group homes and nursing

homes are becoming smaller and cleaner institutions that operate in the same segregationist framework as the former large state institutions and hospitals did. Community inclusion is therefore not inseparable from longstanding practices and rationalizations of social control (Drinkwater 2005; Tremain 2005). As stated by Henri-Jacques Stiker (2000: 152), "The disabled person is integrated only when disability is erased." When such erasure cannot be achieved, integration is often not pursued at all. This suggests that perhaps, despite major changes brought forth by activists, lawyers and policy makers, we are not as "post" as we are in an era of different forms of normative institutionalization.

Chapter 7: On the nature of resistance and politics of the future

In this concluding chapter I will summarize major findings and point to some future possibilities for both activist horizons and research agendas. More specifically, this chapter enquires what can be learned from prison abolition and anti-institutionalization activism about the nature of resistance and the push back from lingering carceral edifices? If Foucault offered us a persuasive theoretical framework through which to analyze power, this chapter will provide a complementary framework to theorize resistance. First though, I turn to highlighting some of the themes brought forth by this research project and the possibilities it provides to reconceptualize the way we conceive of incarceration in all its formations, and more specifically the resistance to it.

Reconceptualizing incarceration and its resistance

At its core, this research points to the merits of conceptualizing incarceration as including institutionalization in a wide variety of enclosed settings, including prisons, jails, detention centers, institutions for the intellectually disabled, treatment centers, and psychiatric hospitals. Such formulations conceptualize incarceration as a continuum and a multi-faceted phenomenon. As part of this intersectional approach, I attempted to rewrite the histories and genealogies of incarceration as interwoven narratives. In chapter 2, I connected the historiography of imprisonment to that of institutionalization, to show how the two are joined through the ideologies under which they were founded, such as medicalization, eugenics and notions of danger. I also demonstrated the ways race (especially pre-emancipation), gender and ability played a role in the construction and maintenance of segregated carceral edifices in the 18th and 19th century, nuances that were missing from the hegemonic narratives of asylum history.

It is also useful to remember the context in which these accounts started to emerge in the academic literature. The neo-historiography of the institution and prison was written, and battled, by historians and other intellectuals (such as Scull, Rothman, Grob and Foucault) at a time when these institutions started to lose their legitimacy. Most of these accounts were produced in the 1960s and 1970s when larger exposes, lawsuits, novels, movies and ethnographies came out to reveal the decrepit conditions of asylums and deinstitutionalization was in progress in the fields of mental health and "mental retardation." Therefore, these accounts not only depict a historical picture of the landscapes of incarceration but also actively engaged in debates regarding the efficacy and desirability of responses to it, especially in the form of deinstitutionalization and decarceration.

The mirror picture of this neo-historiography of incarceration is starting to be painted in subsequent chapters of this monograph, in relation to resistance to these forces. In chapter 4, I mapped a partial genealogy of the forces that constructed the movement that opposes psychiatry, by new professional opinion from the likes of Thomas Szasz, R. D. Laing, feminist therapists and those psychiatrized; and the genealogy of deinstitutionalization in the field of mental retardation, which was also influenced by professionals such as Wolf Wolfensberger and also parent advocates, lawyers and people with disability labels themselves.

These interventions are not only meant to describe these movements and indeed analyze these processes (decarceration and deinstitutionalization) as activist stances, which could be seen as an undertaking and achievement on its own. But I also try to contest the hegemonic accounts of these events and movements by highlighting dialectical processes that contributed to their inception and reproduction, especially in relation to the constant push and pull between reform and abolition. Under what discourses and circumstances does one perceive the penitentiary as a

step forward from corporeal and other punitive regimes? Is the lunatic asylum (now psychiatric hospital) an improvement over caring for people at home or in the community, for both "the mad" and for the advance of science and medicine? These social processes that led to increased confinement of a variety of populations, repressive as they seem today, did not only come about from above, be it kings or governments, but also out of the vigorous advocacy of reformers and the advent of "moral treatment." For instance, in the U.S. it was mostly women reformers who contributed to changes in penal thought and practice in the mid to late 19th century in relation to women's incarceration. Their work could be (and was) characterized as a type of social feminism, in which women reformers advocated for special institutions that suit the unique needs of female prisoners. In general, institutions and prisons were seen as progressive endeavors, which symbolized the move to a more caring nation state in the Jacksonian era. The seeming paradox between the rise of democracy and the rise of incarceration may not look so at odds when taking into account the pride that reformers and officials took in their new founded prisons, as well as their newly founded democratic society. In fact, wealthy Quakers, who were a major force in advocating for the creation of penitentiaries, believed that the poor and indigent were not ready to participate in the new democracy and there was a need to reform them into more industrious workers.

The pendulum shift towards deinstitutionalization in the mid 20th century in the U.S in the fields of mental health and developmental disability was also characterized by some as a victory, a move away from anachronistic approaches that segregate people with disabilities, to humanistic discourses that advocate for inclusion and integration. Taking an analytical approach in the spirit of Foucault's genealogical inquiry (Foucault 1994 [1963], 1977), however, blurs the lines between what has come to be termed as "community living" and "institutional living."

Much of what we conceive of as advancement (e.g., releasing people who were deemed mad from asylums into psychiatric hospitals to receive treatment, the placement of people with cognitive disabilities labels away from large institutions and into group homes) are in fact not signs of progress, according to Foucault (1965). This research argues, therefore, that the shift from custodial care and institutionalization to deinstitutionalization and community living should not be a seen as the rise and fall of one epoch to be replaced by the other. This is because the effects of the former still linger on in the latter.

Following Foucault, I also emphasize throughout this work the importance of uncovering both erudite knowledges (such as those produced by various academics, psychiatrists, social scientists) and subjugated knowledges (produced by dissident scholars, activists and practitioners) in order to create a meaningful account of both the past and the present. Within anti-psychiatry, it was the work of those psychiatrized and other activists combined with writings by dissident psychiatrists as well as gay rights and feminist critiques of psychiatry that led to the spread of the movement against psychiatry and against psychiatric hospitalization. Within anti-prison activism, it was the work of those most affected (incarcerated, formerly incarcerated people and their families), activist lawyers and scholar/activists (from such fields as criminology, philosophy and women's studies) that contributed to the growing critique of mass incarceration and the prison-industrial-complex. The formulators of these theories have been revered in certain circles, mostly by critical scholars and activists; but have also been the subject of scorn and critique from their home disciplines. Some of these theories, such as normalization and in some circles labeling theory, are today either status quo or almost passé and are not regarded as controversial as they once were. However, other theories, such as the invention or social

construction of mental illness or the tenets of critical criminology and prison abolition, are still regarded as marginal and are actively dismissed within both activist and scholarly spheres.

Thus, I propose that it is equally important to discuss the ways in which social science or psychiatry are embedded in and simultaneously resisting the constructions of "mental illness," "mental retardation," or deviance. The principle of normalization, for example, which was influential in the field of developmental disabilities, led to the legitimacy of calls against institutionalization but at the same time created a bureaucratic mechanism that creates barriers for people to live freely in the community, without administrative interventions. The "myth of mental illness," propounded by Szasz and other anti-psychiatry activists, increased the prestige and visibility of those who critique psychiatry as it was now guided by medical experts. But by the same token, these notions also solidified these critiques as marginal and radical in the popular imaginary and in the medical discourse it sought for approval. These unorthodox theories, such as normalization and labeling theory, were also used as subversive and alternative knowledges for the lawyers and parents to draw from in their advocacy for non-institutional alternatives for their disabled children and were used in court cases to construct deinstitutionalization as a legitimate and most desirable outcome for people with disabilities who were still living in institutions.

Prison abolition activism and scholarship was also, and still is, trying to gain legitimacy while being dismissed by activists and academics. Prison abolitionists helped to popularize the term "prison-industrial-complex" and its analysis on inequality in present day American society, in which, as Ruth Gilmore explains[43], capitalism necessitates inequality, and racism works to enshrine it through avenues such as imprisonment. Such analyses, although spreading, are also

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[43] Personal communication

heavily critiqued and discredited. I will use the work of sociologist Loic Wacquant as a case in point. Wacquant argues that activists take a simplistic and conspirational approach to the penal state, by using what he terms as "the myth of the PIC," which seems like a mischaracterization of activists' analysis and their lived realities in the clutches of the penal state. This lived experience, not shared by Wacquant, is treated as inconsequential in the attempt to depict activists as "missing the big picture," a picture that can only be captured by a trained (white French) sociologist. Wacquant himself characterizes the growth of imprisonment as follows: "Incarceration in America thus expanded to reach an industrial scale therefore unknown in a democratic society, and in so doing, it spawned a fast growing commercial sector for operators helping the state enlarge its capacity to confine, by supplying food and cleaning services, medical goods and care, transportation, or the gamut of activities needed to run a penal facility day-to-day" (2009: 65). Is this not a prison-industrial-complex then?

According to Wacquant (2008) the "fight against crime" has been only a pretext for nothing less than the remaking of the modern state. Profiteering of corrections, in this stance, is only an "incidental and secondary consequence of the gargantuan development of the penal apparatus" (2008: 31). Wacquant (2008) claims that activists and scholars misinterpret the growth of the penal state as a result of the intensification of global capitalism coupled with racism in a never ending search for profit. He exemplifies this by stating that globalization of the intensification of capitalism across borders began well after the rise of the penal state. Moreover, in the 1970s legal safeguards were established in the criminal justice system that would have made racial discrimination increasingly harder, not easier. To anyone who is familiar with the system, as its victims, this "evidence" would seem to be naïve at best. In fact, from a revolutionary stance one can predict the intensification of criminalization based on color post civil rights era precisely

because of the gains that were made. It is state repression and the consequence of such repression resulted is increase in the numbers of political prisoners and (mostly poor) prisoners of color, which is indeed what happened.

I believe that people within the anti-institutionalization and prison abolition movements have varied subjugated knowledges, which shape not only their activism but the way they perceive the social world. These epistemologies are useful not only for the abolition of the carceral system but also for envisioning an alternative world order. As stated earlier, the most powerful relevance of the prison abolitionist and anti-institutional stance is to analyze imprisonment and institutional segregation as a core structure that shapes social relations in society, not just for those affected directly but for everyone. It is not merely about closure of prisons or institutions, as that is not enough, but it is a revolutionary framework, which transforms the way we analyze and understand forces that shape our histories and everyday lives: notions like "crime" or "innocence" (what gets to be defined as crime, and who gets to be defined as criminal) or "disability" (disability as an identity not just a medical diagnosis) and rehabilitation (as a disguise for assimilation and normalization); ideas of punishment (justice vs. revenge or retribution); notions of community (as in "living in the community" or "community re-entry"); or "institution" (who defines what gets to be called an institution); notions of freedom and equality (can we feel free and safe without locking others away?) and on the other hand concepts of danger and protection (who do we protect by segregating people behind bars in psychiatric hospitals and prisons? Is it for "their own good?").

Throughout this work I aim to demonstrate the connection between prison abolition and de-institutionalization, and my primary question is, how are prisons and institutions and the respective movements to abolish them, connected and interrelated? As Goffman described in

Asylums, the incarcerated populations in institutions and prisons are subjected to stripping of their identities and processes of dehumanization. Also, especially for people with intellectual and psychiatric disabilities, their citizenship and personhood is questioned. This can be done in the form of taking away or denying voting rights or performing medical experimentation and, for women, denying reproductive rights. These populations have also been targets of medical experiments in institutions and prisons. Furthermore, in chapter 2 I connect prisons and mental institutions by demonstrating the ways in which such institutions shifted from being rehabilitating to custodial; were (and are) embedded in notions of danger; were created for economic gain; and were influenced by increased medicalization, as well as racist and eugenic impetuses that mark them to this day.

One of the pervasive connections between institutionalization and imprisonment, as well as the construction of disability and criminality, was offered through the framework of political economy. Many (including scholars and policy makers) believe that disabled people are a strain on the economy, especially under neoliberal ideology. But political economists of disability argue that disability supports a whole industry of professionals that keeps the economy afloat, such as service providers, case managers, medical professionals, health care specialists etc. (Oliver 1990; Charlton 1998). In the introduction chapter I suggested that the forces of incarceration of disabled people should be understood under the growth of both the prison industry and the institution-industrial-complex, in the form of a growing private industry of nursing homes, boarding homes, for-profit psychiatric hospitals and group homes. As an example, figures show that there is no correlation between the increase of the non-governmental institutional-industrial-complex and percentage of those "needing" these services. Between 1977 and 2009, the total number of residential settings in which people with developmental disability

labels received residential services grew from 11,008 to an estimated 173,042 (1,500%), while total service recipients increased from about 247,780 to an estimated 439,515 individuals (77.4%) (Lakin et. al. 2010).

In a similar vein, for those drawing on the conceptualization of the prison-industrial-complex, the increase in the number of prisons and cells is not seen as related to similar increases in crime, but as driven by capitalist and racist impetuses (Christie 2000; Goldberg & Evans 1997; Gilmore 2006). According to Parenti (1999), the criminal (in)justice system generally and the privatization of prisons specifically exist to "manage and contain the new surplus populations created by neo-liberal economic policies," and the global flow of capital. Under this new configuration, men of color in particular have turned into commodities in high demand for the growing prison industry. The prison comprises a solution to one of the deepest inherent contradictions of capitalism itself: how to maintain a proletariat class (in this case mostly poor people of color), while controlling them from rising up against their conditions of being. The prison solves this dilemma almost seamlessly. Some perceive the carceral system as a failing system, in that is actually creates criminality rather than reduces it. The prison thus becomes a hub and training school for criminal behavior (Morris 1995). Foucault aids us in the realization that the prison has not failed, but indeed, has succeeded. Its success lies in the making of docile bodies and an underclass to imprison. This political economic analysis of imprisonment and institutionalization should therefore be of great interest to critical scholars and activists who are interested in understanding the phenomenon of "mass incarceration" from an intersectional lens.

This line of questioning also moves us away from analogies (the ways in which incarceration in prisons and institutions and its resistance are similar in multiple ways) into analyzing intersections. I want to argue that today one cannot analyze the forces of incarceration without

having a disability lens. For instance, a disproportionate number of persons incarcerated in U.S. prisons and jails are disabled. Prisoners are not randomly selected and do not represent all statuses of society. The majority is poor, and comprised of people of color. Poverty is known to cause a variety of disabilities and disabling conditions. Also, the prison environment itself is disabling- due to conditions ranging from hard labor in toxic conditions and materials; to closed wards with poor air quality; circulation of drugs and needles; lack of medical equipment and medication. But my call for more intersectional analysis lies not only in the fact that a great number of prisoners are disabled, but also in asking what happened to those who were institutionalized.

Although there are variations to this idea, the hegemonic story is that deinstitutionalization led to "dumping people in the streets" or to psychiatrized people living in the streets or in jail via being homeless. In the last chapter I suggested that it might be useful to analyze why such assumptions had such a strong hold on public discourse related to both homelessness and deinstitutionalization. I do not agree with the public outcry (heard by sociologists, activists and the media) post deinstitutionalization, that most people, particularly those labeled as mentally ill, became homeless and started to be re-incarcerated in jails and prisons in urban areas in the U.S. I believe this narrative reduces a much more complex process and puts the blame on an easy target, deinstitutionalization, instead of neoliberal policies that led simultaneously to the growth of the prison system and to lack of financial support for disabled and poor people to live in the community in affordable and accessible housing.

In addition to the connections between the forces of incarceration and decarceration in prisons and institutions, this research also offers an analysis of the connections between the movements that resist these forces. I therefore turn now to an analysis of abolition as a unique

form of resistance to incarceration. There are various critiques laid out against prison abolition, and strands of anti-institutional and disability activism. They can be summarized in three main prongs: that this form of activism is abstract and does not focus on prescriptive and specific solutions and alternatives to incarceration; that it is an optimistic and utopian vision of the world and of human nature; and that it is unrealistic to share this worldview in the world we currently occupy. In the remaining part of the chapter I will demonstrate how all these critiques of movements who work towards a non-carceral society can be conceptualized as strengths and provide a unique technique of resistance which is highlighted through this research.

Power and resistance in Foucault's theorizations of the carceral

This research was conceptualized as a genealogical excavation of various forms of resistance to incarceration. As such, it is only fitting that the first place from which to analyze such resistance would be in Foucault's work. In *Discipline and Punish* Foucault introduces his theory of capillary power, power that circulates everywhere including into the bodies and selves of individuals to make them who they are, as subjects. This form of power is theorized differently than traditional conceptualizations, which view power as sheer force or top down or view it as centralized. In his article *Would it matter if everything Foucault said about prison were wrong?* Alford (2000) contends that disciplinary practices of the kind Foucault describes as epitomized in asylums and prisons, such as regimented time tables, non-idleness and regimentation of the body, do not exist in modern American prisons, and in essence never really existed there[44]. As an example, Alford critiques Foucault's detailed analysis of the panopticon. The panopticon is a special arrangement conceived by British philosopher and social theorist Jeremy Bentham in the late 18th century. The concept of the design is to allow an observer to observe all inmates of an

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[44] It is interesting that Foucault wrote mostly about the genealogy of the carceral in Europe, especially in France, but the only prison he visited was an American one (Attica in NY), because the French prisons were not open to visitors.

institution without them being able to tell whether or not they are being surveilled. The panopticon, for Alford (2000), represents not power but the appearance of power (i.e. propaganda). This is because real power means that you do not have to look in the first place. There is no need for aerial and all encompassing surveillance of prisoners if you are really in total control. Foucault mistakes, according to Alford, the *idea* of the prison with its reality and day to day operations. The ideas of early prison reformers (such as Bentham) are presented as facts, even though in actuality most of them stayed on the level of ideas and never materialized into the prisons.

Foucault counters the critique that he engaged mostly with "ideal types" (in the Weberian sense) in his work, such as the panopticon. Foucault replies that "If I had wanted to describe "real life" in the prisons, I indeed would not have gone to Bentham. But the fact that this real life is not the same thing as the theoreticians'' schemes does not entail that these schemes are therefore utopian, imaginary and so on. One could only think this if one had a very impoverished notion of the real" (Foucault 1994: 251). What Foucault is trying to get at is that the panopticon, for example, arose out of the search for a unified and measurable penal mechanism, which was a response to various social and political events, which were definitely "real." It also produced a series of effects, which ultimately led to our current system of penalty, whether as a resistance to the panopticon (by the prisoners for example) or a revision of it (by the administrators).

My point here is that whether one takes up Foucault's assertions at face value or metaphorically, it is clear he provides a useful analysis of disciplinary power, which emerged in the 18th century in response to the sheer brutality of punishment. Such analysis is useful for the purposes of this study as his main sites were the prison and the asylum/psychiatric hospital and by foregrounding these new techniques of power Foucault demonstrated the way these

institutions were interconnected. However, Alford contends that "The civilization curve that moves the hanging from the town square to the prison basement is not so much a refinement of power as it is a veiling of it" (2000: 139). Thus, it is not the tyranny of the Panopticon, but that of the dungeon that is found in American prisons. Similarly, most prison abolitionists perceive the prison as a repressive and coercive institution, not one that demonstrates decentralized power, but power that is omnipresent and not much different than the scaffold (especially since executions are still held in the U.S). Thus, one can contend that disciplinary practices and their predecessor (sovereign power or power as characterized by Weber as centralized and coercive) are still alive and well in present forms of incarceration.

According to prison abolitionists, imprisonment also represents a form of biopower, as conceptualized by Foucault (2003) as power over life and death, or deciding who lives and who dies. Prison abolition work also adds to Foucauldian analysis another layer of complexity in relation to racial enclosures in the U.S. Few scholars have engaged Foucault's theorizations of power to apply them to the racialized settings in the U.S. Such an analysis, according to Davis, will accentuate the connections between the reservation system, slavery, the mission system, and the internment camps in WWII (Davis 1998). Furthermore, the analysis of incarceration as embedded in racism directly relates to Foucault's conceptualization of biopower (as making decisions about the life and death of the populous), as racism, according to prominent abolitionist Ruthie Gilmore (2006), is the "state sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death" (2006: 28).

Foucault further analyzed biopower in terms of forces that use techniques of segregation but also measurement, or in his terms the techniques of quarantine, normalization, and governmentality, of which prisons and institutions seem like prime sites in which these forms of

power are conflated. The first mechanism of control/security is the judicial, by which there is a clear binary division between what is prohibited and what is permitted, and the understanding that prohibited acts result in punitive measures. The second mechanism is disciplinary, in which this binary code still holds true but a series of surveillance, normalization and rehabilitation measures are added in order to transform the individual. Thirdly, there is the apparatus of security, which puts individual acts into a discourse of probability, counting, measuring costs, statistics. Instead of a binary division, we now have an average, which is considered optimal. These are not successive measures of course, as one does not replace the other, but they coincide with each other in many cases, although each becomes more prevalent in a different era.

The technique of quarantine (as the ultimate form of segregation) and partition (as the regulation of surveillance of everyday life by the state, such as during the Plague in the Middle Ages) can be seen in present forms of incarceration and its alternatives. The former, quarantine, is quite obvious and visible in the construction, expansion and maintenance of prisons and large state institutions for those with labels of mental disability. The latter, partition and governmentality, can be traced in current neoliberal policies of welfare and supposed alternatives to incarceration. The advent of neoliberalism and workfare programs shifted the discourse around "deserving and undeserving" populations so that today in many OECD countries even those perceived as deserving of public assistance, such as those who are deemed disabled, are being pushed into the labor market through workfare programs, despite the lack of jobs, and the inaccessibility of the capitalist enterprise as a whole. This discourse shifts the understanding of disability and poverty as a category under "the reserve army of labor" to a population being surveilled for political-economic reasons. The result is an increased surveillance of welfare recipients, which can also be observed today to be used on disability benefits recipients,

especially by agencies granting the services, with the use of home visits, complicated verification systems and even the hiring of investigators to follow specific recipients to ensure the authenticity of their disability. Wacquant (2009) further discusses the ways in which workfare and prisonfare (increased criminalization and incarceration of unwanted populations mostly based on race and class) operate as the left and right arm of the state, and cannot be separated. He asserts that the failure of welfare and workfare to alleviate poverty implies that the main aim of such policies is not to decrease poverty levels but to survey and surveil the poor and keep them as invisible as possible from the social and cultural landscape (Wacquant 2009).

But as suggested above, social control is always in flux, in regards to its dispersed techniques, and so the resistance to it needs to be in flux as well. According to Deleuze (1992), disciplinary societies, whose main characteristic is the organization of vast spaces of enclosure and in which the individual merely passes from one to the other, are being replaced today by the societies of control, whose key feature is social control, and less focus is given to the location in which it is prescribed. For the purposes of our topic, one only needs to look at some of the alternatives that are given to vast spaces of incarceration at present to understand Deleuze's proclamation. Activists who fight and resist incarceration should be wary of (and are today quite savvy about) this "progressive and dispersed installation of a new system of domination" (1992: 7). As discussed in chapter 5, seemingly progressive steps such as psychiatric care clinics in the community are seen by anti-psychiatry activists as measures to increase surveillance on those psychiatrized, especially in relation to compliance with the psychopharmaceutical regimen that has become an order and not a choice, contributing to what Erick Fabris recently described as "chemical incarceration" (2011). In addition, measures such as electronic monitoring bracelets that seemingly aid in the release of more prisoners are perceived by prison abolition activists as

increasing the net of incarceration and punitiveness at large and not adding to the freedom of those who had been criminalized.

The measures have changed between the disciplinary societies and today's societies of control, but the social control function remains similar. As Deleuze concludes: "there is no need to fear or hope, but only look for new weapons" (1992: 4). This is not to say that "the more things change, the more they stay the same." Things are changing, but not necessarily for the better, and yet not always for the worse. Chris Drinkwater's analysis of the construction of the model citizen within group homes for people with developmental disabilities offered in chapter 5, is useful example of Foucauldian analysis because it goes beyond the critique that supported living or group homes are smaller institutions in the community. Drinkwater (2005), following Foucault, suggest that there is something else going on in the power relations operating in these settings, that is not the same as what is happening in institutions, and certainly does not necessitate a liberatory change, but it is a change nonetheless.

Foucault provides vivid and elaborate illustrations and conceptualizations of power, which are extremely useful to the understanding of current forms of incarceration and some solutions touted as "alternatives to incarceration." But I do not believe that this line of theory is the most useful way to approach the conceptualization of resistance to the carceral. Foucault asserts that "where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power" (1990: 95). Power is not coercive, but a set of relations. As such, power entails the possibilities of resistance within it, which is an optimistic view on the one hand, as resistance is always a viable option, but also pessimistic and deterministic (Mcnay 1991) on the other, as resistance is already always embedded in webs of power and discursive formations. There is no freedom that is detached of power, and there

cannot be a world devoid of power relations. Therefore, equating resistance with what is needed and good, and power with what is oppressive and bad, is to misunderstand the relation between power and resistance.

Foucault proposes that resistance is always internal, not external, to the circuits of power it is opposing. Similarly, philosopher and legal scholar Wendy Brown attempts to trace the ways seemingly liberatory politics mirror the mechanisms of power they are trying to contest. Brown (1995), following French philosopher Jean-Luc Nancy, emphasizes that freedom is not an abstraction but a relational practice, which is shaped in opposition to what has been established as un-freedom. Ideals and practices of freedom thus work to reinstate, rather than eradicate, the very forms they are resisting. Consider, for instance, feminists who imagine a world without men or gender, or teenagers who dream of a world without parents but still embodying the category of teenager. These visions create mirror images which reverse domination/subordination without attending to its constitution- i.e. the construction of the subjects "teenagers" or "women." Brown (19995) therefore claims that the shape that resistance takes is related to and embedded in the very features that are being resisted. So imagining a world with no prisons already assumes the creation and significance of carceral systems and impedes more radical imagining of alternative universes.

It seems to me that theorizing abolition in this manner does not take into account its unique characteristics as a form of activism, one which is beyond Foucauldian conceptualizations of resistance. According to Martinot and James (2001), resistance is not just saying no to power, but it encompasses entering and creating a world free of what is being resisted. The act of resistance can in actuality bring that world about, if it is done on a collective scale. Resistance implies a kind of desperation and perception of crisis. As such it goes beyond protest, in which a dialogue

with those in power is still a possibility (Martinot and James 2001). New identities, communities, language and practices need to be brought into being in the process of resisting the old. In order to stay true to the features of abolition politics as a unique technique of resistance and activism, I therefore turn from (and perhaps with) Foucault to a conceptualization of abolition and utopia as a way to re-codify resistance to the carceral.

Abolition and resistance

Abolition can be conceptualized as a strategy beyond resistance- as it does not acknowledge the structure as it is but envisions and creates a new worldview in which oppressive structures do not exist. It goes beyond protesting the current circumstances, as discussed by Brown in the preceding passage, to creating new conditions of possibility by collectively contesting the status quo. Norwegian sociologist Thomas Mathiesen conceptualizes abolition as an alternative in the making: "The alternative lies in the 'unfinished', in the sketch, in what is not yet fully existing" (Mathiesen 1974: 1). As discussed in chapter 5, abolition takes place when one breaks with the established order and simultaneously breaks new ground. Abolition is triggered by making people aware of the necessary dilemma they are faced with- continuing with the existing order with some changes (i.e. reform) or transitioning to something unknown. The question becomes not "what is the best alternative" in its final formulation, but how this new order shall begin from the old. The second question, which emerges from the unfinished as alternative, is how to maintain it as such, a sketch, not a final result but a process of change (Mathiesen 1974).

Abolition therefore cannot wait to a future constellation when appropriate alternatives are already in place. In fact this is inherently impossible because alternatives cannot come from living in the existing order, but from a process of change that will come as a result of a transition from it. So abolition as a goal and a mindset is needed in order to come up with new alternatives

(Mathiesen 1974). Avery Gordon (2004) further asserts that the core of abolitionism is its refusal to wait. Slaves or prisoners, and those fighting for their freedom, cannot wait for a new world order in order to be free of incarceration or bondage. They cannot wait until the right conditions emerge and the desired future begins. This sense of urgency enables abolitionism, as utopian consciousness and praxis, to become a model for political activity in the here and now.

This "refusal to wait" is further highlighted in Julia Sudbury's (2009) insightful article on present day "maroon abolitionists," which brings to light the unique prison abolition perspectives of gendered oppressed and racialized activists who are rooted in African diasporic traditions of resistance and spirituality. Sudbury refers to them as maroon abolitionists because maroon refers to the communities of runaway slaves and indigenous people that have formed in the Americas since the 17th century. Maroon also implied the resistance of non-black populations such as indigenous and exiled whites. While white abolitionists were fighting against slavery because of moral, religious and ideological convictions, "maroon abolitionists" were fighting for their communities' liberation and survival. They therefore rejected the call for gradual emancipation and called instead for an immediate end to slavery. Currently, most scholarship on slavery abolition focuses on speeches and ex-slaves narratives meant to mobilize white supporters, while less attention is paid to slave rebellions, escapes and resistance, which hastened the demise of chattel slavery.

Prison abolitionists therefore emphasize activism that originates and takes into account those who are most affected by oppression and incarceration. This strand can also be found in the principles of self advocacy and the motto of the disability movement- "nothing about us without us." The lack of sense of urgency is perhaps why radical social transformation from a distanced and isolated position (like activism by students on college campuses for example) often devolves

into reformist politics, according to Appel (2002). One of the participants in Sudbury's study on maroon abolitionists commented that there is a vast difference between abolition and emancipation. Abolition entails bringing an end to something, but emancipation means to free or liberate. Thus the end goal is not the abolition of the prison-industrial-complex but changing society overall (Sudbury 2009).

Ironically though, some critique the present prison abolition movement as not well suited to create such a new just world, because it is currently primarily occupied with working with prisoners, ex prisoners or families of prisoners and most of its activists represent this stratum. But if abolition is about creating a world in which prison is no longer needed then the work needs to be done away from prison- in schools, shelters, health clinics and legislative arenas, according to Lee (2008). Indeed, the reformist framework perceives those imprisoned as chained and those living outside of prisons as free. But I believe that most abolitionists (and those incarcerated), see incarceration as one out of many forms of punishment, repression and cultural genocide. Those embracing revolutionary politics, and not reformist politics, believe that everyone exists in a state of unfreedom in a society, which is based on economic inequality, segregation and racism. Prison abolition, therefore, is not about helping prisoners and deinstitutionalization and disability activism is not about helping "people with special needs." Abolition of the segregationist mindset is about societal change that will improve the lives of all, inside and outside prisons and institutions.

Abolition could be conceptualized as a radical form of activism in the full sense of the word, meaning going to the root cause of issues, in both content and form. Sociologist and anarchist thinker Richard Day defines radical activism as "conscious attempts to alter, impede, destroy or construct alternatives to dominant structures, processes, practices and identities" (2005: 4). In its

core, Gilmore[45] conceives abolition as an ethics, not just a tactic or strategy. Abolition underscores the deep belief that life is precious and all the effects that belief necessitates about living and dying in dignity in relation to state power, living wage, accessible and affordable housing, health care, interdependence etc. Abolition thus entails much more than closing prisons or institutions. It is about creating a society free of systems of inequity, which produce hatred, violence, desperation and suffering (Lee 2008). In such a society the idea of caging people for wrong doings or for being different will be seen as absurd.

Prison abolitionists today are often involved in multi-cause struggles in relation to racism, poverty, housing, circulation of drugs etc. As Angela Y. Davis (2003) suggests, there is no one single alternative to imprisonment but a vision of a more just society- including a revamp of the education system, comprehensive health care for all, demilitarization, and a justice system based on reparation and reconciliation. One of the main problems with prisons and institutions is that they become a catch all for "problematic populations" that are deemed socially undesirable or dangerous. The alternative to incarceration therefore cannot be a catch all solution, but an individual one, in relation to the harm done and the community in which one is involved. It is unclear to me that most disability, anti-psychiatry and deinstitutionalization activists are headed the same route though.

Those who advocate for anti-institutionalization and prison abolition see community as in need of change, and do not see integration (or community re-entry) as the goal but the formation of new caring, socially just communities, as was discussed in chapter 4 in relation to the concept of community. This could be characterized as one of the main differences between (newer) formulations of activism around the concept of "disability justice," as opposed to disability rights. Disability justice represents a conceptual shift from notions of advocating for rights or

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[45] Personal communication

equality in a system that is oppressive and unjust to begin with (such as increasing employment for people with disabilities in an unjust capitalist marketplace; discussing "community services" only through the discourse of for-profit health care system etc.) to advocating for social change more generally in relation to the ways various oppressions, such as racism, sexism, capitalism and ableism intersect to influence the lives of disabled people in the arenas of education, transportation, housing, work, health, sexuality and recreation.

Disability, under the formulation of disability justice, could be emphasized as a form of difference, not only with regard to affinity ("we are a part of the human race"), but in striving for radical departure from the current social order and imagining new forms of community and not only inclusion in existing ones. The human rights approach, common in legislation and personified in the disability rights movement and some factions of survivor/ex patient activism, is rooted in the idea that "we are all the same and deserve equal rights." But underneath such claims lies the perception that rights are what we all deserve, if we are indeed "the same," or to be more specific, normal. Therefore this human rights approach is not a celebratory model or one leading to inclusion of all. According to liberal discourses that call for social change, change entails incorporating excluded groups into current structures- such as education systems, the government, corporations and politics. But these frameworks only change the hierarchy of the structures in which marginalized populations are placed, and not the structures themselves. Under a more radical or abolitionary mindset it is clear that forms of oppression are not always characterized by exclusion, but by pervasive inclusion that sometimes does more damage.

Disability justice and a horizon of a non-carceral society could potentially reveal the clutches of both disciplinary regimes and societies of control. The goal is not to replace one form of control, such as a hospital, institution and prison, with another, such as psychopharmaceuticals,

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nursing homes and group homes in the community. The aspiration is to fundamentally change the way we react to each other, the way we respond to difference or harm, the way normalcy is defined and the ways resources are distributed and accessed. It is no wonder then that the abolitionary approach to deinstitutionalization and imprisonment, as an epistemic change that breaks down the institutional model altogether, did not occur overall. Or at least not yet…

Utopia as an abolitionary stance

Abolition requires a vision for the future but also taking immediate steps on the way to that vision, in the form of non-reformist reforms, as discussed in chapter 5. The goal is to improve present circumstances but without compromising the larger goal of abolition. This is the reason why Ruthie Gilmore comments[46] that prison abolition work means "being a theoretical puritan but a method slut" and building coalitions towards the goal of creating a social system that wi;; not necessitate prisons and in which imprisonment would be inconceivable. This is the idea of becoming, instead of being, or of potentiality, as opposed to possibility. For Agamben (1999), potentiality differs from possibility, which is something that might happen in the future; while potentiality represents the imminent, that which is present but not fully manifested yet at present time. This characterization of abolition could also been seen in the case of deinstitutionalization activists who insisted on a non-carceral and inclusive world way before alternatives to institutionalization were in place in all locales (or in any for that matter). The goal was to close down institutions and refute the institutional and segregationist mindset in the future while the alternatives were not ready-made and indeed could not have been, as such a framework did not exist at that time.

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[46] Personal communication

Queer theorist José Esteban Muñoz suggests that "we must strive, in the face of the here and now totalizing rendering of reality, to think and feel a *then and there*….We must dream and enact new and better pleasures, other ways of being in the world, and ultimately new worlds" (2009: 1). It is my contention that this vision, although discussed here in relation to queer futurity, is applicable to radical anti-institutionalization stances, disability activism in the form of disability justice and prison abolition. According to Gordon (2004), and following the work of cultural worker Toni Cade Bambara, abolition efforts must take place while we are still enslaved. She states "abolition time is a type of revolutionary time. But rather than stop the world, as if in an absolute break between now and then, it is a daily part of it" (Gordon 2004: 198). Emancipation is ongoing work and cannot wait until the time is ripe for it.

Sociologist and life-long anarchist activist Howard Ehrlich[47] believes that radicals, as opposed to reformers or revolutionaries, are almost by definition not "of the society." Most are politically engaged and experiment with alternative ways of being and thinking, in terms of anti-authoritarianism, anti-racism, anti-capitalism etc. The radical life is living today the way you would like the future society to be. Similarly, Ernest Bloch exclaims that "the essential function of utopia is a critique of what is present. If we had not already gone beyond the barriers, we could not even perceive them as barriers" (in Muñoz 2009: 37). This is reminiscent of Thomas Mathiesen's work, which theorized abolition as "the unfinished," always a work in progress. Mathiesen's work has often been criticized for lacking any concrete suggestions for penology or even activism, thus remaining abstract and detached from specific activist and policy stances (Saleh-Hanna 2000). But reclaiming utopia as a liberatory, as opposed to derogatory, position would conceive this work as helpful in fashioning new ways of envisioning the world and opening up opportunities that are not closed off by readymade prescriptions.

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[47] Personal communication

For Muñoz, "the here and now is a prison house" (2009: 1). The connection to prison abolition and the more radical factions of the anti-institutional stance are conjured up by this affirmation from Muñoz, and not simply because he brings up prison as the ultimate metaphor for stagnation and lack of imagination. Muñoz further discusses Ernst Bloch's distinction between concrete and abstract utopias, explaining that the latter are useful only as "they pose a critique function that fuels a critical potentially transformative political imagination" (2009: 3). Concrete utopias, on the other hand, represent collective hopes, and are the blocks upon which hope can exist. As Bloch writes "hope's methodology… dwells in the region of the not-yet" (quoted in Muñoz 2009: 3). The "not-yet," as Bloch refers to it, seems akin to Mathiesen's formulation of the "unfinished" in relation to the work of the abolitionist.

Hope is indeed a fundamental requirement for long-time activists. One cannot do any meaningful work for social change without some amalgamation of hope, pragmatism and a horizon of possibility. But, as Muñoz reminds us, "this fear of both hope and utopia, as affective structures and approaches to challenges within the social, has been prone to disappointment" (2009: 9). Utopia and hope are hard to keep up, and harder to sustain as critical frameworks and affective economies when alternatives such as pessimism, inertia, resignation, and even disappointment itself are abounding. There are also material and symbolic consequences of taking up utopia as a guiding force for change. When one is called "utopian" this usually connotes something degrading, a naïveté of sorts, that makes one look foolish or dangerous, depending on the context (as we have seen in the charges thrown at both deinstitutionalization activists and prison abolitionists, as described in the previous chapter). In any case, utopia is not often a feature that makes one be taken seriously.

However, Muñoz suggests that in spite of these possible consequences "a certain affective reanimation needs to transpire if a disabling political pessimism is to be displaced" (2009: 9). This suggestion only works of course as long as "disabling" connotes something destructive and not affirmative. It might be useful to connect this statement with an earlier one in which Muñoz suggests that the way out of pessimism and resignation is that "We must dream and enact new and better pleasures, other ways of being in the world, and ultimately new worlds" (2009: 1). I want to suggest, following disability theorists such as Mairs (1996) and Overboe (1999), that imagining "other ways of being in the world" is the gist of the disability movement and disability culture. Disability, as a lived reality, in a world that often cannot contain it, allows for re-formulations of in/dependence, dis/ability, assimilation and community, as discussed in chapter 4. A non-carceral way of living would be unimaginable without these reconceptualizations and celebration of "other ways of being in the world." I am not suggesting that these "other ways of being in the world" and the tenets of disability pride are currently respected or even fully existing, but I am suggesting that their effects could provide useful ammunition for social transformation in the spirit of abolition as a utopian stance.

The moment in which this chapter is written can illuminate much of this discussion. The recent protests spreading around the world ranging from Greece, Israel, Madrid and (finally) the U.S. (in the form of the Occupy/Decolonize movement) in the summer and fall of 2011 give us pause to think about their connection to each other. They are all of course rooted in a profound critique of capitalism and neoliberalism, but they share more than common dreams and critiques. They are also similar in their tactics and strategies in that the point of the protests is not to bring forth reforms or concrete suggestions for change, but to conjure up, collectively, possibilities for the future. "Collectively" and "future" are key concepts here in that the process is more about

becoming than being or doing. The goal is to forge something different out of an oppressive present, but what that future is could only be revealed in the process of collective struggle and shared horizons. Therefore, those who critique these recent movements as offering nothing concrete and unable to explain their goals are missing the point. Those who call them utopian seem to be getting closer to the mark, even if doing so out of malice. Not being pragmatic might sound like an accusation put forth by detractors of the movements but it is also the backbone of the movement itself if conceived from the theoretical position offered here. What these movements collectively suggest is what Bloch characterized as concrete utopias, a way out of limited possibilities of the present and into a politics of the future.

In conclusion: the politics of the future and the incarceration yet to come

Engaging abolition as utopia involves reflecting on the politics of time and space. The deinstitutionalization movements in mental health and developmental disabilities could be construed as historical models to guide us through the transition to decarceration and prison abolition, which is the main premise on which this research is built. Prison reformers of the 1960s and 1970s were optimistic that the field of corrections will go through a similar turn, because the critiques of both systems are related and analogous (Mauer 2000). However, their optimism was short lived. It is now apparent that there is not even a crisis mentality in relation to the over expansion of the prison-industrial complex. For most professionals, journalists and academics the issue is more of overcrowding and imprisoning conditions. The solution is therefore building more cells and more prisons and negotiating the increase of corrections budgets on local levels. Perhaps, as Mauer (2000) suggests this is the result of racism itself, as it is hard to imagine that such complacency would exist if the more than two million prisoners came from white middle class backgrounds.

What is also true is that because of forces of neoliberalism and austerity measures in the U.S and OECD countries more generally, budgets for social services are being cut. This includes budgets that could have secured alternatives to incarceration, such as support for people to live independently in their own homes or create jobs for people reintegrating post incarceration. But these austerity measures also entail budgetary cuts in the field of corrections. As Scull (1977) suggests, deinstitutionalization, although ideologically appealing as a move out of "snake-pits," was used by the state as a mechanism for financial divesting from dealing with "deviant populations," especially in relation to mental illness. This leads Scull to critique deinstitutionalization with much fervor. But the question this research asks remains- how is deinstitutionalization defined? Is it the exodus from pandemonium (to use Blatt's apt metaphor) or is it a major shift in power dynamics, a counter hegemonic move? Therefore, these cut backs can also lead to new possibilities for abolition, ones which we cannot conceive of at present.

In addition, if one is engaging in analysis of the history of the present, as this genealogical project seeks to do, one needs to grapple with the current societies of control and the way they create new subjects. For instance, Deleuze (1992) mentions a few notable changes that mark the crisis of institutions in disciplinary societies, symbolizing a shift or an expansion from focus on measures of enclosures (such as institutions, prisons and hospitals) to other measures such as the corporatization of education, the use of electronic monitoring of those convicted of crime (or in the U.S. also those awaiting trial). In addition one can add the increased use of coercive measures on disabled people, outside institutional walls, such as involuntary *outpatient* treatment in the community of those psychiatrized (Kanter 1995).

Another characteristic of the societies of control, according to Deleuze (1992) is in the field of medicine, the production of "at risk" subjects. Jasbir Puar (2009), following Sarah Lochlann

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Jain, further urges us to move from thinking of the disabled subject to theorizing the prognostic subject. Puar interrogates the instability of the borders between capacity-endowed and debility-laden bodies. Puar is attempting to infuse (queer) disability studies with notions of risk, statistical probability, and prognosis, which if taken seriously can transform our understanding of ability and identity from being an essence into being codifications of risks. This follows Jain's assertion that we are all "living in prognosis" with ever shifting relation to life, death and debility. This is especially true under neoliberal capitalist regimes, which construct the body as "never healthy enough" (Puar 2009: 167) and always in a state of debility, in need of some enhancement or modification. Prognostic time shatters the adage that "one will always become disabled if you live long enough" and the presumption of longevity itself. This insight is not only applicable to disability politics but also to prison abolition if connected to Gilmore's definition of racism as the "state sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death" (2006: 28). This perspective on prognostic time also connects with abolition as a form of activism with a sense of urgency, one which refuses to wait.

It is the future that haunts queer disability studies theorist Robert McRuer's work as well. For instance, he tells the story of participating in a conference in the Netherlands and giving a talk on AIDS activists in South Africa. While giving the talk he wore a shirt labeled "HIV Positive," made by the South African activists, even though he is not HIV positive himself. His aim was to discuss the politics of AIDS in queer and other communities, while claiming that today no one is outside of AIDS politics[48], much like Puar's theorization that we all live in prognosis. There are other numerous examples of deploying disability in McRuer's analysis, even when it is not quite there. McRuer's rationalization for this tactic is that "taking that risk, however, invoking a

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[48] For a scathing and detailed critique of McRuer's evocation see the work of Chris Bell (unpublished) which emphasizes the unequal effects of being in relation to AIDS politics when one is actually HIV positive, a critique which could be related to Puar's work as well, as we are all prognostic subjects but with unequal effects.

disability that is not yet here.. strikes me as nonetheless true to a certain disability studies logic. After all, whether it's the adage of everyone will be disabled if they live long enough, or the urgent call for postidentity politics, or Harriet McBride Johnson's report on the 'disability gulag'-..- it's clear we are inescapably haunted by the disability yet to come" (2002: 207).

What haunts McRuer's work is not the fear of impairment or even disablement, but the tyranny of normalization. Compulsory normativity (or able bodiedness) is always lurking, and with it the 'promise' of unity by segregation. Closure of large institutions has not led to freedom for all disabled people – nor has it resulted in the radical acceptance of the fact of difference amongst us. Institutional life, whether in a prison, hospital, mental institution, nursing home, group home, or segregated "school," has been the constant, not the exception, for disabled people throughout North American history. Harriet McBryde Johnson (2003) describes her experiences and fear of the "disability gulag" - the warehouse for disabled people that is often called "the institution." As she describes in her narrative, many people with significant disabilities fear that one day they will be sent there and lose their independence, if they are not living there already. Intersecting Johnson with McRuer, we can conceptualize "the institution yet to come" as a looming presence in the lives of all people with disabilities, even those who do not reside in them - and even for people who do not (yet) identify with any disability or debility. The ghost of forced confinement haunts us all, but does so much more materially and immediately for marginalized populations, especially poor people, people of color, and disabled people or a combination of these.

It is my hope, as an activist/scholar that this work brings to light the ghost of the incarceration yet to come but also highlights abolition as praxis to resist it. As Gordon (2004) explicated, the aim of the politically engaged intellectual is to nourish cultures of resistance and

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to aid in the fulfillment of the human potential of all. In addition, and in response to critique that claimed that his work in *Discipline and Punish* is not practical but only theoretical in nature, Foucault explained that his role as an intellectual (or scholar/activist) is not to prescribe solutions, but to open up conversations. He remarked that "it is true that certain people, such as those who work in the institutional setting of the prison… are not likely to find instructions in my book that tell them 'what is to be done'. But my project is precisely to bring it about that they 'no longer know what to do', so that the acts, gestures, discourses that up until then had seemed to go without saying become problematic, difficult, dangerous" and that "it seems to be that "what is to be done" ought not to be determined form above by reformers, be they prophetic or legislative, but by a long work of comings and goings, of exchanges, reflections, trials and different analyses" (Foucault 1994: 256).

Critique, according to Foucault, is sometimes the goal and sometimes the means to a goal, often one which is not yet conceived but is used in a process of trial and error. Foucault asserts that critique "should be an instrument for those who fight, those who resist and refuse what is. Its use should be in processes of conflict and confrontation, essays in refusal. It doesn't have to lay down the law for the law. It isn't a stage in programming. It is a challenge directed to what is" (Foucault 1994: 236). I contend that this challenge towards "what is" is the work of abolition today, and for the future of a non-carceral society.

Even for those of us who find deinstitutionalization, anti- psychiatry and prison abolition movements to be "too radical" or problematic for whatever reason, I believe activists and scholars could benefit greatly from connecting them to each other and paying attention to the path of abolition of oppressive institutions. People or ideas, which are perceived as radical are often characterized as dangerous, and sometimes "crazy," and these are exactly the populations

we still hold behind bars and locked doors. But in terms of abolition, people who called for the abolition of slavery were also called dangerous and some lost their lives in the struggle, but you would be hard pressed to find people who advocate for slavery today. One can hope that this will be the case in relation to prisons and institutions in the imminent future. As Sebastian Scheerer (1987: 7) comments: "the great victories of abolitionism are slowly passing into oblivion, and with them goes the experience that there has never been a major social transformation in the history of mankind that had not been looked upon as unrealistic, idiotic or utopian by the large majority of experts even a few years before the unthinkable became reality." This research attempts to ensure that abolition of the carceral in the form of deinstitutionalization, prison abolition and anti-psychiatry do not pass into oblivion and are not only preserved but built upon in a shared horizon combating "the incarceration yet to come."

Appendices

Timeline of deinstitutionalization, anti-psychiatry, decarceration and incarceration

1950

The National Association for Retarded Citizens was established.

1952

The first of the anti-psychotics is discovered in France in 1952 and is named chlorpromazine (Thorazine).

1953

Medical experiments are conducted on 100 boys at the Fernald School in Waverly, Massachusetts. The boys were subjected to radioactive elements in their food to determine the effects.

1954

The U.S. Supreme Court in Brown v. Board of Education of Topeka ruled that separate schools for black and white children are unequal and unconstitutional. This pivotal decision became a catalyst for the Civil Rights Movement.

Governors of 50 states met in Michigan to discuss the issue of the chronically mentally ill.

1955

The number of hospitalized mentally ill people in the United States peaks at 560,000 in 1955.

President Kennedy commissioned a report about the state of mental health in relation to hospitalization of the mentally ill.

1957

Hugh Lafave and Fredric Grunberg developed the 'Saskatchewan model' which facilitated the shift of mental hospitals into focusing solely on acute care

1961

President Kennedy appointed a special President's Panel on Mental Retardation.

Report of Joint Commission on Mental Illness and Health recommended upgrading of hospitals and establishing community-based treatment centers.

Psychiatrist Thomas Szasz's book, *The Myth of Mental Illness*, argues that there is no such disease as 'mental illness'.

Sociologist Erving Goffman's book, *Asylums*, also comes out

1962

Ken Kesey's best-selling novel, *One Flew Over the Cuckoo's Nest* is based on his experiences working in the psychiatric ward of a Veterans' Administration hospital.

1963

President Kennedy called for a reduction "over a number of years and by hundreds of thousands, (in the number) of persons confined" to residential institutions and asks that methods be found "to retain in and return to the community the mentally ill and mentally retarded, and thereto restore and revitalize their lives through better health programs and strengthened educational and rehabilitation services."

This resulted in deinstitutionalization and increased community services. The Mental Retardation Facilities and Community Health Centers Construction Act authorized federal grants for the construction of public and private nonprofit community mental health centers.

1964

Civil Rights Act is passed outlawing discrimination based on race.

The 'war on poverty' declared as a federal policy

First wave of urban 'race riots'

1965

Medicare and Medicaid were established through passage of the Social Security Amendments of 1965

Autism Society of America formed by parents of autistic children to advocate for services.

Vietnam war begins and so does anti-war activism

Michel Foucault's monograph *Madness and Civilization* is translated into English

1966

 Christmas in Purgatory by Burton Blatt and Fred Kaplan documented conditions at state institutions for people with developmental disabilities.

Black Panther Party formed

Thomas Scheff publishes *Being Mentally ill: A sociological theory*, which became a foundational text in labeling theory

1967

The populations of state institutions for people with intellectual disabilities peaked at 194,650 (and have been declining since)

Frederick Wiseman's controversial documentary, *Titticut Folies*, about an institution for the criminally insane in MA is released

1969

The concept of normalization was introduced to an American audience by Niels Erk Bank-Mikkelsen (Denmark) and Bengt Nirje (Sweden) at a book published by the President's Committee on Mental Retardation

In Holt vs. Starver, the district court in Arkansas ruled that under certain conditions an entire prison could be viewed as a form of cruel and unusual punishment

1970

The Insane Liberation front is formed in Portland, Oregon

The first Soteria home is established by psychiatrist Loren Mosher near San Francisco as model community that provides a space for people experiencing mental distress or crisis

1971

The U.S. District Court, Middle District of Alabama decided in Wyatt v. Stickney that people in residential state schools and institutions have a constitutional right "to receive such individual treatment as (would) give them a realistic opportunity to be cured or to improve his or her mental condition." Disabled people were no longer to be locked away in custodial institutions without treatment or education.

The Center on Human Policy is established in Syracuse, NY by Burton Blatt

The Mental Patients' Liberation Project was initiated in New York City

George Jackson, prominent black prison activist and intellectual, is shot by guards in San Quentin prison in CA

Attica prison revolt erupts in Attica prison in upstate NY. The revolt ended by state troopers and police who stormed the prison, killing 39 people, 10 of which were guards taken hostage by the prisoners

1972

The Judge David L. Bazelon Center for Mental Health Law Project, founded in Washington, D.C. provided legal representation and advocated for the rights of people with mental illness.

The Network Against Psychiatric Assault was formed in San Francisco

Madness Network News had begun its publication (which will cease in 1986)

In New York ARC v. Rockefeller, parents of residents at the Willowbrook State School in Staten Island, New York filed suit to end the appalling conditions at that institution.

Geraldo Rivera does an expose on the Willowbrook State School that leads to an immediate federal inquiry. The deplorable conditions of the facility for the mentally retarded were televised and Willowbrook became national news.

Demonstrations were held by disabled activists in Washington, D.C. to protest Nixon's veto of the Rehabilitation Act. Among the demonstrators are Disabled in Action, Paralyzed Veterans of America, the National Paraplegia Foundation and others.

SSI went into effects (based on the 1965 amendments to the social security act) and provided coverage based on need and not means test

Jerome Miller, Commissioner of MA department of Youth Services at the time, closed the state's major juvenile offender facilities and placed youths in community programs or homes

A call for a moratorium on prison construction, until full utilization of alternatives to incarceration is achieved, is advocated by the National Council on Crime and Delinquency

1973

Rockefeller drug laws pass in New York and create strict mandatory minimums

The Rehabilitation Act of 1973 was passed

David Rosenhan's provocative study on being embedded in a psychiatric unit titles "On being sane in insane places" is published in the journal *Science*

The first Conference on Human Rights and Psychiatric Oppression was held at the University of Detroit

The first self-advocacy conference was held in Victoria Island, British Columbia Canada. The conference was titled "First Convention for the Mentally Handicapped in North America."

1974

People First, the nation's largest and first self-advocacy organization, was founded in 1974 by the 5 who attended the Canadian conference. The first convention is held that same year in Salem, Oregon.

Halderman v. Pennhurst, filed in Pennsylvania on behalf of the residents of the Pennhurst State School and Hospital highlighted conditions at state schools for people with mental retardation. It became a precedent in the battle for deinstitutionalization, establishing a right to community services for people with developmental disabilities and became known as the first (and only) anti-institutional case

President Ford signed legislation which encourages alternatives to incarceration for juvenile offenders

Thomas Mathiesen's book *The politics of Abolition* is published and becomes a fundamental text in prison abolition internationally

1975

The Developmentally Disabled Assistance and Bill of Rights Act provided federal funds to programs serving people with developmental disabilities and outlined a series of rights for those who are institutionalized.

The Association of Persons with Severe Handicaps (TASH) was founded by special education professionals in response to PARC v. Pennsylvania (1972) and other right-to-education cases. This organization called for the end of aversive behavior modification and the closing of all residential institutions for people with disabilities.

 U.S. Supreme Court ruled in O'Connor v. Donaldson that people cannot be institutionalized in a psychiatric hospital against their will unless they are determined to be a threat to themselves or to others.

The Willowbrook Consent Decree is signed by New York Governor Hugh Carey, which commits New York State to improving community placement for members of the Willowbrook class action lawsuit, and later all persons served by the Office of Mental Retardation and Developmental Disabilities.

Ken Kesey's book, *One Flew Over the Cuckoo's Nest,* is made into an influential movie starring Jack Nicholson as anti-authoritarian Randle McMurphy.

1976

The first text prison abolition manual, *Instead of Prisons*, was published Honey Knopp and colleagues at the Prison Research Education Action Project

1978

American Disabled for Public Transit (ADAPT) was founded. It held a transit bus hostage in Denver, Colorado. A yearlong civil disobedience campaign followed to force the Denver Transit Authority to purchase wheelchair lift-equipped buses.

On Our Own: Patient Controlled Alternatives to the Mental Health System by Judi Chamberlin became the standard text of the psychiatric survivor movement.

1979

The National Alliance for the Mentally Ill is founded

Based on the report of the Task Force on Deinstitutionalization of the Mentally Disabled, NIMH created the Community Support Programs.

The Center on Human Policy publishes 'The community imperative' which was endorsed by 300 parents, professionals and individuals with disabilities. The imperative stresses the right of all human beings to community living

Self advocates in Nebraska held a press conference stating that all institutions should be closed and that PWD have the right o live in communities of their own choosing

A world without prisons, an anthology detailing alternatives to imprisonment worldwide, is published

1980

The Civil Rights of Institutionalized Persons Act authorized the U.S. Justice Department to file civil suits on behalf of residents of institutions whose rights were being violated.

1981

Raegan launches the 'war on drugs'

1982

The Committee to Abolish Prison Slavery publishes their monograph *Prison Slavery*

1985

The Mental Illness Bill of Rights Act required states to provide protection and advocacy services for people with psychological disabilities.

The National Association of Psychiatric Survivors was founded.

1986

MindFreedom is formed (through a series of newsletters)

1991

Self Advocates Becoming Empowered was founded in 1991 during the Second North American People First Conference in Nashville, Tennessee.

1996

Welfare is replaced with TANF (with a lifetime ban for those with felony drug convictions)

1997

Critical Resistance is formed in Oakland California

1998

People who are convicted of felony drug charges are banned from receiving public housing

1999

Supreme Court rules on *Olmstead v. L.C. and E.W.* stating that the ADA requires public agencies to provide services in the most integrated setting.

2002

The icarus project is formed

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