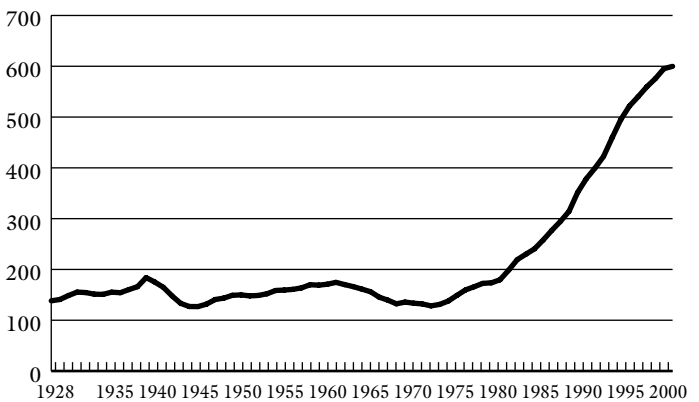
CARCERAL CONTINUITIES

We have become accustomed today to think of the carceral state predominantly through the lens of the prison. The essays in *The Carceral Notebooks* resist this temptation by exploring the liminal space at the outer reaches of the carceral sphere, where conventional notions of punishment bleed into more ordinary social practices and color them as deviant. But just as important as it is to probe that liminal space, it is also revealing at times to focus back on the carceral core and the central mechanism of criminal punishment—the prison and coercive confinement. When we do, the tendency is to start with the rate of incarceration in state and federal prisons in the United States—to focus on that staggering exponential curve, so rare in the study of social phenomena:

Rate of Imprisonment in the United States
(per 100,000 adults)
(State and Federal Prisons)



The shape of the curve is remarkable and incredibly troubling. But it raises a nagging question. After all, the classic social theory texts of the mid-twentieth century emphasized stability: although specific carceral institutions rose and fell, social exclusion remained constant. This theme was reflected in the seminal writings of Erving Goffman on *Asylums* (1961), of Gerald Grob on *The State and the Mentally Ill* (1966), of David Rothman on *The Discovery of the Asylum* (1971), of Michael Ignatieff on *The Penitentiary in the Industrial Revolution* (1978), and, powerfully, in Michel Foucault's early work on *Madness and Civilization* (1961). There, Foucault traced the continuity of confinement through different stages of Western civilization, from the lazar houses for lepers on the outskirts of Medieval cities, to the Ships of Fools navigating down rivers of Renaissance Europe, to the establishment in the seventeenth century of the Hôpital Général in Paris — that enormous house of confinement for the poor, the unemployed, the homeless, the vagabond, the criminal, and the insane. "Leprosy disappeared, the leper vanished, or almost, from memory," Foucault remarked; and yet, "these structures remained. Often, in these same places, the formulas of exclusion would be repeated, strangely similar two or three centuries later. Poor vagabonds, criminals, and 'deranged minds' would take the part played by the leper. . . With an altogether new meaning and in a very different culture, the forms would remain — essentially that major form of a rigorous division which is social exclusion but spiritual reintegration." (1965: 7).

Located at mid-century, these social histories ended most often with the demise of the asylum and rise of the prison. And these narratives resonated well with the subsequent collapse of the social welfare state and its replacement by the penal or carceral state. But beneath all these histories lay a story of *continuity* — of the succession of different carceral institutions.

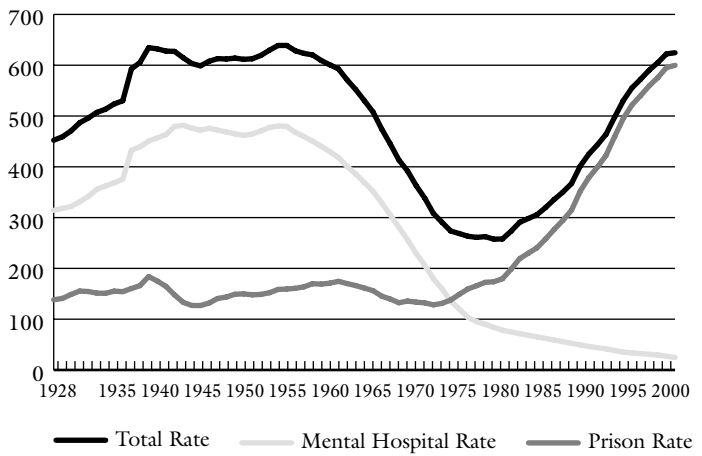
Surprisingly, little or none of the social theorizing made its way into empirical social science research on the incarceration revolution of the late twentieth century. With the limited exception of longitudinal research on the *interdependence* of mental hospital and prison populations, as well as some empirical research into the causes of the prison explosion, no published empirical research conceptualized the level of confinement in society through the lens of *institutionalization* writ large — of institutionalization as *including both* asylums and prisons. Uniformly, the research limited the prism of confinement to rates of imprisonment only. Though a tremendous amount of empirical work was done on long-term crime trends, structural covariates of homicide, unemployment, and the prison expansion, none of

this literature conceptualized confinement through the larger lens of total institutionalization, and none of it aggregated mental hospitalization data with prison rates.

This is odd. It is especially surprising because the empirical data on mental hospitalization and asylum populations actually reflect extremely high rates of institutionalization at mid-century—a point that is, for some reason, never discussed. Simply put, when the data on mental hospitalization rates are *combined* with the data on prison rates for the period 1928 through 2000, the incarceration revolution of the late twentieth century barely reaches the level of aggregated institutionalization that the United States experienced at mid century. The highest rate of aggregated institutionalization during the entire twentieth century occurred in 1955 when almost 640 persons per 100,000 adults over the age 15 were institutionalized in asylums, mental hospitals, and state and federal prisons. Throughout almost the entire period from 1938 to 1960, the United States population experienced rates of institutionalization *in excess* of 600 inmates per 100,000 adults.

The graph below shows the aggregate rate of institutionalization in the United States for the period 1928 to 2000, as well as the disaggregated trend lines for mental hospitalization on the one hand and state and federal prisons on the other:

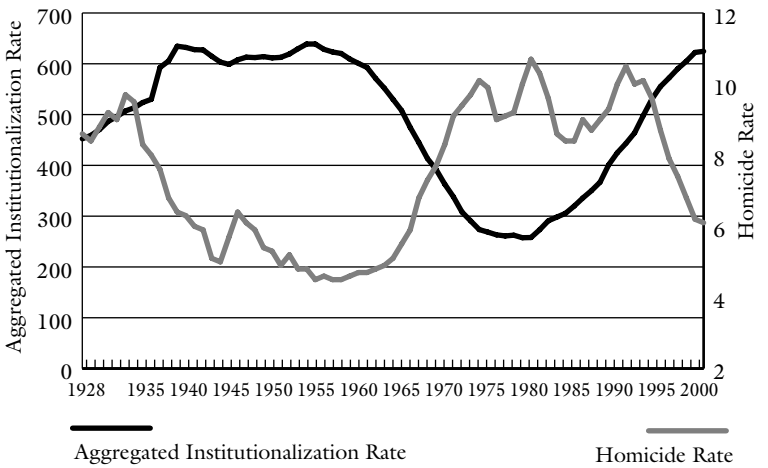
Rate of Institutionalization in the United States
(per 100,000 adults)
(State and Federal Prisons, Mental Hospitals, and Aggregated)



Aggregating asylum, mental hospitalization, and prison rates into a single institutionalization rate offers a very different picture of the carceral core, at least through the twentieth century. We are used to thinking of confinement through the lens of the prison only, and to referring to the period prior to the mid-1970s as one of "relative stability" followed by an exponential rise. As a literal matter, this is of course right. If all we are describing is the specific variable — "prison rate" — in a study or the source of data, then indeed the observations are relatively stable over the five decades. But the truth is, when we use the variable of imprisonment we are generally trying to capture something larger about confinement in an institutional setting — about confinement that renders the population in question unable to work, to pursue educational opportunities, to commit crime, and so forth. We are trying to measure the core carceral institutions. And from this larger perspective, the period before 1970 — in fact, the entire twentieth century — reflects remarkable instability, but surprising continuity.

The graph of aggregated institutionalization is also remarkable to anyone who has spent time looking at longitudinal data on homicide in the United States. It is, in fact, shocking: it reflects a mirror image of national homicide rates. This is visually represented in the following figure, using data from the National Center for Health Statistics' *Vital Statistics of the United States*:

Aggregated Institutionalization and Homicide Rates in the United States (per 100,000 adults)



The relationship between aggregated institutionalization and homicide rates is stunning. In more technical research (Harcourt 2006), I test and quantify the relationship, and find that, correcting for autocorrelation of the time-series data and holding constant the leading structural covariates of homicide (poverty, demographic change, and unemployment), the relationship is large, statistically significant, and robust. Naturally, even that correlation does not begin to explain the relationship. These are aggregated national level time-series data and, as such, they provide weak power to rule out alternative explanations for the patterns observed in the data. But they are suggestive. Certainly, they put in question the empirical studies that use the imprisonment rate alone as a proxy for confinement.

In this essay, I explore the surprising continuity of spatial exclusion and confinement in the United States from the high rates of mental hospitalization in the mid-1950s to the high rates of imprisonment at the turn of the twenty-first century. I take seriously the social theoretic writings on the asylum from the 1960s and 70s, and try to reconnect those texts to the empirical research on confinement and crime. I suggest that we reconceptualize the carceral core and its history, reexamine the shift from the welfare to the penal state, and question the accepted history of coercive confinement. The implications, I believe, are dramatic, especially for future empirical research on the confinement-deviance-economy complex.

ACOUSTIC CHAMBER 1: SOCIAL THEORY

The leading social theorists of the 1960s identified a continuity of spatial exclusion and confinement between the asylum and the penitentiary. Starting with Erving Goffman's remarkable essays on *Asylums* (1961), the core carceral institutions were conceptualized as, in Goffman's words, "total institutions." This class of institutions included the prison, the jail, sanitaria and leprosaria, almshouses for the poor and infirm, as well as the army barrack, boarding schools, and monasteries (1961: 4-5). These total institutions, Goffman explained, were marked by a "basic split" between a group of inmates removed from the outside world and a staff that is integrated with that outside world (1961: 7). Listen as Goffman introduces his topic:

> 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. Prisons serve as a clear example, providing we appreciate that what is

> prison-like about prisons is found in institutions whose members have broken no laws. This volume deals with total institutions in general and one example, mental hospitals, in particular. (Goffman 1961:xiii)

It is the continuity—and discontinuities—between the different "total institutions" that Goffman explored in his work, tracing the contours of the asylum inmate's world and the inmate's relation to the supervisory staff, and in the process producing a manual on the structure of the self.

In *Madness and Civilization* (1961), Michel Foucault traced the continuity of total institutions through different eras of Western rationality-from the lazar homes for lepers on the outskirts of villages in the Middle Ages, to the all encompassing houses of confinement in the seventeenth century, to the birth of the asylum in the modern age. Goffman's "total institutions" were all reunited in the establishment in 1656 by Louis XIV of the Hôpital Général in Paris. Once an arsenal, a rest home for war veterans, and various hospitals—with such marvelous names as "la grande et la petite Pitié"—the new Hôpital Général would now serve as a house of confinement for the poor, the homeless, the unemployed, prisoners, and the insane—those who sought assistance and those who were sent by royal or judicial decree. In the space of several months, one out of every hundred inhabitants of Paris would find themselves confined in these institutions (Foucault 1965: 38; 1972:59). The model of confinement would be extended across France and, in an edict dated June 16, 1676, Louis XIV would order the establishment of a "*hospital general* in each city of his kingdom" (1965: 41; 1972:62). Similar houses of confinement spread through German-speaking countries, England, Scotland, Ireland, and across Europe.

What characterized these institutions was their indiscriminate nature: "the same walls could contain those condemned by common law, young men who disturbed their families' peace or who squandered their goods, people without profession, and the insane" (1965:45; 1972: 66). "One-tenth of all the arrests made in Paris for the Hôpital Général concern 'the insane,' 'demented' men, individuals of 'wandering mind,' and 'persons who have become completely mad.' Between these and the others, no sign of a differentiation. Judging from the registries, the same sensibility appears to collect them, the same gestures to set them apart" (1965: 65). And what unified the category, Foucault suggested, was a new ethic of work and moral obligation as a reaction against idleness and economic

turmoil—the problems of unemployment, the vagabond, the homeless, and the destitute (1965: 46). The classical age brought together the insane and the criminal, the poor and the unemployed, in one unitary category, a "complex unity" that assembled "a new sensibility to poverty and to the duties of assistance, new forms of reaction to the economic problems of unemployment and idleness, a new ethic of work, and also the dream of a city where moral obligation was joined to civil law, within the authoritarian forms of constraint" (1965: 46). And at the heart of it all, Foucault maintained, was a conception of poverty as the source of all disorder.

These houses of confinement were an attempt to create order. The Hôpital Général was expressly established with the goal of preventing "mendicancy and idleness as the source of all disorders" (1965: 47), and it represented the culmination of many initiatives to banish paupers from Paris—like the decree of 1606 that "ordered the beggars of Paris to be whipped in the public square, branded on the shoulder, shorn, and then driven from the city" (1965: 47). In the place of total exile, there came confinement: "the unemployed person was no longer driven away or punished; he was taken in charge, at the expense of the nation but at the cost of his individual liberty" (1965: 48). The numbers were astounding, rising to between five and six thousand people of all ages—men, women, and children: "La Salpêtrière housed 1,460 women and small children; at La Pitié there were 98 boys, 897 girls between seven and seventeen, and 95 women; at Bicêtre, 1,615 adult men; at La Savonnerie, 305 boys between eight and thirteen; finally, Scipion lodged 530 pregnant women, nursing women, and very young children" (1965: 49).

It would take the age of reason—the seventeenth and eighteenth centuries—to identify the category of the insane, and extract the madman from the houses of correction. To see the insane as curable, as subjects of medical knowledge. The post-Revolutionary period expressed outrage and indignation at the idea that the insane would be thrown in with the lot of criminals and paupers (1965:224). "The raving mad. . . are chained in dungeons beside criminals. What a monstrous association! The calm madmen are treated worse than malefactors" (1965: 221). Through an intricate process, madness was separated—created as another category—within the realm of unreason. "The undifferentiated unity of unreason had been broken. Madness was individualized, strangely twinned with crime" (1965: 228). There was, however, something they would share—the commonality of confinement: "between madness and confinement, a profound relation had been instituted, a link which was almost one of essence" (1965: 228).

Foucault traced the shift to a number of factors, including the reaction of elite criminals, the need for industrialized labor, and the development of the medical personage—rather than humanitarian instinct. Foucault portrayed the outrage as the reaction of the criminal nobility to being incarcerated with the insane. "The presence of the mad appears as an injustice; but *for others*," Foucault wrote (1965:228). The complaints had been heard *from the prisoners*: "one man writes to Maurepas, indignant at being 'forced to mingle with madmen, some of whom are so violent that at every moment I risk suffering dangerous abuse from them'; another—the Abbé de Montcrif—makes the same complaint to Lieutenant Berryer: 'This is the ninth month that I have been confined here in this dreadful place with fifteen or twenty raving madmen, pell-mell with epileptics'" (1965: 224). The turn to industry called for more bodies, and the confinement of able bodied men was soon seen as unreasonable: "confinement was a gross error, and an economic mistake" (1965: 232). Cure became important to return the insane to the labor force. Still others saw as their mission to impose a morality on the insane—to return them to the ethical standards of humanity (1965: 259). There developed the medical personage and medical knowledge. "With the new status of the medical personage, the deepest meaning of confinements is abolished: mental disease, with the meanings we now give it, is made possible" (1965: 270).

These factors gave birth to the asylum—"the happy age when madness was finally recognized and treated according to a truth to which we had too long remained blind" (1965: 241). But the common thread running through Foucault's account—as well as Goffman's—is precisely the continuity of spatial exclusion: "The asylum was substituted for the lazar house, in the geography of haunted places as in the landscape of the moral universe" (1965: 57).

David Rothman, in *The Discovery of the Asylum* (1971), similarly explored total institutions and their continuities. He too located the asylum squarely in a shared space with the prison, the sanitarium, the orphanage, and the almshouse. The question Rothman posed is, "Why in the decades after 1820 did [Americans] all at once erect penitentiaries for the criminal, asylums for the insane, almshouses for the poor, orphan asylums for homeless children, and reformatories for delinquents?" (1971: xiii). It is this "revolution in social practice" that Rothman sought to explore and explain—a revolution that encompassed institutionalization *writ large*. "Institutions," Rothman observed, "became places of first resort, the preferred solution to the problems of poverty, crime, delinquency, and insanity." *Id*.

In remarkably Durkheimian fashion, Rothman's answer turned on social and moral cohesion: on the perceived need to restore some form of social balance during a time of instability at the birth of the new republic (*see especially* 1971: xviii and 295). In this quest for stability and social cohesion, the invention of the penitentiary, the asylum, and the almshouse-as well as houses of refuge, reformatories, and orphan asylums represented the ordering of spatial confinement necessary to appease apprehension of the unknown. And it produced, again, a continuity of confinement.

An outpouring of critical work in the 1960s and 70s, from the Left and from the Right, portrayed the mental hospital as an inherently repressive institution, on par with the prison. Drawing on the writings of Thomas Szasz, *The Myth of Mental Illness* (1961), as well as on the works of Goffman, Rothman, Foucault, and Ignatieff, these critical writings contributed to the idea of a stability of confinement (*see generally* Grob 1983:ix-x). From this perspective, mental illness was "an abstraction designed to rationalize the confinement of individuals who manifested disruptive and aberrant behavior" and the asylum's primary function was to "confine social deviants and/or unproductive persons" (Grob 1983: ix-x).

ACOUSTIC CHAMBER 2: EMPIRICAL SOCIAL SCIENCE RESEARCH

Little or none of the social theorizing made its way into the measurement of confinement for purposes of empirical research, data collection, and statistical analyses. The one exception involves studies of the specific interdependence of mental hospitalization and prison populations. This research explores whether the deinstitutionalization of mental hospitals in the 1960s fed prison populations, contributing to the rise in incarceration in the following decades (see, e.g., Steadman, Monahan, et al. 1984; Liska, Markowitz, et al. 1999; Raphael 2000; Pfaff 2004). But other than this specific body of literature, the link between the asylum and the prison remained essentially ignored. None of the longitudinal research that uses confinement as an *independent* variable—in other words, that studies the effect of confinement and other social indicators on crime, unemployment, education, or other dependent variables—includes mental hospitalization in its measure of confinement. Moreover, none of the *binary* longitudinal studies on confinement—in other words, research that studies the specific relationship between confinement and unemployment, or confinement and crime, or confinement and any other non-mental health related indicator—uses a measure of coercive social control that includes rates of mental hospitalization. Even the most rigorous, recent analyses of the

prison-crime relationship use only imprisonment data (*see, e.g.* Defina and Arvanites 2002; Levitt 1996 and 2004; Marvel and Moody 1994).

One example will suffice. Steven Levitt, in his review of the empirical literature on crime trends titled *Understanding Why Crime Fell in the 1990s: Four Factors that Explain the Decline and Six that Do Not*, identifies the prison population build-up as one of the four factors that explains the crime drop of the 1990s. Levitt estimates that the increased prison population over the 1990s accounted for a 12 percent reduction of homicide and violent crime, and an 8 percent reduction in property crime—for a total of about one-third of the overall drop in crime in the 1990s (Levitt 2004: 178-79). When Levitt extends his analysis to discuss the period 1973-1991, however, he sticks to the prison population exclusively, and does not even consider the contribution of the declining mental hospital population. For this reason, Levitt is surprised that the drop in crime did not start sooner. Regarding the period 1973-1991, Levitt writes:

> The one factor that dominates all others in terms of predicted impact on crime in this earlier [1973-1991] period is the growth in the prison population. Between 1973 and 1991, the incarceration rate more than tripled, rising from 96 to 313 inmates per 100,000 residents. By my estimates, that should have reduced violent crime and homicide by over 30 percent and property crime by more than 20 percent. Note that this predicted impact of incarceration is much larger than for the latter [1990s] period. (Levitt 2004:184)

Based on prison data alone, Levitt is left with a significant gap between projected and actual crime rates for the period 1973-1991. "In contrast to the 1990s, the actual crime experience in the 1973-1991 period is not well explained by the set of factors analyzed in this paper. There appears to be a substantial unexplained rise in crime over the period 1973-1991" (Levitt 2004: 186). Levitt finds this surprising given the important effect of incarceration in the 1990s. "In the light of the estimates linking increased incarceration to lower crime, it is perhaps surprising that the ris-

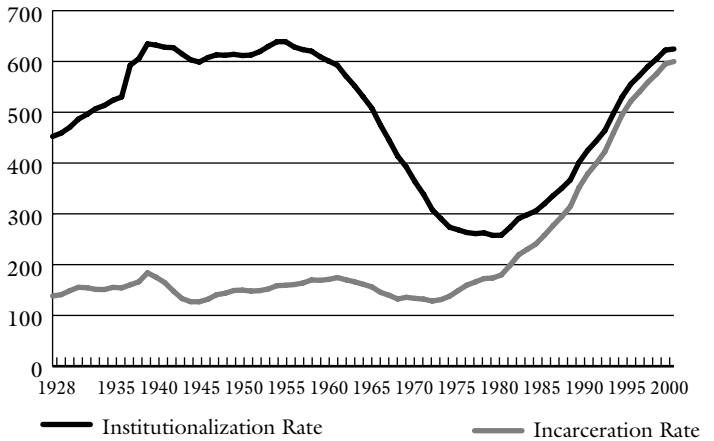
ing prison population of the 1980s did not induce a commensurate decline in crime in that period" (Levitt 2004: 179 n.7). Levitt concludes: "The real puzzle that stands unanswered, I argue, is why crime rates did not start falling earlier" (2004: 164). "The real puzzle in my opinion, therefore, is not why crime fell in the 1990s, but why it did not start falling sooner" (Levitt 2004: 186). The answer to that puzzle, though, may well be mental hospitalizations—which, if included in the measure of confinement, would significantly alter the trend from 1973 to 1991.

The social theory simply did not make its way into the social science. The result is striking. No published empirical research conceptualizes confinement through the lens of aggregated institutionalization. The criminology failed to connect the prison to the asylum.

PRELIMINARY EMPIRICAL ANALYSIS

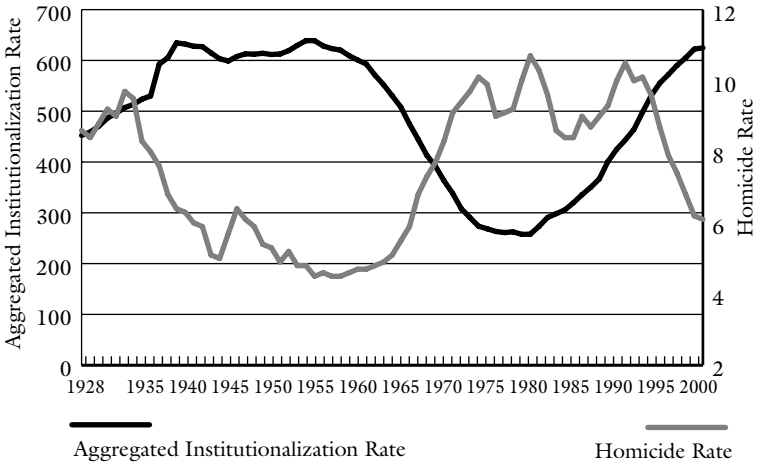
The empirical evidence regarding the rate of *aggregated* institutionalization in the United States is surprising and differs significantly from the trend for imprisonment alone over the period 1928 to 1980:[1]

Institutionalization Versus Incarceration in the United States (per 100,000 adults)

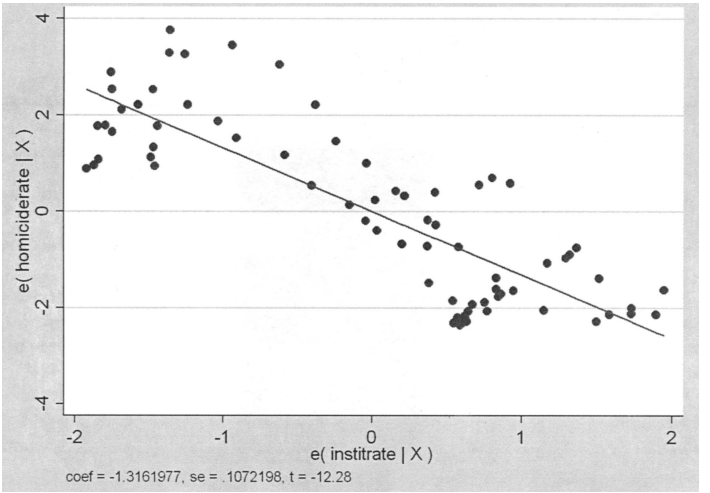


The aggregated institutionalization rate is also an inverted plot—or mirror image—of the homicide trend line during the twentieth century. This is visually represented earlier, but I reproduce the graph here for the sake of convenience:

Aggregated Institutionalization and Homicide Rates in the United States (per 100,000 adults)



The correlation between the aggregated institutionalization and homicide rates is remarkably high: -0.78. This is reflected in the following scatterplot, which plots the observations for each year between 1928 and 2000 (holding constant unemployment and youth demographic change):



In order to preliminarily test the relationship between institutionalization and homicide, I employ a multiple-regression model that corrects for autocorrelation. The relevant data here involve time series, and as a result, are highly autocorrelated—the value in the time series at any one time depends heavily on the value in the preceding times. In order to adjust for autocorrelation, I use a Prais-Winsten regression model with an autocorrelation adjustment of one time lag. The Prais-Winsten model essentially eliminates most of the autocorrelation (which is measured on a scale from 0 to 4 by the Durbin-Watson statistic, 0 being highly positively interrelated data, 2 showing no autocorrelation, and 4 being highly negatively interrelated data). In addition, I compare the results I obtain against a Cochrane-Orcutt regression model, which was an earlier method intended to achieve the same result. These are straightforward models used by many researchers in the study of time-series data.

Apart from the adjustment for autocorrelation, the regression model is simple: the aggregate homicide rate serves as the dependant variable, and the rate of institutionalization and other control variables are the regressors. The control variables that I employ consist of three leading structural covariates for homicide: (1) the unemployment rate, (2) the changing age structure of the United States, and (3) the poverty rate.[2] I run several models that take account of each individually, as well as the combined effect of these other indicators.

Table 1 below shows that, regardless of the model specification, the aggregated institutionalization rate has a statistically significant correlation with the homicide rate, and that the contribution of institutionalization is far more important than that of other statistically significant control variables. So, for instance, looking at Model 4, which holds constant unemployment and demographic changes, aggregated institutionalization is at least two times more influential than unemployment (with a beta of -.876 versus .402 for unemployment). The Prais-Winsten coefficient of -1.119 for institutionalization in Model 4 suggests that an increase in institutionalization of 1 per 1,000 adults is likely to translate into a reduction in the homicide rate of 1.119 per 100,000—with a 95 % confidence level ranging from -1.74 to -0.5.

Institutionalization remains robust regardless of model specification. In all but one case, it is statistically significant at the .001 level (and that one case is significant at the .002 level), and, broadly speaking, is in the same range of influence. This is not entirely surprising because, in this case, the two trends—aggregated institutionalization and homicide rates—are practically mirror images and so highly correlated. As a result, regardless of the model, the findings likely will be statistically significant.

TABLE 1

The Effect of Aggregating Institutionalization on the Incarceration-Crime Nexus: Prais-Winsten Autocorrelation Adjustment at Lag 1 (AR1) Regression Results

Dependent variable = Homicide Rates, 1928-2000

Explanatory variables:	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Institutionalization:						
Prais coefficient	-1.085***	-1.107***	-1.067***	-1.119***	-1.312***	-1.723***
Standard error	(.264)	(.251)	(.327)	(.309)	(.347)	(.44)
P value	0.000	0.000	0.002	0.001	0.001	0.000
OLS beta		-.78	-.78	-.876	-.502	-.911
Unemployment:						
Prais coefficient		.051**		.051**		.072
Standard error		(.025)		(.025)		(.102)
P value		0.042		0.043		0.484
OLS beta		.31		.402		.12
Proportion 15 - 24:						
Prais coefficient			0.014	-.01		-.4
Standard error			(.149)	(.14)		(.196)
P value			0.924	0.946		0.049
OLS beta			-.009	-.219		-.58
Poverty:						
Prais coefficient					.046	-.081
Standard error					(.102)	(.114)
P value					0.654	0.482
OLS beta					-.417	-.364
Durbin-Watson statistic pre-Prais-Winsten	0.1319	0.186	0.1319	0.235	0.213	0.36
Durbin-Watson statistic post-Prais-Winsten	1.3278	1.4678	1.3244	1.47	1.051	1.156
OLS R-squared	0.609	0.706	0.609	0.736	0.647	0.832
N	73	73	73	73	42	42

* = *statistically significant at 10 percent cutoff.*
** = *5 percent cutoff.*
*** = *1 percent cutoff.*

The same cannot be said, though, of the relationship between the prison rate alone (excluding mental health populations) and the national homicide rate. Table 2 below summarizes the results of Prais-Winsten regressions using similar model specifications. As Table 2 demonstrates, the initial statistical relationship between prison and homicide rates vanishes pretty quickly as soon as other control variables, such as demographic change and poverty rates, are included in the models. It is fair to say, from Table 2, that there is no robust relationship between the long term trends when prison rates, rather than aggregated institutionalization rates, are used.

Overall, this preliminary analysis suggests that including mental health data in the rate of institutionalization—rather than using prison rates only—is likely to have significant effects on the study of the relationship in the United States between confinement and crime during the twentieth century. Although it is tempting to discuss incapacitation here, far more research is necessary before we can begin to evaluate possible explanations for the relationship.

One additional comment. A problem with the analysis is that there may be simultaneity bias. The relationship between crime and institutionalization is likely to be two-way: although increased institutionalization is likely to decrease crime rates through incapacitation, increased crime is also likely to increase institutionalization through convictions and sentencing. As a result, the incapacitation effect of institutionalization on crime is probably diminished and the statistical estimates are likely to understate the effect—as Levitt suggests, "perhaps dramatically" (Levitt 1996: 322). But the effect of this bias, if there is one, would only be to *underestimate* the effect of aggregated institutionalization on crime, and that would only *increase* the effect of aggregated institutionalization on homicide.

TABLE 2

Using Prison Rates Only in Studying the Incarceration-Crime Nexus: Prais-Winsten Autocorrelation Adjustment at Lag 1 (AR1) Regression Results

Dependent variable = Homicide Rates, 1928-2000

Explanatory variables:	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Prison Rate:						
Prais coefficient	-.0073*	-.009**	-.004	-.006	-.006	-.005
Standard error	(.004)	(.004)	(.004)	(.005)	(.004)	(.006)
P value	0.066	0.033	0.375	0.210	0.144	0.390
Unemployment:						
Prais coefficient		.053**		.049*		.158
Standard error		(.026)		(.026)		(.123)
P value		0.048		0.064		0.206
Proportion 15 - 24:						
Prais coefficient			.225	.191		.05
Standard error			(.171)	(.169)		(.316)
P value			0.191	0.263		0.876
Poverty:						
Prais coefficient					-.086	-.196
Standard error					(.109)	(.182)
P value					0.437	0.288
Durbin-Watson statistic pre-Prais-Winsten	0.0669	0.0885	0.1385	0.136	0.194	0.612
Durbin-Watson statistic post-Prais-Winsten	1.109	1.221	1.127	1.229	0.947	0.992
OLS R-squared	0.0495	0.174	0.508	0.511	0.472	0.81
N	73	73	73	73	42	42

* = *statistically significant at 10 percent cutoff.*
** = *5 percent cutoff.*
*** = *1 percent cutoff.*

Despite possible simultaneity bias, the influence of aggregated institutionalization on the homicide rate is large and robust. Based on the six models, we can estimate (using the 95 percent confidence intervals) that the effect may be somewhere between a low of -0.415 and a high of -2.014. This means that a one-person increase in the rate of aggregated institutionalization per 1,000 adults (or an increase of 100 per 100,000) is associated with a decrease in the homicide rate of between 0.4 and 2 persons per 100,000 adults—in a universe where the homicide rates have varied between 4.5 and 10.7, with a mean of 7.4 over the period 1928 to 2000. A summary of the 95 percent confidence intervals for the six models from Table 1 follows:

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
High	-1.612	-1.608	-1.072	-1.736	-2.014	-2.614
Low	-0.559	-0.605	-0.415	-0.502	-0.609	-0.831

Another way to estimate the possible effect is to go back to Steve Levitt's 2004 review of crime trends in the *Journal of Economic Perspectives*. Recall that Levitt finds, based on his best estimates, that the elasticity of crime with respect to the prison population is -0.30 for homicide and violent crime and -0.20 for property crime (2004: 178). This leads Levitt to the following estimates:

	Incarceration Rate			Homicide	Violent Crime	Property Crime
	1991	2001	Change			
1990s	313	470	+50.2%	- 12%	- 12%	- 8%
	1973	1991	Change			
1973-1991	96	313	+226%	- 35%	- 35%	- 24%

Recall also that Levitt's estimates for homicide for the period 1973-1991 are off by a net 25 percent. Levitt's total estimated effect on homicide from his 10 factors is -20 percent, but the actual change in UCR reported homicides is up 5 percent. This leads Levitt to conclude that "There appears to be a substantial unexplained rise in crime over the period 1973-1991" (Levitt 2004: 186).

The unexplained difference vanishes, however, if we include mental hospitalization in the aggregated institutionalization rate: the increase in

confinement from 1973 to 1991 would only have been 152 per 100,000, or up 52 percent, from a rate of 291 in 1973 to a rate of 443 in 1991. Based on Levitt's estimates, this would have translated into a 12 percent decrease in homicides, not a 35 percent decrease. Levitt's revised estimate for the total affect of his 10 factors on homicide during the 1973-1991 period would be an increase in homicides of 3 percent, which is not far from the actual reported change in the UCR of a positive 5 percent. In other words, using aggregated institutionalization data rather than prison data would eliminate Levitt's disparity regarding the change in homicides.

IMPLICATIONS AND DIRECTIONS

Rethinking the carceral core through the lens of total institutionalization puts the incarceration revolution of the late-twentieth century in a different light. If hospitalization and prison rates are aggregated, the United States is only now beginning to reach the levels of institutionalization that were commonplace from the mid-1930s to the mid-1950s. Naturally, this tells us nothing about the *proper amount of confinement* in society, nor should it alter our assessment of the incarceration explosion. What it does underscore, more than anything, is how much institutionalization there was in the 1930s, 40s, 50s, and 60s. Perhaps, then, it is the continuity of confinement—and not only the most recent exponential increase in imprisonment—that we need to study empirically and explain.

The implications are wide ranging and particularly salient for sociological, criminological, and economic research into the confinement-deviance-economy relationship. Rethinking confinement also significantly impacts research in punishment theory, including those studies that have attempted to operationalize and test the central insights of the Frankfurt School—specifically, Georg Rusche and Otto Kirchheimer's suggestion in *Punishment and Social Structure* that penal strategies are shaped by systems of economic production and fiscal policies. A review of that literature suggests that there is empirical plausibility to the Rusche-Kirchheimer hypothesis (Chiricos and Delone 1992: 431). To date, though, the research has focused only on imprisonment rates.

For instance, in a study titled *Unemployment, Imprisonment, and Social Structures of Accumulation: Historical Contingency in the Rusche-Kirchheimer Hypothesis*, Raymond Michalowski and Susan Carlson refine the test of the Rusche-Kirchheimer hypothesis by periodizing their analyses. Drawing on recent theories about shifts in social structures of accumulation ("SSAs") in the United States during the twentieth century, the authors break down the years between 1933 and 1992 into four periods:

(1) a period of economic exploration from 1933 to 1947 marked by high levels of structural unemployment, labor conflict, and worker displacement, that lead to the emergence of social institutions (welfare state policies and labor accords) that have come to be known as Fordist (1999:224); (2) a period of economic consolidation from 1948 to 1966 marked by increasing economic output, upward trends in real wages, and decreasing unemployment (1999:224); (3) a period of decay from 1967 to 1979 marked by increasing unemployment, eroding labor accords, and the oil crisis of 1973 (1999: 225); and (4) a period of renewed economic exploration from 1980 to 1992 marked by significant displacement of young men, a shift away from social-welfare strategies, and the growth of the service industry, that some have called the beginning of the post-Fordist period (1999: 226).

Using imprisonment rates only, the authors found a weak, though statistically significant impact of unemployment on prison admissions during the first period of exploration (1999:237); and a strong impact of unemployment on prison admissions during the third period of decay (1999:238). The trouble is, both of those periods are marked by stability of incarceration, but by instability of institutionalization. Using aggregated institutionalization data, the first period (exploration) is characterized by a dramatic increase in the institutionalized population, and the third period (decay) is marked by an exponential decrease in institutionalization. Things look very different if we conceptualize confinement through the larger prism of institutionalization. Another area of research that would be significantly affected is studies of the relationship between education, incarceration, and crime (*e.g.*, Jacobs and Lefgren 2003), which again tend to use imprisonment data only.

But apart from these immediate implications, is there anything more that can be said about the continuity of these total institutions—from the asylum to the prison? Are they substitutes? Do they "serve" the same populations? Does the prison merely replace the mental hospital in the political economy of confinement?

One natural objection is that the two populations have distinct demographic attributes. The interdependence of the two populations has received some research attention (see, e.g., Steadman, Monahan, et al. 1984; Raphael 2000), and the evidence suggests important demographic differences between the two populations. The gender distribution, for instance, was far more even in mental hospitals than in prisons. In 1966, for example, there were 560,548 first time admissions to mental hospitals of which 310,810 (or 55.4 percent) were male and 249,738 (or 44.6 per-

cent) were female (U.S. Dept. of Health, Education, and Welfare, 1967 Mental Health Facilities Report (1969)). In contrast, new admittees to state and federal prison were consistently 95 percent male throughout the twentieth century (Cahalan 1986: 66).

There were also sharp differences in racial and age compositions, although those differences were getting smaller by the late 1970s. In Henry Steadman and John Monahan's data, for instance, the proportion of non-whites in mental hospital admissions increased from 18.3 percent in 1968 to 31.7 percent in 1978, and the mean age decreased. "Across the six states studied, the mean age at hospital admission decreased from 39.1 in 1968 to 33.3 by 1978. The percentage of whites among admitted patients also decreased, from 81.7% in 1968 to 68.3% in 1978" (Steadman, Monahan, et al. 1984: 479). There was less stark a shift in prison admissions in their data, though the direction of change was the same: "Across the six states, the mean age of prison admittees was 29.0 in 1968 and 28.1 in 1978. The percentage of whites among prison admittees was also relatively stable, decreasing only from 57.6% in 1968 to 52.3% in 1978" (Steadman, Monahan, et al. 1984: 479). At the national level, the racial shift in prison admissions began well before 1968, but continued into the 1990's. From 1926 forward, the proportion of African-Americans newly admitted to state prisons increased steadily from 23.1 percent in 1926 to 45.8 percent in 1982. It reached 51.8 percent in 1991, and stood at 47 percent in 1997.

In 1978, then, African-Americans represented 42.6 of newly admitted inmates in state prisons. That same year, minorities represented 31.7 percent of newly admitted patients in mental hospitals — up from 18.3 percent in 1968. Is it possible that, as the population in mental hospitals became increasingly African-American and young, we gravitated toward the prison rather than the mental hospital as the "better" way to deal with these at-risk populations?

The demographic differences and shifts raise a host of other questions as well. The mental hospital population was largely female, and statistically women are far less likely to be violent offenders. How, then, could there be a similar effect on violent crime? If there is indeed a continuing effect, might that suggest that the present prison population *also* includes a sizeable portion of low-risk offenders? In addition, if there is indeed a relationship, does it suggest that the *type of institutionalization* doesn't matter: regardless of whether we use mental hospitals or prisons, we achieve the same result? Does this militate in favor of returning to a medicalized model?

CONCLUSION

Michel Foucault wrote, in *Madness and Civilization*, that "There must have formed, silently and doubtless over the course of many years, a social sensibility, common to European culture, that suddenly began to manifest itself in the second half of the seventeenth century; it was this sensibility that suddenly isolated the category destined to populate the places of confinement. To inhabit the reaches long since abandoned by the lepers, they chose a group that to our eyes is strangely mixed and confused. But what is for us merely an undifferentiated sensibility must have been, for those living in the classical age, a clearly articulated perception" (1965: 45).

Today, the categories of "mental illness" and "criminal deviance" seem so distinct. With the exception of the 16 percent or more prison inmates who are diagnosed as suffering from mental illness (Raphael 2000: *1), it feels so wrong, so confused to lump together the insane and the criminal, to mix the two categories. It seems almost insulting. But is it? Will later generations question our own inability to see the continuity of spatial exclusion and confinement?

Of course, the true story may be even more complicated. After all, Goffman included in the set of total institutions the military and boarding schools. Should we add the armed forces as part of our institutionalization count? In the mental health area, many of the persons who were deinstitutionalized moved into private facilities (Gronfein 1985: 193). Should we include nursing or boarding homes as well? How about universities? How exactly should we define the set of total institutions? Where do we place the contour of the carceral core?

One last thought. If indeed aggregated institutionalization explains the bulk of violent crime trends, then what should we make of all those other socio-cultural and political explanations of deviance—theories of deviant subcultures, disorderliness, social disorganization, collective efficacy, anomie, social conflict, to name but a few? If the dominant factor is simply the rate of total institutionalization *qua* incapacitation—if we are really dealing only with *social physics*—how then should we understand other criminological theories? Could it be that they themselves—those very theories of deviance—are *the carceral?*

NOTES

1 For data sources and a more technical treatment, please see *Harcourt 2006*. Because there are no reliable statistics on jail populations — in most cases, no data at all — for the period before 1970, I have not included jail population data in the aggregated institutionalization numbers. In an appendix to *Harcourt 2006*, I discuss jail data and replicate my models using the best available jail data. The results essentially do not change. But because the data on jail populations is so weak, I have not included them in the body of this essay.

2 I discuss these covariates in more technical detail in *Harcourt 2006*.

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