THE POLITICAL ECONOMY OF MADNESS: 
THE EXPANSION OF THE ASYLUM IN PROGRESSIVE AMERICA*

JOHN R. SUTTON
University of California, Santa Barbara

In the United States between 1880 and the 1920s, unprecedented numbers of people were confined in mental hospitals, leading many contemporary observers to conclude that the nation was experiencing an epidemic of madness. I analyze the expansion of asylums as a product of organizational and political forces rather than an increase in insanity. The analysis is based on Grob's (1983) historical argument that asylums were forced to absorb increasing numbers of the aged poor who could no longer be confined in almshouses. This analysis is supplemented by a more comprehensive model that treats political factors — especially the fiscal capacities of state governments and the role of political parties — as fundamental determinants of institutional policy. This model is tested using longitudinal quantitative data for U.S. states. Results confirm the direct effects of almshouse capacities in an attenuated way, and show further that political organization influenced the production of insanity.

In the 1880s and 1890s, influential reformers became increasingly disenchanted with the custodial institutions that had characterized America's approach to the control of deviance since early in the century. Criminologists, charity experts, and physicians met in their newly founded professional associations and discussed the shortcomings of prisons, almshouses, juvenile reformatories, and mental hospitals. These discussions reflected a growing national consensus that custodial institutions were not only ineffective in preventing and curing deviance, but also tended to encourage the very vices they were designed to cure. Progressive activists from various disciplines gradually converged on a two-pronged strategy of reform. First, they promoted alternatives to traditional institutions such as probation, parole, and the juvenile court. Second, they sought to rationalize the administration of social control functions by creating public bureaucracies that mirrored the structures of the professional associations themselves. In short, their goal was to build flexible systems of control and surveillance that would be informed by professional expertise and supported by the legal authority of the state.

These reforms introduced limited degrees of administrative centralization and made the social control system more complex and flexible; but they did not improve its ability to prevent deviance, and they reduced the growth of institutions only at the margins, if at all (Rothman 1980; Sutton 1987, 1990). Attempts to control the influx of deviants and to build powerful state oversight agencies were repeatedly sabotaged by obdurate private interests and local officials. Significant reductions in inmate populations occurred in almshouses (Katz 1986), but other institutions continued to grow. The most disappointing efforts concerned the insane. Some activists sought legal means to help the insane resist undue incarceration; others attempted to reduce the need for large, congregate mental hospitals by creating networks of community-based outpatient clinics. Historical accounts show that legal reforms were ineffective, and that outpatient clinics were established in only a few cities. Even in those cities, they served more as feeders to asylums than as alternatives (Rothman 1980, chaps. 9, 10; Grob 1983).

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National data illustrate the failure of these reforms. Figure 1, based on data from a series of censuses of institutions conducted by the U.S. Census Office and the Bureau of the Census, indicates that in the Progressive period mental hospitals grew faster and larger than state and federal prisons, juvenile reformatories, and almshouses. The number of asylum inmates increased more than sixfold, from around 40,000 in 1880 to over 263,000 in 1923. By 1923, mental hospitals in the U.S. held more inmates than all other types of custodial institutions combined.¹

I attempt to account for this explosive and unsought growth in asylum populations. To some contemporary observers, asylum expansion was a sign that America was undergoing an epidemic of madness. They attributed this epidemic to a range of evils that seemed to beset the nation at the turn of the century, especially rapid urbanization and uncontrolled immigration (see, e.g., Corbet 1903; White 1903; Bruce 1908, “Growth of Insanity” 1922). My analysis proceeds accord-

¹ Data on prison populations are taken from U.S. Department of Justice 1986, p. 29; for reformatories, from U.S. Bureau of the Census 1927, pp. 291, 346; for almshouses, from U.S. Census Office 1888, p. 449; 1895a, p. 651; U.S. Bureau of the Census 1906, p. 108; 1915b, p. 89; 1925, p. 50; and for mental hospitals, from U.S. Bureau of the Census 1926, p. 112.

² This view of insanity and mental institutions was stated best by Goffman (1961): “The mental hospital in the recent historical context . . . [is] one among a network of institutions designed to provide a residence for various categories of socially troublesome people. These institutions include nursing homes, general hospitals, veterans’ homes, jails, geriatrics clinics, homes for the mentally retarded, work farms, orphanages, and old-folks’ homes. Every state hospital has an appreciable fraction of patients who might better be contained in some one of these other institutions . . . , but who must be retained because no space is available, or can be afforded, in these other institutions” (p. 354). For more recent analyses from a cross-national perspective, see Lowman, Menzies, and Palys (1987).
as national reform associations agreed that poor-
houses offered neither a convincing deterrent to
the able-bodied poor nor a humane refuge to the
helpless.

These criticisms were effective in driving down
almshouse populations, but the search for alter-
natives was severely constrained by a stubborn
resistance to public outdoor relief. Despite this
resistance, some relief programs — typically ad-
ministered by political machines — persisted qui-
etly, and after 1911 many states enacted small
pension programs aimed at respectable widows
with dependent children. The problem remained
particularly acute for the growing numbers of aged
Americans and their families. Aside from the
creaky, but remarkably expansive, program of
pensions for veterans of the Union army in the
Civil War (Skocpol, Sutton, Orloff, Amenta, and
Carruthers 1987), no systematic relief was avail-
able for the aged until the passage of the Social
Security Act in 1935.

For the aged, Grob argued, the asylum was
often the only viable option. Using demographic
data on patient populations in selected states, he
showed convincingly that as almshouses declined,
asylum populations grew more numerous and,
on average, older. Inmates also grew sicker: Grob’s
data show increasing numbers of cases in
which the main complaint was severe physical
illness, which produced higher rates of death soon
after admission. He concluded, “What oc-
curred ... was not a deinstitutionalization move-
ment, but rather a transfer of patients between
different types of institutions” (Grob 1983, p.
181).

But the impact of almshouse closures is only
part of the story. Figure 1 shows that asylum
growth was too explosive to be explained by a
shifting of bodies from one institution to another.
Indeed, aggregate almshouse capacity grew, in
absolute terms, through 1910. Even allowing, as
Grob suggests, for growth in the aged popula-
tion, a great deal of asylum expansion remains to
be accounted for. One way to approach this prob-
lem is to compare asylums as institutions — for-
mal organizations whose behavior is strongly in-
fluenced by normative concerns — to other kinds
of social control settings. Asylums, like almsh-
houses, prisons, and juvenile reformatories, were
conspicuous targets of anti-institutional criticisms
during this period. Drawing on Grob and other
sources, I suggest four factors that contributed to
the exceptional growth of asylums.

The first factor concerns the social definition
of madness and the limited ability of asylums to
identify an exclusive target population. Although
psychiatrists, beginning in the nineteenth cen-
tury, had successfully “medicalized” the official
definition of insanity, the attribution of insanity
in individual cases was still powerfully influenced
by culturally-borne moral conceptions and prac-
tical lay concerns. Madness was an elastic status
that could be applied to persons whose major
problem was poverty, homelessness, or physical
disability. As Grob (1983, pp. 9-11) pointed out,
most asylum referrals originated from families
who, for a variety of circumstantial reasons, found
themselves unable to tolerate or provide care for
a troublesome member. Despite the great com-
plexity and variability of civil commitment laws,
confinement was a usually simple matter, typi-
cally achieved without legal complications. In
this sense, asylums stand in sharp contrast to oth-
er social control institutions like prisons and juv-
venile reformatories where commitment criteria
were more clearly described by law. This is not
to say that crime and delinquency are any less
socially defined than insanity, but rather to point
out that other sorts of deviants must pass through
mediating agencies — typically courts — that
officially certify their deviant status. It is widely
known that courts adjust their sentencing prac-
tices to the capacities of prisons, and recent re-
search suggests that Progressive-era legal reforms
enhanced institutional discretion: Probation and
juvenile courts permitted finer control of institu-
tional admissions, and parole and indeterminate
sentence laws encouraged discretionary releases
(Berk, Rauma, Messinger, and Cooley 1981;
Berk, Messinger, Rauma, and Berecohea 1983;
Sutton 1987, 1990). In this sense, asylum psy-
chiatrists were caught in an irony of their own
making: While they were aware that troubled
families generated more cases — and more cases
in which rehabilitation was impossible — than
they could humanely treat, they hotly resisted
reforms that would require legal proof of insan-
ity prior to commitment as impingements on their
professional authority. Reforms designed to tight-
en commitment procedures were passed in many
states during this period, but they had no practi-
cal effect in shifting the locus of decision making
(Grob 1983, pp. 8-10, 47-49; Scull 1989, p. 284;
on developments in Victorian England, see Mc-

3 In a more contemporary analysis, Goffman (1961,
pp. 131-46) attested to the enduring role of family
members and circumstantial “career contingencies”
in the commitment process.
A second factor concerns the weak state of psychiatric knowledge at the time. Even in the absence of strong mediating agencies, asylum psychiatrists might have used professional diagnostic criteria to screen patients and focus their resources. Nineteenth-century classificatory schemas were crude nosologies, eclectic arrays of behavioral symptoms loosely organized in terms of prevailing lay moral judgements. Because these schemas lacked a convincing etiology that could link behavioral outcomes to their causes, they offered no grounds for discriminating among potential patients and no cues to effective treatment. Too often, prevailing “moral” therapies practiced in asylums consisted only of the work and disciplinary routines that contributed to administrative efficiency.

Late in the century, pessimism increased about these rule-of-thumb diagnostic and therapeutic strategies, and the medical model encouraged psychiatrists to search for supposedly more fundamental somatic causes of insanity. Research was an affordable luxury in most institutions, however, and the anticipated links between physical abnormalities and specific mental illnesses proved elusive. This theoretical vacuum did not prevent haphazard experimentation with a number of invasive somatic therapies, including physical restraints, cold baths, tooth extractions, and surgery on the brain and genitals (Grob 1983, pp. 42-43 and chap. 5). These cruel and useless treatments encouraged the professional tendency to blur the line between insanity and physical disorder — particularly fateful in cases of syphilis, senility, and epilepsy — and thereby further weakened the asylum’s ability to define a clear domain of action.

Third, the impact of the anti-institutional critique was blunted by the marginalization of institutional psychiatrists within a changing medical profession. Asylum psychiatrists were the orthodox old guard of the mental health field, and for much of the nineteenth century they had staked their claim to prestige on the anticipated curative powers of the asylum regime. But by the 1870s, faced by growing inmate populations and declining faith in moral cures, institutional psychiatrists found themselves in an intellectual and professional backwater. As asylums became more frankly custodial than therapeutic, their jobs became more administrative and political. Meanwhile a new generation of neurologists emerged within the medical profession to promote a more “scientific” psychiatry grounded in European experimental research on the brain and central nervous system. In journals and public speeches, these neurologists criticized asylums and institutional psychiatry in scorching terms and by 1880 the two subfields were openly at war. But the neurologists’ claims were overstated in at least two ways. First, they were no more successful than their forbears in establishing links between observable physical lesions and insanity. Second, they lacked an institutional base from which to influence policy. Mainly they practiced privately, in the service of a more affluent and less troublesome clientele than was likely to appear in institutions. Thus, while the neurologists’ assault further eroded the reputation of the asylum, it had no positive impact on the treatment of the chronic insane (Grob 1983, pp. 50-55).

A fourth factor is the structure of voluntary reform associations concerned with insanity, and the relationship of these associations to the medical profession. In other areas of Progressive reform, such as child welfare and criminal justice, the most influential associations successfully drew together lay activists and aspiring professionals to focus attention on social problems, contain doctrinaire conflict, and codify a mutually satisfactory reform ideology. Perhaps because physicians stole a march on other helping occupations and laid a successful claim to responsibility for insanity, lay influence was peripheral to the closed world of the asylum. Two conspicuous associations discussed by Grob — the National Association for the Protection of the Insane and the Prevention of Insanity, established in 1880, and the National Committee for Mental Hygiene, founded in 1909 — were initially concerned with the legal rights of the insane and the improvement of conditions in asylums. Neither was ef-

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4 Bainbridge (1984) offered an interesting analysis of nineteenth-century diagnostic practices. While his main concern was with a peculiar form of insanity caused by “religious excitement,” his data showed the arbitrary and overlapping nature of contemporary nosologies. Included among official causes of insanity are, for example, “pecuniary trouble,” “love,” “intemperance,” “masturbation,” and “feminine problems.” On classificatory schemas generally, see Grob (1983, pp. 42-43, 111-12, 118-19).

5 The literature suggests that women were the most frequent victims of radical somatic therapies. For example, Grob (1983, pp. 122-23) described the fad for bilateral ovariotomies — performed on "normal women to combat general and nonspecific nervous conditions and sexual disorders and to restore general health" — that came and went in the 1880s. For a detailed analysis of sexual surgery in Britain and North America in the nineteenth century, see Scull and Favreau (1986).
fective. The Association proved unable to mediate the split between psychiatrists and neurologists, and virtually collapsed within four years (Grob 1983, pp. 55-59). The NCMH survived for decades, but was coopted into a diffuse and ineffective set of programs aimed at prevention and community treatment (Grob 1983, chap. 5; see also Rothman 1980, chap. 9). Thus, while the medical profession bickered, its monopoly over asylum policy withstood pressure from organized lay sources.

A POLITICAL MODEL OF ASYLUM EXPANSION

This background of despair for the curability of the insane, abandonment by the most cosmopolitan elements in the medical profession, and the lack of a national social movement to articulate a coherent policy toward mental illness suggests why asylums expanded more rapidly than other kinds of social control institutions during the Progressive era. Within the U.S., however, policies toward the insane and rates of asylum expansion differed markedly across states. To develop a more theoretically satisfying account of asylum expansion, it is important to shift the level of analysis and examine the conditions that encouraged or impeded growth in different times and places. I venture a set of hypotheses that frame Grob’s central arguments in a wider political-economic perspective.

This approach is informed by conventional sociological models of the production of deviance, but departs from them in important ways. One set of models, associated with Durkheim (1933; see also Douglas 1966; Erikson 1966), treats deviance as a reflex of social structure. In this view, societal integrity is dependent on moral consensus. Moral order, in turn, is encouraged by exclusionary rituals that dramatize group boundaries and mobilize individual consciences around a common attitude of condemnation. A competing set of models, originating in the work of Becker (1963) and Gusfield (1963), emphasizes the role of “moral entrepreneurs” in identifying social problems and dictating social control policy. Studies in this vein typically focus on the historical activities of organized social movements and professional associations as they seek to impose their parochial morality on the wider society. Both of these broad traditions share a conception of deviance as a symbolic designation rather than as an objective set of actions — a point that I seek to extend in this analysis. They disagree most obviously about what interests are served by specific regimes of deviance and control: In Durkheimian models, deviance contributes to overall social solidarity; in moral entrepreneur models, social control reforms lend cultural authority to economically threatened status groups. Moreover, as Humphries and Greenberg (1981) have argued, these conventional approaches have complementary weaknesses. While Durkheimian models tend to lack any sense of historical agency, entrepreneurial models pay little attention to structural factors that might account for the success or failure of specific social movements.

The political model I propose is pitched at a middle level of analysis, emphasizing the role of the state in codifying symbolic conceptions of deviance and translating those conceptions into official policies. The major assumption underlying this model is that the state is not the passive servant of abstract societal imperatives, nor of demands generated by social movements. Rather, government officials and agencies act with varying degrees of autonomy to further their own institutional prerogatives (Skocpol 1985). The fundamental task of any political regime is to legitimize its own existence (Weber 1978, pp. 212-301) and, in the modern state, policies of social control and social welfare play a central role in the legitimization process. Social control policies rationalize the production of deviance by codifying an authoritative taxonomy of deviance and regulating the flow of deviant persons among official agencies. While the state enjoys considerable autonomy of action, such policies are not created de novo. Rather, official actors must model their policies on a fairly limited range of culturally-embedded alternatives and legitimize them in terms of a broader normative discourse (Meyer and Rowan 1977; DiMaggio and Powell 1983; Scott and Meyer 1983).

Late nineteenth-century policies toward the insane and the poor were premised on an ideology that portrayed social problems as fundamentally individual and moral in origin. This ideology was actively promoted in the political arena by charity experts and institutional managers who sought to limit governmental regulation of their benevolent activities (Katz 1986; Sutton 1990). Throughout the Progressive era, the imagery of Protestant moralism that underlay this ideology gradually gave way to a medical model of deviance, but the basic discourse of individualism remained intact. The durability and adaptability of this discourse precluded the development of
universalistic programs of benefits for the aged poor and encouraged the transition from the almshouse to the asylum as a partial solution to the problem of dependency. But the magnitude of that problem, as well as its effect on asylum expansion, varied markedly across states. I argue that differential growth in state asylum systems is associated with variation in patterns of state-building.

The analysis approaches the relationship between state-building and policy formation from two perspectives, one focusing on competition among official actors for scarce resources and the other on the effect of political organization on patterns of allocation. The first perspective draws in part on the "self-regulating systems" model of prison expansion offered by Berk and his colleagues. This model argues that institutional expansion is driven by the attempts of bureaucratic actors and institutional managers to garner resources, enhance their discretionary authority, and keep their own institutional domains running smoothly. The persuasiveness of this model lies in its apparent realism: It is built on extensive knowledge of actual prison systems, and fits common images of the behavior of bureaucratic actors operating with limited resources. At a more abstract level, it resonates with the assumptions of public choice economists (e.g., Downs 1957, Mueller 1979) that state officials are rational, egoistic utility maximizers who act to enhance their own budgets and staffs. There are also historical reasons for suspecting that shifts in government resources directly influenced asylums. Grob noted that much of the impetus for the growth of inpatient populations came from the rapid construction of state mental hospitals that occurred in the two decades after 1870. The construction of these asylums not only provided new spaces, it also created fiscal incentives for local officials to redefine their senile poor as insane and shift the burden of their care to the state (Grob 1983, pp. 74-75, 181). This argument suggests that asylums expanded most rapidly in states with the greatest capacity for mobilizing fiscal resources.

The major limitation of this approach is that it implicitly assumes stable preferences, a bounded arena of competition for government resources, and clearly articulated policy options. These assumptions may not fit the American state, especially in the formative era of Progressivism, or its policy toward the insane in particular. American government in the late nineteenth century was weak and fragmented relative to comparable European states. Progressive reform efforts led not to the creation of strong, centralized bureaucracies, but to the proliferation of discrete, functionally-specific agencies that were only loosely coupled to centers of authority, and hence were vulnerable to influence and manipulation by non-governmental interest groups (Schiesel 1977; Skowronek 1982; Hamilton and Sutton 1989). Asylums did not grow because of the self-interested efforts of officials — Grob (1983) argues that asylum superintendents were perfectly aware of the dangers of unregulated growth, and that asylums grew precisely because of a lack of effective controls or valid options. A more complete model must consider broader arguments about the factors that constrain state capacities to envision and implement policy alternatives.

The second perspective, which focuses on allocation patterns, addresses this issue. I draw primarily on the work of Skocpol and her colleagues on the development of social policy in the U.S. (Skocpol and Ikenberry 1983; Orloff and Skocpol 1984; Skocpol and Amerni 1986). While agreeing that U.S. government is bureaucratically weak and divided, they have uncovered remarkable sources of social policy innovation in quasi-official political groups, especially political parties, and have demonstrated clear variation across states in patterns of policy formation. Following the work of Skowronek (1982) and Shefter (1983), Skocpol and her collaborators have argued that the relatively early expansion of electoral democracy and the slow rate of bureaucraticization in the U.S. enabled parties to become the dominant arbiters of social interests and the primary mechanisms for distributing social benefits. Both major parties played prominent roles in the distribution of public resources, either by controlling the administration of governmental programs or by developing programs of their own. Reformers throughout the Progressive period complained that the patronage system stymied their most ambitious plans: Party bosses resisted reforms like civil service programs that threatened to weaken their control over jobs and revenue; voters and legislators who perceived that new programs would be captured by party machines and treated as spoils were reluctant to make large-scale, fixed investments (see, e.g., Schiesel 1977; Skowronek 1982).

Patronage politics may have influenced asylum growth in two ways. First, distribution of direct benefits could have alleviated the strain of dependency among constituent groups, thereby reducing demand for asylum placements. The
most obvious mechanism through which this could have occurred is the Civil War Pension program. This program was originally created to aid disabled Union Army veterans, and was gradually expanded by Congressional legislation to include retired veterans and veterans’ widows. As it expanded, the program increasingly served as a patronage vehicle of the Republican Party. While it was highly particularistic — mainly native-born Northern whites were eligible for benefits, and numbers of pensioners were highest in states under Republican control — it eventually became the largest old-age pension program until Social Security was enacted (Skocpol et al. 1987). Very likely some pension recipients might otherwise have been forced into almshouses or asylums.

Second, however, parties had a proprietary interest in expansion. Institutions like prisons, reformatories, hospitals, and asylums were lucrative sources of jobs and contracts for construction and services that parties could use to reward loyal supporters. As Grob (1983, pp. 63-65, 222-31) showed repeatedly, party politics was a prominent feature of asylum history. Asylum psychiatrists complained about the difficulty of establishing a stable therapeutic regime when appointments and budgets were determined by political priorities. They used these complaints to justify their resistance to lay control. Articles in general interest and social science periodicals told in harsh terms of the harmful effects of patronage on asylum conditions and the welfare of inmates, and frequently berated psychiatrists for emphasizing professional autonomy over responsible administration. Many reformers, who tended to favor centralized administration of asylums, argued that municipal asylums were particularly vulnerable to patronage (see the survey by Henderson 1898).  

6 At the peak of the program in 1900, there were over 989,000 Civil War pensioners in the U.S., nearly seven times the number of asylum inmates.

7 Eaton (1881) complained of “palatial asylums, constructed and furnished at an expense unparalleled in the world, and consigned to the almost absolute control of asylum doctors and trustees,” and pleaded that “the grave question of insanity be brought forth from the filth and politics of the poor-houses, and from the secrecy, the mystery, and the professional metaphysics of the asylums and the doctors, and set up in the forum of public debate and criticism” (p. 264; also see Williams 1895 and Henderson 1898).

8 When New York state assumed responsibility for the care of the insane in 1890, Brooklyn and New York City officials received special permission to continue running their own asylums, with the understanding that they would still pay a proportional contribution to the state system. Thus taxpayers in those cities paid twice for the care of the insane so that local machines could retain control over the municipal institutions (Williams 1895, pp. 399-400).

Even in the most progressive states, where asylum affairs were regulated by supposedly nonpartisan state agencies, party loyalty determined major appointments as late as the 1930s (Grob 1983, pp. 222-31). Thus, the strength of the patronage system tended to encourage asylum expansion, net of the distributive effects of Civil War pensions.

EMPIRICAL ANALYSIS

Asylum Expansion Across the States: Hypotheses

Grob has argued that as reformers succeeded in shutting down almshouses, asylums were forced to absorb many of the most difficult cases of dependency. A straightforward hypothesis is that asylums grew fastest in states where almshouse populations declined most rapidly (or grew most slowly). This hypothesis can be tested using a variable that measures the difference, between decades, in the numbers of adult almshouse inmates. I focus on adult almshouse clients because children who were turned away from almshouses were absorbed by more specialized juvenile institutions, not by asylums (Sutton 1990). The rest of the analysis will falsify the almshouse effect by introducing factors that might provide independent explanations.

Urbanization is included primarily as a control variable. A long tradition in the psychological literature views insanity as the byproduct of the strains associated with industrial and urban development (see, e.g., Frank 1936; Burgess 1955; Slotkin 1955). This argument has been fairly consistently refuted in the empirical literature. While modernization appears unrelated to the prevalence of insanity, a parallel tradition in the sociological literature suggests that increasing societal complexity tends to lower societal tolerance for aberrant behavior, raise the status of medical and mental health professionals, and increase both the capacity and willingness to develop special...
ized and formally organized means of treatment (e.g., Mechanic 1969, p. 54). But there is also an historical justification for an urbanization effect. While most asylums were built by state governments, Grob (1983, p. 26) pointed out that municipalities, especially in the northeast, often established their own systems of institutions, which tended to be larger and more difficult to control than the typically rural state asylums. My data do not distinguish between city and state institutions, so a measure of urbanization is a rough proxy for municipal asylum systems. From either a functional or historical perspective, the hypothesis suggests that urbanization encouraged asylum expansion.

The next two hypotheses address the general fiscal and political capacities of states to expand their institutional systems. First, the effect of demand generated by the decline of almshouses depended on the capacity of state governments to assume responsibility for the insane. One simple indicator of capacity is governmental revenue; the corresponding hypothesis is that asylum expansion was fastest in states where state governments were relatively more affluent.10 A related hypothesis suggests that, independent of relative resource availability, the appetite for institution-building was influenced by cohort differences among the states. A number of historians (e.g., Trattner 1979; Katz 1986) have argued that social policies — especially policies toward institutions — varied markedly between older core states and newer frontier states. Reformers in older states were hampered by entrenched political and institutional traditions, including established flows of political patronage. New states, by contrast, began with relatively clean slates; and because they tended to lack strong political machines, citizens were less skeptical of governmental authority. The official date of statehood

10 Ideally, bureaucratic and legal capacities to regulate institutions should also be examined. As Grob observed (1983, chap. 5), legislation in some states placed responsibility for the insane solely in state hands; in others, it was shared with counties. Some states created official agencies to regulate "charitable" institutions, a few created specialized Lunacy Commissions, and most had no regulatory capacity at all. The difficulty of collecting such data is compounded by uncertainty over their meaning: Agencies with similar titles in different states often had widely varying budgets, powers, and degrees of political autonomy. Grob seemed to conclude that, at least in this period, formal administrative differences were not important.

often inaugurated a massive wave of institution-building, with asylums, reformatories, prisons, and colleges appearing within a few years. The key factor is simply time, specifically the recency of incorporation into the national state. An earlier study of prisons (Sutton 1987) found that newer states had significantly higher rates of institutional expansion. Following this research, I use years since statehood, logged to focus attention on newer states, to analyze the effect of political incorporation on asylum expansion.

The last set of hypotheses tests the effects of parties and patronage on patterns of resource allocation. Civil War pensions reduced demand for asylums by distributing benefits to Republican party loyalists and their families. Thus, one hypothesis is that the more pensioners in a state, the less the expansionary pressure on asylums. Published Congressional documents provide data on the number of pensioners in each state over time that permit a test of this hypothesis.

Two remaining hypotheses test whether political machines encouraged asylum expansion through the provision of jobs and public contracts. While direct indicators of such activities are not available, the literature suggests two proxies. One is partisanship: Shetler (1983) argued that where interparty competition was high, party machines attempted to expand their control over public institutions and to use those institutions to reward party loyalty. Following this argument, I examine the effects of partisanship, measured in terms of interparty competition in gubernatorial elections. Partisanship, however, captures only one aspect of party organization. As Mayhew (1986) showed, patronage also flourished in many one-party states. To address this issue, I use a binary variable coded 1 for those states that Mayhew classifies as "traditional party organization" states — i.e., states in which political machines flourished, whether in a one-party or competitive environment.11 Both variables are expected to show positive effects on asylum expansion.

11 States classified as traditional party organization states are: Connecticut, Delaware, Illinois, Indiana, Kentucky, Maryland, Missouri, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, and West Virginia (Mayhew 1986, p. 196, Table 7.1). An obvious drawback is that this variable does not change over time to reflect shifts in the strength of party organizations. Mayhew argued, however, that the propensity to machine politics is, in effect, a fixed attribute of state political systems from the time of their founding to at least the mid-twentieth century.
Finally, regression models of asylum expansion are likely to be misspecified unless they control for the size of the at-risk population. According to Grob, the larger the aged population in each state, the greater the pressure to expand asylums. Thus, all models include a measure of the number of persons past working age.

Estimation and Data

These hypotheses are tested by estimating a series of dynamic models using pooled time-series cross-section techniques. Following prior studies of expansion in social control and educational institutions (Freeman and Hanan 1975; Berk, Rauna, and Messinger 1982; Sutton 1987, 1990), I treat asylum growth within states and over time as a partial adjustment process. This approach requires a few basic assumptions. The first is that, at any given time, maximum institutional capacity in each state is limited by available resources. Assuming for convenience that the relationship is linear, the dependence of capacity on resources can be expressed formally as

$$ I^* = bX, $$

where $I^*$ is maximum inmate capacity, $X$ is a vector of exogenous variables, and $b$ is a vector of parameter estimates. $I^*$ is a target or equilibrium level that is not of analytic interest. Because flows of resources change continually and policymakers and institutional officials do not respond instantaneously, the target may never be reached. I am concerned with growth rates, i.e., the rate of expansion per unit time as institutional populations approach the limits of available resources. This growth rate can be expressed as the difference between potential capacity ($I^*$) and actual capacity ($I$) at any given time:

$$ (I_I - I_k) = a(I^* - I_k). $$

Equation 2 reflects a partial adjustment process because the coefficient $a$ is anticipated to be greater than 0, less than 1 — thus the institutional system is expected to continuously approach, but never achieve, its target capacity, and growth is expected to be fastest for states that are farthest from the target.

Substituting equation 1 into equation 2 yields the estimation model:

$$ (I_I - I_k) = abX - al_k. $$

Equation 3 is a linear regression equation with a lagged dependent variable on the right-hand side. The coefficient for $X$ is a compound term, $ab$, in which the direct effects of the exogenous variables are contingent on the system’s speed of adjustment as well as on elapsed time. Available data permit five waves of observations of mental hospital capacities in each of 48 states and territories; allowing for lagged observations, the analysis uses four panels of data. Pooled models require that observations be equally spaced. Because two of the institutional censuses were conducted in non-decennial years (1904 and 1923), I interpolated values for 1900 and 1920. To derive parameters for equation 3, I use a variant of the weighted generalized-least squares estimator recommended by Kmenta (1986, pp. 616-25) that corrects for autocorrelation, cross-sectional correlation, and heteroskedasticity in the residuals.\(^\text{12}\)

The dependent variable is the unit change each decade in the number of inmates in mental institutions. Sources for this information and for almshouse population data are given in footnote 1. Urbanization is measured by counts of persons living in cities of over 25,000 inhabitants (U.S. Bureau of the Census 1904, p. 100, table 80; U.S. Bureau of the Census 1933, p. 26, table 16). State government revenue data (U.S. Census Office 1895b, p. 410, table 2 and p. 452, table 9; U.S. Bureau of the Census 1915a, p. 48, table 13; 1920, p. 50, table 2) are expressed in constant dollars. The aging of the population is measured by the number of persons over age 65 (U.S. Bureau of the Census 1927, p. 291). Counts of Civil War pensioners are taken from annual reports to the U.S. Congress by the Commissioner of Pensions. Gubernatorial voting data are published in the Congressional Quarterly Guide to U.S. Elections (1985). The measure of electoral parity is an average, for each decade, of the difference in votes for Republican and Democratic gubernatorial candidates, with values inverted so that high numbers indicate small differences in voter preference. Means and standard deviations for all of the variables used in the analysis are shown in Table 1.

\(^{12}\) The estimator used here differs from Kmenta’s in two ways. First, it corrects for contemporaneously correlated residuals by the inclusion of binary variables for three of the four time periods covered by the data. Coefficients for these variables are not of substantive interest and are not reported. A second difference is the way the estimator deals with heteroskedasticity. Each model includes a control variable — the number of persons over 65 in each state — that is used to weight every term in equation 3, including the constant and, by implication, the error term.
Table 1. Means and Standard Deviations for Variables in the Analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (s.d.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in asylum inmates between decades</td>
<td>1,069.9 (1,404.8)</td>
</tr>
<tr>
<td>Number of asylum inmates (lagged)</td>
<td>2,202.1 (3,657.3)</td>
</tr>
<tr>
<td>Change in adult almshouse inmates</td>
<td>101.6 (430.8)</td>
</tr>
<tr>
<td>Urban residents (× 100,000) (lagged)</td>
<td>3.56 (7.39)</td>
</tr>
<tr>
<td>State government revenue (constant $100,000) (lagged)</td>
<td>126.1 (174.0)</td>
</tr>
<tr>
<td>Years since statehood (log)</td>
<td>3.85 (1.21)</td>
</tr>
<tr>
<td>Civil War pension recipients (× 1,000) (lagged)</td>
<td>13.8 (20.3)</td>
</tr>
<tr>
<td>Gubernatorial vote parity</td>
<td>1,293.3 (517.1)</td>
</tr>
<tr>
<td>Traditional party organization (0,1)</td>
<td>.167 (.374)</td>
</tr>
<tr>
<td>Population over age 65 (× 100)</td>
<td>746.7 (829.9)</td>
</tr>
</tbody>
</table>

Results

Table 2 shows results of a series of nested regression models. Model 1, which includes only the effects of shifts in the number of almshouse inmates and the size of the aged population, lends strong initial support to Grob’s historical analysis: The almshouse parameter is negative and significant indicating that the greater the decline in the number of adult almshouse inmates, the greater the increase in asylum populations. The control variable for the aged population shows the appropriate positive effect. The coefficient for the lag term is effectively zero, indicating that in this simple model, there is no evidence of negative feedback — large asylum systems seem to have expanded as fast as smaller ones.

These associations persist after urbanization is added (Model 2). As expected, asylums in more urbanized states grew faster. However, addition of the urbanization variable does not significantly improve the fit of the model.13 The picture changes somewhat in Model 3, in which the effects of government revenue and years since statehood are considered. Both variables show significant effects in the expected directions. The positive coefficient for state government revenue confirms the expectation that richer governments absorbed almshouse inmates into their expanding asylum systems at a faster rate. The negative coefficient for the years-since-statehood variable shows that, net of revenue differences, asylums in newer states grew faster than those in older states. The estimated effects of several of the variables carried over from previous models change: the lag term shows a significant negative effect; the urbanization parameter increases; and, most important, the almshouse parameter is cut by one-third. Substantively, these results indicate that when these basic political differences among the states are controlled, the independent effect of declining almshouse populations persists but is not nearly as strong as in earlier models. The increase in the log likelihood shows a significant improvement in fit over Model 2.

Model 4 adds measures of patronage and party organization to Model 3. The significant negative coefficient for the size of Civil War pension rolls lends credence to the argument that, despite supporting a very restricted group of participants (non-Southern native whites), pensions relieved some of the potential demand on asylum capacity. The effect of gubernatorial party vote parity is positive: The closer the competition between state-level Republicans and Democrats — and thus, presumably, the stronger the tendency toward patronage administration — the faster the rate of asylum growth. Finally, the coefficient for the traditional party organization variable is insignificant, suggesting that the existence of party machines by themselves did not encourage asylum expansion. Even with this redundant variable, Model 4 is a significant improvement in fit over Model 3. In this fully specified model, the almshouse parameter is further reduced to less than half its original magnitude while the urbanization parameter is increased by 45 percent over Model 3.

For the most part these results support the hypotheses. The phasing out of almshouses as warehouses for the aged poor generated demand that encouraged the uncontrolled growth of asylums. There is also evidence that the almshouse crisis was itself a product of larger processes, most of which were political. Asylum growth rates were particularly high in urban states, probably because municipal asylums were beyond the administrative reach of state officials. Richer states were better able to subsidize the shift from alms-
Table 2. Weighted Generalized Least Squares Regression Coefficients for Increase in Asylum Populations on Selected Independent Variables: U.S., 1880-1923

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lag dependent</td>
<td>-.004</td>
<td>-.096</td>
<td>-.299***</td>
<td>-.306***</td>
</tr>
<tr>
<td></td>
<td>(.054)</td>
<td>(.065)</td>
<td>(.054)</td>
<td>(.061)</td>
</tr>
<tr>
<td>Change in adult</td>
<td>-301***</td>
<td>-259***</td>
<td>-.166</td>
<td>-.138*</td>
</tr>
<tr>
<td>almshouse inmates</td>
<td>(.077)</td>
<td>(.074)</td>
<td>(.070)</td>
<td>(.070)</td>
</tr>
<tr>
<td>Urban population</td>
<td>68.9***</td>
<td>81.0**</td>
<td>117.6***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(19.5)</td>
<td>(14.2)</td>
<td>(16.5)</td>
<td></td>
</tr>
<tr>
<td>State government revenue</td>
<td></td>
<td>4.97***</td>
<td>2.41***</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4.64)</td>
<td>(4.57)</td>
<td></td>
</tr>
<tr>
<td>Years since statehood (log)</td>
<td></td>
<td>-.397***</td>
<td>-.334***</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(.070)</td>
<td>(.068)</td>
<td></td>
</tr>
<tr>
<td>Civil War pensioners</td>
<td></td>
<td></td>
<td>-.011***</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.003)</td>
<td></td>
</tr>
<tr>
<td>Gubernatorial vote parity</td>
<td></td>
<td></td>
<td>.032***</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.005)</td>
<td></td>
</tr>
<tr>
<td>Traditional party</td>
<td></td>
<td></td>
<td>.095</td>
<td></td>
</tr>
<tr>
<td>organization</td>
<td></td>
<td></td>
<td>(0.084)</td>
<td></td>
</tr>
<tr>
<td>Population over 65</td>
<td>1.09***</td>
<td>1.13***</td>
<td>2.39***</td>
<td>2.66***</td>
</tr>
<tr>
<td></td>
<td>(1.94)</td>
<td>(1.95)</td>
<td>(3.41)</td>
<td>(3.33)</td>
</tr>
<tr>
<td>Constant</td>
<td>44.4***</td>
<td>47.0**</td>
<td>21.7***</td>
<td>11.2</td>
</tr>
<tr>
<td></td>
<td>(6.67)</td>
<td>(6.88)</td>
<td>(7.35)</td>
<td>(6.94)</td>
</tr>
<tr>
<td>Log likelihood</td>
<td>-.161.0</td>
<td>-.159.2</td>
<td>-.136.6</td>
<td>-.127.2</td>
</tr>
</tbody>
</table>

* \( p < .05 \)   ** \( p < .01 \)   *** \( p < .001 \)

Note: Numbers in parentheses are standard errors; \( N = 192 \) (48 states \( \times \) 4 time-periods). Coefficients for time-period binary variables are omitted from all models.

Discussion: Madness, Moral Order, and the Politics of Dependency

This analysis had two goals. The first goal was to generalize and test Grob’s argument that the Progressives’ failure to develop coherent policies to deal with poverty — especially the precipitous decline in the use of almshouses — was the proximate cause of asylum expansion between 1880 and the 1920s. The second and more sociologically interesting goal was to show that this policy failure was a product of political forces operating at the state level. Both of these goals were achieved. As almshouses were shut down and responsibility for the aged poor shifted from cities and counties to state governments, pressure on almshouse increased. But the impact of the almshouse crisis was conditioned and compounded by peculiarities of the American state-building process. Net of urbanization, which may signify as much about political organization as it does demographic pressure, asylum expansion was fueled by expanding government fiscal capacities, political incorporation, and competition for votes. Only Civil War pensions — a narrowly-based program of cash benefits — offered an alternative to asylums and significantly slowed their growth.

These findings have important implications for the study of mental illness and deviance. This study has taken a “demand-side” approach to the production of insanity, setting aside “supply-side” factors that might have contributed to heightened rates of mental illness at the individual level. As Grob argued, the issue of supply is not problematic: Given the high levels of dependency among the aged and the fluid definitions of insanity that prevailed at the turn of the century, there was a surfeit of candidates for institutional treatment. In taking a “demand-side” approach, I sought to extend the emphasis in both the Durkheimian and moral entrepreneur traditions on forces that transform the moral order of society and shape deviant attributions. These traditions fail to give explicit attention to the institutional processes that transform vague moral notions into authoritative models of deviance and conformity.

My strategy has been to borrow insights from the growing literature on the politics of social policy. At the most general level, the findings suggest that the expansion of asylums was driven by the incapacity of U.S. government to generate systematic solutions to the problem of poverty. The impact of political organization on asylums appears too complex to be described by the

14 This finding is supported using alternative measures of partisanship. In parallel models, I tested the effects of political parity in U.S. Congressional seats and in Presidential votes. In every case, the coefficients were positive and significant, though they declined in magnitude as the indicator shifted from state to national political arenas.
familiar dichotomy between "strong" and "weak" state structures: Asylums grew most rapidly in states that had a relatively strong extractive capacity, but a weak capacity for administering the allocation of resources. Official state governments served mainly as revenue centers. Parties controlled the distribution of resources through a range of particularistic programs differentiated in part by social status: Civil War pensions provided cash benefits to native whites affiliated with the Republican party; the construction and maintenance of asylums channelled jobs to middle- and working-class loyalists of both parties; and the asylums themselves provided support of last resort for many aged and chronically ill persons.

This outcome could be treated as a unique historical event initiated by the rapid social changes that occurred during the Progressive era and exacerbated by the relatively slow expansion of the official welfare state. At least part of the story concerns the uneven centralization of responsibility for the poor and the insane: In rich core states and new frontier states, these responsibilities shifted readily from local to state officials and increased the expansionary pressures on state asylum systems. This pressure was relieved to some degree by Civil War pensions funded by the Federal Government. If this pension program is seen as a precursor of the more general welfare programs enacted in the 1930s and broadened in the 1960s, we might conclude that the dislocations of the Progressive era were ironed out over the long term by the growth of a truly national social policy. However, this would be a mistaken conclusion. A less sanguine view suggests that this is only one chapter in a recurrent policy crisis. The wholesale decarceration of mental patients that began in the late 1950s, the renewed assault on New Deal and Great Society welfare programs, and the current explosion of imprisonment rates all suggest that this crisis is endemic to the institutional structure of American government. Thus, the link between social control and social welfare continues to provide a fruitful line of inquiry into the production of deviance.

JOHN R. SUTTON is Associate Professor of Sociology at the University of California, Santa Barbara. Much of his recent research has been concerned with the politics of social control in the U.S., and he is planning to pursue this line of inquiry in a cross-national perspective. Other current projects include research on the dynamics of American Protestant denominations (with Robert Liebman and Robert Wuthnow) and the legalization of the employment relationship (with Frank Dobbin, John Meyer, and W. Richard Scott).

REFERENCES


