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Total Institutions and Reinvented Identities

Susie Scott

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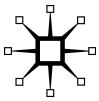

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List of Abbreviations

AA	Alcoholics Anonymous
ASBOs	Anti-Social Behaviour Orders
BGLOs	Black Greek Letter Organisations
CBT	Cognitive Behaviour Therapy
CMC	Computer Mediated Communication
DoH	Department of Health
ED-NOS	Eating Disorder Not Otherwise Specified
FREECOG	Free the Children of God
FTM	female-to-male
FWBO	The Friends of the Western Buddhist Order
GA	Gamblers Anonymous
GPA	Grade Point Average
HEIs	Higher Education Institutions
HMIP	Her Majesty's Inspectorate of Prisons
IBS	Irritable Bowel Syndrome
INFORM	Information Network Focus on Religious Movements
IRC	Internet Relay Chat
ISKCON	The International Society of Krishna Consciousness
KKK	Ku Klux Klan
LAMDA	London Academy of Music And Dramatic Arts
LGBTQ	lesbian, gay, bisexual, transgender and queer
MAOIs	Monoamine Oxidase Inhibitors
MCCs	Metropolitan Community Churches
MIT	Massachusetts Institute of Technology
MUDs	Multi-User Domain
NHS	National Health Service
NOT	Negotiated Order Theory
NRMs	New Religious Movements
NSS	The National Student Survey
PRW	Project Rehabilitate Women
RADA	The Royal Academy of Dramatic Arts
RAE	Research Assessment Exercise
REF	Research Excellence Framework
RI	Reinventive Institution
SSRIs	Selective Serotonin Reuptake Inhibitors
SST	Social Skills Training

TA	Territorial Army
TCs	Therapeutic Communities
TI	Total Institution
TM	Transcendental Meditation
UGC	User-Generated Content
YMCA	Young Men's Christian Association
YOIs	Young Offender Institutions

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The idea for this book came about through a re-reading of Erving Goffman's *Asylums*, which, like everything this dazzling maverick produced, delighted and inspired me. John Scott discussed some initial ideas with me and made helpful suggestions for reading. I am grateful to Philippa Grand at Palgrave for encouraging me to develop the proposal, and for her support throughout the writing of the book. I also appreciate the series editors' enthusiastic comments, and their willingness to incorporate this volume into their *Identity* series. An earlier version of some of the arguments presented here were included in articles I wrote for *Sociology* (44, 2), *Symbolic Interaction* (32, 2) and *Body & Society* (16, 2) in 2009–2010.

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1
Introduction

Entering the total institution

People join institutions for many different reasons. Career advancement, political allegiance, social networking and community building are just some of the factors that motivate individuals to fit themselves into systems of rules and to follow routines with unquestioning obedience. Institutions are sociologically interesting as abstract organisational structures that are reproduced through the everyday lives of their members: 'micro' level routines, practices and interactions form the glue of 'macro' level social forms. The focus of this book, however, is on a particular type, the *total* institution: one in which members are immersed and enclosed – physically or symbolically – for a long period of time, to the exclusion of other attachments, and which aims fundamentally to change their identities. The total institution exacts 'greedy' demands on its members (Coser 1974), pervading their entire being and demanding absolute commitment. Why do people choose to enter and stay in such institutions, and how does the experience affect them?

The concept of the total institution (TI) was introduced in Erving Goffman's book *Asylums* (1961a), an ethnographic report of life in a psychiatric hospital. This polemical text formed part of the anti-psychiatry movement of the 1960s–1970s, which challenged western notions of mental illness as individual pathology, pointing instead to the labelling of social deviance as a form of social control (Szasz 1961; Scheff 1966; Laing 1967). Goffman's aim was to present the asylum as an exemplar of the TI, using it as a vehicle to illustrate the main features of this model. A central theme of the book was power, understood as a force embedded in hierarchical relations, authoritarian roles and coercive practices. Working in the Symbolic Interactionist tradition,

Goffman employed his unique dramaturgical perspective to reveal how micro-level processes of social control were performatively enacted and mediated by the routine interactions that took place within institutional walls.

Goffman's concern was with the effects that being institutionalised had upon the self-identities of patients, or, as he called them, inmates. Emphasising the closed, impermeable structure of the asylum and its insular local world, he argued that TIs created totally encompassing environments that disempowered their inhabitants: in the absence of external challenge or critique, staff had the power to erase inmates' previous social identities and replace them with others. The TI's coercive treatment procedures, living arrangements and institutional practices therefore had moral implications insofar as they were used to (re-)define the identity of the inmate, often against his or her will. Throughout *Asylums*, Goffman points to the divisions between staff and inmates, who struggled to exercise control over the latter's fate. This negotiation context (Strauss et al 1963) was skewed in favour of the staff, whose status as 'healthy' or 'sane' afforded them greater legitimacy in defining what was real and true, while any gestures of resistance by inmates were dismissed as symptomatic of insanity (cf. Rosenhan 1973). Thus in Goffman's model, the individual was rendered passive and powerless in the reconstruction of their identity.

Reinventing institutional life

A central argument of this book is that a new form of institution has emerged since Goffman's time, which implies subtler mechanisms of power and social control. Whereas traditional TI inmates were committed against their will, and new identities imposed upon them, now we find people choosing voluntarily to enter institutions, believing that they need to change, and that it is their own responsibility to do so. This can be understood within the wider context of late modernity (Giddens 1991) that characterises contemporary western societies, with its demands for highly reflexive selfhood and engagement with 'therapy culture' (Furedi 2004). While of course TIs still exist, as hospitals, prisons and so on, decarceration has led a shift towards community-based interventions for all but these most 'needy' of populations; in the spaces left behind have sprung up new institutional forms that provide different ways of reconfiguring the self.

I propose the concept of the Reinventive Institution (RI) to describe these new sites of biographical identity work, whose purpose may be

religious, disciplinary, secret, therapeutic, educational or virtual. In Chapter 3, I unpack this concept, defining the RI as,

> a material, discursive or symbolic structure in which voluntary members actively seek to cultivate a new social identity, role or status. This is interpreted positively as a process of reinvention, self-improvement or transformation. It is achieved not only through formal instruction in an institutional rhetoric, but also through the mechanisms of performative regulation in the interaction context of an inmate culture.

Using Symbolic Interactionist ideas, I show how such organisations operate as self-governed entities, whose definition of reality is created and upheld by the meanings social actors give to their situations. RIs can be understood as 'institutions without walls', which members are ostensibly free to leave but choose not to, because of the strength of their commitment. This may be to the yearned for end product, a reinvented self (as in the case of therapeutic clinics and educational establishments), or to the process of reinvention, as an intrinsically valuable journey (as with the decision to join a secret society or enter the *Big Brother* house). Whichever is the case, members recognise social interaction and relationships with each other to be pivotal to their success, and seek out the company of others rather than going it alone. Therefore the RI can be seen as both reinvent*ed* in its structure and function, and reinvent*ing* in its effects upon individual members.

This raises important questions about the changing nature of power and social control in institutions. In contrast to the TI's rigid hierarchical role structures that allow the '*authoritative imposition of consequential identities*' (Dennis & Martin 2005: 191) by staff upon inmates, RIs pride themselves on democratic rule by the members themselves, who monitor each other's conduct through peer-to-peer surveillance. As we shall see in Chapter 3, Foucauldian ideas of disciplinary power combine fruitfully with Symbolic Interactionist theories of negotiated order and dramaturgical identity performance, to elucidate what Lukes (2005) calls the third dimension of power: the consent of subjects to be governed. In the absence of coercion, Jenkins (2008) asks what leads people to follow rules, or why they 'put up with' regimes and sanctions.

The answer may lie in the interaction context of institutional life, with its 'inmate cultures' (Goffman 1961a) that reinforce and legitimate members' commitment. Each RI has its own discourse of reinvention, which is internalised, sustained and reproduced by its

members in the course of their daily routines and ritual encounters. Being surrounded by others who display positive, uncritical attitudes and willing subservience creates a pressure upon the individual to believe equally fervently in their own transformation – or at least to behave as if they do. A key theme of the book is how RI members perform their conformity while appraising the authenticity of each other's commitment (Weinberg 1996), evaluating their progress in relative terms. The power of the institution-as-structure is sustained by the everyday practices of the institution-as-interaction.

Agency and authorship

We must then contemplate whether and to what extent those institutionalised have become more empowered to author their identities. Ostensibly, there has been a shift in the inmate's role from being relatively passive (in TIs) to relatively active (in RIs) in the process of reconstructing the self. People who enter RIs are electing voluntarily to reinvent themselves, whereas TI inmates had the fate imposed upon them. The RI recruit displays greater agency throughout the whole period of their resocialisation: they seek out the institution, request the help of its leaders, and actively participate in its procedures. Superficially, they remain in control of what is happening, and are free to withdraw at any stage. Long before the point of admission, RI inmates have become estranged from their erstwhile civilian selves, and once inside, are ready to embrace the new identities on offer. Agency resides in choosing to adhere to the institutional regime rather than questioning its legitimacy.

However, this agency is limited to a prescribed form: members are free to choose a path of self-improvement, but only from amongst the array of idealised potential selves presented to them by institutional discourses, which teach them what it means to be recovered, fit or authentic (Gubrium & Holstein 2001). By contrast, one could argue that the TI inmate possesses 'true' or original agency, in the sense of knowing oneself as a bounded entity, independently of the institution, even if this agent is eventually destroyed (see Chapter 2). RI recruits possess a kind of meta-agency, by reflecting on, reshaping and in some cases discarding their previous identities, but in doing so, deny these former selves their integrity.

Perhaps a more accurate interpretation is that both TIs and RIs reveal a tension between coercion and voluntarism, passivity and agency, with shifts occurring only in the relative balance of the two. Whereas the TI inmate was explicitly coerced but showed gestures of resistance, the RI

recruit is formally free but finds their autonomy compromised by the demands of institutional allegiance. These are not simply 'cultural dupes' (Garfinkel 1967), brainwashed by a seductive rhetoric, but rather knowledgeable agents, attempting to rewrite themselves in line with cultural scripts. In Mead's (1934) social behaviourist terms, the TI inmate is primarily an 'I' – a privatised, reactive subject – while the RI member is closer to the 'Me' – a socially defined object, constructed through the eyes of others. Of course, this distinction is not absolute: in both cases, the I and Me coexist in a Meadian dialogue, as the inmate acts, reflects upon the social consequences of their action, and adapts their 'looking glass self' accordingly (cf. Cooley 1902). However, perhaps again there has been a shift in the relative balance of the forces. Whereas the TI inmate acted impulsively, in response to perceived assaults on the self, the RI member is more self-consciously engaged in the reflexive project (Giddens 1991) of biographical identity work.

Outline of the book

This volume explores the changing nature of institutional life and its effects upon members' social identities in a range of contemporary sites. Chapter 2 takes a closer look at Goffman's original model of the total institution (TI), elucidating its key features and locating it in an historical and political context. The asylum emerged as a means of segregating and confining deviant or troublesome populations, whose behaviour posed a threat to social order. Goffman was critical of psychiatry's claims to neutrality, arguing that staff and patients were engaged in a relationship not of contractual service, but of inequality and exploitation. Inmates were forced to undergo a 'moral career' of resocialisation against their will, through which their identity was erased and supplanted. The prior, civilian self was 'mortified' or systematically eroded by the 'institutional arrangements' of the hospital, such as its admission procedures, systems of privilege and social mobility, and records of behaviour. Nevertheless, Goffman's focus on the interaction context through which such practices took place left some room for negotiation: inmates formed 'underlife' cultures of resistance and devised strategies for 'working the system', even though these gestures were ultimately futile.

Chapter 3 introduces the concept of the RI and identifies its key features. Here I revisit Foucault's (1975) model of disciplinary power, combining elements of it with the Symbolic Interactionist theories of negotiated order (Strauss et al 1963) and interaction order (Goffman

1983). I suggest that in the RI, inmates discipline themselves by internalising a gaze that is directed not only vertically downwards, from staff in positions of authority, but also horizontally and laterally, through peer-to-peer surveillance. This echoes Lukes' (2005) three dimensional theory of power, which emphasised the need to secure the will of subjects to be governed. I suggest the term *performative regulation* to describe the way in which inmates monitor and sanction each other's behaviour by sustaining a shared belief in the institutional reality, which they dramaturgically enact. Individuals learn both to present themselves as ideal inmates, 'doing' conformity and seeking to appear committed, and to appraise each other's claims to authenticity, evaluating their progress in relative terms. The reticulated gaze of peer surveillance indicates a multidirectional flow of power as simultaneously top-down, bottom-up, horizontal and circulatory.

Chapters 4–9 identify and examine various types of RI, seeking to elucidate how identity reinvention occurs and performative regulation operates in each. The emphasis is on the micro-level social encounters and interaction that take place within different inmate cultures, using ideas from dramaturgical theory and Symbolic Interactionism. Chapter 4 examines religious institutions, from splinter groups of mainstream faiths to separatist sects and cults, New Age 'self-religions' and programmes of spiritual exploration, such as the Alpha Course. I suggest that despite a wider trend of secularisation, these kinds of RIs have become increasingly popular: the resacrilisation of society has occurred through a process of recarceration. Chapter 5 investigates camps and training schemes that employ a 'military' approach to character reform. Disciplinary regimes and drills are used to govern inmates' behaviour and demand submission of the will in institutional sites that range from prisoner rehabilitation programmes to outdoor sports and youth groups, weight loss camps, reality television and makeover shows. Chapter 6 explores the world of secret societies, which appeal by virtue of their exclusivity: gaining access to restricted information promises to confer social capital upon members, creating a tantalisingly mysterious allure. As well as traditional secret societies such as the Freemasons, we consider more recent recreational pursuits such as men's service clubs and the Magic Circle. I suggest that what members find most rewarding is not the content of the specialist knowledge *per se*, but rather the social process of fraternisation through which such ideas are transmitted. However, the insularity of these inmate cultures can become a problem, as evidenced by the hazing rituals of initiation in fraternity houses. Chapter 7 explores the plethora of clinics and treatment programmes that

have emerged out of late modern 'therapy culture', which encourages us to work at our mental and emotional health. Clients voluntarily check themselves in to rehabilitation centres, therapeutic communities and self-help groups in the hope of overcoming everyday 'problems of living' (Szasz 1961), such as gambling, Internet addiction and shyness. The interaction context of self-help groups is particularly interesting to examine, as members explicitly seek to perform their commitment to treatment regimes (Weinberg 1996) while assessing whether their peers are authentically recovering (Paik 2006). In Chapter 8, we examine the experiences of those who attend academic 'hothouses', such as elite boarding schools and performing arts conservatories. While their various talents may be cultivated, these inmates find that the schools also intend to nurture their personal development and claim a greedy hold over their whole identities. Peer socialisation into college life encourages students to perform not only their art but their dedication to it, with a competitive intensity that can have dramatic effects. Finally, in Chapter 9, we consider the extent to which RIs can exist in cyberspace, as virtual institutions: can members of online communities feel as tightly integrated as those in physically bounded sites, and develop equally cohesive bonds with one another? From mental health forums through blogging, v-logging, fan clubs and social networking sites, we see how virtual realities at once allow identity play and circumscribe the limits of its possibility.

This selection of sites is not intended to be exhaustive, but rather to demonstrate the variety of forms that RIs can take, and their pervasiveness throughout contemporary western culture. Identities can be variously reinvented by the discourses and practices of therapy, education, religion and so on, and this is possible because institutions have themselves been reinvented by processes of decarceration, democratisation and performativity. The interaction context through which all of this takes place is an under-explored object of study, which provides some fascinating fodder for the sociological imagination (Mills 1959). Themes of power, agency, conflict, negotiated order and dramaturgical self-presentation converge in this unique opportunity to revisit classic theoretical debates.

2
Totally Committed

Conceptualising totality

The concept of the total institution (hereafter 'TI') was introduced in Erving Goffman's (1961a) influential text, *Asylums*, a case study of St. Elizabeth's psychiatric hospital in Washington, DC. Here, he spent a year observing under cover as 'assistant to the athletics director', thereby gaining access to both staff and patient areas. Inspired by his Chicago School mentors Everett Hughes and Robert Park, Goffman was working within the Symbolic Interactionist tradition (though he preferred to describe himself as an anthropologist or ethologist), and was concerned with the micro-level routines and practices through which social realities are created in everyday life. Methodologically, as an ethnographic field researcher, he sought to immerse himself within the culture he was studying, in order '*to learn about the social world of the hospital inmate, as this world is subjectively experienced by him [sic]*' (1961a: 7). Although he did not sleep on the wards, he spent most of his time there, talking to patients and experiencing the daily round from their perspective. Goffman was unashamedly sympathetic towards these 'inmates', as he called them, and in acknowledging this bias, pre-empts Becker's (1967) famous claim that sociologists have a moral duty to represent the views of the relatively powerless 'underdogs'.

However, Goffman's aim was not to write a book about mental illness *per se*, but rather to demonstrate how the self was socially shaped and re-shaped by patterns of interaction, which may be crystallised in the rules and practices of institutional settings. He introduced the concept of the total institution as a Weberian ideal type (Weber 1904) which could

be found in many empirical forms, not just the psychiatric asylum. It was defined as,

> a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life (Goffman 1961a: 11).

This included not only hospitals but army barracks, boarding schools, prisons and so on, in which disorderly groups were segregated, reformed and ultimately 'improved' (Wallace 1971). Goffman identified five types of TI in terms of their function: to care for the disabled, incapable and harmless; to contain those with infectious diseases; to protect the community from 'dangerous' people; to enable the collective pursuit of an educational or work task; and to provide sanctuary for those who voluntarily retreated from society. It is interesting to note that the latter two apply equally to Reinventive Institutions (RIs), such as university colleges, monasteries and utopian retreats (see Chapters 4 and 8), which suggest a positive volition to seek membership, yet Goffman focused almost exclusively upon the former three types. His emphasis was on the coercive nature of the power relations that operated when members were institutionalised against their will.

The four key features of Goffman's TI were: (a) the unfolding of the daily round in the same place and under the same authority, (b) batch living, or being treated alike as one anonymous mass, (c) the rigid timetabling and scheduling of activities, imposed by a formal system of rules and a body of officials, and (d) the orientation of these activities towards a single rational plan or institutional goal, namely that of resocialisation. The overall effect was one of 'collective regimentation', as TIs broke down some barriers: between spheres of activity (work, sleep and recreation) and between individual inmates (who were treated *en masse*), while creating others: between the inside and outside worlds, and between staff and inmates. Consequently, the TI inmate was 'totally' encompassed by the institution and immersed in its local culture; this self-contained world sustained its own reality, beyond which life became difficult to imagine.

Drawing on Symbolic Interactionist notions of negotiated meaning (Blumer 1969), Goffman's dramaturgical perspective suggested that this social reality was constructed in the manner of a theatrical performance. Casts of actors tacitly agreed to sustain a common definition of the situation (Thomas & Thomas 1928) through their individual acts

of self-presentation, and sometimes perceived a discrepancy between the characters they performed to audiences frontstage and the 'real' selves to which they retreated in the privacy of the backstage region (for an explication of the dramaturgical approach, see Goffman 1959; Burns 1992; Manning 1992; Smith 2006). As such, the reality of the institution was no more than a working consensus of what was going on, precariously upheld by these actors through their mutual (mis-) perceptions. The continued existence of the TI was contingent upon the successful co-ordination of role performances, and subject to a constant threat of disruption. In recounting how, most of the time, most actors harmoniously co-operate to uphold social order, Goffman has traditionally been criticised for neglecting issues of power, inequality and conflict (Gouldner 1979; Stryker 1981), but more recent work has emphasised that these themes are paramount in his theory (Jenkins 2008; Scott 2010a).

However, it is worth noting some criticisms that have been levelled at this model. Firstly, flaws in Goffman's methodology and theoretical analysis may render *Asylums* unreliable as a document of institutional practices at the time (Davies 1989; Smith 2006). As a case study, St. Elizabeth's was not necessarily representative of psychiatric hospitals, let alone other types of TI (Perry 1974), and so it may not have been appropriate to present as an ideal type (Levinson & Gallagher 1964). Institutions vary in their degrees of totality (Wallace 1971), just as inmates may vary in their degree of commitment to them (Lin 1968), while some TIs are more voluntaristic than coercive (Mouzelis 1971). A second criticism is of Goffman's cavalier writing style (Williams 1988), which made his analysis rather disjointed and inconsistent (Lofland 1984). His observations were selective and impressionistic, littered with his trademark magpie's collection of footnotes from documentary sources, and there is no supporting evidence from interviews with St. Elizabeth's staff or patients (Smith 2006) which may have shed new light on Goffman's analysis. In particular, he may have misinterpreted the inmate experience as being wholly undesirable: scant attention is paid to the idea that patients may regard hospital admission as a welcome relief from their symptoms (Mouzelis 1971), which themselves may have a physical, psychological and phenomenological reality beyond the level of social construction (Sedgwick 1982). It is also frustrating that Goffman talks about TIs in general terms, seeming to forget his own definitions, qualifiers and distinction between the five different types (Weinstein 1994). He fails to consider how an inmate's voluntary admission and active pursuit of reinvention (especially beyond

the psychiatric context) might engender different power relations to those found in the traditional, coercive asylum.

Historicising the anti-institutional critique

It is worth considering how and why the asylum came about as a setting for the treatment of the mentally ill, and why Goffman was interested in it. Until the nineteenth century, madness had been variously understood as a sign of demonic possession, witchcraft, hereditary defects and mere social nuisance. The 1834 Poor Law introduced public lunatic asylums and workhouses as broadly similar vessels of containment to which paupers were sent, depending on their ability to work. As Scull (1979) suggests, these places were essentially dumping grounds for those whose families could not afford to care for them: the label of 'insanity' was liberally applied to the disabled, elderly and homeless. A shift occurred with the 1845 Lunatic Asylums Act, which led local authorities to build county asylums based upon the humanistic principles of Samuel Tuke's famous York Retreat: 'lunatics' were now seen as vulnerable and in need of protection (Rogers & Pilgrim 2005).

Towards the end of the nineteenth century, madness began to be medicalised, or seen as mental illness. The 1890 Lunacy Act ruled that asylums should have a therapeutic as well as custodial function and be rehabilitative in their aims (Busfield 1986), while campaigners such as Henry Maudsley argued for the use of medical treatments for symptom relief rather than mere containment. The 1930 Mental Treatment Act introduced new terminology: asylums were renamed 'mental hospitals', and lunatics became 'patients'. The early twentieth century saw an expansion in the range of mental disorders that were recognised ('neurotic' anxiety and depression as well as 'psychotic' schizophrenia and dementia), the numbers of people treated, and the types of treatment available (from electroconvulsive therapy to leucotomy, insulin coma therapy, and eventually pharmaceutical remedies). Mental illnesses were conceptualised as diseases, located in specific sites within the body, and somatic treatments were favoured over talk-based therapies (Prior 1993). The mental patient became the object of a new clinical gaze (Foucault 1961) as the mind, like the body, was regarded as penetrable by psychiatric knowledge.

Nevertheless, the custodial function of TIs continued. The Mental Treatment Act of 1930 referred to 'persons of unsound mind' who could be treated against their will, insofar as they were incapable of knowing

what was in their best interests. Certification gave way to the practice of sectioning, named after relevant sections of the 1983 Mental Health Act, which gave psychiatrists powers of detainment for the purpose of assessment and/or treatment. Goffman's concern was with the social and moral judgements bound up in such procedures: the designation of a mentally inferior status was used to justify not only the treatments patients received but also the control of their living arrangements, self-presentation, daily routine, and contact with the outside world. This pessimistic image of the asylum as stark, austere and rigidly controlling is familiar from iconic depictions in films and novels such as *One Flew Over the Cuckoo's Nest* (Kesey 1962), *The Bell Jar* (Plath 1963), *An Angel At My Table* (Frame 1987) and *Girl, Interrupted* (Kaysen 1993). The protagonists in these auto/biographical accounts raise important questions about how definitions of madness and sanity are socially constructed, value-laden judgements, made by those in positions of power.

Visions of social control were also reflected in the physical design and architecture of asylum buildings. Prior (1993) describes how, until the mid-twentieth century, asylums were located in geographically isolated sites outside the main towns. They were designed to function as self-contained communities, on the one hand offering '*a safe and positively structured therapeutic environment*' (Prior 1993: 26), whilst on the other hand, segregating and enclosing their inmates in a closed, impermeable world. This drew a symbolic boundary between the sick and the healthy, reflecting the stigma associated with mental illness: many of the ex-patients of Ballybreen, the Irish hospital he studied, referred to the institution as 'the colony'. There were divisions between wards for men and women, adults and children, 'idiots' and 'maniacs' and those receiving different types of treatment. Even by the 1980s, the re-labelling of wards to reflect nursing specialisms (Rehab, Continuing Care and Disturbed) meant that patients' identities were defined by their position within the administrative structure.

Gittins (1998) makes a similar case, drawing on the narratives of ex-patients and staff at Severalls Hospital, Essex, over the period 1913–1997. As a county asylum built in response to the 1845 Lunacy Act, Severalls' design reflected modernist principles of scientific progress, the containment of 'disorderly' populations, and the regulation of morality. Spatial boundaries separated inmates from the outside world (locked wards, enclosed courtyards, iron railings) and from each other (individual padded cells, locked wards and physical restraints), but also imposed group identities upon patients by assigning them to different spaces by class, gender and diagnosis. A central corridor divided the hospital into men's and

women's wards, while the overcrowded pauper wards contrasted with the comfortable villas in which middle class, fee-paying patients were housed. Gittins also notes that these were administrative rather than clinical classifications, serving principally to efficiently manage large populations:

> Class, gender and categorising of illness were literally built into the hospital infrastructure, and thus operated as primary determinants of power relations and a way of life. Through these, Severalls' inhabitants' notions of identity and self were to a great extent constructed, or re-constructed (indeed, de-constructed in the older sense of the term), imprinted and defined (1998: 5).

In the mid-twentieth century, sociological studies inspired by Goffman pointed to the social environments that were created within the mental hospital. Many of these theorists came from a Symbolic Interactionist perspective, and so emphasised the ways in which interactions both between staff and patients, and between different groups of patients, affected the latter's experience of hospitalisation. The cultural milieu of the 'inmate world', as Goffman called it, became recognised as forming an integral part of the therapeutic environment, shaping understandings of prognosis and recovery. For example, Stanton & Schwartz (1954) described the hospital as a social system comprised of interdependent parts, whereby staff relations and practices could exist in tension or harmony with patient's interests – an idea that was to be developed further in Strauss et al's (1963) study of the hospital as a negotiated order between various interest groups in the occupational hierarchy. Dunham & Weinberg (1960) argued that inmate culture was characterised by a mixture of solidarity and friendship between patients, bolstered by their subordinate relationship with the staff. The tension and conflict of interests between the two groups led to a distinct inmate culture, whereby patients demonstrated resistance as much as compliance.

Other studies were more critical of the effects that ward life had upon patients, insofar as they became socialised into the role of the passive, compliant inmate. Concerns were raised about patients becoming 'institutionalised': for example Wing (1962) pointed to patients' attitudes of withdrawal and passivity as they became accustomed to life within the asylum walls and lost the motivation to return home. Braginsky et al (1973) observed that many long-stay, chronic patients came to see the hospital as their new home, in contrast to the acute patients who remained focused on discharge. Roth's (1971) study of Farewell Hospital,

a chronic care home, bemoaned the 'slow motion' pace of life, which fostered social and economic dependence on the institution: '*many hospitals are not so much medical facilities as huge boarding houses for the damaged and derelict of our society*' (1971: 55). Two years later, Rosenhan (1973) famously demonstrated how difficult it was, once labelled mentally ill, to negotiate release. His team of researchers faked schizophrenia to gain admission to psychiatric wards, but found that when they ceased to display the symptoms, their 'normal' behaviours were interpreted in light of the diagnostic label and their protests dismissed as symptomatic 'acting out'.

Asylums is regarded as a polemical critique of psychiatry as a vehicle of social control, in particular the practice of incarcerating patients against their will. It can be located within the anti-psychiatry movement alongside the works of Laing (1965), Scheff (1966) and Szasz (1961), who argued that the label of mental illness was a misnomer for social deviance, as a threat to be contained and managed. By considering the meanings patients give to their own behaviour, we might understand 'madness' as a socially intelligible (Laing 1965) or communicatively rational (Crossley 2000) response to a coercive social environment. The impact of this 'anti-institutional critique' (Prior 1993) was an important contributory factor in the late twentieth century trend of decarceration, or the shift away from inpatient to community care (Rogers & Pilgrim 2005), although Scull (1977) suggests that this was more of a cost-cutting exercise, fuelled by an economic crisis of the state. Another important factor was the 'pharmaceutical revolution' of the 1950s, whereby the introduction of new antipsychotic, neuroleptic and tranquilliser drugs obviated the necessity for long stays in hospital. By the turn of the twenty-first century, most psychiatric hospitals had been closed and replaced by psychiatric units within general hospitals, alongside outpatient services. Inpatient care is still available but is restricted to relatively severe cases and the average length of stay has dramatically decreased (Rogers & Pilgrim, ibid.).

The institution as an organisational structure

When writing about the 'institution', Goffman uses the term synonymously with 'organisation', although the two have slightly different meanings. Fulcher & Scott (2007) distinguish between organisations as *structures*, in which particular activities are carried out in a regular, rule-governed way towards a collective goal, and institutions as established *practices*, or culturally normative routines of interaction that

may or may not take place within such a bounded site. In functionalist terms, a social institution addresses the 'system needs' of a group or society, such as those for order, stability and the (re-)integration of its members (Parsons 1951), and as such reflects their collective values (Durkheim 1893). This may take the form of an abstract ideal, such as the family, or a more tangible structure, such as the university. Organisations, meanwhile, are self-contained social systems: formal, hierarchical structures of roles (Turner 1962), rational rules (Albrow 1970) and administrative procedures, such as those of a bureaucracy (Weber 1914). Organisations are often physically bounded spaces, which can be relatively closed or open in terms of interaction with other social systems and the wider society. Goffman was concerned with the TI as a closed, impermeable organisation, insofar as this created a unique bounded world that 'totally' encompassed its members.

Goffman's conflation of the terms institution and organisation reflects his Symbolic Interactionist leanings: he saw the organisation not as a reified, external structure, but as comprised of institutionalised practices – regular patterns of interaction, continuously performed by individuals in the course of their daily lives. Interactionist readings of the organisation focus on the micro-level social practices through which the *appearance* of order and structure is created. Perhaps the most influential model to which Goffman's approach can be compared is that of Negotiated Order Theory (Strauss et al 1963; Strauss 1978), which focused on the ways in which rules are interpreted and enacted on the ground. Rules are not static, inflexible forces upon behaviour but rather emergent products of interaction, which are subject to continual revision. Power is not held by those in certain roles or positions, but rather is fluid and dynamic: different interest groups compete and bargain with each other to gain access to resources. The snapshot of social order we might observe in a specific organisational setting is a collective accomplishment, contingent upon the various factors of the 'negotiation context', such as the number of actors, their experiences, skills and knowledge, the sequence and frequency of interactions, the number and complexity of issues under discussion, and the visibility of their negotiations to other parties (Strauss 1978).

Negotiated Order Theory emphasises actors' constant adaptation to the structures in which they are embedded (Fine 1984): rules can be selectively applied, stretched or 'fudged' in accordance with the particular interests of actors (Day & Day 1977), and we can detect a '*revolutionary potential*' in the perspective (ibid.: 131). This was exemplified by Gouldner's (1954, 1955) studies of industrial conflict within

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