

Chapter 1

State Mental Hospitals as the Organizational Pivot of Policy

For more than a century, state mental hospitals have served as the central organization for the care of the mentally ill, the pivot around which public policy has turned. But in the past few decades state hospitals have been eclipsed, by other organizations dealing with mental illness, by the stigma generated by mental illness, and by the spoiled image of institutional failure. The result is that even though state hospitals were, are, and will be centrally important to dealing with mental illness, we know little about this organizational form. The goal of this book is to shed light on the state mental hospital, for without understanding its history, present status, and future, we cannot hope to create effective social policy for the seriously mentally ill. And so this book is about the eclipse of the state hospital: how it came into being, and then how it managed to get lost in the shadows of public policy even when it remained central to that policy. The book is also about stigma: how the state hospital was brought into being to improve the care of the most stigmatized in society, those the nineteenth-century reformer Dorothea Dix might have called the insane poor, and how the state hospital unwittingly may have deepened their stigmatization. Finally, the book is about organization, in that it uses recent organizational studies to better understand what I will call a “maximalist organization,” a class of organizations that live very long lives while being unusually resistant to change.

Making better and more effective policy about a complex issue like mental illness requires insight into the core organization that for many years was virtually the sole public policy response to this social issue. Even today, decades after the beginning of its eclipse by mental health organizations in the community, the state mental hospital receives more state funds for treating mental illness than any other public organization. But it is a measure of how deeply the eclipse has proceeded that few professionals in mental health care have spent much time at a state hospital and know little about the history of this organizational form.

This book is analytic and historical, not primarily prescriptive. It will meet its goal if its readers come to understand the historical and organiza-

tional forces that brought into being the center of today's mental health care system. But this understanding is crucial to improving that system of care, and so the book's goal is to illuminate public policy about the seriously mentally ill.

SERIOUS MENTAL ILLNESS

Serious mental illness is among the most widespread problems of our society, directly affecting two million Americans and indirectly touching the lives of all. A recent national study (Torrey, Wolfe, and Flynn 1988) concluded that "the lack of adequate services for the seriously mentally ill is *the* major failure of American medicine and social services." Like so many statements about serious mental illness, this statement is controversial. Because "mentally ill" is a term with no precise boundaries and encompassing many diverse subgroups, it is almost impossible to figure a way to test the veracity of the statement. But many advocates for the mentally ill insist it captures the exasperation that they feel about what they perceive as a major policy failure. If it is indeed failure, the failure comes with a very high price, a minimum of roughly eight cents of every dollar spent in the American health care system. Even that number is suspect, since the mental health portion of the cost of many programs such as housing or general health care, which provide some support to mentally ill people but which are not, strictly speaking, mental health programs, cannot easily be established.

Images of the problem of care for the seriously mentally ill sporadically capture public attention, but rarely engage sustained discussion. Paradoxically, the seriously mentally ill are perhaps more visible in the everyday world of American life today than they have been in a century, yet remarkably little is read or even written about them or about ways of addressing their problems. The situation of the homeless (a third or more of whom appear to experience serious mental illness) would seem to contradict this, but the tendency is to discuss their plight almost without any discussion of the social history of the treatment of the indigent mentally ill. It is as if what we call "homelessness" were a brand new problem, never before encountered by Americans. Almost nothing is said about how previous generations confronted the problem of mental illness. This silence is all the more true about the state mental hospital, which for over a century was the primary public policy response to serious mental illness. To understand our present crisis in providing care to the seriously mentally ill requires an understanding of the rise and transformation of the state mental hospital.

I argue in this book that state mental hospitals are the pivot around which public policy concerning the care of the seriously mentally ill has revolved for two hundred years. The state hospital is at the center of care in several senses: its emergence in the last century structured the entire

institutional response to serious mental illness. For several generations the state hospital was the primary response, and for the past several decades its decline has been at the center of attempts to redirect public policy. The state hospital remains at the center, but it has become largely invisible. This book is written to shed light on its history, present, and future.

Historians have produced superb studies of colonial and nineteenth-century American mental health institutions, but few have examined the late nineteenth and current centuries, when modern mental health care institutions came into existence. By contrast, social scientists, particularly from World War II to the late 1960s, produced considerable research about the state hospitals of their day, but few today examine the state mental hospital or write about how public policy should be fashioned with regard to its existence. Thus the editor (Gallagher 1987) of the most important journal in medical sociology observed that one might think the mental hospital had simply disappeared from society, judging by how few papers about it were submitted (let alone published). In fact, the present mental health care system (whether for good or ill) remains anchored to the state mental hospital, and cannot be understood without appreciating its role, however changed or diminished.

Part of the problem is semantic, in that what was once called the state mental hospital has persisted, with major changes, under new names. For present purposes, the phrase *state mental hospital* will be used to discuss an organizational form which provides, primarily at public expense, inpatient care or custody of the seriously mentally ill drawn from the civilian population. This definition excludes public hospitals with specialized populations (for example, the VA system or federal hospitals for Indian nations), but includes institutions that for part of their history were controlled by other levels of government (for example, city or county units or a federal hospital such as St. Elizabeth's in the District of Columbia), whose organizational features make them similar to state hospitals. The definition also includes organizations that now bear names such as "Psychiatric Centers" but which in fact continue to focus on the inpatient care of patients with serious mental illness.

This book examines the evolution of the American state mental hospital, concentrating on the period from the Civil War to the present. The book is concerned with making generalizations about public policy, and so it is historical and comparative. But it also balances the 'thick description' of one prototypical state hospital against a comparative analysis of the national experience, thereby blending historical and sociological modes of understanding. The book bases some of its conclusions on an organization that for most of its life bore the name "The Buffalo State Hospital." Like most organizations, it is both unique in the facts of its founding, location, and the men and women who were its patients and staff, and indistinguish-

able in many basic ways from the several hundred state hospitals that made up American mental health care for so much of the past century. Just as C. Wright Mills once claimed about individual people, the biography of this one hospital cannot be understood without examining the larger history of American mental health care. And for most of its history, American mental health care was largely composed of huge enterprises like the Buffalo State Hospital.

To introduce the subject of the book and its main themes, we can look at two ceremonies that took place more than a century apart, both of which presented the institution to its public.

TWO CEREMONIES: 1872 AND 1980

Had it not been for the weather, the ceremony on September 18, 1872 would have been the grandest in Buffalo's history. Ex-President Millard Fillmore (now Chancellor of the University of Buffalo), Governor John T. Hoffman, and Buffalo's medical, business, and civic elites watched military bands and detachments of brightly uniformed troops perform their drill on the cleared field near the northern edge of the thriving city. After each notable in attendance bested the previous one in calling down divine blessings on the new enterprise and noting how splendidly it reflected the values of its founders and leaders, the Grand Mason set in place the cornerstone of the Buffalo State Asylum for the Insane. A copper box containing a history of the Asylum, United States' coins, the New York "civil list" for 1872, the latest annual reports of the other asylums of the state, and "copies of the latest issue of the several daily and weekly newspapers published in the City of Buffalo" was placed inside the cornerstone. The ceremony made the Asylum once again the leading subject of the city's many newspapers, which commented frequently and favorably on its development. The official account of the ceremony noted, "Thus has been inaugurated an institution which will be a monument to commemorate the founding of a most noble charity, creditable (sic) alike to the city and the State."

Over a century later, on November 18, 1980, a smaller audience sat inside the red brick auditorium of the Buffalo Psychiatric Center's modern, low-slung Rehabilitation Building to attend the 100th Anniversary of the admission of patients to the same institution. Its fourteenth director, Dr. Mahmud Mirza, shared the stage with Erie County executive Edward J. Rutkowski and read a telegram from the Governor of New York congratulating the institution on the centennial. (Mirza would soon leave his post amid rumors of scandal). In the eyes of several audience members, the ceremony was marred by the unwillingness of the president of the union representing its nonprofessional clinical staff to allow his union's lapel pin to be placed among the objects to be added to the time capsule. In a separate ceremony,

the capsule was returned to the cornerstone of the immense nineteenth-century structure that served as the institution's administration building but no longer housed patients. Among the objects was a typed list of the 1,000 men and women who served in 1980 as its staff (one percent of those 100,000 persons who had lived or worked inside its walls during the past century). The ceremony was covered by Buffalo's two surviving daily newspapers, with stories far inside each paper's pages. Frontpage coverage of the institution was rare, and usually limited to the occasional scandal about bad treatment or poor management. National attention to its operation was virtually nonexistent and inevitably negative; a few years after the ceremony, a national survey of care for the mentally ill (Torrey, Wolfe, and Flynn 1988: 58) would label the institution "terrible."

These two ceremonies frame the subject of this book, the founding and first 110 years of operation of a large state institution known by three different names: the Buffalo State Asylum for the Insane (1869–1890), the Buffalo State Hospital (1890–1974), and the Buffalo Psychiatric Center (1974 to the present). My primary subject is not the care of the insane or the mentally ill, the practice of institutional psychiatry, or the social control of deviant and dependent populations, though these issues have been the subject of extensive writings by historians and sociologists concerned with similar institutions and will be discussed to the extent that they relate to my primary subject. Rather, this book examines an organization at the center of public policy and its persistence or change over a century.

A comparison of the two ceremonies helps introduce the book's major themes. Whatever else was celebrated at the centennial, certainly foremost was the continued existence of what I will later define more formally as a 'maximalist' organization. The second ceremony took place just yards away from the immense structure that opened in 1880, and that still stands today as the most visible reminder of the typical state mental hospital. Founded to bring about the most dramatic change in human behavior—to cure a malady thought by previous generations to be incurable by human effort—the institution soon became one of the most unchanging of organizations.

In part, this book is a narrative of how this institution came into being and persisted over time. But it is a narrative of an organization, not of an individual, and so its biography uses a framework developed largely from organizational studies to examine continuity and change. I will present some of this framework's main ideas later in this chapter. When the thematic issues of theory or method threaten to overwhelm the historical narrative, I have forced them into notes or appendices in favor of letting the story of the institution play through the text. While my focus is an institution largely shaped by social forces, I specify the men and women whose actions determined its structure and performance. My conception of the 'maximalist organization' includes the assumption that these individuals

were constrained, perhaps as much as men and women ever can be, by the organization within which they worked. While the maximalist organizational character of the American mental hospital precluded change from occurring easily or frequently, it is equally true that the organization changed, not merely in name, but in some very basic if often not fully intended or understood ways. One of the central themes of the book, then, is how little or much an organization can change over time, and the degree to which this change is brought about through internal reorganization as opposed to externally induced adaptation. This focus makes the conclusions of this study directly applicable to discussion of mental health care policy, and each chapter addresses how the state hospital is the pivot around which mental health care policy revolves. A concluding chapter examines how the future of public mental health care will be shaped by the role the state hospital has played historically and will play in the coming years. It is my intention that this book not just be a case study of an organization, no matter how fascinating, but a comparative assessment of how that organization has shaped public policy.

Two distinct approaches are used to assess the outcome of care at the institution. First, contemporary mental health program evaluation techniques that employ social science measures and quantitative models are used retrospectively to evaluate the historical performance of the institution over its first century. In addition, more qualitative and critical methods are used. One of the most important consequences of the rise of mental hospitals has been a change in how Americans think about insanity or mental illness. The disappointingly low cure rates of the asylum are perhaps less important than the fact that generations of Americans began to see mental illness as curable, and then preventable, and began to think of organizations as producing or at least facilitating cures. Paradoxically, very low cure rates helped to legitimate the care received by the overwhelming majority of the not-yet-cured. Therefore, much of this book turns away from a quantitative analysis of outcome toward a more qualitative understanding of the organizational context in which "outcome," "care," and "cure" become products of a bureaucratic organization. Assessing the impact and quality of care are among the most important questions for the management of mental health care, and the concluding chapter will discuss these issues. Among the most important questions is an apparent paradox: the more money that is spent on the state mental hospital, the more the state hospital gets criticized for providing poor care.

Another major theme is the journey from the nineteenth-century origins of the state mental hospital, "a most noble charity," to its present state. Although the hospital's survival makes it among the most stable of institutions, it is among the most stigmatized as well. One of the goals of this study is to assess the persistence of an organization that failed almost immediately

to meet the goals set for it by its founders and sponsors, yet continued to expand and even thrive after its so-called "failure." More broadly, this book will discuss in detail the evaluation of the mental hospital's record of care across its long history.

Finally, the book rests on a combination of methods. Historical documents and newspaper accounts permit the reconstruction of the two ceremonies, but I sat in the audience of the second one, and my name is on the list of the staff who were then working at BPC. While I played a modest role in its administration, my role in it introduces some potential problems of involvement and bias. With good reason, those who write about the history of organizations usually end their narratives well before the present day, allowing a period of time to elapse so that a somewhat more objective, disinterested assessment of the past can be made. I violate this norm by writing about how the past blends into the present, and by writing about a period of time in which I was a participant. If my participation implies a bias, it is almost certainly a unique one in the literature, for my familiarity is with the world of the nonmedical administration, not with that of the patient or the clinical staff. Moreover, my job was to try to evaluate the effectiveness of the clinical programs, using social science methods and frameworks to measure the outputs of this organization. But I have tried to reduce whatever purely personal point of view I might bring by employing standard scholarly methods for evaluating arguments.

Writing about a highly stigmatized subject like a mental hospital inevitably involves an evaluation of its role. That I worked for several years in its administration makes me much more reluctant to join fellow social scientists whose writings usually have taken a highly critical and often condemnatory stand when writing about mental hospitals (for example, Goffman 1961; Rothman 1971; Scull 1977). But my own research and experience hardly leave me uncritical. Some of the stigma attaching to mental hospitals is richly deserved. The use of the word "asylum" in the early parts of the book emphasizes the humanitarian goals that I believe were a genuine part of the founding of these institutions, but the pages that follow document how, just as with most human action, complex and often contradictory values and interests shaped the origins and development of the state hospital. At its lowest point, the institution fully deserved the epithet "snakepit." How the same very stable organization could wear both titles teaches an important lesson about the social construction of organizational images.

I argue here (and later chapters provide considerable evidence for this argument) that the Buffalo Asylum is a representative case we can use to study much more general trends at work in the entire population of state hospitals. This argument is all the stronger given the special importance that national standards have played in shaping the state hospital. Because

these standards are so crucial to my argument, and because they have never been collected and published in one place, I have assembled them in Appendix B.

The historical narrative that makes up some of this book describes the unique events in the Buffalo State Hospital's history. For reasons explained later in this chapter, I compare its history with the entire population of American mental hospitals. I accomplished this by coding and analyzing data from national surveys (undertaken originally by reformers both inside and outside government) of mental institutions at several points in time to present a 'comparative case study' of the Buffalo State Hospital. I attempt to make clear the ways that the Buffalo hospital differed from its sister institutions across the United States, and I present a reconstruction of the loose set of organizations that provided Americans with mental health care in the late nineteenth and twentieth centuries.

This study is socio-historical, blending historical and sociological styles of evidence and analysis. Its conclusions are based on both primary and secondary historical evidence, including the rich archival records found in the institution's medical and administrative departments and in its published annual reports and those of its oversight and management agencies. Other forms of evidence range from the more than 800 photographs that documented daily life at the hospital to the hundreds of local newspaper stories written about the hospital. But the historical narrative answers questions shaped not only by previous historical research but also by sociological theory. Sociological sources include the coding of detailed data on over four thousand individual patients, surveys of U.S. mental hospitals at various points in time, and statistical time series constructed about important measures of the institution's history. For the most part the analysis is historical; the book is an essay that interprets events in the changing context of local and state care for the insane. When possible, I have employed statistical analyses to assess quantitative information, but I confine much of these analyses, along with detailed discussions of the historical evidence, to appendices and footnotes. Quantitative evidence is presented primarily in graphs, which allow a much broader audience to examine these data than would be possible with just statistical discourse. Brief explanations of these statistical issues for the benefit of readers who wish to assess how statistical techniques such as time-series analysis and event-history analysis can help illuminate the study of historical and social change. These discussions too are separated from the main text.

CONTRIBUTION OF THIS BOOK

Why do contemporary mental health reformers and policy makers almost inevitably ignore the state *Cosponsored Material* and even pivotal institution

in public mental health care? The goal of this book is to help inform public policy discussions by shedding light on an organization largely eclipsed by the rise of other and more recently founded organizations. Some of the light is provided by fusing organizational perspectives with both a view back at history and a glimpse into the future.

This book goes beyond the 'focal organization' approach previously used to study individual mental hospitals by applying several contemporary approaches to organizations of this type. While mental hospitals have been examined by sociologists from Goffman, Belknap, and Parsons to Perrow, Scott, and Scull, no previous study has applied these several approaches to these institutions. I will blend organizational and historical perspectives to examine an entire organizational form from its infancy to the present. First, I will present a detailed overview of how religious, political, class, and medical motivations combined to make the drive to build asylums for the insane a major part of the growth of the institutional state during the last century. The book will account for the rise of the asylum, drawing on the literature of the population ecology of organizations to build and test several models about their founding and failure and to test those models against data on the entire population of American state mental institutions. But I will also offer a detailed case study of the founding and development of the Buffalo Asylum, viewed as an example of a maximalist organization. I will discuss how the struggle for the professionalization of medicine, combined with the movement for Buffalo civic reform and conflict among the city's emerging upper class, led to its founding. While eventually the asylum would come under state control, its early years were shaped by unique local forces. Its immense building wedded the psychiatric orthodoxy of the day with remarkable innovations in architecture and urban design. Once it opened, Judson B. Andrews, the Asylum's first superintendent, created an organization and crafted the one major innovation the Buffalo Asylum contributed to American mental health care, namely, a training school for nurses. This unwittingly contributed toward the transformation of the asylum into a custodial state hospital. Using unpublished records on thousands of patients admitted in its first decade, I will evaluate the care given the insane by the state asylum, a county poorhouse it competed with, and a small private institution run by a religious order. I examine as well the very low rates of recovery produced by the asylum, and explore reasons why the largely stagnant support provided by the public led to an inert institution for much of the present century. The American state mental hospital represents a prototypical example of, in the words of Meyer and Zucker (1989), a "permanently failing organization."

To many contemporary observers, some of them critics of these huge institutions, the state hospital of the early and mid-twentieth century seemed inert, perhaps hopelessly so. But I will trace the increasingly

dynamic changes that transformed the institution since the 1940s and resulted in a very different, albeit very troubled, organization. A major force in these changes were the efforts, successful and otherwise, to meet the increasingly elaborate standards imposed from without on the state mental hospital. I will examine the proposition, implicit but untested in much writing about the mental hospital, that the entire set of institutions became remarkably similar in everyday operation, offering an example of 'institutional isomorphism' powerfully shaped by public policy initiatives. Since funding is assumed to be crucial in setting the quality of care, I will review recent empirical research about funding and also about variation in quality among contemporary American state hospitals. The book's focus on policy will lead to a concluding discussion of the implications of the study for both mental health care policy and for the management of mental health care institutions, as well as for the further study of the mental health care system and its component organizations. Given its continued persistence even after "deinstitutionalization," what role does the state mental hospital play in the current system of care for the seriously mentally ill? What role should it play?

Appendix B presents the national standards for state mental hospitals from the 1840s to the present, though the length of recent standards precludes presenting more than informative summaries. This appendix allows inspection of an absolutely central institutional force in shaping the state mental hospital as an organizational form. Though the standards are discussed in detail in the body of the text, I felt Appendix B was essential, in that it provides a unique window through which we can view the norms against which state hospitals were judged. Placing these standards together allows comparison across the entire history of the organizational form. (This is particularly valuable for organizational analysis, where few instances come to mind of attempts at mapping out standards so clearly.)

This study builds on previous historical research on the mental hospital as well as on theories, models, and methods for the study of complex organizations. When organizational theory and historical research converge, we begin to understand the state mental hospital as an organization whose early years decisively shaped its history. The book does not offer the usual narrative of an organizational history, because it looks more closely at turning points than at periods of relative stability. The book examines in detail the founding and early years of the organization. The period from the beginning of the twentieth century to the end of World War II is treated more briefly, since I establish that, aside from population-driven growth, relatively little changed in the organization's structure and function during that period. By contrast, I look in detail at the dramatic changes that emerged when both funding and standards changed beginning in the late 1940s, and at how the last few decades have witnessed the transformation of what had

been considered an utterly unchanging and unchangeable organization (Goffman 1961).

Finally, the book does not try to dictate prescriptions for how to change mental health care, but it does explain how a seemingly unchangeable central institution in that system of care has been transformed over the past decades. I believe that state hospitals (or something very much like them) will be a necessary component for public psychiatry for the foreseeable future. This study attempts to explain how state hospitals as maximalist organizations have both survived into the present, but also how they have been changed in important ways. Understanding that even these organizations can change (and understanding how to change them) will be of value in changing care for the seriously mentally ill, of more value than merely advocating a set of abstractly sketched changes might be.

STATE MENTAL HOSPITALS AS MAXIMALIST ORGANIZATIONS

In examining the rise and development of the state mental hospital, it is critical to keep in mind that the type of organization the American mental hospital was at its founding would shape much of its later history. Simply stated, the decisions made by the founders and sponsors in the early and mid-nineteenth century made certain outcomes likely, perhaps even inevitable. In seeking to apply lessons learned from an historical examination of state mental hospitals, it is also critical to understand that these decisions were determined by unique historical factors, and that understanding these factors can help to make the decisions we now face somewhat wiser ones.

Both historical and organizational understandings of the state mental hospital push toward a new model of understanding them as "maximalist organizations." This chapter reviews both the historical and organizational arguments, and then presents a portrait of state hospitals as maximalist organizations. The chapter helps connect this book to the efforts to understand state hospitals not only as historically unique institutions, but also as instances of more general organizational patterns.

HISTORICAL PERSPECTIVES

Because it represents a unique type of organization, the American mental hospital has been the object of considerable historical study. Rather than trying to summarize or duplicate the rich and extensive literature in this area, I will try to indicate how this book's role is different from other contributions. Citations to other work will guide the reader interested in a fuller discussion of the literature to several excellent but lengthy critical reviews, as well as to the extensive earlier literature by other scholars.

Over two decades ago, Rothman (1971: 306) claimed, "There are very few histories of state or private mental hospitals . . . We stand in clear need of research that will carefully and imaginatively relate the histories of these structures to the general society." Citing a collection of almost 170 studies, most published since Rothman's comment, Dwyer (1988: 156) characterized the literature on 'the modern history of madness' as revolving around several basic themes: "troubled domestic relationships, inadequate nosologies and unreliable diagnoses, [and] institutional conflicts between therapeutic and custodial goals. Despite the proliferation of detailed studies of individual mental hospitals . . . scholars have neither been able to resolve these problems nor produce a consensus on their relationship to macro-level social and economic changes." Commenting on psychiatric sociology, the primary field of research about the contemporary mental health system, Brown (1985: 230) notes that this field will have to catch up with medical sociology in recognizing the inseparability of the health care system from the rest of society.

In this respect, historians and sociologists have produced research about the care of the seriously mentally ill that looks at different time periods but shares the same basic weakness: a failure to examine interconnections within the broader social and economic environment of whatever period they are considering. This study of the state mental hospital, which views these institutions in the light of recent organizational thinking, will help explain those interconnections, particularly by taking into account the behavior of the mental hospital as a "maximalist organization."

The first historical assessment of the rise of mental hospitals (Deutsch 1949) saw great progress in the first quarter of the nineteenth century: new institutions were established for the first time in eight different states, and Virginia added its second. The culmination of this progress was the introduction of state care for the insane of New York State, a "great milestone" in the history of the treatment of mental illness in this country. The creation of the several hundred state mental hospitals that eventually followed this early wave was, according to Deutsch, the manifestation of humanitarian reform.

By contrast, other literature takes almost the opposite viewpoint. Contemporary mental institutions were examples of total institutions, organizations oppressive in essence rather than merely deficient in operation. In Erving Goffman's classic *Asylums* (1961), the incarceration of inmate populations could not possibly reflect humanitarian intent. The total transformation of the inmate's sense of self admits to no other purpose than coercion. Not coincidentally, although hardly noticed by his first reviewers, Goffman rejected any historical or developmental understanding of asylums, seeing them as beyond history as unchanging essences.

During the 1960s, these laudatory and condemnatory images of the mental hospital were joined by more complex and necessarily more historical views. Gerald Grob (1966) contributed a detailed case study of the early nineteenth century's most influential institution, the Worcester State Hospital, and followed this with a comparative analysis (1973) of the many dozen institutions founded before 1875. He later produced a study (1983) of how American society faced the problem of mental illness in the period from 1875 to 1940. A more recent book (1991) brings the story forward to 1970, with the deinstitutionalization movement transferring care from asylum to community.

For Grob, humanitarian intentions were tempered by a changing social reality that gradually transformed the early nineteenth-century curative asylum into the late nineteenth-century custodial mental hospital. Grob (1979) viewed the American mental hospital as "not fundamentally dissimilar from most human institutions, the achievements of which usually fall far short of the hopes and aspirations of the individuals who founded and led them." The somewhat misleading label of "neo-Whig" has been offered as a summary of this position, though it clearly is a caricature of Grob's very complex stance.

A darker and more skeptical perspective challenged Grob's view. Beginning with Foucault's *Madness and Civilization* (1965), and culminating in the writing of David Rothman and Andrew Scull, an influential series of works presenting what has been termed the "social control" perspective were published during the 1970s. Though differing on many details, these writers saw the rise of asylums and mental hospitals as parts of the maturation of a society organized around the market place. Institutions were built as response to fears about disorder (Rothman 1971), or reflected the concern of an emerging bourgeoisie to protect its economic self interest (Scull 1977). To be sure, these exponents of the "social control" position were taking much more complex positions than the label affixed to their work implies.

As Dwyer (1988) has recently observed in her comprehensive account of recent work about the mental hospital's history, a new set of writers has tackled the historical problem of the asylum, generally setting a course somewhat between the revisionist or neo-Whig and the social control positions. These new voices tend to call attention to the complexity of the historical patterns they analyze, noting the degree to which neither of the earlier approaches captures all of the reality. Among the very best and complex accounts of the nineteenth-century asylum is her exploration of life in two New York asylums (Dwyer 1987).

Several important questions about American mental hospitals remain unanswered, and it is to these that the present study is directed. First, the earlier debate contrasted humanitarian intentions with institutional reali-

ties, suggesting (but not really proving) that the typical mental hospital *declined* in quality. But only one institution (the Worcester State Hospital) has been studied for a long enough period of time to assess change in institutional performance, and with ambiguous results. On the one hand, studies by Grob (1966) and Morrissey et al. (1980) suggest significant change in the hospital as an organization, not merely changes in the characteristics of patients admitted to the institution (although both changes are assumed to have occurred). On the other hand, Bockoven's (1956) assessment of the long-term trend in the recovery rates of the institution suggest an early decline, followed by many decades of stability. Did the hospital change in significant ways, or was there only a change in the type of patient admitted? Did the increasing admissions of the elderly, with poor prognosis of recovery, doom the state hospital to an almost purely custodial role? Was the early success of the mental hospital in the era of moral treatment followed by a real decline in the efficacy of care? These questions require a longer period of study than much of the recent research literature on mental hospitals employs. Moreover, the questions assume that adequate "outcome measures," or ways of assessing the effect of care upon patients, can be compared across a relatively long period of historical time. The present research will inquire into the adequacy of these measures, and discuss the degree to which these questions can be answered retrospectively.

A second broad question concerns the environment. Previous research on the American mental hospital frequently viewed it as a tightly bounded system, in one case even comparing it to a small society (Caudill 1958). Much of the evidence about the institutions successfully studied has been gathered from the internal documents and annual reports of each institution. But if we are to examine the external environment, we should look at the organization in its communal and societal environment—reflecting Rothman's suggestion that we need to link the mental hospital to the surrounding society. As will be argued later in more detail, this is all the more true if we accept the assumption of current organizational theory that change in organizations comes largely from without. So this book examines how influences far beyond the institution's walls combined to change its character. Policy, funding, the changing role of psychiatry, the increased involvement of families, and the patients' rights movement all affected the mental hospital's life.

A third broad question deals with the historical era of the study. Historical accounts of the mental hospital have generally been confined to the nineteenth century, while sociological discussions usually focus on contemporary events, rarely looking at more than the very recent past. The result of these practices is that we now know a lot about mental hospitals before the turn of the present century, and have some impressive portraits scattered through the period from the *State of the World* through the early

days of deinstitutionalization. With the beginnings of deinstitutionalization, contemporary researchers largely abandoned the study of the mental hospital, no doubt believing that its imminent demise made it an unlikely subject of study (Gallagher 1987). By contrast, an extensive literature grew about new mental health care institutions, with separate journals publishing studies of community mental health care and partial hospitalization. This book examines a mental hospital from its mid-nineteenth-century origins to the present. The disadvantages (such as not enough time elapsing to assess the recent history of the institution and lack of access to historical documents beyond those in the public domain) are more than outweighed by the advantages, for the most part because a long time span allows a more adequate understanding of how an organization changes.

A fourth gap concerns the nature of the mental hospital. No study explicitly examines the mental hospital in the light of current theory and research about organizational dynamics. While much of the historical literature implies that the mental hospital proved an unwieldy, unresponsive, and almost unchanging instrument in the hands of its founders and their successors, no study has yet examined whether this might be as much the product of its organizational features as of the characteristics of its patients or staff and the absence of effective therapies. Several of the most promising advances in organizational studies (such as neoinstitutional theory and population ecology) have occurred quite recently and are not reflected in even the most recent wave of scholarship about the history of social control (Scull 1988) or the asylum (Dwyer 1988).

ORGANIZATIONAL PERSPECTIVES

What can we learn about mental health policy by focusing on the state mental hospital as an organization, and how should we examine its history? This book examines the organizational history of the American mental hospital by providing a comparative case study of the Buffalo State Hospital. In addition to those aspects of the hospital's history that previous historical research suggests as important, I begin by reviewing the major perspectives on organizational foundings and development employed in recent studies of organizations. While there are, of course, diverse perspectives on organizations, several main approaches are of particular value to this study.

Focal-Organization Perspective

Much of the literature on organizations written before the 1970s adopted this perspective, usually providing a single case study of a particular organization at a single point in time or over a very short period of time, and assuming the organization to be a self-contained and independent entity. A central theme of this approach is to view organizations as rational tools for

the attainment of goals, at least to some degree the reflection of the goals of their founders, managers, or directors. This leads toward a tendency to think "anthropomorphically" about organizations, as if they were themselves social actors trying to achieve goals.

In general, the focal-organizational perspective tends to assume that organizations are able to change easily. March (1981: 563) argues that, in the face of the appearance of their resistance to change, in fact they are "frequently transformed into forms remarkably different from the original." Though organizational change cannot be controlled arbitrarily, nonetheless organizations "are continually changing, routinely, easily, and responsively." In the words of its foremost critics, the focal-organization approach views organizations as "rational, flexible, and speedy adapters to changing environmental circumstances" (Hannan and Freeman 1989: xi).

Can state hospitals change? Sometimes the application of the focal-organization approach to the study of state mental hospitals has resulted in research that tends to confirm the ability of an organization to change in the face of new circumstances (for example, Shulman 1969; Levine 1980; Pinchoff and Mirza 1982). The more common view, however, is of the state mental hospital as an actor frustrated in its ability to achieve contradictory goals.

One of the classic studies of state mental health care might be grouped under this perspective. Ivan Belknap's *Human Problems of a State Mental Hospital* (1956) examined daily life at "Southern State Hospital," based on extensive field work over a three year period. Belknap (1956: xi) argued that "nearly all these hospitals have become organized in such a way during their historical growth that they are probably themselves obstacles in the development of an effective program for treatment of the mentally ill." After a detailed analysis of the organizational problems of this state hospital, Belknap concluded:

one fact seems to stand out: from the time of its foundation the hospital has been defined as an institution which must carry out two contradictory and essentially unrelated functions. One of these functions was that of treating the mentally ill. The other was that of serving as a more efficient poor farm, with more centralized organization. The isolation of the hospital, its self-contained industrial and agricultural functions, its general low status, and its constitutional responsibility for the indigent insane are all facts which speak plainly. (Belknap 1956: 204)

Erving Goffman's *Asylums* (1961), among the most influential and important works of American social science, painted a vivid picture, in the most somber hues, of inmate life inside a state hospital. Goffman's participant observation inside St. Elizabeth's Hospital (a federal psychiatric facility which functioned very much like a large state mental hospital) was the

basis for a series of searing images of the degradation of inmate life inside a huge federal hospital, differing only in minor details from life in the larger state hospitals of the late 1950s. Goffman's argument implies as well that state hospitals further undercut the mental stability of those unfortunate enough to be admitted (see Gronfein 1992).

The balance of the research produced by focal-organizational studies of state mental hospitals shows little evidence that they function as adaptive organizations in the short run; nonetheless, the record is mixed. The strengths of the focal-organization perspective would seem obvious. Research guided by this perspective yields vivid, insightful, and detailed portraits of the daily life of an organization. The analysis usually makes use of "experience near" language and concepts (Geertz 1983: 57), which present a high degree of verisimilitude and seem to promise insight into the actual workings of the organization. But the weaknesses are also noteworthy. Are these typical organizations? How much change actually takes place over time, particularly over the long run? Even when change can be identified as occurring, how much change results from the conscious or intended efforts of participants (including managers and directors), and how much stems from unconscious or unintended adaptation to environmental forces? These are important questions that the focal-organization approach does not (and perhaps cannot) address.

Institutional Theories of Organization

During the 1970s, students of organization began to move away from models that stressed rationality as the key to understanding organizational change. In part, this shift was a reaction to the tendency to interpret organizational structure as the product of technical production processes operating at the core of a particular organization. In part, the change was due to a new appreciation of the important role the broader culture played in shaping organizational behavior. This led to an interest in the specific cultures of organizations (Ouchi and Wilkins 1985). Leadership in organizations could be understood by contrasting the frames within which leaders formulated behavior (Bowman and Deal 1984, 1991).

One major direction has emphasized the institutional environment (understood in broadly cultural terms) as a major force shaping organizational behavior. While significant differences exist among the adherents of this position, several key themes bring some unity to what we call here "institutional theories of organization." Thus, Meyer and Rowan argued in a widely cited paper that organizations come into being in contexts with strong normative expectations: "Professions, policies, and programs are created along with the products and services that they are understood to produce rationally . . . That is, organizations are driven to incorporate the practices and procedures . . . institutionalized in society" (Meyer and

Rowan 1977; in Meyer and Scott 1983: Ch. 1). Those organizations that do so have much higher chances of surviving than those that do not.

As the title of their paper, "Institutionalized Organizations: Formal Structure as Myth and Ceremony" implied, a highly institutionalized organization's formal structure could be examined as "myth and ceremony," not just as some rational means for attaining organizational goals. The subparts of organizations were often "loosely coupled," a phrase introduced into the literature in a study that probed the reasons why actual classroom behavior had become disconnected from formal and public educational goals (Weick 1976).

The institutional approach has generated some provocative and useful arguments about the direction of organizational development. A central theme of Weber's early work on bureaucratization was the seemingly inexorable "rationalization of the world" that proceeded with the development of capitalist economic growth, imprisoning more and more inside the "iron cage" of bureaucratic work organization. DiMaggio and Powell (1983: 147) note that the bureaucratization of the state and the corporation predicted by Weber has been largely achieved. Structural change that makes "organizations more similar without necessarily making them more efficient" is now driven by other forces. Three processes push organizations toward greater similarity, or what they term "institutional isomorphism":

1. *coercive isomorphism*, resulting from both informal and formal pressure exerted by other organizations;
2. *mimetic isomorphism*, in which organizations faced with uncertainty model themselves on others; and
3. *normative isomorphism*, largely the product of professionalization, through which professional cultures are diffused through a set of organizations.

Over time, these three sources of isomorphism should produce greater and greater similarity across different organizations in a particular sector of activity.

The institutionalist approach in organizational studies has already proved to be stimulating and provocative, moving the focus of analysis away from an overreliance on rational and anthropomorphic models. But it is not without its own set of limitations. Key concepts such as "loose coupling" are used without precise definition, and become almost ritual incantations that replace rather than refine analysis. It is often unclear what agent or agents produce the effects; instead, impersonal social forces (described in sentences featuring the passive voice; see Becker 1986: 7-8 and 79-80) arise out of modern society to bring about events. As DiMaggio

(1988: 3) notes, institutional theory often 'defocalizes' interest and agency, stressing instead "the identification of causal mechanisms leading to organizational change and stability on the basis of preconscious understandings that organizational actors share independent of their interests." Data are used to illustrate but not to test ideas, resulting in only modest progress and in theory that is not robust (Meyer and Scott 1983: 105).

Population Ecology of Organizations

The most dramatic shift in organizational studies in recent years has occurred as a result of the rise of the "population ecology of organizations." The shift began with its founders' discontent with existing focal-organization approaches. Thus, Hannan and Freeman (1989) were dissatisfied with the drawbacks of this approach, particularly with its assumptions that organizations adapted easily and quickly, that organizations could be understood anthropomorphically, and that diversity in organizational populations could be explained by individual adaptations. In several key papers (Hannan and Freeman 1974; 1977), they argued for models drawn from population ecology, emphasizing selection as the central process in explaining change in organizational populations.

The population ecology of organizations developed by Hannan and Freeman (1989) includes several unique features that separate it from competing approaches in organizational studies, most importantly its stance about how little individual organizational forms change. Unlike earlier approaches, the ecological approach assumes that powerful forces within and outside organizations press toward structural inertia. Change among organizations largely occurs at the population, rather than at the individual level, and is the product of differential founding and mortality, not of adaptation. Thus, the student of organizations should shift his or her focus away from short-term adaptations of the largest or longest-lived organizations, viewed cross-sectionally or over fairly short time periods. The focus of study should therefore be toward the dynamics of population change, necessarily over the full histories of populations. Finally, research on organizations should develop "tight links between theory, models, and empirical research," eschewing the tendency to develop each of these areas in relative isolation from the others.

To be sure, the population ecology approach has several key problems, some of which are shared with its competitors. Important concepts—such as "competition" and "legitimacy"—remain either undefined or unmeasured (Zucker 1989). Particularly troubling is the fact that, despite its commendable interest in assessing the long-term history of entire organizational populations, the conceptualization and measurement of historical context remains primitive and even antagonistic to genuine historical discourse (Isaac and Griffin 1989; Zucker 1989). The quantitative methods

most often used to assess models employ challenging, if not daunting, approaches, limiting discussion and debate to a select few (Young 1988). Finally, the seemingly endless debate among social scientists about the proper mixture of meaning and measurement usually is resolved in the direction of a highly positivistic emphasis on measurement, yet remarkably little discussion of even basic issues such as reliability and validity, let alone questions of causal inference, are routinely presented (Liebersohn 1985).

A central question awaiting further clarification concerns one of the key differences between the focal-organization and population ecology approaches: how much do or can organizations change? Singh (1988: 322) observes that "the relative role of adaptation and selection processes in population change is still an open question." Singh notes that organizational ecologists have looked to founding and death processes to understand how populations change over time "with the assumption that organizational forms do not change significantly over time. Although this is a critical assumption, it has not been addressed empirically."

Marxist and Critical Theories of Organizations

A very different form of organizational perspective—Marxist and critical analyses of social control organizations—focuses less on the internal organization questions noted above, and more on the connection between social control organizations and societal elites.

Reviewing historical and sociological studies of social control, Scull (1988: 685) notes that it has "suddenly acquired a new cachet," in part showing the impact of the work of such scholars as Goffman and especially Foucault. The new work developed in contrast to an older tradition that viewed social control as the expression of "fundamental shared needs," in that it sees "the relationships between 'society' and 'social control' as problematic and contingent over space and time." This new work emphasizes historical study of the apparatus of social control "fashioned through the visible hand of definable organizations, groups, and classes, rather than being 'naturally' produced by the invisible hand of society" (Scull 1988: 686).

Scull's own work (1975, 1976, 1979, 1989) constitutes one of the most successful and thorough explorations of this terrain, in that it examines in detail the development of the psychiatric profession in the United States and Britain and the incarceration of the insane in asylums and mental hospitals, largely at state expense. Employing a sophisticated historical analysis of the interaction of class interest, professional knowledge, state development, and social control, Scull's work implies assessment of mental hospitals as anything but simple instruments wielded by a knowing elite, and moves the study of social control well beyond the confines of an "instru-