

**DISCIPLINING WOMEN/DISCIPLINING BODIES:
EXPLORING HOW WOMEN NEGOTIATE HEALTH AND BODILY
AESTHETIC IN THE CARCERAL CONTEXT**

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*To all incarcerated women, may this research shed light on gendered experiences of
confinement inside Canadian prisons for women.*

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GLOSSARY OF TERMS AND ACRONYMS

CSC	-	Correctional Service of Canada
EFRY	-	The Elizabeth Fry Society of Ottawa
ETA	-	Escorted Temporary Absence
GVI	-	Grand Valley Institution for Women
JFNH	-	Jill-Frances Norwood House
OCDC	-	The Ottawa-Carleton Detention Center
CNO	-	Ontario College of Nurses
P4W	-	Prison for Women, most related to the Events at Kingston Penitentiary
REB	-	University of Ottawa Social Sciences and Humanities Research Ethics Board

ABSTRACT

Traditionally, much criminological research has focused on male complexities of confinement, sidelining the experiences of federally and especially provincially incarcerated women in Canada. This thesis seeks to capture some of the experiences and challenges faced by incarcerated women as they attempt to negotiate agency and maintain choice and control over their health and bodies while inside correctional institutions. In order to do so, this study draws from Foucaultian-inspired concepts of discipline, governance, regulation, power, and resistance as a means to theoretically analyze the daily, often strategic, actions of women prisoners.

This research is qualitative, and emerges from the data secured through in depth interviews with twelve previously incarcerated women, who were asked to speak of their experiences inside Canadian prisons with respect to issues of choice and control over hygiene, diet, exercise, and access to over-the-counter medication. The data were coded and organized into three substantial themes: opportunity for choice or learned dependence, the ‘layering’ of punishment, and creating space for agency.

The analysis revealed that incarcerated women attempt to manage and maintain control over their health but meet ongoing punitive carceral responses when making decisions about their bodies that conflict with institutional mandates, discourses, or goals. Without the opportunity to perform culturally accepted norms of health and femininity, women in prison fail to achieve a positive or ‘good’ womanly status, which comes to impact their self-worth, self-esteem, and identity. These findings create direct implications for Corrections, as they inevitably produce docile and institutionally dependent women rather than responsible and productive citizens, the stated rehabilitational goal of correctional services.

CHAPTER 1: INTRODUCTION

A First Glimpse at the Research Project

1.1 THE AGENCY OF INCARCERATED WOMEN

As the fastest growing subsection of the prison population, incarcerated women are starting to receive unprecedented attention. Much of the academic focus has explored the demographics of incarcerated women, the types of crimes they commit, their experiences of confinement in relation to motherhood and their separation from family members, and correctional attempts of management and regulation through practices of medicalization and psychiatrization (Baker & Carson, 1999; Balfour, 2006; Bell, 2006; Boyd, 2007; Browne, Miller & Maguin, 1999; Carlen & Worrall, 2004; Condon, Hek & Harris, 2008; DeHart, 2008; DeKeseredy, 2000; Dell, Desjarlais & Kilty, 2011; Kilroy & Pate, 2011; Kilty, 2006, 2008a,b, 2011, 2012b; Lawston, 2008; Maeve, 1999; Marquart, Merianos, Cuvelier & Carroll, 1996; Pollack, 2005; Shaw, 1992; Sim, 1990; Ussher, 1991, 2010; Young, 1996). Limited research, however, has been conducted on the *agency*¹ (or, individual control) of women in prison. Modern prisons, as total institutions (Goffman, 1961), determine all aspects of prison life as a means to correct and train prisoners (Foucault, 1977; Carlen 1983). This aspect of contemporary incarceration denies individual autonomy, whereby prison administrators typically make decisions on behalf of women offenders (Hannah-Moffat, 2000; Kilty, 2012b). Scholars have suggested that incarcerated women lose much control over their bodies while inside, thus limiting their potential for agency while rendering them dependent on institutional staff (Carlen, 1983; Carlen & Worrall, 2004; Maeve, 1999; Mahoney & Daniel, 2006; Lawston, 2008). This lack of agency has enormous implications,

¹ *Agency* refers to the human capacity to act purposefully and to make decisions; for this thesis it is used specifically to describe how incarcerated women perceive the control they have over their own bodies. This term is not to be confused with *autonomy* (also used in this thesis), which is independence from external influence and control.

especially for women. Without the ability to make personal decisions, women in prison are limited in their ability to manage their own health while incarcerated.

This research contributes to the existing literature as I examine women's experiences of beauty, gender performance, health, and the body inside Canadian provincial and federal prisons. By conducting twelve interviews with previously incarcerated women from the Ottawa-Carleton Detention Center (OCDC) and Grand Valley Institution for Women (GVI), I was able to focus on issues relating to personal hygiene, prison diet and opportunities for exercise, as well as access to over-the-counter medication during incarceration. To date, there are few studies on the experiences of incarcerated women in Canadian correctional facilities, let alone their perception of choice and control over matters associated with health and the body. This qualitative study, therefore, fills gaps in the literature by exploring the gendered complexities of incarceration, primarily regarding how women internalize arbitrary penal environments and strategically enact agency to temporarily escape repressive control.

1.2 CONTEXTUALIZING THE EXPERIENCES OF WOMEN IN PRISON

Canadian prisons have been highly criticized for failing to adequately incorporate the needs of women into correctional policy (Hannah-Moffat, 1995). In response, the Correctional Service of Canada (CSC) attempted to adopt a 'woman-centered' approach by creating the Task Force on Federally Sentenced Women who drafted the policy document *Creating Choices* (CSC, 2012d; Glaremin, 2011; Hannah-Moffat, 1995, 2000). Its purpose was to respect and empower federally incarcerated women through correctional programming while encouraging them to make meaningful and responsible choices in a supportive environment (CSC, 2012d; Glaremin, 2011; Hannah-Moffat, 1995, 2000).

Despite CSC's positive intentions, this policy document failed because its progressive objectives were incompatible with the repressive penal environment (Hannah-Moffat, 1995). The very philosophy of *Creating Choices* was based on the goals of women's empowerment and autonomous decision-making. Penal institutions, however, remain oppressive and punitive, and are known to compound feelings of isolation, shame, passivity, dependency, and learned helplessness (Hannah-Moffat, 1995; Mahoney & Daniel, 2006). These psychological and physiological harms enable carceral control over women's bodies. Incarcerated women are encouraged and at times forced to succumb to penal authority in order to foster docility and the organization of security within prison (Hannah-Moffat, 1995; Maeve, 1999). The correctional system determines all aspects of prisoner life, so prison authorities are the primary decision-makers in charge of daily schedules and routines (Maeve, 1999). As such, *Creating Choices*, as originally outlined, was never conducive to such a penal environment. Subsequently, CSC has instead created vulnerable and dependent women, many with low-self esteem and poor decision-making skills (Shaw, 1992). Beyond this policy's failed implementation in Canadian federal women's prisons, it is suggested that corrections continues to move in the opposite direction, as prison administration still operates with 'male management policies' that ultimately ignore women's rights, privileges, and needs (Glaremin, 2011).

1.3 PURPOSES AND SIGNIFICANCE OF THE RESEARCH PROJECT

This research aims to serve numerous purposes. First, it enables others to acknowledge the gendered power dynamics within modern penal institutions – a setting that remains particularly hidden from the general public. Through directive in depth interviews, the reader can better understand the coercive and arbitrary functioning of prisons as well as

the degradingly poor treatment of incarcerated women. Second, by providing marginalized women with a space to discuss their personal experiences of incarceration, I contextualize their concerns relating to institutional health as well as interpretations of control over their *disciplined* bodies. In doing so, we can understand how women prisoners negotiate decisions and practices of hygiene, diet, exercise, and over-the-counter medication. Third, this research illustrates how correctional efforts to manage women prisoners employ strategies and methods that control/oppress women's bodies. This last point appears the most significant for correctional policy, as these facilities infantilize women by making them docile and institutionally dependent, while ultimately failing to address their needs through suitable programming. By creating dependency, Canadian institutions limit their ability to help rehabilitate women prisoners, and thus reduce women's potential for successful reintegration upon release from prison.

1.4 OVERVIEW OF THE UPCOMING CHAPTERS

It is important to introduce the following chapters in order to give the reader a preview of what is to come. In Chapter Two we look at the extant literature as it relates to the experiences of incarcerated women. To start, I consider the demographical characteristics of women in prison by highlighting their marginality across considerations of gender, race, financial status, ethnicity, and levels of education, all of which intersect to shape confinement. I also consider how determinants of health are affected by these interlocutors of marginalization, which together contribute to a disproportionately sickly and high needs/high risk prison population. Next, I grapple with the interventionist role of corrections – that being, the ways in which the institution positively and negatively affects women's health during incarceration. Compliance and resistance are then examined to showcase how prisoners

create space for agency so as to regain control over their bodies within repressive settings. This leads to a closing discussion on the management of ‘disorderly’ women through contemporary penal strategies that seek to regulate and remake women into docile prisoners.

Chapter Three lays out the theoretical foundations for this research. I draw on Judith Butler (1993), Deborah Lupton (1996), and Susan Bordo (1993) to understand how women’s bodies are regulated and constructed to meet societal ideals and norms. More specifically, I consider how Western cultures govern women to cyclically perform standardized notions of health and femininity. From here, I juxtapose neoliberal responsibilization discourses found within correctional mandates and policy to illustrate the tensions associated with producing a healthy and feminine body inside carceral settings. Following this work, Foucaultian (1977) technologies of discipline (i.e. correct training, surveillance, and the examination) are examined to contextualize how penal institutions work to create the docile body. In combination with this last section, I use the work of Pat Carlen (2005) to signify the consuming and overwhelming nature of contemporary disciplinaries that create layers of punishment for today’s incarcerated women.

Chapter Four outlines the methodological toolbox used to conduct this qualitative research. At the very onset of this chapter I reflexively state my epistemological framework where I identify my own critical feminist standpoint. I then proceed with the research questions steering this thesis, and define the terms and concepts used to clarify my position. Next, ethical principles and safeguards show the steps taken to ensure that this study was conducted in an ethically safe manner. The following section drafts the design of this study, specifically discussing: the location of the study, characteristics of the study population, sampling method, and information/collection procedures. A review of the chosen analytic strategy is also included as a means to identify the benefits of thematic analysis for this

particular study. I conclude the chapter with justifications of validity, focusing on the credibility and believability of participant voice and knowledge.

Chapter Five offers the analysis of the data, which is split into two sections: part one acts as a descriptive analysis providing contextual detail of both, OCDC and GVI, in order to give the reader clarity and insight into the differing complexities of choice and control at each institution; part two of the analysis, being the more discursively thematic segment of the chapter, offers participant interpretations of institutional life. In this section, I organized participant testimony into three distinguishable themes: choice and learned dependence, ‘layering’ punishment, and the creation of space for agency. Here, the reader is offered evidence of the varying opportunities women have for exhibiting choice and control within institutional settings, the degradingly poor treatment they experience from correctional staff members, and the resilient means of resistance enacted by incarcerated women to regain control over their individual bodies and health.

Chapter Six offers the conclusion to this research. Throughout this last chapter, I present the main findings of the study alongside a final theoretical discussion of key concepts and themes. I end this chapter by proposing areas in need of future research that would build on the findings presented in this thesis to help expose the complexities of the gendered experiences of incarceration.

Interestingly, this research provides a snapshot of the diverse ways available for women to improve individual health (i.e. hygiene, diet, exercise, and access to medication) that we often take for granted in the greater society. In the carceral context, women are constrained when trying to access the most basic means necessary to better their health, consistently meeting punitive responses to their attempts to maintain control over their

individual bodies. This loss of individual control proves paramount to a woman's very identity and self-esteem, which may further affect her chances of successful reintegration.

CHAPTER 2: REVIEW OF THE LITERATURE

Women, Health, and Incarceration

2.1 WOMEN AND HEALTH, ENTERING PRISON

The rapid growth of prison populations has alarmed and encouraged researchers to consider women's criminality and the gendered experiences of incarceration (Browne et al. 1999; DeKeseredy, 2000; Maeve, 1999; Mageehon, 2008; Lawston, 2008; Shaw, 1992; Talvi, 2007). This dramatic increase is not because women have suddenly become more deviant or violent. Rather, it is due to a shift in criminal justice efforts towards the criminalization of drug-offences (Lawston, 2008; Talvi, 2007). Given the economic marginalization of many women, some depend on illegitimate means to acquire basic necessities, uphold desired lifestyles, and advance their positioning in society. The 'war on drugs' fostered a 'get tough' approach to criminal justice policy that directly impacted women, where their involvement in property crime resulted in a surge in their incarceration rates (Browne et al. 1999; DeKeseredy, 2000; Kilroy & Pate, 2011; Mageehon, 2008; Lawston, 2008). With more women in prison than ever before, there is concern over housing incarcerated women in predominantly male-centered institutions. Such warehousing of women has been deemed problematic, as offenders enter prison with complex, difficult, and emotional importation factors² that negatively shape their experiences of incarceration (Acoca, 1998; De Viggiani, 2006, 2007; Maeve, 1999; Young, 1996). It is important to acknowledge these factors in order to address their needs, offer the necessary supports, and adequately work towards the successful reintegration of criminalized women.

Existing literature highlights a number of the importation factors that women carry with them when entering penal institutions. One's gender along with their socio-economic

² In using this term, I am referring to factors associated with an individual that are brought into prison and have the ability to affect personal experiences of incarceration. For the purposes of this research, it is necessary to consider demographics, individual health-status, and previous victimization to explore how women (often, uniquely) understand confinement.

positioning, race, ethnicity, level of education, and physical/mental health status intersect and shape women's experiences of incarceration (Acoca, 1998; Carlen & Worrall, 2004; Condon et al. 2008; DeKeseredy, 2000; Dell et al. 2011; De Viggiani, 2006, 2007; Kilroy & Pate, 2011; Lawston, 2008; Maeve, 1999; Marquart et al. 1996; Shaw, 1992; Spitzer, 2005; Young, 1996). In fact, there is consensus among academics that incarceration exacerbates the structural disadvantages and harms different groups of women experience prior to their confinement (De Viggiani, 2006, 2007; Lawston, 2008; Pollock, 2002). Furthermore, to fully understand women's criminality we must pay special attention to their histories of physical, sexual, and emotional abuse as several feminist scholars have documented a connection between women's victimization and their criminalization (Browne et al. 1999; Carlen & Worrall, 2004; DeHart, 2008; DeKeseredy, 2000; Frigon, 2003, 2007; Kilroy & Pate, 2011; Maeve, 1999; Robert, Frigon & Belzile, 2007).

Like women in wider society, incarcerated women represent a marginalized segment of the general prison population. Various factors contribute to their disadvantaged positioning. Perhaps the most obvious is that women are subordinated as a result of their gender within Western patriarchal societies (Spitzer, 2005). Incarcerated women are also likely to be young in age (under 40) and have poor socio-economic status, where they typically come from economically disadvantaged backgrounds (Carlen & Worrall, 2004; DeKeseredy, 2000; Kilroy & Pate, 2011; Maeve, 1999; Lawston, 2008; Talvi, 2007; Young, 1996). In terms of ethnicity and race, the Canadian criminal justice system over-represents individuals of Aboriginal-descent (Carlen & Worrall, 2004; DeKeseredy, 2000; Dell et al. 2011; Kilroy & Pate, 2011; Lawston, 2008; Shaw, 1992; Young, 1996). This trend is also prevalent in the United States, where those confined in penal institutions are disproportionately Black, Hispanic, or Asian (Carlen & Worrall, 2004; Lawston, 2008; Talvi,

2007). Aside from age, class, ethnicity and race, incarcerated women are likely to be single mothers, have alcohol and drug dependencies, experience problems with mental health, and hold low levels of education (Acoca, 1998; Carlen, 1983; Carlen & Worrall, 2004; DeKeseredy, 2000; De Viggiani, 2006, 2007; Guanipa, 2011; Maeve, 1999; McMillan & Granger-Brown, 2011; Lawston, 2008; Robert et al. 2007; Shantz & Frigon, 2010; Talvi, 2007; Young, 1996). As such, Canadian jails often serve as “*de facto* detox centres and shelters” for women who have little financial and personal means of support (Kilty, 2012b: p.164).

Determinants of health.

Many factors can contribute to or limit a citizen’s access to adequate health care. Arguably, the most influential factor is economic status. Poverty and health are inextricably linked and one’s socio-economic positioning can determine their access to health care (De Viggiani, 2006, 2007; Marquart et al. 1996). An individual’s socioeconomic status in relation to their health is further compounded by their race, level of education, and lifestyle (De Viggiani, 2006, 2007; Marquart et al. 1996). Health is also detrimentally affected by gender. Engendering health disparities are identified through: gender roles and status, environmental exposures, gender-based violence, employment, economic status, access to benefits, aging, access to health services, and health behaviours (Spitzer, 2005). These factors illustrate that when a woman is marginalized economically and racially (among other determinants), her access to health care is especially limited.

Criminalized women are also likely to have histories of physical, sexual, and emotional abuse (Browne et al. 1999; Carlen & Worrall, 2004; DeHart, 2008; DeKeseredy, 2000; Frigon, 2007; Kilroy & Pate, 2011; Lawston, 2008; Maeve, 1999; Robert et al. 2007; Talvi, 2007; Young, 1996). Violence against women generally stems from sexism and

misogyny, where women are often victimized as a result of their gender, and where men use violence against women to secure their superior status and dominant position within patriarchal societies (DeKeseredy, 2000; Young, 1996). Such victimization can include abuse that began in childhood (Maeve, 1999), situational harms, domestic assault (Young, 1996), and/or long-standing pervasive and severe violence across a woman's lifespan (Browne et al. 1999). Drawing on previously mentioned demographic factors, certain women are more vulnerable to violence than others, including those that are disabled, of ethnic minority, and those who are poor (Kilroy & Pate, 2011). Some women may further experience a combination of physical, sexual, and emotional abuse at one or multiple times throughout their lives (Kilroy & Pate, 2011; Lawston, 2008). These identified forms of abuse can influence a woman's pathway into crime, especially as the after-effects of victimization (i.e. poor physical, mental, and psychological health) often create tangible barriers to finding legitimate pro-social pathways in life (Browne et al. 1999; DeHart, 2008; DeKeseredy, 2000; Lawston, 2008).

Based on these importation factors highlighted in the literature, criminalized women experience incarceration in distinctly gendered ways. Considering this demographic information, especially as it relates to health and previous experiences of victimization, it can be expected that institutional controls exacerbate the power dynamics between guards and prisoners, which some scholars have linked to the re-victimization of woman prisoners. The extant literature connects imported factors to women's experiences of coercion within institutional regimes, and paints a picture of women being removed from a distinctly gendered society to be held in an even more repressive institution that further adds to their distress and deprivation rather than facilitating their rehabilitation.

2.2 WOMEN'S HEALTH IN PRISON

Considering the aforementioned importation factors, women often enter prison with poor health. Gender, poverty, mental health complications, and risky lifestyles (e.g. unprotected sex and substance abuse) contribute to health disparities and inadequate access to health care (Acoca, 1998; Carlen & Worrall, 2004; Condon et al. 2008; De Viggiani, 2006, 2007; Frigon, 2007; Maeve, 1999; Marquart et al. 1996; Robert et al. 2007; Shantz & Frigon, 2010; Spitzer, 2005). Women who have suffered from physical, sexual, and emotional abuse are also plagued with ill health and are generally in need of health care services (Acoca, 1998; Carlen & Worrall, 2004; Frigon, 2007; Maeve, 1999; Robert et al. 2007). Alone, these imported factors compromise women's health, but when these factors intersect they further compound one another, ultimately worsening the health status of women (Marquart et al. 1996). Consequently, health care for women in prison is largely an effort to "catch up" and raise women's health status to an appropriate level rather than to "check up" to prevent the risk of ill health (Maeve, 1999: p.51).

There is no consensus on the prison's impact on prisoner health. According to the Chief Inspector of the HM Inspectorate of Prisons' Thematic Review, there are four key components of a 'healthy prison': 1) a safe environment; 2) treating people with respect; 3) a full, constructive and purposeful regime; and, 4) resettlement training to prevent re-offending (Carlen & Worrall, 2004: p.49). Scholars have proposed that prison can be an opportunity to improve the health of marginalized populations that do not have regular access to health professionals and services (Condon et al. 2008; Smith, 2000, 2002). Given this newly forged access, public health measures can be used within penal institutions to reach marginalized populations that may be deemed unreachable in the greater community.

A number of scholars, however, have doubted the successful use of health care initiatives within penal environments, suggesting that the structural effects of carceral institutions (i.e., the structural relations of power that move from top-to-bottom) negatively impact women (Carlen & Worrall, 2004; De Viggiani, 2006, 2007; Foucault, 1977; Frigon, 2007; Maeve, 1999; Patterson & Greifinger, 2004; Robert et al. 2007; Smith, 2000; Young, 1996). This is a result of the repressive and arbitrary nature of correctional facilities: “penal regimes strive to curtail disorder through the enforcement of a strict regulation of time and space and by encouraging the constant policing of behaviour by the officers” (Bosworth, 1996: p.9-10; Frigon, 2007; Robert et al. 2007). To maintain the organizational structure of these institutions, the regulation of women prisoners takes on a gendered form, relying on the employment of traditional ideals of passive, feminine behaviour (Bosworth, 1996: p.10). In compliance with these principles, correctional life is made up of restrictive and repetitive routines where every aspect of daily life is measured, regulated, and controlled (De Viggiani, 2007; Lawston, 2008). Prison administrators are powerful actors within the carceral setting, dictating daily regimens and acting as the primary decision-makers on all matters of institutional life. Since the very functioning of the prison is dependent on the obedience and compliance of its captives, it appears as though the institution was engineered to disempower its prisoners. In fact, a common concern among prisoners is that they are treated like children and are frequently patronized or berated by guards (De Viggiani, 2007). Such infantilization and bullying dehumanizes prisoners, often making them feel ‘mentally low’ and ‘dependent’ as though they are being treated like ‘animals’ (Carlen, 1983; De Viggiani, 2007: p.127, 129; Mageehon, 2008; Miller, 2000). In line with this belief, guards typically exhibit complacent attitudes, ignoring prisoner requests, and hence, making it seem as though they have little concern for the health and social welfare of prisoners (De Viggiani, 2007). It is no doubt that

such structural organization, and socio-cultural and relationship hierarchies can be damaging to a prisoner's health, as neglect and subordination undermine self-esteem, confidence, and self-worth (De Viggiani, 2007; McCallum, 1995).

Research demonstrates this power dynamic, suggesting that residing in a penal institution has the potential to re-victimize women who have suffered from emotional, physical, and/or sexual abuse prior to incarceration (Carlen & Worrall, 2004; Lawston, 2008; Mageehon, 2008). Some academics note that such abuses carry on in prison, where male guards have been known to: intimidate or harass women by watching them shower, undress and use the toilet; threaten or verbally assault women with denigrating and sexually charged language; and/or, subject women to sexual assault, physical violence, blackmail, extortion, and rape (Carlen & Worrall, 2004; Lawston, 2008; Mageehon, 2008; Miller, 2000; Pardue, Arrigo, & Murphy, 2011; Talvi, 2007). Contributing to these findings and the timeliness of this issue, Waterloo Regional Police were recently contacted by the Grand Valley Institution for Women (a multi-level federal prison facility located in Kitchener, Ontario), to investigate several allegations made by inmates against a prison guard who was accused of trading drugs for sex (Seglins & Noël, 2012). While carceral administrations attempt to uphold a dual security/welfare role, security often takes precedence in carceral environments in order to meet correctional mandates, minimize risk, and to silence and keep women docile (Carlen & Worrall, 2004; Frigon, 2007; Miller, 2000; Robert et al. 2007; Short, Cooper, Shaw, Kenning, Abel & Chew-Graham, 2009). The preoccupation with security, regardless of the cost, is exemplified through unmonitored and even illegal [often cross-gender] strip³ and body cavity

³ In many cases, the strip-search of incarcerated women – a particularly controversial procedure – has been enacted in such grotesque and degrading ways, that many (including Human Rights Watch) understand such 'security measures' as state-sanctioned forms of sexual abuse (Lawston, 2008; Miller, 2000).

searches⁴ that occur in female institutions⁵ (Arbour, 1996; Kilty, 2012b; Lawston, 2008; Miller, 2000). The constant “inappropriate visual surveillance of prisoners” by correctional employees eliminates privacy for prisoners while subsequently making them increasingly vulnerable to the established authority (Miller, 2000: p.295). Such heightened visibility, especially having ones naked or partially clothed body exposed to strangers (including those of the opposite sex), contributes to the subordination of women in prison (Carlen & Worrall, 2004; De Viggiani, 2007; Lawston, 2008; Miller, 2000).

Aside from these institutional abuses and procedural searches, a lack of needs-specific programming (e.g. meaningful treatment, detoxification programs, and educational/vocational opportunities) means that little support and stimulation is offered to incarcerated women, ultimately limiting their potential for bettering their own health and future (Carlen & Worrall, 2004; DeKeseredy, 2000; De Viggiani, 2007; Lawston, 2008; McCorkel, 2003; Pollock, 2002; Talvi, 2007). When employment is available in these institutions, it often involves menial tasks like working in kitchens, laundries, and sewing workshops, providing few transferable skills upon release (Carlen & Worrall, 2004; Talvi, 2007). These activities provide little in the way of the important goals of rehabilitation and empowerment, as some women become more focused on attaining short-term privileges (e.g. in-cell TV, computer games, canteen provisions) than overall personal and cognitive development (De Viggiani, 2007).

⁴ Undoubtedly, the use of strip and body cavity searches can trigger traumatic responses from previously victimized women. This replication of power and abuse within the penal system can be emotionally re-victimizing for women, adding to and possibly exacerbating the original abuse experienced (Carlen & Worrall, 2004; Mageehon, 2008).

⁵ Following the incident at the Prison for Women (P4W) in Kingston, Justice Louise Arbour led the Commission of Inquiry to investigate the use of force, segregation, and strip-searching at P4W. Now known as the Arbour Report, she has made several recommendations, many pertaining to strip-searches, in women prisons (Arbour, 1996).

Male prison officials typically operate and monitor health care services, where there is a lack of confidentiality, limited access to treatment, and no continuity of care (Barling, Halpin & Levy, 2005; Carlen, 1983; Frigon, 2007; MacDonald, 2006; Patterson & Greifinger, 2004; Robert et al. 2007; Williams, 2007). The potential for improving health in prison is further refuted because prisoners reside in overcrowded but also isolative environmental conditions that are not conducive to good health (Christie, 2006; De Viggiani, 2006, 2007; Smith, 2000; Williams, 2007; Young, 1996). Prisoners are exposed to violence and illicit drugs, suffer from emotional deprivation⁶, and engage in little purposeful activity⁷ (Carlen & Worrall, 2004; De Viggiani, 2006, 2007). Subsequently, prisoners often complain of idleness, apathy, boredom, and lack of motivation and refer to their prison sentences as “doing time” (De Viggiani, 2007: p.131). Moreover, constant surveillance within the prison regime reinforces a sense of paranoia amongst some prisoners, eroding personal autonomy, privacy, and dignity (De Viggiani, 2006, 2007; Miller, 2000). Being dislocated from society, separated from loved ones, and further housed with a community of strangers – often perceived as hostile and/or untrustworthy – compounds one’s sense of insecurity, adding to the many stresses of the penal environment (Bosworth, 1996; De Viggiani, 2006, 2007). As such, these *sick places* not only fail to improve women’s health status, but often exacerbate and worsen prisoner health altogether (De Viggiani, 2007).

When incarcerated women are given the opportunity to make decisions regarding their own health, their choices are often constrained by the institution. Research demonstrates that penal environments can prevent women from making healthy choices in

⁶ In this context, ‘deprivation’ brings pain and hardship to individuals and threatens their sense of personal worth, self-esteem, and identity (Di Viggiani, 2007).

⁷ Being in confinement for a vast majority of the day, many prisoners recount underemployment and little opportunity for exercise in prison. As such, this unproductivity characterized by long periods in one’s cell often relates to prisoners becoming increasingly sedentary and uncomfortable (De Viggiani, 2007).

prison (Condon et al. 2008). Distress caused by: separation from family (especially children), overcrowding, isolation, the anxiety of a repressive penal environment, insufficient sanitary and hygienic supplies, strict allowances on special (often healthier) diets, limited opportunities, the unavailability of programming/services and rationed visits with health care personnel, lack of confidentiality, as well as the lack of personal autonomy and control of one's surroundings makes the attainment of health challenging within prison walls (Barling et al. 2005; Carlen, 1983; Carlen & Worrall, 2004; Christie, 2006; Condon et al. 2008; Frigon, 2007; Goldkuhle, 1999; Kilty, 2012b; Macdonald, 2006; Maeve, 1999; Smith, 2000, 2009; Robert et al. 2007). In considering these structural barriers, correctional facilities restrict and even obstruct prisoners from making choices to better personal health while incarcerated.

The repressive and arbitrary nature of penal institutions is highlighted throughout the extant literature on how women experience the two seemingly disparate issues of menstruation and food in prison. Because incarcerated women are often coerced to be submissive and docile, many come to rely on the institution as the primary decision-maker regarding individual hygiene and diet. This infantilizing dynamic allows prison administrators to determine personal aspects of women's lives without their input or consideration of their requests, which can negatively affect women's experiences of menstruation and diet.

Menstruation.

Menstruation is typically considered to be a taboo subject, one that women are expected not to discuss with others and to further physically conceal. Women are socialized to be embarrassed of menstruation, ultimately believing that it is somehow abnormal or dirty (Kowalski & Chapple, 2000). When women are known to be menstruating, they are marked,

tainted, and discredited for their undesirable condition (Kowalski & Chapple, 2000). This stigma of menstruation has the ability to make women feel devalued when compared to other non-menstruating women (Kowalski & Chapple, 2000). Dealing with the stigmatization of menstruation in society can be difficult enough, but when in prison, incarcerated women experience stigma related to their menstruation in even more salient ways. In prison, there is no concealing the fact that a woman is menstruating. Quite the opposite, women have to disclose their menstruation cycles to prison guards as a means to access necessary hygienic products (Carlen, 1983; Maeve, 1999; Smith, 2009), an experience that can be embarrassing and frustrating for many women. Guards, upon whom women are dependent for their supply of sanitary hygiene products, often assume that women are lying when they request said products (Carlen, 1983; Maeve, 1999; Smith, 2009). This process is not always quick and easy; guards have been known to try to embarrass and stigmatize incarcerated women by taking long periods of time to deliver hygienic products, giving too few in quantity, and announcing their menstruation cycles to other prison staff members (Maeve, 1999; Smith, 2009; Talvi, 2007). Further complicating this experience, women are given limited rolls of toilet paper (1-2) per month⁸ and are forced to purchase extra materials from the over-priced canteen, which disadvantages women who have little/no monetary funds (Maeve, 1999). In addition, incarcerated women are denied increased access to washing facilities when menstruating, making it difficult to clean up should they leak onto their undergarments, sheets, or clothes and to manage heavier flows (Carlen, 1983). This experience of menstruation in prison can make women feel embarrassed and devalued, as well as unsanitary and uncomfortable (Carlen, 1983; Smith, 2009). Consequently, some women

⁸ According to the Correctional Investigators report, 'A Preventable Death', Ashley Smith filed grievances stating that she was not permitted sufficient toilet paper, undergarments, or sanitary products that met her hygienic needs, especially when menstruating (Sapers, 2008).

believe that they are incapable of adequately managing their hygiene while incarcerated. They are unable to conceal the fact that they are menstruating and cannot make basic decisions regarding the management of their own periods (e.g. what brand of product they wish to use, how many products they need, and when they can change/use them) (Carlen, 1983; Maeve, 1999; Smith, 2009). As a result, incarcerated women may interpret this loss of control to be a symbolic violation of their femininity and individual agency over their body.

Food.

The consumption of food as a practice is ritualistic and performative. Food is often infused with cultural, political, and familial meanings that determine the foods we eat, as well as how and where we eat them (Godderis, 2006; Lupton, 1996). Eating is not as simple as re-fueling or alleviating hunger pains. Rather, mealtimes represent a break in the day, a familial gathering, a social time, an opportunity to indulge, as well as a moment to embrace religion, traditions, holidays, and festivals (Smith, 2002). Hence, food is often symbolically tied with emotion, having meaning through sensual properties like nostalgia and memory (Lupton, 1996). As such, there are social elements attached to this behaviour. In terms of the traditional notions of femininity and domesticity, food also presents a time in which ‘responsible’ women are able to provide and cook for their families (Lupton, 1996: p.39; Smith, 2002). In fulfilling this role as wife and mother, women are able to “keep the household harmonious, provide emotional stability for the family and acculturate children into appropriate norms of behaviour, including conventions of emotional management and eating habits” (Lupton, 1996: p.39). Food can further communicate affection and endearment, as companions cook for one another or go out to a restaurant to express mutual desire and love (Godderis, 2006; Lupton, 1996). We are generally unconscious of these symbolic

aspects of food, often taking meals for granted and simplifying them to standard routine practices.

Food carries an entirely different symbolic value within penal institutions; many prisoners and scholars conceptualize prison food as additional punishment. Prisoners recount the food as being repetitive, stodgy, questionable with its preparation, carbohydrate-heavy, and lacking in taste and nutrition (Carlen & Worrall, 2004; Smith, 2002; Talvi, 2007). In their attempts to adjust to prison food, women have experienced weight gain and loss, illness, constipation, diarrhea, and vomiting (Smith, 2002). Requesting different food is not always possible within carceral settings. Access to a healthy diet is generally limited, whereby women are often denied salads, fresh fruit, brown bread, skim milk, and low-in-fat, high-in-fibre, or sugar-free foods (Carlen & Worrall, 2004; Condon et al. 2008; Talvi, 2007). In addition to the lack of nutritious food offered, gendered programming often limits women's opportunities for exercise, namely access to a gym and/or workout equipment (Carlen & Worrall, 2004; Condon et al. 2008); this fact is aggravated for women in segregation who have only one hour a day to shower and have access to the outside yard. For the women's prisons that do have a gym or track, incarcerated women still recount having infrequent, unpredictable, or inconsistent access to such exercise opportunities (Condon et al. 2008). As a result, women are incapable of achieving an ideal diet and subsequently maintaining their weight while incarcerated (Smith, 2002).

The symbolic analysis of food within carceral institutions allows us to examine how it represents the broader power relations that structure the governance of women prisoners. Prisoners experience prison food as a denial of individual competence and agency, as well as one of the many attacks on their identity while incarcerated (Carlen & Worrall, 2004; Godderis, 2006; Smith, 2002; Ugelvik, 2011). By controlling food intake and dietary habits,

institutions are able to use food as a disciplinary means to break down the self and dislocate a sense of control over one's own body (Carlen & Worrall, 2004; Smith, 2002). This is illustrated through the strict daily regimen prisoners are expected to follow. Penal institutions dictate the prisoner's daily routine, including: what they eat, where they eat⁹, when they eat, whom they eat with, and even what they wear while they eat (Godderis, 2006; Ugelvik, 2011). Especially as exemplified in cases like Ashley Smith and the incidents at the Prison for Women in Kingston – where women were left with nothing but finger foods for lengthy periods of time and thus denied full and adequate meals – food in itself is capable of communicating notions of power, control, and discipline as penal institutions may use food as an added punitive element of incarceration (Arbour, 1996; Sapers, 2008).

While carceral settings *can* provide marginalized women with hygienic products and three nutritious meals a day, corrections does not always capitalize on the opportunity to better women's health. The punitive nature of prison often creates institutional barriers for women, preventing them from receiving appropriate health care (Acoca, 1998). Beyond this, penal institutions fail to intervene and provide the necessary resources to improve individual health (Condon et al. 2008; Godderis, 2006; Maeve, 1999; Smith, 2002). To the contrary, they appear to worsen the health of some incarcerated women by neglecting their identified needs. Some scholars go so far as to suggest that prison is effectively 'double punishment', in that it not only deprives offenders of their freedom, but also brings them significant psychological and physical distress (Sim, 1990). Thus, when considering women's health in prison, some scholars conclude that penal environments are simply not conducive, and are in fact, counterproductive to good health (Carlen & Worrall, 2004; Di Viggiani, 2007).

⁹ Women in closed prisons often have to eat in their cells (on their beds, beside their toilets) adding to the degrading treatment to which they are subject (Carlen & Worrall, 2004).

2.3 INCARCERATED WOMEN AND THE STRATEGIC USE OF AGENCY

While penal institutions control most aspects of a prisoner's life, scholars have argued that incarcerated women still manage to negotiate their identities and exert agency, which suggests that women prove to be rational, active, and innovative agents by making decisions and negotiating power (Ajzenstadt, 2009; Maeve, 1999; Mageehon, 2008). Identity management allows them to ease the pains of imprisonment, obtain privileges and rewards, and regain some control over their bodies. Institutions, however, attempt to minimize such individual agency through various degrading, infantilizing and destabilizing techniques (Carlen, 1983; Maeve, 1999). Incarceration begins with a series of degradation ceremonies¹⁰, namely: "life history, photographing, weighing, fingerprinting, assigning numbers, searching and listing personal possessions for storage, undressing, bathing, disinfecting, haircutting, issuing institutional clothing, instructing as to rules, and assigning to quarters" (Goffman, 1961: p.16). These ceremonies do not end upon intake; rather, they involve the constant shaming and embarrassing of women throughout their sentence, for the purpose of stripping women of their identities and *remaking* them into prisoners (Frigon, 2007; Maeve, 1999; Robert et al. 2007; Shantz & Frigon, 2010). This subjectification encourages and even coerces women to be docile, silent, and subordinate to prison authority (Frigon, 2007; Maeve, 1999; Robert et al. 2007).

Despite the fact that prison life is highly controlled and regulated, there is also an undercurrent of unpredictability and arbitrariness. For example, certain behaviours, like briefly hugging a visitor, are permitted one day, while another day, the same behaviour may

¹⁰ According to Harold Garfinkel (1956), "any communicative work between persons, whereby the public [total] identity of an actor is transformed into something looked on as lower in the local scheme of social types, will be called a 'status degradation ceremony'" (p.420). As such, these degradation ceremonies are primarily concerned with publicly altering one's total identity (i.e., replacing one's title of 'doctor' with that of 'dad' or 'mother' to that of 'criminal').

be reprimanded (Lawston, 2008). Aside from authoritative control, prisoners are subject to random cell checks and bodily searches. Such moments of uncertainty are purposefully used to catch prisoners off-guard and to re-establish authoritative control; the random articulation and enforcement of rules represents a deliberate strategy to break women's will, rendering them passive subjects to the arbitrariness of state or institutional governance (Lawston, 2008). As a result, incarcerated women have to make rational choices within a highly regulated agency-structure continuum (Ajzenstadt, 2009). While capable of individual decision-making, their choices are constrained by the carceral environment in which they reside. Women's agency in prison will thus be explored through the concepts of compliance and resistance.

Compliance.

According to Pat Carlen (1983), prison authorities seek women's compliance through the practice of "domesticisation, infantilization, and medicalization" (p.182). The use of compliance, however, does not always represent submission. Rather, incarcerated women can purposefully use compliance as a form of agency (Bosworth, 1996; Frigon, 2007; Jiang, 2006). Prisoners have been known to actively comply with institutional regulations as a means to construct and negotiate their subjective identities (Bosworth, 1996). They consciously choose to abide by prison rules to make themselves appear compliant, docile, and obedient. Women generally use the compliant feminine identity to gain privileges and incentives, as well as to avoid trouble (Bosworth, 1996). Research has shown that incarcerated women are more likely to be compliant when their social needs are met (Jiang, 2006). For but one example, they actively obey rules and exemplify appropriate behaviour in order to minimize penal infractions that can reduce family visitation. Jiang (2006) found that when women were able to visit with their loved ones while incarcerated, they were more

content and less likely to act out as a result of the deprivations they experienced while in prison.

Resistance.

Prisoners also use their agency as a means to resist arbitrary rules and regulations. Resistance can take various forms, ranging from low-to-high-levels of challenging authority, and is often enacted in response to one's deprivation of liberty, as well as the inhumane conditions, power inequalities, and repressive measures prisoners experience within carceral settings (Frigon, 2007; Godderis, 2006; Ross, 2010). Prisoners have been known to resist unreasonable deprivations and conditions through: passive-aggressive behaviour, art, dance, and writing, disobedience and disrespect, 'monkey wrenching' (breaking equipment or defacing property), insubordination, self-destructive behaviour, outside intervention, hunger-striking, dirty/no-wash protests, and legalistic approaches (Carlen & Worrall, 2004; Frigon, 2003, 2007; Smith, 2002; Godderis, 2006; Robert et al. 2007; Ross, 2010). Considering the implication of such action, resistance is a key tool employed by prisoners in the negotiation of power in carceral settings, allowing for it to also move from 'bottom-to-top'¹¹ (Bordo, 1993; Bosworth, 1996; Foucault, 1977; Frigon, 2007).

Gender affects the forms in which prisoners express agency and resist carceral power; women prisoners are more likely to use low-level resistance and more symbolic challenges to the regime that exist within the confines of their femininity (Bosworth, 1996). Incarcerated women are commonly seen as "untrustworthy, fickle, and weak-willed", and thus as presenting minimal threat to the established penal order (Bosworth, 1996: p.9; Carlen & Worrall, 2004). Such hesitance of uniting against staff is believed to result from a fear of getting into 'more trouble', especially for single mothers for whom spending more time in

¹¹ This concept will be further explored in the Theory Chapter.

jail and thus more time away from their children is too great a risk (Bosworth, 1996: p.9). Prisoners negotiate and construct their subjective identities in prison through actively putting on ‘a front’ (Bosworth, 1996; Godderis, 2006). Women put considerable energy into formulating a desired ‘*presentation of self*’, both physically in terms of appearance and more subtly in terms of self-confidence and agency, to maintain and perform a strong and positive self-image (Bosworth, 1996: p.9). This front can act as a ‘mask’, allowing prisoners to disguise or *shield* themselves from guards, other inmates, and even themselves during their sentence for the purpose of protection (Bosworth, 1996: p.11-12). Having this mask “women attempt to resist the institution by presenting a specific self-image, of independence or autonomy, by means of which they strive to assert control over their own lives” (Bosworth, 1996: p.10). Self-image, in this sense, portrays a particular attitude or reputation, enacting certain behaviours or emotions that the individual woman may not actually be feeling. Playing these roles and acting out crafted identities is a strategic means of coping with the pains of imprisonment (Bosworth, 1996).

These identity masks allow women to use agency and autonomy in the face of coercive and restrictive prison routines (Bosworth, 1996). For instance, Mary Bosworth (1996) found that the women in her study drew on their cultural identities to assert independence in prison (p.13). She noted that diet, dress, and religion played a significant role in the women’s resistance, pushing them to demand more humane treatment and a better quality of life in prison (Bosworth, 1996). These techniques of resistance were, for the most part, passive, as incarcerated women typically enact agency to achieve particular ends relating to their own survival in oppressive settings (Bosworth, 1996; Mageehon, 2008). From this understanding of passive resistance, additional research indicates that women navigate the system by: brokering deals with prosecutors for lesser sentences, becoming

snitches for guards¹², engaging in supportive¹³ relationships and negotiating power with other women, acting overly happy, and being outspoken, for the sole purpose of exerting power over prison staff (Bosworth, 1996; Mageehon, 2008; McCorkel, 2003).

More assertive forms of agency enacted by incarcerated women have also been explored. Pardue, Arrigo, and Murphy (2011), discuss the use of sex and sexuality in prisons, arguing that women sometimes engage in sexual relationships (stemming from manipulation and/or compliance) with prison staff in exchange for goods (e.g. drugs, cigarettes, or snacks) and privileges (e.g. special work detail or cell assignment) (p.290). Interestingly, prison food has also been given much literary attention as a popular site in which women can re-shape their identities and express their emotions while incarcerated (Smith, 2002; Ugelvik, 2011). Hunger strikes, fasting, demands for special diets, and comfort/binge eating have become performative acts that empower women and enable them to exert agency in this highly controlled and repressive environment (Bosworth, 1996; Godderis, 2006; Smith, 2002).

In terms of agency, scholars have further distinguished eating disorders and self-injury as more overt, high-level strategies of resistance (Frigon, 2003, 2007; Kilty, 2008b, 2012b; Robert et al. 2007). Rather than rioting or inflicting violence on others, some women internalize the pains associated with imprisonment, engaging in self-harm when distressed in these coercive settings (Carlen & Worrall, 2004; Frigon, 2003, 2007; Kilty, 2006, 2008a,b, 2012b; Robert et al. 2007). Despite the fact that these practices are considered self-destructive, it is important to note that eating disorders and self-injury in prison are not to

¹² At times, constructed identities or fronts may conflict. For instance, prisoners may receive special privileges from guards for disclosing information about other inmates. Although they appear favourable to prison staff, other prisoners often label them as 'snitches', proceeding to ignore, intimidate, harass, or even resort to physical violence (De Viggiani, 2007).

¹³ The act of supporting and caring for others in prison can be understood as solidarity among incarcerated women. Prisoners may form such relationships to comfort each other as a means to ease the many pains of imprisonment (Mageehon, 2008).

manipulate or seek attention from prison staff, but rather, to ultimately regain control over one's body (Frigon, 2003, 2007; Kilty, 2008a,b, 2012b).

Eating disorders.

Women who engage in disordered eating¹⁴ are negatively stigmatized because they are assumed to be insecure and powerless in their consumption of food. As such, those with an eating disorder are pathologized and treated as though they are abnormal and deviant (Bell, 2006; Rich, 2006). Within contemporary Western societies, eating disorders have been theorized as extreme forms of femininity. Susan Bordo (1993), for instance, identifies them as an “overdetermined symptom” produced by socio-cultural stresses, such as the cult of thinness (p.141). They are products of a patriarchal society that demands an ultra petite figure for the ideal female body (Malson & Ussher, 1997). Women are expected to manage their image in ways that conform to the embodiment of femininity, but they must not over-conform to these socio-cultural norms (Malson, 1999; Malson & Swann, 1999). This paradox suggests that women should *naturally* fall into the scope of ideal femininity, as exaggerated efforts used to meet these ideals are deemed unhealthy. Sociological literature around disordered eating provides an interesting lens with which to examine how women manage such identities. Eating disorders, particularly anorexia, are sought out by some women to achieve desirable outcomes, namely the ability to control and even distort their bodies in ways that stimulate pride, achievement, and perfectionism (Burns, 2004; Malson & Burns, 2009; Rich, 2006). Women engage in such disordered eating to try to conceal and hide their bodies and to avoid stigmatization (Rich, 2006). In this case, anorexia (and possibly

¹⁴ For the purpose of this thesis, the conceptualization of an eating disorder refers to anorexia and bulimia.

bulimia¹⁵) can act as a source of empowerment for women because they can master their bodies by determining what they consume (Burns, 2004; Rich, 2006).

Within the correctional sphere, eating disorders can be considered a mode of resistance for incarcerated women who have few mechanisms with which to demonstrate their autonomy (Bell, 2006; Smith, 2002). These practices are obviously unhealthy, but they are discouraged more so because women are actively engaging in behaviour that deviates from established norms: “anorectic prisoners violate the disciplinary boundaries of the contemporary “docile” female body in that they replicate a traditionally male role: control of the female body” (Bell, 2006: p.283). In the process, these unhealthy practices undermine the regulation of penal institutions. Drawing on the work of Foucault (1977), women are metaphorically fading from the public gaze. Discursively, the anorexic/bulimic body is disappearing and subsequently becoming less available to the disciplinary, individualizing procedures of observation, examination, surveillance, and normalizing judgments (Foucault, 1977; Malson, 1999; Malson & Ussher, 1997). Furthermore, prison officials are not properly trained to deal with unruly behaviour in this form; their reliance on the medical model which disregards feminist and standpoint discourses and instead works to convert the resistant woman to a *powerless* patient/prisoner through which discipline via continuous surveillance and routinization reproduces masculinist social and cultural expectations (Bell, 2006). As a result, correctional staff members are unable to manage, control, or *cure* incarcerated women whom partake in disordered eating practices.

¹⁵ Maree Burns (2004) contextualizes an interesting paradox with eating disorders: as much as anorexia allows individuals to appear and feel in total control, bulimia presents a disorder that brings with it a feeling of being totally out of control through a constant need to shamefully binge and purge (p.269). Despite sharing certain characteristics, these two eating disorders are often organized into distinct and separate pathologies, generally constructing anorexia (dieting and the pursuit of slimness) as a *normal* female concern while bulimia is popularly judged for being *abnormal* and *unusual* behaviour (Burns, 2004).

Self-injury.

The mutilation of one's own body is an extreme form of enacting agency. This mutilation, also known as self-injury, consists of: skin cutting (most common), burning, scratching, banging or hitting body parts, and interfering with wound healing (Collins, 1996; Klonsky, 2007). It is important to note that although self-injury involves deliberately and sometimes impulsively harming one's body tissue, there is no suicidal intent. Rather, its purpose is to temporarily relieve negative emotions (Collins, 1996; Klonsky, 2007). Research has found that self-injury relieves sometimes unconscious and repressed feelings of anger, sadness, distress, anxiety, loneliness, and frustration, providing calmness and even euphoria as individuals *release* their pain (Collins, 1996; Frigon, 2003; Kilty, 2006, 2012a, 2012c; Klonsky, 2007). In this post self-harm state, individuals may not feel their wounds because endorphins are released after the act occurs (Collins, 1996). Self-injury can also be understood as self-punishment, enabling individuals to alleviate feelings of guilt and responsibility. This need usually stems from past victimization, where self-injury provides an outlet for those whom have experienced trauma in their lives (Collins, 1996; Frigon, 2003; Harris, 2000; Kilty, 2012a, 2012c; Klonsky, 2007). Although such behaviour is deemed risky, dangerous, and unhealthy, it acts as a coping strategy to manage anxiety.

Incarcerated women use self-injury as a strategy to help them regain a sense of control over their body, which, for some, ensures survival in a chaotic and desperate environment¹⁶ (Collins, 1996; Frigon, 2003, 2007; Kilty, 2006, 2012a, 2012c). The subjectification of women in prison enforces a sense of dependence or even learned

¹⁶ In the case of Ashley Smith, many understood her repeated use of self-injury as a 'cry for help'. Having spent two-thirds of her youth prison sentence and the entirety of her federal bit in segregation, she needed human contact to survive these punitive settings. In accordance, Smith proceeded to use self-harm (often by tying ligatures around her neck) knowing that it would result in staff having to enter her cell to [forcefully] intervene and talk to her (Leblanc & Kilty, 2013; Fifth Estate: Behind the Wall; 2010).

helplessness that renders prisoners subordinate to penal authorities. Self-injury, however, can be used to exert individual control while subsequently resisting disciplinary power (Collins, 1996; Frigon, 2003, 2004; Groves, 2004; LeBlanc & Kilty, 2013; Robert et al. 2007). By physically cutting body tissue and observing blood, the self-harmer can understand her gash as easier to deal with in comparison to overwhelming inner pain (Collins, 1996). Not knowing how to control her inner pain, attention is shifted towards the physical cut, where self-harmers have the ability to control the observable wound. Drawing on the work of Foucault (1977), women who engage in such techniques are able to, for the most part¹⁷, initiate a power-reversal with prison staff. Relations of power are reversed when the institution is held accountable for their responses to managing the problem (Groves, 2004; Kilty, 2006). Unfortunately, with the lack of training and resources, correctional facilities often treat self-injurious behaviour as a *risk* to institutional security rather than as an identified *need* of the individual prisoner (Kilty, 2006, 2011, 2012a, 2012b, 2012c; LeBlanc & Kilty, 2013). Existing literature on the ways in which women invoke compliance and resistance in carceral settings highlights the potential for individual and collective¹⁸ agency within repressive regimes. Despite the fact that penal institutions control many aspects of women's lives, it is apparent that prisoners employ strategies to regain control over their

¹⁷ Despite individual efforts, a power-reversal does not always occur. For Ashley Smith, her continued use of self-harm (self-strangulation, head-banging, and cutting) met a consistently greater and more punitive response (i.e., forceful physical handling, inflammatory spray, and restraints) (Sapers, 2008).

¹⁸ Cases of the unlawful treatment of women in prison have been formally documented in attempts to hold the Canadian government accountable (see Arbour, 1996; Sapers, 2008). Prisoners, advocacy agencies, and lawyers have documented emotional, physical and sexual abuses, degradation, negligence, discrimination, and violations of human rights to which incarcerated women are subject. Many women have filed *Canadian Charter of Rights and Freedoms* claims and lawsuits to bring repressive penal staff to justice (Hordii, Parkes & Pate, 2006; Parkes, 2007; Lawston, 2008). Other collective efforts to combat the harms experienced while under correctional control, such as support groups, the sharing of stories, and creative literary and artistic work have been organized and developed as means to resist penal authority by informing others about the experiences of imprisonment (Lawston, 2008).

bodies. This knowledge sets the foundation for this research, which examines how incarcerated women experience hygiene, food, and basic medical treatment while inside.

2.4 THE MANAGEMENT OF INCARCERATED WOMEN

Considering the above strategies of resistance enacted by incarcerated women, it is necessary to further explore institutional responses to individual expressions of agency, particularly when those expressions challenge carceral power, rules, and regulations. Correctional institutions rely on psychological and psychiatric discourse in order to manage prison populations. In adopting a psy-medical model, disorderly women are denounced as having mental or medical conditions that need to be *tamed*, *treated*, or *cured* (Balfour, 2006; Pollack, 2005; Kilty, 2012b). As shown in the following two subsections, this belief that women are psychologically damaged provides a psy-medical justification for the segregation and medicalization of *disorderly*¹⁹ women in prison. To be sure, women who engage in disordered eating practices and self-injurious behaviours are certainly constructed as ‘disordered’.

Segregation and medicalization.

As previously suggested, penal institutions are incapable of properly dealing with incarcerated women. Due to a lack of training, funding, education, and resources, prison staff often mismanage disorderly prisoners by relying on methods that isolate and silence women (Kilty, 2012b; LeBlanc & Kilty, 2013). For example, correctional administrations typically demand that self-injurious prisoners must be removed from the general population and

¹⁹ Women in prison are often constructed as ‘disorderly’, or rather, mad, bad, sexually deviant, irrational, difficult to manage, and in need of reform (Bosworth 1996; Kilty, 2012b). Inmates who enact this deviant behaviour are mistaken for being incapable of regulating their own emotions. As such, they are understood as a *risk* to the institution instead of having *needs*, often leading to the correctional mismanagement of women (Balfour, 2006; Hannah-Moffat, 2006; Kilty, 2006, 2011, 2012a, 2012b, 2012c; Pollack, 2005).

segregated in solitary confinement (Coid, Petruckevitch, Bebbington, Jenkins, Brugha, Lewis, Farrell & Singleton, 2003; Kilty, 2006). Considerable energy is directed towards the containment and treatment of the immediate incident, rather than the prevention of self-harm in general (De Viggiani, 2007). The purpose of isolating disorderly women is to prevent them from practicing self-injury, injuring others, damaging property, or causing a disturbance (Coid et al. 2003). This use of segregation in response to self-harm is documented in correctional policy, as seen with the Correctional Service of Canada's suicidal risk management program²⁰. Procedurally, when a prisoner engages in self-injury, they are subject to strict and constant observation on suicide watch (LeBlanc & Kilty, 2013; Power, McElroy & Swanson, 1997). This method, however, is known to exacerbate the frequency and severity of the self-injurious behaviour (as seen in the Ashley Smith case) because prisoners feel as though they are being punished (LeBlanc & Kilty, 2013). By segregating women for self-injuring, prison officials compound their feelings of loneliness, abandonment and despair while further humiliating them and creating greater emotional distress (Kilty, 2006, 2012b; Power et al. 1997).

In addition to their segregation, prison administrators frequently medicalize women who self-injure and subject them to involuntary chemical injections. Foucault (1980) identifies medicine as a key disciplinary mechanism through which normalization is produced (p.107). Rather than using psychiatric medication to treat prisoners with legitimate medical conditions, correctional facilities have been known to use medication to keep prisoners (predominantly young women) sedated and docile (Conrad, 1992; Kilty, 2012b; Sommers & Baskin, 1991). More specifically, psychological impairments like sadness,

²⁰ See the Commissioner's Directive 'Management of Inmate Self-Injurious and Suicidal Behaviour' at <http://www.csc-scc.gc.ca/text/plcy/cdshtm/843-cde-eng.shtml>.

distress, anger, aggressiveness, a history of substance use, and prior psychiatric hospitalization are grounds for drug prescription. Along with this over-medicalization for understandable distress, it is important to note that few counselling services are offered as a means of support for prisoners, effectively making medication the primary response to all forms of distress (Kilty, 2012b; Lawston, 2008).

Within penal institutions, medical staff members are responsible for determining the appropriate medication and dosage, where prisoners have little say in the drugs being administered – or even whether or not they wish to take them. Often times, women will comply with their prescriptions to achieve another end (e.g. parole release, reunification with children and families, and acceptance into halfway houses) (Kilty, 2012b; Kilty & DeVellis, 2010; Maeve, 1999; Pollack & Kendall, 2005). If the woman refuses to ingest the prescribed medication, she may alternatively face institutional sanctions (Arrigo, 2002; Kendall, 2000; Maeve, 1999; Pollack, 2006; Rhodes, 2004; Sapers, 2009). In exceptional cases, despite their refusal, incarcerated women may be ignored and forced to take the medication against their will (Kilty, 2012b; Sapers, 2008). In Canadian prisons, anti-psychotic pharmaceuticals like Seroquel are being used to make women calm, submissive, and drowsy (Kilty, 2008a,b, 2012b). This form of over-medicalization allows carceral institutions to further punish, regulate, and control women's bodies (Kilty, 2012b; Maeve, 1999; Menzies & Chunn, 2006). Dangerous implications can arise from this misuse of administered drugs, as they can negatively impact the health and cognitive development of incarcerated women.

On the other hand, scholars have also criticized the under-medicalization of women in prison (Lawston, 2008). Like over-prescribing, medical neglect is all too common for incarcerated women, many of whom suffer improper medical care administered by untrained or unqualified staff and even the outright refusal of medical treatment (Kilty, 2008a, 2012b;

Lawston, 2008; Mageehon, 2008). Women in prison also experience restricted access to basic over-the-counter medication, making it difficult for them to remedy common headaches or colds, as correctional and medical staff members often dismiss simple requests for aspirin (Kilty, 2008a, 2012b; Lawston, 2008). Incarcerated women attribute the withholding of standard medical care to staff simply “not caring” (Maeve, 1999: p.64). Issues also arise with the lack of women-centered medical treatment offered in prison. Not surprisingly, pregnant women have experienced limited access to health care, reporting that they were unhappy with the prenatal treatment provided by correctional facilities (Lawston, 2008; Mageehon, 2008). A recent case at the Ottawa-Carleton Detention Center highlights the inhumane and degrading treatment pregnant women sometimes face, as Julie Bilotta was ignored and mocked when requesting medical attention as she went into labour and eventually gave birth to her son (who was in a breech position – thus making it a high risk birth) in a segregation cell (CBC News, 2012). In addition, one of the biggest complaints from women inside is the lack of gynecological examinations and follow-up tests for irregular Pap smears (Lawston, 2008). Given the aforementioned imported demographical factors, physicals should be a common service offered within women’s institutions. However, because most prisons were created with men in mind, “gynecological care is treated as a ‘specialty service’” rather than a routine check-up (Talvi, 2007: p.88).

Under-medicalization is particularly problematic, as incarcerated women (especially in comparison to incarcerated men) are known to frequently utilize available services and have extensive health care requests (Hyde, Brumfield & Nagel, 2000; Robert, 2004; Smith, 2009; Goldkuhle, 1999). Considering their imported health status along with traumatic histories of victimization, women present “more serious and longstanding health problems” than do men entering prison (Talvi, 2007: p.87). More specifically, incarcerated women are

known to have “higher illness rates for infectious diseases, respiratory and digestive system conditions, injuries, ear diseases, headaches, genitourinary disorders and skin and musculoskeletal diseases” (Talvi, 2007: p.88). When health care services are not available, their condition is often aggravated (Robert, 2004; Goldkuhle, 1999). For instance, in the context of self-injury, incarcerated women are further traumatized when they cannot access health care services after cutting themselves. Prison staff are known to express a lack of sympathy for women who self-harm, and have been found to embarrass and infantilize them by making them feel as though they are wasting health care services because the wound was self-inflicted (Harris, 2000). Self-injurious women are thus neglected because their ‘manipulative’ actions do not require genuine help (Short et al. 2009; Kilty, 2006, 2011). By denying women appropriate medical intervention, correctional staff re-establish control and power within a repressive institution. Not only does this silence and ignore women, but it ensures that their needs go unmet.

The existing literature illustrates that correctional reliance on psy-discourse leads to the mismanagement of women’s health related needs. Scholars worry that the psy-labels assigned to incarcerated women depoliticize and fail to adequately account for the social, cultural, and structural factors that disadvantage and structure their experiences and criminality (Kilty, 2012b; Ussher, 2010). It is from this understanding that the use of segregation and (over/under)medicalization to manage women must be problematized. These commonly used responses within correctional policy appear to be counterproductive, as they denounce the potential for individual agency by forcing prisoners into subordinate and docile positions, ultimately creating vulnerable and potentially dependent women. In the next chapter, I outline the theoretical concepts used to analyze and make sense of the interview data. Broadly speaking, I draw on the works of Butler, Lupton, Bordo, Foucault, and Carlen

to create a theoretical framework that examines the imperatives of health and technologies of discipline that work together to produce normative femininity – a cultural code that is simultaneously idealized yet restricted in the carceral setting.

CHAPTER 3: THEORETICAL FOUNDATIONS

Grappling with the Notions of Gender Performance, Health, Bodily Aesthetic, Agency, Autonomy, and Power

To analyze how women perceive individual agency over their health and bodies in prison, it is necessary to explore theoretical contributions relating to health and gender performance, neoliberal understandings of empowerment and responsabilization, as well as Foucault's conceptualizations of discipline and governance. In this chapter I consider the works of Judith Butler (1993), Deborah Lupton (1996), and Susan Bordo (1993) to better understand how women are socialized, trained, and governed to produce healthy and beautiful bodies in ways that are markedly gendered. I then draw from the scholarship of Kelly Hannah-Moffat (1995, 2000, 2001), Pat Carlen and Anne Worrall (2004), and Jennifer M. Kilty (2006, 2012b) whom all problematize the disconnect between neoliberal goals of individual responsabilization and a highly coercive penal regime that seeks to (dis)allow women the space for agency to meet idealized notions of health and appearance. From this, I shift the focus onto the technologies of discipline apparent in our Canadian criminal justice system (as theorized by Michel Foucault (1977) and more recently, Pat Carlen (1983, 2005)) to theoretically examine how incarcerated women use compliance and resistance to regain control over their health and bodies.

3.1 CYCLICITY AND PERFORMATIVITY AS THEY RELATE TO THE IMPERATIVES OF HEALTH AND THE RE-PRODUCTION OF NORMATIVE FEMININITY

A critical analysis of neoliberal health discourse provides a grounded starting point for the assemblage of this theoretical framework. Hence, I draw on the works of Butler (1993), Lupton (1996), and Bordo (1993) to understand how women's bodies are regulated and constructed to meet societal ideals and norms. Before I continue, however, it is necessary to briefly consider Foucault's work on 'biopower', an influential concept guiding this discussion. In *The History of Sexuality* (1984), biopower emerged as a political strategy to

manage and control the population. This particular kind of power is generated from a government's concern with advancing and managing the life of a given population, and thus appeals to those citizens who adopt and conform to the discourses and practices outlined by health promotion messages (Foucault, 1984). By emphasizing the protection of life (rather than the threat of death), the state governs bodies through an idealization of habits, customs, reproductive practices, family norms, and overall mental and physical well-being (Foucault, 1984). These efforts to better the lives of the citizenry affect the population and the ways in which individuals identify with and reject state ideals. They also allow the state to increasingly subjugate the bodies making up the population through normalizing practices and discourses (Foucault, 1984).

For this research, I examine how biopower specifically targets women. Foucault did not consider gender or the ways in which power structures and relationships are gendered; given this gap in the literature, I direct my attention to those theorists who have analyzed how biopower operates through discourses about health and femininity. By examining the complexity of the messages outlining the idealized [i.e. healthy, beautiful, and thin] body, we can problematize the routinized associated practices of such discourses, for example, eating well, getting regular exercise, monitoring individual health, applying make-up, using hair products, and wearing stylish clothing.

Butler (1993) begins this analytic discussion with her theoretical contributions in *Bodies That Matter*. In the beginning chapters, she breaks down the complex relationship between sex and gender, explaining that *sex* is part of a regulatory practice that produces governable bodies and is forcibly materialized through time (Butler, 1993). In this light, one's sex is understood to be biologically determined, yet at the same time it is a blank

slate²¹. For sex to be more than a biological status, it gains external signification as it is constantly materialized and politicized in the experiences of the lived body (Bordo, 1993; Butler, 1993). Materialization occurs through a ‘forcible reiteration’ of societal norms meaning that the materiality of the body is never quite complete and requires constant politicization (Butler, 1993). In simpler terms, bodies become cultured through a repetition of gendered norms (appearing masculine or feminine) as they are subject to the everyday discourses and practices of life (Bordo, 1993). Therefore, it is the cyclical²² (or, routinized) performance²³ of gender that materializes and communicates sex.

Throughout this process, gender gives power and value to the physical body. The cyclical presentation of gender is a citational practice by which “discourse produces the effects that it names and that it is not”, allowing for sexual difference (Butler, 1993: p.13). In a hegemonic culture, this construction of gender can be advantageous for men who participate in a phallogocentric²⁴ economy while disadvantageous for women who are reduced to a reproductive role in the domestic sphere through a normalization of femininity²⁵ (Butler, 1993). Since the feminine is excluded from an economy that represents dominance and intelligibility, women in private settings may lack or struggle for power. Despite these implications, women’s bodies prove to be productive, constitutive, and always *performative*, as women play up and reproduce normative standards that make up a feminine identity:

²¹ Despite the fact that Bordo (1993) disagrees with the body being a ‘tabula rasa’ simply awaiting inscription by culture (because other factors besides the social are at play), it is necessary to show Butler’s theoretical process, illustrating the relationship between sex, materiality, and gender.

²² As used by Butler (1993), the endless citing and embodiment of social conventions and ideologies that become natural and necessary in everyday action.

²³ Here, it is necessary to distinguish two theoretical terms. When I refer to performance, I draw from Goffman (1961) in that women wear a *mask* and present a desirable front for their audience. Performance is thus a dramaturgical concept whereas performativity suggests that women *internalize* idealized behaviours, adopting cultural expectations as their own.

²⁴ Much like the term phallogocentrism, phallogocentrism refers to masculine privilege in social relations.

²⁵ Or, ‘*emphasized femininity*’, where women conform to feminine ideals (and thus are compliant in their subordination) acting passive, delicate, and figuratively petite, not taking up too much space, to ultimately accommodate the interests and desires of men (Connell & Messerschmidt, 2005).

To play with mimesis is thus, for a woman, to try to recover the place of her exploitation by discourse, without allowing herself to be simply reduced to it. It means to resubmit herself – inasmuch as she is on the side of the ‘perceptible’ of ‘matter’ – to ‘ideas’, in particular to ideas about herself, that are elaborated in/by a masculine logic, but so as to make ‘visible’, by an effect of *playful repetition*, what was supposed to remain invisible: the cover up of a possible operation of the feminine in language (Butler, 1993: p.47, emphasis added).

Women’s agency demonstrates how power relations work: women are able to escape limiting assumptions of the feminine as solely being the ‘penetrated’,²⁶ ‘reproducer’ by using performance as a means to autonomously exist within a hegemonic system (Butler, 1993: p.50). Thus, women repeatedly emphasize their femininity (through cooking, cleaning, child bearing, and enhancing their appearance) to their advantage, so as to increase individual power by controlling and managing their bodies (Butler, 1993; Bordo, 1993). Given this philosophical work on sex and gender, what will become clear in the remainder of this section is how cyclicity (routine behaviour) and performativity (the internalization and reproduction of norms) allow women to produce idealized bodies by expressing their worth through health, beauty, and waist size – some of the most visible indicators of a woman’s successful practice of femininity in white western cultures.

Producing normative, healthy bodies.

Adding to this conversation, Lupton (1995, 1996) examines how ideals of health (be they purported by the state, media, or alternative discourses) contribute to the regulation of the body and self. Her work on the imperatives of health identifies power relationships within public health discourse that work to produce ‘healthy’ (and thus, obedient and docile) citizens. Lupton’s work encourages us to consider state strategies of health promotion along with how citizens internalize and act upon health discourses to better understand the

²⁶ This normative idea of the woman as the penetrated is more so discussed in Butler’s later chapters on the assumptions of gender and heterosexuality, whereby men are the ‘penetrators’ and women are the ‘penetrable’ (Butler, 1993: p.50).

disciplinary effects of those discourses and how we express agency on both, individual and population levels.

Governmental efforts for improving individual health have somewhat shifted away from curative strategies towards the prevention of illness and disease. Rather than focusing only on sick individuals, public health now targets all citizens with the goal of improving the population's health overall (Lupton, 1995; Petersen, 1996). This discursive shift is apparent in contemporary state notions of *health* as “complete physical, mental and social well-being, not merely the absence of disease or infirmity” (Lupton, 1995: p.69). In adopting this approach to health promotion, governmental motives are masked by a utilitarian objective of improving health status for all. By taking interest in the health of the population, the state is understood to be acting in its citizens' best interests, seeking to improve public health and lengthen average life spans (Lupton, 1995). These practices and discourses of public health, however, are not value-free or neutral. Rather, they are highly political and attempt to: “produce, or ‘make up’ citizens who are capable of autonomy and ‘a kind of regulated freedom’” (Lupton, 1995: p.3; Petersen, 1996). In promoting health, a neoliberal disciplinary initiative or imperative that Lupton identifies as “healthism”, the state can avoid a drain on the ‘health dollar’ and other public resources, while more overtly preventing contagious illness from disturbing the collective social order (Lupton, 1995: p.73; Petersen, 1996). Thus, the good health of citizens becomes a partisan and strategic move within public affairs, ultimately contributing to the health, financial stability, and at times moral regulation of the society (Petersen, 1996).

Public health promotion communicates desired behaviours and lifestyles through discourse, language, practices, and rhetoric. Scientific research and the use of experts (i.e. doctors, nutritionists, and biomedical researchers) are situated at the forefront of this

movement, appearing legitimate often through quantitative and positivistic work, making claims of truth and discovering scientifically advanced means for health (Lupton, 1995; Petersen, 1996). Social marketing in the media plays a big role disseminating this public health knowledge, acting as an outlet for communicating the importance of eating healthy and nutritious foods, taking vitamins, exercising, maintaining happiness and well-being, visiting the doctor for regular medical check-ups, keeping up with vaccinations, while abstaining from tobacco, alcohol, and drugs (Bordo, 1993; Lupton, 1995). Often times, health promotion utilizes ‘risk discourse’ by promoting awareness of potential dangers (often described as lifestyle choices), with the goal of motivating individuals to participate in their health management and promotion (Lupton, 1995: p.82; Petersen, 1996). Health promotion campaigns carefully target specific audiences and frequently use scare tactics and emotional appeals to publicize ill health for the purpose of warning the public and jolting them into action (Bordo, 1993; Lupton, 1995). Most importantly, the underlying premise of these initiatives is to communicate health messages to a complacent population: “media campaigns are directed at creating docile citizens, who accept the truths of public health authorities without question” (Lupton, 1995: p.106). The adoption of governmental strategies remains the end goal, where populations are not only expected to recognize the promotion of good health, but to internalize and repeatedly act on the messages.

Besides the role of media in health promotion, other social institutions (i.e. family, educational systems, workplaces, recreation sites, and religion) echo state ideals, reinforcing the importance of good health and empowering citizens to make positive choices (Lupton,

1995; Petersen, 1996). Using techniques of governmentality²⁷, social networks allow for the continuous surveillance of populations to “police” their health decisions. Various actors take part in the promotion and regulation of health, as state power is diffused into many different areas of social life (Foucault, 1977, 1984; Lupton, 1995). The *normalization*²⁸ of health occurs by attempting to render individuals within the population more similar, making non-conforming individuals stand out (Lupton, 1995). Thus, healthiness becomes a yardstick of accomplishment; subjects habitually obey practices of bettering their health because it is socially desirable to achieve such status (Lupton, 1995). Similar to the cyclical nature of feminine performatives, normalizing techniques account for self-policed citizens who adopt accepted norms and practices, where no force on part of the state is necessary:

The care of the self involves largely subliminal socialization rather than active, conscious decisions. It is about how people constrain themselves rather than being forcibly constrained by external agents, involving not generally explicit moral codes but a shared understanding of what a ‘good person’ is in a particular community (Lupton, 1995: p.12).

Beyond this, the state remains invisible even when citizens fail to achieve good health; intervention becomes unnecessary as individuals are already punished through normalizing judgments and self-surveillance (i.e. feelings of guilt, anxiety and repulsions of the self) (Bordo, 1993; Lupton, 1995). This theoretical position demonstrates how external governance works to create docile bodies, enhancing conformity among the masses through the adoption of pro-health strategies. Having explored these disciplinary efforts, let us now consider how citizens (and women in particular) internalize and act upon health discourses.

²⁷ Adopted from the work of Foucault (1991), Lupton speaks to the diffusion of power from the state into a myriad of institutions, sites, social groups, and interconnections at the local level, for the purpose of constant internal (self-policing) and external (corrective training, surveillance, etc.) means of governance.

²⁸ This Foucaultian term will be discussed in greater detail later in this chapter.

With contemporary health promotion directed at the population, all citizens are expected to make the rational and cyclical decision to actively invest in their own health. Citizens are responsabilized for their own health status, making their fate (e.g. genetic defects and family history) less relevant by dismissing ill health as something that could have been overcome (Lupton, 1995; Petersen, 1996). Accordingly, the body acts as a vehicle of expression, communicating the inner worthiness and personality of its owner. Hence, the 'civilized' body is self-contained, highly managed, and conforms to dominant norms of behaviour and appearance, namely looking fit, slender, and attractive (Bordo, 1993; Lupton, 1996: p.19). By contrast, an ugly and obese 'grotesque' body is lazy, deviant, lacking control and discipline, appearing more animalistic (Bordo, 1993; Lupton, 1996; p.19). Western cultural reactions to such images of the body become apparent, as slender individuals are culturally praised while obesity elicits disgust, and those who are overweight are often ignored and subject to ridicule (Bordo, 1993).

Individuals are, therefore, encouraged to adopt healthy lifestyles, as a form of 'self-expression' to demonstrate a civilized and acceptably 'aesthetic' self (Lupton, 1995: p.143; Petersen, 1996). In order to conform to such ideals, there is a need for self-management and self-mastery (Bordo, 1993). First and foremost, the attainment of a civilized body involves continuous dieting or weight management. Healthy eating creates positive change internally and externally, often affecting one's skin tone, weight, bone density and strength, condition of hair and nails, and digestion (Lupton, 1996). Fitness and sport also become positive means of constructing subjectivity, displaying strength and dedication through body maintenance (Bordo, 1993; Lupton, 1995). Routinized exercise, as a fashionable activity, becomes a multi-faceted tool in achieving ideal health: it is virtuous in representing a lean and athletic body, but also glamorous and sexy, involving form-fitting spandex body-wear and high-

performance shoes (Bordo, 1993; Lupton, 1995). Through dieting and exercising, the body becomes a source of great pride and a symbol of correct attitude, showing that one cares about the self by conforming to the norms of attractiveness and social acceptability (Bordo, 1993, Lupton, 1996). Consequently, individuals engage in *technologies of the self*²⁹, whereby they take up, negotiate, and buy into state objectives of power in the quest for self-improvement, happiness, fulfillment, social success and integration (Lupton, 1995; Wright, O'Flynn & Macdonald, 2006).

For the most part, these promotional strategies have much to offer those with economic, social, and cultural capital to succeed in the reproduction of norms of health and femininity. For others, normative standards of good health are unheeded, transformed, rejected, or contested (Lupton, 1995). Socio-economic factors such as gender, ethnicity, and income impact how individuals internalize health promotion messages because if people “do not recognize themselves therein or have no investment in these discourses, they will not respond accordingly” (Lupton, 1995: p.131). In other words, external governance may appear contradictory or in conflict with one's self-image. Thus, in the context of their everyday lives, citizens ‘transgress and rework’ suggested cultural norms for purposes that may or may not coincide with governmental goals and state ideals (Lupton, 1995: p.131). Considering agency, subjectivity, and embodiment, it is paramount to consider Foucault's' work on power and the body:

Mastery and awareness of one's own body can be acquired only through the effect of an investment of power in the body: gymnastics, exercises, muscle-building, nudism, glorification of the body beautiful. All of this belongs to the pathway leading to the desire of one's own body, by way of the insistent, persistent, meticulous work of power on the bodies of children or soldiers, the healthy bodies.

²⁹ Refers to the ways in which individuals internalize modes of self-regulation. Beyond its recognition, practices of the self consider how discourses are adopted as part of the individuals project to construct and express subjectivity, incorporating these imperatives into everyday life (Lupton, 1996; Packer, 2011).

But once power produces this effect, there inevitably emerge the responding claims and affirmations, those of one's own body against power, of health against the economic system, of pleasure against the moral norms of sexuality, marriage, decency. Suddenly, what had made power strong becomes used to attack it. Power, after investing itself in the body, finds itself exposed to a counter-attack in the same body (1980: p.56).

As suggested in this excerpt, sources of resistance to external governmental strategies exist, allowing citizens to challenge established norms. At the micro-level, people may not adopt promotional advice for a variety of reasons, primarily relating to frustration, resentment, and anger, or the attainment of greater pleasure and satisfaction from other practices of the self (Lupton, 1995). Whatever the rationale for non-conformance to health imperatives may be, they ultimately suggest that some citizens do not adopt trendy eating habits or exercise routines. Social and economic constraints are often ignored when examining the individual's ability to reproduce health norms, meaning that those who fail to optimize their health may be responsabilized and blamed for their personal shortcomings (Lupton, 1995; Petersen, 1996).

It is essential to consider the role of gender in the (re)production of the imperatives of health. Interestingly, women are among one of the groups most likely to conform to state ideals, internalizing how to act, dress, behave, think, feel, and express themselves (Bordo, 1993; Butler, 1993; Lupton, 1995). This correlation may be due to their historic roles as moral guardians. Besides taking care of their own health, women are also primarily responsible for the health of their children and overall well-being of their families (Lupton, 1995). Thus, mothers are held to a higher standard for reproducing health imperatives, as they are expected to: adopt and promote a healthy lifestyle; educate their children on hygiene and instill appropriate habits, norms of behaviour, and principles of living; provide emotional stability; follow medical advice in a rational manner; and, use health care services wisely

(Lupton, 1995, 1996). The upkeep of a harmonious household also becomes women's work, where good housekeeping and the maintenance of the dwelling foster a healthy and comfortable environment for the family (Lupton, 1995). It is through these tasks and routines that mothers domesticate and in turn discipline their children, propelling them from "uncontrolled wildness of infancy into the civility and self-regulation of adulthood" (Lupton, 1996" p.39). In light of these expectations, it is important to note that women do not always engage in their maternal role because they necessarily enjoy having such responsibilities³⁰. Rather, they are morally obligated, recognizing tasks as conventions that are theirs to fulfill each day in their roles as wives and mothers (Bordo, 1993; Lupton, 1996). This is to say that a woman's role as a mother is normalized, as her maternal tendencies assume that familial health and well-being are *naturally* her responsibility and priority (Woollett & Marshall, 2000).

Although the image of women as housewives may seem an outdated 1950s notion, this tradition continues to be the norm in most contemporary households³¹, as women are expected to bear the major responsibility for cooking, cleaning, and child-care, while also working full-time jobs (Bordo, 1993; Choi, Henshaw, Baker, & Tree, 2005; Lupton, 1996; Taylor, 2011). Throughout much of their lives, women are trained and groomed to embrace this construction of maternal roles. Gendered assumptions are instilled at a very young age, as most girls grow up with Barbie®, Disney princess fetishization, plastic make-up parlours, dollhouses, toy kitchenettes, and Easy-Bake ovens®. Following early socialization, other public institutions reiterate the domesticity of women through medical, public health, and

³⁰ This is not to say that societal expectations necessarily oppress women; rather, women are more likely to feel deprived or depressed when they fail to fulfill such domestic roles (Bordo, 1993).

³¹ It would be unfair to say – especially in our modern society – that men do not participate in domestic tasks, however, it is still understood that women carry much of this responsibility.

nutritional bodies, child welfare agencies, formal education institutions, and popular culture products (Bordo, 1993; Lupton, 1996). Some religions, like the Catholic Church, even include such discourse into their Holy doctrine, where marriage entails a woman obeying and domestically serving her husband. This regulation and normalization is further amplified during pregnancy, as women are monitored and expected to take special care of their diet and lifestyle to maximize the health and development of the fetus (Baker & Carson, 1999; Boyd, 2007; Henderson, Harmon, & Houser, 2010; Kilty & Dej, 2012; Lupton, 1996; Nichter, Nichter, Muramoto, Adrian, Goldade, Tesler, & Thompson, 2007).

Pressures to maintain a healthy body do not end once a woman gives birth. Mothers remain under strict surveillance and are expected to nurture and provide for their babies throughout childhood and adolescence. The child's "body becomes a symbol of a mother's ability to feed and care for it well" especially in the context of an infant: "a baby that is feeding and growing 'well' is a prize for the mother's efforts, a tangible token of her love and work" whereas "a baby who gains weight more slowly than it 'should', and who perhaps cries a lot and seems unsatisfied, is a thorn in the mother's flesh, a sign of maternal failure" (Lupton, 1996: p.42). Quite simply, women are not only judged for the maintenance of their own bodies, but also for that of their child's, where the child's health reflects their mothers performance as a devoted and competent parent.

These norms of motherhood are made evident when exploring relationships between food, cooking, and eating. In most Western households, the purchase and preparation of food for the family is predominately a woman's responsibility (Bordo, 1993; Lupton, 1996). This is because gendered expectations (or gender inequality) prevail: while the father figuratively 'brings home the bacon' (i.e. provides financial support) and acts as the 'breadwinner', the mother or 'home-maker', shops, cooks, and cleans for her family (Bordo, 1993; Lupton,

1996: p.39-40). Within this gendered division of labour, “men strive, compete, and exert themselves” out in the public sphere while “women are cocooned in the domestic arena” (Bordo, 1993: p.117-118). Well-prepared meals are equated with maternal and wifely love, whereby women are caring and working hard for others with little thought of their own needs and desires (Bordo, 1993; Lupton, 1996). As such, food becomes a social outlet for women to express culture, comfort, and pleasure to their families, suggesting that women’s subjectivities are tied to the emotional and physical nourishment of others (Bordo, 1993; Lupton, 1993).

Food intake is up to the mother’s discretion – although she may occasionally use sweets to ‘comfort and calm children’ and ‘regulate their behaviour’, she is expected to serve healthy foods containing much nutritional value (Lupton, 1996: p.54). It also becomes important to teach children dining etiquette and nutritional requirements (i.e. table manners and finishing meals), especially when it comes to portioning meals and limiting sweets and fatty foods (Lupton, 1996). Indulgence, in this sense, is saved for gatherings, holidays, and celebrations. A child’s weight is a measuring rod for a mother’s performance – slenderness and obesity determine whether a mother is succeeding or failing to properly discipline her children (Lupton, 1996).

Producing disciplined, beautiful, and thin bodies.

Bordo (1993) continues this discussion with her critically acclaimed work *Unbearable Weight*, in which, she uses a cultural approach to explore the construction of the body in Western society. It is from this perspective that she maintains: “culture has a revered expansiveness in women’s bodies and appetites” (Bordo, 1993: p.102). Thanks to popular media, the rules of femininity are culturally transmitted through standardized visual images (Bordo, 1993). This suggests that we no longer need verbal instruction dictating how to act

ladylike and feminine. On the contrary, we are given constant direction through bodily discourse: “images [that] tell us what clothes, body shape, facial expression, movements, and behaviour are required” (Bordo, 1993: p.170). As such, the body – characterized by what we eat, how we dress, and the daily routines in which we attend – acts as a medium of our culture (Bordo, 1993). Expanding on this point and reiterating previous material from both Butler (1993) and Lupton (1996), the body becomes a symbol, a surface where latent rules, hierarchies, and social conditions are inscribed and further reinforced. It is not only a *text* of culture, but also a “locus of social control” as individual bodies are trained, shaped, and stamped (Bordo, 1993: p.165). In this light, culture *makes* the body, whereby seemingly trivial rules and practices (e.g. the upkeep of appearance) are converted into automatic habitual activities (Bordo, 1993; Lupton, 1996). These actions are thus “beyond the grasp of consciousness” whereby social commitments to change may very well be undermined by our own *disciplined* bodies (Bordo, 1993: p.165).

These forms of discipline shape how women are expected to perform their femininity. As theorized by Bordo (1993), the very essence of *being* feminine is deployed and socially embedded into [even the most mundane, seemingly innocent] societal institutions (p.13). Women are expected to demonstrate femininity through a slender and attractive body (Bordo, 1993). Consumerism plays a big role in this presentation of the self (Petersen, 1996), as there is much pressure to modify and maintain the body so as to meet the norms of femininity (Kilbourne, 1979). Women are encouraged to use anti-aging products, apply make-up, straighten and/or curl their hair, while also keeping up with the latest trends and fashions with respect to their clothing (Black, 2004; Bordo, 1993; Klein, 2000; Peiss, 2011). Beyond this, diet pills, personal trainers, cosmetic surgery, and expensive hair treatments are not out of the question, as women strive to look slim, youthful, and pretty, no matter what the cost

(Bordo, 1993; Black, 2004; Gimlin, 2000, 2002, 2007; Kilbourne, 1979; Kruger, Galuska, Serdula, & Jones, 2004; Peiss, 2011; Suissa, 2008). Aptly, Bordo states: “we may be *obsessed* with our bodies, but we are hardly accepting of them” (1993: p.15). Disciplining the body to satisfy cultural standards of femininity are never-ending; women focus on self-modification, constantly memorizing individual bodies searching for flaws and imperfections, never feeling that they are good enough (Bordo, 1993). In this on-going pursuit, women’s bodies become socially trained, docile bodies “whose forces and energies are habituated to external regulation, subjection, transformation, ‘improvement’” (Bordo, 1993: p.166). As a result, now, more than ever, women are spending more time and money on the management and enhancement of their own bodies.

These disciplinary techniques are also highlighted through gendered relationships with food. For women, a politicization of the body means that what should be personal (i.e. lifestyle, beautification, and bodily maintenance) is performed in the interest of others. Compulsive eating and indulgence are considered ‘natural’ for women – they obsess about food, are easily tempted, and have no control over food-intake (especially sweets) (Bordo, 1993: p.108; Lupton, 1996). Women believe that such cravings are dirty and shameful, learning at a young age to control their weight through a romantic mystification of diet and exercise (Bordo, 1993; Lupton, 1993). Women must eat, of course, but many do so in private,³² thus, contributing to the performance of eating as an illicit act that should be kept secret (Bordo, 1993). Even in this private realm, however, women are still not permitted to indulge to the extent that they fully satisfy their hungers (Bordo, 1993). Rather, women are encouraged to maintain a ‘cool’ relationship with food: not starving oneself while also not

³² Public/private eating is compelling, suggesting that there are *feminine foods* and appropriately attractive lack of appetites. For example, women may feel that they should eat salad rather than steak (Bordo, 1993; Lupton, 1996).

desperately and shamefully bingeing in a private corner; alternatively, they should not need or care about food (Bordo, 1993: p.100). These restrictions on appetite symbolize the social control of female hunger, training the body to know limits and possibilities while ultimately representing a woman's self-restraint and impulse control (Bordo, 1993).

Interestingly, Bordo (1993) notes a paradox within this discourse, asserting that women, besides embodying the feminine, must also embody the 'masculine': self-control, determination, and cool, mastery (p.171). This 'dual demand' of being feminine while practicing masculine performatives highlights the daunting role expected of women (Bordo, 1993). But further, and most relevant to my work, this bind of femininity and masculinity rejects the presumption that women are powerless victims of the cultural constructions of gender (Bordo, 1993; McNay, 1992). We cannot assume that all women are vulnerable to the overwhelming societal pressures of 'thinness' and beauty (Bordo, 1993: p.47). If this were the case, then why do only a percentage of them, for instance, elect to undergo plastic surgery? The answer lay in the expression of agency. Women actively fashion their identity through a number of practices and techniques to escape the homogenizing tendencies of power (McNay, 1992). Bordo (1993) argues that "women are not 'cultural dopes' blindly submitting to oppressive regimes of beauty" but rather, hold a high degree of consciousness in the performative decisions that they make (p.30). Thus, steps taken to enhance one's beauty or lose weight are not passive acts; they are exhibitions of self-determination (Bell, 2006; Bordo, 1993).

In Western culture it is believed that beauty, slenderness, and sexuality contribute to personal success, whereby women engage in the performatives of femininity to achieve a particular end – employment, social acceptance, or to secure a partner (Bordo, 1993). For most people in Western cultures, an *appropriate* body is equated with competence, self-

control, and intelligence (Bordo, 1993). Beyond looking and feeling good, one's image (appearance and weight) acts as a "medium of power and control", allowing women to gain respect and admiration outside of the domestic sphere (Bordo, 1993: p.29). By constructing a feminine image and adopting masculine values, women strategically advance their own positioning in this network of relations, paving their way through what is commonly described as a man's world.

One of the most important mechanisms through which to enact femininity is the development of an *enhanced consciousness* (Bordo, 1993). Women who participate in, for instance, dieting programs and plastic surgery (and thus, actively attempt to adhere to societal ideals) may be seen as doing a great disservice to feminism. After all, they are contributing to their own objectification and sexualization. Bordo (1993), however, reconceptualizes these attempts at beautification as advanced understandings of the "power, complexity, and *systemic* nature of culture" where simply becoming more conscious of external influence is a tremendous achievement (p.30). Self-modification, thus, presents a rational response to the system of cultural meanings that surrounds us (Bell, 2006; Bordo, 1993: p.31). Women do have the power to decide how to present their own bodies: whether or not to wear makeup, colour their hair, or lift weights (Bordo, 1993). In this light, Bordo suggests that bodily maintenance can be liberating within the given cultural constraints and directives (1993: p.31).

Not surprisingly, cultural imperatives also hold negative implications for women. Within this institutionalized system of values and practices, women may come to believe that they are *nothing* unless they are 'trim, tight, lineless, bulgeless, and sagless' (Bordo, 1993:

p.32). The problem here, is that there is a much more widespread cultural disorder³³, whereby, body image is distorted by painfully self-critical standards (Bell, 2006; Bordo, 1993). Our culture not only teaches women to be insecure about how they look, but also dictates how they see their bodies (i.e. average weight women thinking that they are fat) (Bell, 2006; Bordo, 1993). Given this, women do not organically misperceive their bodies; instead they learn the dominant cultural strategies for how to perceive it – through constant physical improvement (Bell, 2006; Bordo, 1993). As women internalize cultural ideals, they become their ‘own worst enemy’, suffering from the bodily tyrannies of fashion in having their feet broken into four-inch heels, waist-size minimized, legs freshly waxed, and breasts surgically stuffed with plastic (Bordo, 1993: p.22). Self-harm resulting from bodily-maintenance and beautification does not end here. More overt means will be briefly explored to contextualize the obsessive, over-conformance to femininity.

Through much of her work on anorexia nervosa, Bordo (1993) found that biological and cultural elements (familial, perceptual, and cognitive) interact in varying combinations, do not only contribute to but are also productive of eating disorders (p.50). Bordo disregards labelling such behaviour ‘pathological’, instead advancing a cultural feminist perspective: “not to portray these obsessions as bizarre or anomalous, but rather as the logical (if extreme) manifestations of anxieties and fantasies fostered by our culture” (Bell, 2006; Bordo, 1993: p.15). It becomes more important to focus on how the anorectic understands their own process, that is their ability to live with minimal food intake, feeling powerful and worth admiration (Bordo, 1993). Considering the aforementioned anxieties present in a woman’s

³³ Normative standards of weight: what is defined as *normal* is socially, culturally, and politically constituted (Bell, 2006).

life, the anorectic sees her world (as well as her hunger³⁴) as *out of control*. She may not be able to control external events (i.e. job performance and personal relationships), but she can control what she eats and how far she runs (Bordo, 1993). With the encouragement of others, she begins a fairly casual diet, loses some weight, and gets hooked on the intoxicating feeling of accomplishment and control, which are celebrated cultural ideals (Bordo, 1993). She then notices her friends admiring her steadily shrinking body while her parents express concern over her health. In realizing the power her actions wield over those around her, the anorexic syndrome emerges, where the end goal is not necessarily to portray a stick-thin figure; it is to have ‘total’ control, where the woman becomes the master of her own body by mastering her thoughts, discourses, actions, and practices (Bell, 2006; Bordo, 1993: p.149; Lupton, 1996).

Eating disorders, therefore, present a way in which women can both perform and resist femininity (Bell, 2006; Bordo, 1993; Burns, 2004; Malson, 1998, 1999; Malson & Burns, 2009; Malson & Swann, 1999; Malson & Ussher, 1997); they allow women to construct a visual representation of the feminine through their apparent slenderness. By pursuing conventional femininity, the anorectic illustrates the discipline of perfecting the body as an object (Bell, 2006; Bordo, 1993; Burns, 2004). More covertly, however, she remains conscious about her body, using self-constraint and will to manipulate her figure, and in turn, control her life (Bell, 2006; Bordo, 1993; Burns, 2004; Lupton, 1996; Malson, 1998, 1999). Through her anorexia, she unexpectedly enters the privileged male world: “a way to become what is valued in our culture, a way to become safe and to rise above it all” (Bordo, 1993: p.179). In this pursuit, the anorectic woman is involved in a no-win game: caring obsessively about attaining an ideal of coolness, effortless confidence, and casual

³⁴ The anorectic is haunted by her hunger – it’s not necessarily the fear of getting fat but rather the constant desire for food (Bordo, 1993; Lupton, 1996).

freedom (Bordo, 1993). Despite her efforts, she is unaware that her behaviour is making any sort of political statement. She may be hostile towards cultural ideals, but in that, “she exposes and indicts those ideals”, chasing after them for everyone to see (Bordo, 1993: p.176). Because she engages in the established ideals of femininity she ends up reproducing societal expectations of the docile feminine body, illuminating the mechanisms of domination in which meaning is produced in everyday life (Bordo, 1993; Malson & Swann, 2003). In other words, compliance and conformity among female populations translates to individuals participating in their own subjectification, making the reproduction of normative femininity, at once, constraining and enabling, power laden and empowering (Bell, 2006).

3.2 NEOLIBERAL RESPONSIBILIZATION: TENSIONS WITHIN CARCERAL SETTINGS

As shown in the above literature, those that comply with normative standards are more likely to be seen as good women and mothers in Western societies. By conforming to cultural ideals and producing healthy and feminine bodies, women gain some cultural power: they meet the requirements of the modern day homemaker while also appearing seductive through individual beauty and slenderness. With this idea of the appropriate body being a powerful one in western cultures, what does it mean in the prison context? Considering how women internalize the imperatives of health and standards of normative femininity, it is important to explore the potential for bodily maintenance inside prison walls. More specifically, we must problematize how societal and institutional discourses mesh to (dis)allow women the space for agency in constructing the ideal healthy and feminine body in correctional settings.

Before doing so, it is necessary to unravel the complex, yet flexible, term of *empowerment*. As outlined in her work, Hannah-Moffat (2000) notes that for feminists,

empowerment is traditionally embraced as a transformative practice in women's lives, enabling them to resist gender oppression and hegemonic power relations (p.521). In this context, empowerment can mean developing autonomy, self-control, and confidence (Hannah-Moffat, 2000). CSC has promoted this notion of empowering prisoners as a means of rehabilitation; given existing structural inequities, women in prison are often described as lacking self-esteem, having limited coping skills, and limited ability to create or make choices that allow them to lead productive lives (Hannah-Moffat, 2000, 2001; Kilty, 2006). Hence, contemporary prisons for women in Canada were built with the intention of housing offenders in a supportive environment that would facilitate the improvement of individual self-esteem and encourage prisoners to take responsibility for their actions and future choices (Carlen & Worrall, 2004; Hannah-Moffat, 1995, 2000, 2001; Kilty, 2012b; Laishes, 2002). In these settings, however, the accomplishment of empowerment becomes challenging. The most obvious barrier relates to the very nature and organization of penal institutions: "the flexibility to make choices and control one's surroundings does not exist" (Hannah-Moffat, 2000: p.521, 2001). As such, for CSC, empowerment is not about the fundamental restructuring of disciplinary power, but rather, the addition of a new dimension to existing structures and power relations; namely, responsabilizing women to manage their needs and apparent risk by putting them in charge of their own rehabilitation (Carlen & Worrall, 2004; Hannah-Moffat, 2000, 2001). In this sense, it is not the prison that rehabilitates the offender – it is the woman who is held accountable to make prudent choices (from those offered by the penal system) that ensure a responsible and self-sufficient future (Carlen & Worrall, 2004; Hannah-Moffat, 2000, 2001; Kilty, 2006).

Neoliberal correctional responsabilization efforts seek to "call[s] upon the individual to enter into the process of their own self-governance through processes of endless self-

examination, self-care, and self-improvement” (Petersen, 1996: p.48-49). In theory, penal policy attempts to manage *rational*³⁵ prisoners through the development of individual responsibility, whereby self-regulation allows for the making of healthy choices (Hannah-Moffat, 2000, 2001; Kilty, 2012b; Laishes, 2002). What is wrong with this approach, however, is that women are empowered to make limited and administratively meaningful choices (e.g. attending mandated programming) that are censored and predetermined by the wider penal structure (Hannah-Moffat, 2000; Kilty, 2012b). Therefore, in practice, we see an entirely different means of institutional regulation. With an emphasis on risk and security, the repressive correctional sphere simply cannot provide an autonomous and therapeutic environment for incarcerated women (Kilty, 2012b). Quite the opposite, in fact, we end up with a coercive and disciplinary system that truly does *not* expect women to be responsible self-governing agents (Kilty, 2012b), but one which instead determines even the most mundane decisions for prisoners, inevitably making them dependent on the very system that claims to rehabilitate them into responsible subjects.

Producing healthy and feminine carceral bodies?

In Canadian prisons, there is a modicum of disconnect between societal ideals and the actual maintenance of individual bodies. As explained in the literature review, there are numerous concerns regarding incarcerated women’s health: prisoners are unable to control their dietary food intake, have little opportunity for exercise, and restricted access to appropriate medical care. These limitations often result in their inability to construct a healthy body. In terms of performing their femininity, however, some normative goals (for example, domesticity) become a correctional expectation; they are replicated in the prison

³⁵ In a neoliberal sense, offenders are understood to be rational consumers capable of making responsible choices (Hannah-Moffat, 2000).

and infiltrate penal ideology and discourse (Kilty & Dej, 2012). There is a simple logic for correctional plans, that being, to keep prisoners occupied (Carlen & Worrall, 2004). It is no surprise, then, that prison programming is transparently gendered, based on an historical belief that women “prisoners should be returned to society trained as efficient ‘housewives’” (Carlen, 1983: p.71). By engaging in criminal activity, women step outside of their social roles as ‘passive’ and ‘good’ women, thus transcending the boundaries of socially acceptable performatives of femininity (Bosworth, 1996: p.10). Accordingly, through their rehabilitative efforts penal institutions look to domesticate corrupt women, remaking them into moral and ‘respectable ladies’ (Carlen, 1983; Carlen & Worrall, 2004).

With the goal of making women better wives and mothers, penal efforts seek to improve women’s competency in looking after their homes and families (Carlen & Worrall, 2004). Hence, women are taught cleaning, letter writing, budgeting, handicraft (knitting, sewing, crochet work) and ‘mothercraft’ (childcare) while often given work in prison kitchens and laundries (Bosworth, 1996: p.10; Carlen, 1983; Carlen & Worrall, 2004; Hannah-Moffat, 2001; Hayman, 2006). Similarly, criminalized women are only offered basic training for minimum-wage paying low-skill service jobs: clerical qualifications, along with certificates in hairdressing, food service and catering, and secretarial computer skills (Carlen & Worrall, 2004), with corrections using the ideal of being a good mother as a hook for positive change (Kilty & Dej, 2012). In doing so, the prison system reinforces societal control over women’s bodies, limiting personal agency [and subsequently making women more dependent] in their relentless pursuit of reforming women’s identities and responsibilities as mothers and wives (Bell, 2006; Bosworth, 1996).

However, correctional policy and practice dissuades women from maintaining an aesthetically feminine appearance. There is much emphasis on women being remade into

maternal and domestic servants, but when it comes to looking beautiful and thin, the prison system almost prevents them from constructing this version of the ideal feminine body. Because incarcerated women are understood to have ‘stepped outside’ family and domesticity, they are also seen as beyond femininity and perhaps without adulthood (Carlen, 1983: p.103). With this understanding, “prisoners are not allowed ‘even the simplest of things that would help a woman feel more female’” as they are typically denied the physical and psychological props needed to appear feminine (Carlen, 1983: p.107). In the carceral context, such a rejection of femininity is illustrated through the constant and rigid control over sanitary, sartorial, and cosmetic products (Carlen, 1983; Carlen & Worrall, 2004). For instance, incarcerated women are told when and how long they can shower, given low-grade sanitary products (in limited quantities), and refused basic grooming utensils like razors and tweezers (Carlen, 1983; Currie, 2012; Plugge, Douglas, & Fitzpatrick, 2006; Talvi, 2007). They are also provided inadequate and drab unisex clothing that is often times unfitted, not compliant with seasonal temperatures, and previously worn with holes, tears, and marks on the material (Carlen, 1983; Talvi, 2007). Further, many women are not allowed to have make-up, hair care products such as gel, mousse, or hairspray, or other necessities (i.e. blow dryers, straighteners and curling irons) (Plugge et al. 2006; Talvi, 2007). Even when institutional rules regarding beauty products are more lenient, women must ration their product use and face overly high prices for a limited selection of items at the canteen (Carlen, 1983; Girshick, 2003).

Considering these limits to participating in the reproduction of culturally valued performatives of femininity, prisoners often feel uncomfortable and ugly (Talvi, 2007), unable to maintain themselves as they would on the outside. Carlen (1983) cites one particular testimony to show how the inability to construct an appropriate body fractures a

woman's self-esteem: "I mean, why can't they bring in their own make-up and put it into a box so that the lassies can use it? It would make the women feel better, and make morale better anyway" (p.103). This passage suggests that when women are unable to take a bath, do their hair, put on make-up, and wear their own clothes, their self-image can be bruised, battered, and possibly destroyed (Carlen, 1983; Carlen & Worrall, 2004). Thus, not only does correctional policy make women feel less feminine, it also deeply affects their self-esteem, and possibly, self-worth.

There appears to be a contradiction in penal rhetoric: correctional doctrine seeks to domesticate incarcerated women, yet, denies them the ability to construct a healthy and feminine body. Why would it be that women in society are expected to look beautiful and slender while incarcerated women are not allowed to use make-up and are fed carbohydrate-heavy foods? Is there a political motive in *only* remaking women into good mothers? Are attractive women capable of seduction or manipulation, and thus, a threat to the prison system? By deciding *how* feminine women can be, is the penal institution hoping to limit women's power? These are all valid questions in determining the rationale behind correctional policy, particularly why women are encouraged to act feminine in certain ways and not in others. What will become clear throughout the analysis chapter is that the carceral setting simultaneously encourages and restricts the abilities of incarcerated women to maintain a healthy body and produce a normative feminine performative. Women, having internalized those feminine ideals subsequently try to find ways to move around institutional barriers to strategically find alternative and at times resistant ways to work towards the production of a normative feminine performative of an attractive and slender self.

3.3 TECHNOLOGIES OF DISCIPLINE TO PRODUCE THE DOCILE BODY

When analyzing the production of docile bodies in the prison context, it is imperative that we consider Foucault's *Discipline and Punish* (1977). Throughout this work, he provides a history of punishment, examining both the political determinants of penal change and the evolution of *discipline* as a more efficient and effective way to control populations (Foucault, 1977). In particular, the third section of his book on the post-revolutionary period examines discipline as a new form of punishment that targets the body and the soul, whereby through a single gaze, bodies are made submissive (Foucault, 1977). To better understand these contributions, it is necessary that I mention his work on *power*: that of which is not considered a repressive tool, but rather, a productive one part of a "network of relations" as it moves top-to-bottom, bottom-to-top³⁶, and laterally (Foucault, 1977: p.176). It is a generating and constitutive force, making bodies grow and ordering them, instead of making them submit to and destroying them (Bordo, 1993). In this light, power is not a property; it is not something that can be possessed because it is everywhere. Some individuals, however, may have limited power compared to others when they are complicit in and accepting of their own subjection (Foucault, 1977). Foucault uses a number of concepts to theorize how this disciplinary practice is executed. For this thesis, I use his concepts of *correct training*, *surveillance*, and the *examination* to analyze how discipline works to produce good neoliberal subjects, and more specifically, to transform incarcerated women into obedient, productive, and domesticated bodies.

Foucault (1977) theorizes how penal institutions work to achieve docility through *correct training*. Moving away from extreme responses to criminality (execution and

³⁶ Power that moves from bottom-to-top proves most relevant to my own work, given that this conception translates into power "from below" or rather, power from marginalized populations (Bordo, 1993: p.167).

banishment), prison administrators have progressively adopted more humane and efficient measures to reform offenders. This shift in punishment came from capitalist notions of “the body as an object and target of power” (Foucault, 1977: p.136). For that reason, the criminal body that was once discarded is now kept for the purpose of making it compliant and useful, as the “disciplinary power is to ‘train’, rather than to select and to levy” (Foucault, 1977: p.170). Discipline, in this context, ‘makes’ individuals, acting as a productive technique that regards the body as an instrument of its exercise (Foucault, 1977: p.170). Penal regimes address ‘the body’ by gaining access to ‘the soul’ (Garland, 1990: p.143), allowing for deeper alterations of individual behaviour. Hence, the body becomes a site of manipulation; by training and exercising the prisoner to be compliant through hierarchical observation³⁷, it is possible to transform the inner self (Garland, 1990). In other words, when one is subject to “constant, uninterrupted supervision, which is alert to the slightest deviation” they are not only taught to discard deviant thoughts but are also expected to adopt new behaviours (Garland, 1990: p.144). Aside from obedience, productivity becomes essential for reform as the body is *corrected*, subjected, used, transformed, and improved, often through institutional programming and employment (Foucault, 1977). Normalizing judgment further reinforces such ideals, ensuring that prisoners conform and consistently maintain desired behaviour (Foucault, 1977). In recreating a manufactured docile body, the penal institution successfully disciplines (and perhaps domesticates) its prisoners, making them both compliant and useful and thus rehabilitated.

³⁷ Visibility induces the effects of power as bodies in full view are subject to discipline (Foucault, 1977). Typically, hierarchical observation takes the form of a pyramid, where there is constant surveillance leaving no zone of shade – even the very individuals (i.e., prison staff) who are entrusted with supervising are monitored by others (i.e., prison warden, CSC, and so on); this multiple, automatic, and anonymous power is everywhere and always alert while absolutely discreet, functioning permanently and largely in silence, fostering the meticulous control over prisoners’ bodies (Foucault, 1977).

In addition to correct training, feminist scholar, Jody Lawston (2008), argues that the [patriarchal] prison system seeks to further punish, oppress, and silence women in their efforts to reinforce docility (p.7). Drawing on the work of Foucault (1977), Lawston considers how the penal apparatus employs subjectification and subjection of the body:

The body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs. This political investment of the body is bound up, in accordance with complex reciprocal relations, with its economic use; it is largely as a force of production that the body is invested with relations of power and domination; but on the other hand, its constitution as labour power is possible only if it is caught up in a system of subjection...the body becomes a useful force only if it is both a productive body and a subjected body
(1977: p.25–26).

In this passage, Lawston distinguishes how incarcerated bodies become meaningful as the technologies of the prison system mark, discipline, and correct them (2008: p.8). Lawston uses symbolic images of the orange jumpsuits, shackles, and prisoners holding onto and peering out from behind iron bars to exemplify how prisoners' bodies are made meaningful in social and correctional discourse (2008: p.8). She also notes Foucault's assertion that the body performs ceremonies and emits signs, using the practice of the strip search to make her point: "stripping a person's body naked, compelling that person to bend over in a prone and entirely exposed position, is in fact a state ritual that symbolizes complete subjection of the prisoner's body to the vigilant eye of the state" (Lawston, 2008: p.8). When carrying out such degrading and demeaning practices, the body becomes a site of discipline, providing a stern warning to anyone who may rebel against social, economic, and political oppression (Lawston, 2008). Through these technologies, the incarcerated body becomes an object to control and render docile.

Arguably, the most well known aspect of Foucault's (1977) work on discipline in contemporary punishment is surveillance through architecture. Jeremy Bentham, renowned utilitarian philosopher and social and legal reformer designed the 'Panopticon'³⁸, a profound example of how architecture can render the individual as always-already observable to others (Garland, 1990: 146). This design allowed for the separation of authority and lower-ranked subjects, as prison staff would inspect and monitor the behaviour of prisoners (Foucault, 1977). The purpose of this architectural apparatus was to enclose subordinate subjects individually within a given space where they are under the constant gaze of authority figures who remain hidden behind opaque walls (Foucault, 1977; Garland, 1990). While confined to their cell, the prisoner is seen but they do not see; they are the object of information, but, never a subject in communication (Foucault, 1977). Such principles of power: to be visible (subject is in view of the tall central tower) and to be unverifiable (subject does not know whether they are being watched), are essential for the very functioning of this disciplinary structure (Foucault, 1977). By employing these techniques of surveillance – conscious and permanent visibility, and thus, constant observation – prisoners are forced to continuously police their own behaviour in fear of being watched at any time. Accordingly, prisoners are expected to use self-control and restraint to modify individual action, ultimately portraying reformed, desirable behaviour that meets correctional interests (Foucault, 1977; Garland, 1990).

This panoptic model allows for power to work on a broader scale, acting as a “gentle but effective structure of domination”, that limits the need for prison staff to impose

³⁸ A circular building made up of cells with a watchtower in the center, the Panopticon was designed to make the prisoner visible to anyone looking from within the prison (Foucault, 1977; Garland, 1990). The key to this design, however, holds that prisoners are not able to see inside the watchtower, as guards in the watch room are cast in shadows or visibly obstructed (Foucault, 1977).

sanctions as disciplined prisoners take it upon themselves to correct their own behaviour (Foucault, 1977; Garland, 1990: p. 146). Through the automatic functioning (or perfection) of power, its actual exercise is unnecessary because the architectural apparatus creates and sustains a power relation independent of the person (Foucault, 1977; Garland, 1990). This use of power is considered progressive and beneficial in controlling populations in an efficient, non-violent, and cost-effective way as the internalization of self-surveillance and self-correction works to create docile and domestic bodies (Bordo, 1993; Foucault, 1977; Garland, 1990; Lupton, 1995).

Within this panoptic structure there appears to be little that remains private (Garland, 1990). Prisoners are observable at any moment of the day, often by unknown staff of the opposite sex (Miller, 2000). In being constantly visible, women have recounted their bodies as being subject to surveillance against their will, whether they are partially clothed (i.e. undressing or using the bathroom) or totally nude (i.e. using the shower or during a strip search) (Lawston, 2008; Miller, 2000). Incidents of intimidation, harassment, sexual assault, and even rape have been known to result from such cross-gender exposure, leaving prisoners humiliated and violated from disciplinary techniques (Carlen & Worrall, 2004; Lawston, 2008; Mageehon, 2008; Miller, 2000; Pardue et al. 2011; Talvi, 2007). During these moments of subjectification, power works in much more repressive ways, as control is further established through degradation and victimization.

The last technology of discipline that I consider is the necessity to gain knowledge, and thus, power from subordinated populations (Foucault, 1977; Garland, 1990). Through the use of architecture as a disciplinary function, prisoners become more observable, and thus more of an object of study (Foucault, 1977; Garland, 1990). Visibility guarantees disproportionate power relations between the keepers and the kept, whereby “the more

individualized one is in disciplinary records, the less powerful one has become” (Schwan & Shapiro, 2011: 125). In the carceral setting, one of the most individualizing and highly observable spaces is segregation, where visibility creates increased mechanisms for the subordination of the isolated prisoner (Foucault, 1977; Garland, 1990).

Foucault (1977) conceptualizes the *examination* as a technique that relies on such individualization, producing “a whole domain of knowledge, a whole type of power” in the panoptic world (p.185). Combining elements of both hierarchal observation and normalizing judgment, surveillance makes it possible to qualify, classify, and punish (Foucault, 1977). This process involves close observation, documentation, differentiation, and the identification of any failure to conform, and is conducted for the purpose of producing ‘truth’ (Foucault, 1977; Garland, 1990). As a result, the subject is under constant supervision, where case files are recorded to keep a written account of individual performance and behaviour, capturing and fixing them into a *network of writing* (Foucault, 1977; Garland, 1990: p.145; Kilty & DeVellis, 2010). By documenting these indicators, not only are subjects describable, analyzable, and individually assessed over time but they are also tracked, compared, and charted against the aggregated norm (Foucault, 1977; Garland, 1990). A new modality of control then emerges, as individuals are linked by their status to features, measurements, gaps, and ‘marks’ that characterize and make them a ‘case’ (Foucault, 1977: p.192). Examination disempowers the individual, making them an object rather than a subject of knowledge; case records produced by penal authorities are often used to justify continued state surveillance, intervention, and isolation (Foucault, 1977). From this, the relationship between knowledge and power is brilliantly magnified: the more observable and documented an individual is, the more controllable they become as an object of knowledge and an object of power (Foucault, 1977).

These components of the examination appear to affect women differently, as they represent a highly documented segment of prison populations. This is partly based on increased surveillance due to penal infractions. Women may not respond collectively to the pains of imprisonment, but they “do commit more disciplinary offences per head than men do” (Carlen & Worrall, 2004). In this sense, breaching penal norms includes: violence (toward the self and toward others), attempted escape, disobedience and disrespect, damage to prison property, and unauthorized transactions (e.g. stealing or possessing contraband) (Carlen & Worrall, 2004). Whether it be that the prisoner was late for work, caught saving food, found in a friend’s cell, or disobeyed a direct order, it appears that women are less receptive to taking orders or being told what to do, especially when prison rules seem unreasonable (Carlen & Worrall, 2004; Casey-Acevedo & Bakken, 2001). These infractions cause incarcerated women to be written up, tracked, and monitored, while having extra days added to their sentence as punishment (Carlen & Worrall, 2004; Casey-Acevedo & Bakken, 2001; Hannah-Moffat, 1999; Martel, 1999).

Women also disproportionately experience heightened surveillance through medicalization. Especially in the prison context, unruly women are dismissed as being mad, bad, or sad by staff who cannot comprehend that a woman’s behaviour is indicative of her repressive penal surroundings (Carlen & Worrall, 2004). Subsequently, there has been a push for the development of medical, psychiatric, and general hospital facilities in prisons for women (Carlen & Worrall, 2004). With medical options available, incarcerated women have been known to frequently utilize health care services, often requesting appointments with doctors to discuss medical issues and to seek standard medical assistance (Bell, 2006; Hyde et al. 2000; Robert, 2004; Smith, 2009; Goldkuhle, 1999). Such visits generally result in the documentation of the patient’s emotional, mental, and physical state, along with what

medication was prescribed, exposing them to medicine's "collusion with broader disciplinary regimes that survey women's bodies for the purpose of oppressive normalization" (Bell, 2006: p.296). By disclosing their personal concerns to prison staff, the prisoner is made fully visible to the observer (Bell, 2006). Control is maintained every time the prisoner is seen for 'rounds', as nurses maintain the panoptic gaze by observing responsivity to medication. In turn, what is documented becomes the property of medical personnel yet accessible to other staff members (i.e. guards and administrators) in prisoner case files, allowing the institution to have an on-going assessment of the patient and their state of well-being (Bell, 2006; Kilty, 2012b; Kilty & DeVellis, 2010). This recording of women's behaviour produces new forms of knowledge and further entrenches the panoptic gaze, as medical surveillance is a key mechanism utilized in the regulation and control of women's bodies (Bell, 2006).

'Too many' disciplinaries.

For Carlen (2005), disciplinary governance does not end with corrective training, surveillance, and the examination. Coming from a Foucaultian perspective herself, she understands that social regulation functions to create a disciplined citizenry that has internalized the rules of controlled behaviour and bodily constraint (Foucault, 1977). In addition, she proposes that new management techniques are also at work within contemporary prison regimes. Institutional programming – as an antidote to essentialized, psychological, and criminogenic tendencies – becomes a continuation of disciplinary penalty, a strategy that functions to reprogram the prisoner as a citizen and worker (Carlen, 2005). With both old and new management techniques at work in the carceral context, the coercive psychological content of prison programming is implemented alongside the

disciplinarity³⁹ of placing, normalizing, and timetabling and against the backdrop of traditional controls of lock-ups, body searches, and physical restraints (Carlen, 2005). These techniques of punishment do not all function to rehabilitate prisoners, but rather, are fashioned for the execution of penal governance, legitimacy, and knowledge (Carlen, 2005).

With this mix of old and new forms of regulation, managing the penal body politic becomes redundant and excessive (Carlen, 2005). Take, for example, the application of rules and discipline in prison. Institutional rules are prescriptive guidelines for everyday living; a world without such regulation would be unlikely and undesirable, offering little meaning to its inhabitants. Discipline, on the other hand, consists of ‘pedagogic’ and natural rules that bind to govern the soul and produce docile bodies (Carlen, 2005: p.430; Foucault, 1977). Given these two notions, techniques of governance do not simply guide and regulate behaviour – they are eventually cherished and embellished as being ends in themselves, at which point they emerge as ‘disciplinarity’ (Carlen, 2005: p.430). However, the accretion of rules can become pathological, like a cancerous growth, “obfuscating the essential nature of imprisonment and the deleterious effects it has on prisoners” when they function to obstruct institutional objectives rather than help realize them (Carlen, 2005: p.424). With their inherent tendency to constrain and detail, disciplines are no longer questioned, even if superseded by new rules and regulations, they remain part of the dead weight of complacent tradition (Carlen, 2005).

It is here that Carlen (2005) impressively theorizes that disciplinarity have corrosive effects, as they build-up and ultimately create layers of punishment. This conclusion maintains that old techniques of management have not changed, they still exist today in their original form: “the disciplinary transformations in the penal body politic have not supplanted

³⁹ Technologies used to simultaneously discipline and gain knowledge.

the old disciplinaries designed to keep prisoners both docilely and securely in prison” (Carlen, 2005: p.431). Instead, and possibly far more problematic, “they have added even more layers to the already compacted layers of encrusted disciplinaries” (Carlen, 2005: p.431). Thus, punishment does not cease at one’s apparent lack of freedom. It goes much further, reinforcing discipline in all aspects of prisoner life; and most relevant for this thesis, through the carceral management of hygiene, diet and exercise, and medical treatment. As such, Carlen states that: “imprisonment is a violent deprivation of liberty imposed as a severe and painful punishment but [it] also eats away at the best attempts of prison staff to run minimally healthy regimes” (2005: p.431). The layering of penal disciplinaries creates an illusion of never-ending punishment for many incarcerated women, whereby perpetual degradation and subordination are constant reminders of their position within the carceral context. Carlen suggests the increasing layers of punishment worsens the penal experience, often resulting in women being docile, but also, unmotivated and even depressed (2005: p.421).

Resistance.

Carlen’s (2005) notion of the layering of penal disciplinaries prompts the conclusion of this section with a short discussion of Foucaultian inspired work on power and resistance. After gathering fieldwork from three maximum-security men’s gaols, Sparks and Bottoms (1995) proposed that prisons are not run by coercion alone. Rather, they define prisons as sites of constant negotiation, whereby both prisoners and the penal institution wield *some* power (Bosworth & Carrabine, 2001; Sparks & Bottoms, 1995). This is because, other than in extreme circumstances (e.g. lockdown), authority is not entirely fixed (Bosworth & Carrabine, 2001). Everyday in the carceral world there are ongoing negotiations occurring amongst prisoners and between them and correctional staff over things like hygiene, food,

visits, medication, lock-up, education, and sexual relations (Bosworth & Carrabine, 2001). In this negotiation of power, obedience and resistance are determined by one's recognition of prison staff (and possibly other prisoners) as legitimate authority, where "only legitimate social arrangements generate normative commitments towards compliance" (Sparks & Bottoms, 1995: p.48). This is to say that prisoners do not experience incarceration passively; instead, they actively engage in the legitimacy of their punishment, peers, and opportunities (Bosworth & Carrabine, 2001). Such work is based upon that of political philosopher David Beetham (1991), who suggests that "a given power relationship is not legitimate because people believe in its legitimacy, but because it can be justified in terms of their beliefs" (p.11). Hence, legitimate relations of power not only rest on the consent of all parties, but upon the collective, moral, and normative expectations that all parties acknowledge (Beetham, 1991). These contributions demonstrate the reflexive relationship between different social actors within a power arrangement, refuting the superiority of prison staff and opening the possibility for prisoner agency (Bosworth, 1996).

In this light, relations of power between individuals, and between individuals and institutions are of equal importance, allowing us to understand power as an interaction, a relationship, and a practice that connects the micro (individual) and macro (structural) levels (Macleod & Durrheim, 2002; Swigonski & Raheim, 2011). Especially in the carceral setting, this relationship moves beyond that of domination where it is expressed in the exercise of *power over* to include interpretations of power as a means of exercising resistance (Bordo, 1993; Swigonski & Raheim, 2011). The term *resistance* is particularly useful when considering power in the prison system because "it highlights the struggle prisoners undergo to retain a sense of choice and autonomy in a situation where they are relatively powerless" (Bosworth & Carrabine, 2001, p.505). Such action does not occur at one particular time;

rather, it emerges gradually through local and minute shifts in power, some moments of resistance even resulting from conformity to prevailing norms (Bordo, 1993; Bosworth, 1996).

According to Bosworth and Carrabine (2001), to actively engage with the prison regime and those actors within it (i.e. correctional officers and other convicts), prisoners must successfully construct themselves as agents (p.502). Hence, they draw on their lived experiences outside prison walls, ultimately acting in ways that reflect their race, gender, and sexuality (Bosworth & Carrabine, 2001). In taking this perspective, it is possible that human action, whether compliant, passive, or subversive, holds meaning for both the actor and his/her audience (Bosworth & Carrabine, 2001). Relations of power, therefore, allow us to understand the variety of actions taken by prisoners, whether they are low-scale or more revolutionary (Bosworth & Carrabine, 2001). Bordo (1993) goes so far as to suggest that: “modern power-relations are thus unstable; resistance is perpetual and hegemony precarious” (p.28). For instance, and as aforementioned, women typically use passive forms of agency, most often engaging in psychological strategies to maintain one’s identity and self-esteem (Bosworth, 1999; Carlen & Worrall, 2004). In fact, women have been known to overcompensate standard performatives of femininity (i.e. beauty) to *resist* oppression (Bordo, 1993; Bosworth, 1999; Carlen, 1983; Carlen & Worrall, 2004). It is here that they attempt to redefine situations and symbolically represent themselves as the ‘winner’, or rather, the more dominant figure in a particular situation (Bosworth & Carrabine, 2001; p.505). We must not, however, ignore the possibility for women to employ more active means of agency, through which women may counteract restrictive and traditional notions of passive femininity (Bosworth & Carrabine, 2001). Whether their activities are low or high

scale, we can read women's everyday, routine interactions as contributing to the maintenance or disruption of the status quo (Bosworth & Carrabine, 2001).

Building on this discussion led by Bosworth and Carrabine (2001), Frigon's (2003, 2007) work examines how incarcerated women use their bodies as both a *site of control* and a *site of resistance* to communicate individual agency. By considering the body as a site for both control and resistance, Frigon describes how women strategically use their appearance and *mark* their bodies to regain power in less autonomous settings. Fittingly, this use of Bosworth, Carrabine, Bordo (1993), Carlen and Worrall (2004) in conjunction with Frigon, Shantz (2010), Robert, and Belzile (2007), theoretically bridges a Foucaultian analysis of resistance with Lupton's (1996) notion of the *imperatives of health*, which will help to conceptualize how the body is engaged in health and gender performatives and may thus be used to resist penal control.

Shantz and Frigon (2010) acknowledge that incarcerated women are exposed to carceral practices, which use disciplinary techniques to shape them into corrected, 'docile bodies'. This is captured through exhaustive institutional routine and protocol that removes prisoner autonomy and decision-making, including over personal matters associated with the body. As we know, however, relations of power are everywhere and work in multidirectional ways, and so, prisoners can challenge institutional power and control strategies (Foucault, 1982; Shantz & Frigon, 2010). Resistance, in this light, works to expose institutional power and unfair or degrading practices, as women challenge dominant structures, limit their own docility, and temporarily reverse power relations (Foucault, 1982; Shantz & Frigon, 2010). Thus, Foucault (1982) notes that a "plurality of resistances" exist, especially in modern prisons, opening space for individual agency as women "transform their bodies from sites of punishment into sites of resistance" (Bosworth, 1999; Shantz & Frigon, 2010).

Through a critical analysis that centralizes *the body*, we can better conceptualize how prisoners adapt to and resist the prison's disciplinary routines. Incarcerated women use their actions, thoughts and appearances to negotiate agency (Frigon, 2003, 2007; Hannah-Moffat, 2000; Shantz & Frigon, 2010; Smith, 2002). More specifically, women enact performatives through "*body projects*" or "*marking*" that involves: make-up, clothing, tattoos, piercings, exercise, intimate relations, self-mutilation, as well as binge eating and/or starving (Frigon, 2007; Shantz & Frigon, 2010). With this lens, we see that women use their bodies as a *canvas* to reassert identity inside prison (Shantz & Frigon, 2010). Hence, the body is a 'site of control' (e.g. using institutional product for alternative means to alter appearance) as well as a 'site of resistance' (e.g. lying about an allergy to access a healthier special diet). Women use their bodies as a *tangible* means of resisting some of the daily carceral control strategies so as to better their conditions of confinement and create a more manageable prison experience.

From this understanding of agency, incarcerated women have the ability to resist institutional control by challenging oppressive authority (McLaren, 1994). More specifically, women move around institutional barriers that constrain individual action and find ways to participate in practices of health and performatives of normative femininity. These dynamics of power are of particular interest to my work. As I demonstrate in the analysis chapter, women in prison typically use passive or low-level forms of resistance that exist within the confines of their femininity to regain control over their bodies and possibly (re)create opportunities for themselves that may not otherwise be available through obedience – for example, claiming to have a heavy menstrual cycle to receive additional hygienic products, requesting a special diet to avoid stodgy and high-in-fat foods, or engaging in self-injury to temporarily escape the pains of imprisonment. These theoretical foundations are essential to

this research, as they demonstrate that women are not always-already confined by institutional objectives, and may instead demonstrate their autonomy through their bodies, capable of strategically enacting agency to gain or express power in their prison experiences and relationships.

CHAPTER 4: A DISCUSSION OF METHODOLOGY

Unpacking My Methodological ‘Toolbox’

Quantitative research is often praised for being objective, valid, politically neutral, and ‘good’ science (Martel, 2004). Subsequently, qualitative research is dismissed for being subjective, which some suggest indicates a lack of credibility and reliability (Martel, 2004). According to the *hierarchy of knowledge*, quantitative and positivist scientific research is preferred over qualitative data collection methods, where a “universalistic, objectivistic and rationalistic view of social reality occupies a higher rank than alternative interpretations of social reality” (Martel, 2004: p.167). Many scholars refute these claims and argue that qualitative data is no less valid because all researchers have bias and, therefore, all research is subjective (Becker, 1967: p.245; Onwuegbuzie & Leech, 2005: p.377). Despite the apparent prejudice in favour of quantitative methods, a qualitative methodology best suits this research project, as I seek to obtain an in depth understanding of the meanings and “definitions of the situations” presented by informants, with a primary concern to reveal the subjective beliefs of those being studied (Wainwright, 1997: p.2). The critiques of using a qualitative approach, however, can create impediments to the research process, where “exclusionary practices make possible the dominance of certain epistemological approaches and the marginalization of others” (Martel, 2004: p.166). As a result of this marginalization it is important to outline the benefits of adopting a qualitative methodology for this particular study.

4.1 EPISTEMOLOGICAL FRAMEWORK

It is important to be reflexive and to recognize one’s subjective influence on the research design throughout the research process. According to Frauley and Pearce (2007), researchers should identify their epistemological framework at the onset of the project, as it shapes the styles of thought, forms of analyses, and modes of generating and evaluating

criteria (p.17). One's epistemological framework is the chosen paradigm that acts as a lens through which the researcher understands and interprets social reality.

Within social science research, there are a number of paradigms that offer different approaches to interpreting knowledge. To help determine which paradigm best suits this research, I refer to Lather's (1994) work in *Critical Inquiry in Qualitative Research*, where key paradigms are arranged and distinguished by purposes and goals (p.105). Within this table, there are four columns "prediction", "understanding", "emancipation", and "deconstruction", used to signify the researcher's purpose (Lather, 1994: p.105). Because I am focusing on issues of gender and power, agency, oppression, hegemony, and social structure, this research is best described as having an emancipatory goal, where much critical and feminist research is situated (McCotter, 2001). This perspective understands the world to be constructed through power relations that subordinate women. Using a critical feminist paradigm meshes well with the goal of advocating for change rather than simply describing social life (McCotter, 2001). To do this, I will problematize and challenge existing social structures by showcasing the subjugated voices of the participants. As such, I will work to avoid reproducing existing hierarchies within social, gender, and class relationships, by drawing attention to the harms associated with the marginalization of vulnerable groups (McCotter, 2001). In accordance with this paradigm, the end goals for my research are oriented towards social justice. As described by Lincoln and Guba (2003), *Action* within a critical paradigm is found in the form of empowerment, emancipation, social transformation, and equality (p.141). This call for action can range from internal transformation (i.e. ridding oneself of false consciousness) to external social change (Lincoln & Guba, 2003).

I situate this research within a critical feminist lens while drawing on Foucaultian discussions of power to help illustrate the oppression incarcerated women experience and the

gendered nature of power relations. This perspective is needed to explore women's agency and control over their bodies while residing in carceral institutions. Feminist theories are essential as they "analyze women's experiences, articulate the nature of social relations between women and men, and provide explanations that support efforts to transform these social relations" (Swigonski & Raheim, 2011: pp.10-11). The key element of feminist theory is that it centers and problematizes women's diverse situations (Oleson, 1994; Swigonski & Raheim, 2011). Aside from gender, a Foucaultian analysis extends the notion of power, reiterating, "power is everywhere" because it is relational (Foucault, 1984: p.93). This conceptualization allows us to consider the potential for subordination to result from the intersection of other variables as well, such as race and class, but also that there is some possibility for resistance. Using this critical framework will assist in the exploration of the complexity of women's marginalization.

4.2 RESEARCH QUESTIONS

RQ1: How do women perceive their ability or inability to make autonomous decisions about their bodies and personal health while incarcerated (i.e. hygiene, diet, exercise, and access to over-the-counter medication)?

RQ2: How do women perceive the impact of incarceration on their experiences of agency with respect to their health (i.e. hygiene, diet, exercise, and access to over-the-counter medication)?

RQ2a: More specifically, did women feel as though they had more control over their bodies inside or outside prison?

RQ3: In accordance with their perceived agency (or lack thereof), do incarcerated women resist institutional control over their bodies, particularly in the context of health (i.e. hygiene, diet, exercise, and access to over-the-counter medication)?

RQ3a: If so, what strategies of resistance (compliant, passive, or active) have been used by women to re-establish agency in the prison environment?

4.3 DEFINITIONS OF TERMS AND CONCEPTS

It is important to operationalize the terms that will be used throughout this thesis in order for the reader to understand their intended meaning. To begin, I focus on defining the terms used in the research questions. To help conceptualize such terms, I draw on the theoretical literature that forms the foundation of this research. For instance, I use Foucault's (1977) notion of *power* as relational, as set out in *Discipline and Punish*, to inform my own use of the term. With regard to women in prison, *power* will be used to suggest that participants have some sense of control or agency over their bodies while incarcerated; I situate the participants as actors in a network of relations with penal authorities (Bordo, 1993; Bosworth & Carrabine, 2001; Foucault, 1977). Stemming from this conceptualization, I use the term *agency* to describe how women respond (compliantly, passively, or actively) to disciplinary techniques (Ajzenstadt, 2009; Maeve, 1999; Mageehon, 2008). As one of the main components of this thesis, agency considers *how* women make choices about their bodies while incarcerated. In using this concept, I recognize participants to have purpose in their actions [to some capacity], ranging from compliance to resistance. *Compliance* is known as purposively complying with authority, seeking benefits or rewards through passive and/or docile behaviour (e.g. avoiding trouble to keep visitation hours with children) (Bosworth, 1996; Carlen, 1983; Jiang, 2006). *Resistance* allows women to move beyond

relationships of domination by exerting power in opposition to authority (Bordo, 1993; Bosworth & Carrabine, 2001; Foucault 1977). *Passive* resistance is considered low-level action that exists within the confines of a woman's femininity (e.g., lying about an allergy to get onto a healthier diet) (Bosworth, 1996); *active* resistance presents more overt, and possibly violent means of action (e.g. using self-injury to release inner pain) (Carlen & Worrall, 2004; Kilty, 2006, 2008a,b, 2012b). When a woman resists institutional control, it is often to regain a sense of power, to make prison life more manageable, or to create an opportunity for action or change.

Health, broadly speaking, encompasses how participants perceive hygiene, diet, exercise, and over-the-counter medication. *Health* can be understood as one's wellness; this conception relates to attaining emotional, physical, and mental well-being (Lupton, 1996). *Hygiene* involves personal upkeep, appearance, and cleanliness and is thus affected by access to sanitary materials. *Weight* involves a balance between a woman's diet and exercise (Smith, 2002). With respect to *diet*, I focus on the type of food served, its method of preparation, taste, presentation, and its nutritional value (Godderis, 2006). *Exercise* implies energy expenditure, including opportunities for physical and leisurely activities (Condon et al. 2008). Finally, *over-the-counter medication* refers to any regulated and non-prescription drug that is accessible on the shelf in Canadian pharmacies. Such medication can include, for example: aspirin, cold and sinus medications, cough syrup, medicated creams, vitamins, and lozenges, among others.

The following three definitions stem from participant understandings and are thus grounded conceptualizations. The *self* is understood as a defining feature of human nature, in that it is the collection of qualities that make an individual distinct from others (Callero, 2003; Mead, 2009). *Self-image* is a personal understanding of one's abilities, appearance,

and personality; it comes both from within and from interpretations of how one feels others see and judge the self (Gecas, 1982; Mead, 2009; Sherwood, 1965). Lastly, *identity* may be defined as the social products of the self process (Callero, 2003), made up by distinctive characteristics belonging to any given individual, or shared by all members of a particular social category or group (Mead, 2009; Sherwood, 1965).

4.4 ETHICAL SAFEGUARDS AND PRECAUTIONS FOR THE PROTECTION OF HUMAN SUBJECTS

Before collecting the data, academics must consider the ethical obligations of their research. In Canada, when a study involves human participants the researcher must abide by a professional code of ethics (Tri-Council Policy Statement, 2010, 2nd Edition). This process informs the researcher of the ethical ways to collect, handle, and report on research data. To navigate this process, the researcher must understand the guidelines and standardized principles put in place to ensure participants and their rights are respected throughout the research process (Tri-Council Policy Statement, 2010, 2nd Edition). Since I interviewed previously incarcerated women, I was first required to submit an ethics application to the University of Ottawa Social Sciences and Humanities Research Ethics Board (REB)⁴⁰. As part of my application, I had to draft a recruitment text and consent form (see Appendix A and B). These documents are meant to inform the participant about the aims of the project along with the role and rights of interviewees. By ensuring that participants have full knowledge about the study, they can make an informed decision as to whether they would like to participate in the research.

⁴⁰ Ethics approval was granted on May 28th 2012 from the Research Ethics Board of the University of Ottawa (see Appendix C).

Before commencing the interview, I read through the consent form orally with each participant, ensuring that they were aware of the research objectives and their role as participants. I also reminded the women that their participation was voluntary, giving them the right to refuse to answer questions and/or withdraw from the project at any time. Compensation, in the form of a \$20 Shoppers Drug Mart gift card⁴¹, was given to each woman in exchange for her participation. Compensation was not meant to compromise the notion of voluntary participation by enticing vulnerable populations. Instead, it was a sentiment showing my appreciation for their involvement and as such was given regardless of whether or not the participant refused to answer questions or withdrew from the project. The consent form also acted as a contract, guaranteeing that measures would be taken to uphold participant anonymity. Such measures included: signing an informed consent form, changing identifiable information in the transcription process, and using pseudonyms⁴² for each participant. Only myself, and Dr. Jennifer Kilty, have knowledge of the participants' actual names. Copies of the transcripts are stored in Dr. Kilty's on-campus locked office and on my password-protected personal computer. Lastly, I asked participants if they would like a copy of the transcript. Of the twelve participants, seven requested a copy of their interview transcript. To maintain confidentiality and anonymity, I did not ask participants for their contact information. Rather, I printed the anonymized transcripts and brought them to the research site to give to each woman in person. I reassured participants that they could change

⁴¹ The Executive Director of EFry, Dr. Jennifer Kilty, and myself, decided that compensation in the form of a gift card would be most appropriate for this study. Given the expense of many hygienic products, the Executive Director encouraged me to provide gift cards from Shoppers Drug Mart; I did not intend for this to be a show of support for the production of normative feminine performatives, although critics may make this claim. Shoppers Drug Mart also sells foodstuffs, vitamins, and health and medicine products. Participants noted that they often have little spare financial resources to make purchases of this nature and were very appreciative of this particular compensation.

⁴² A majority of the women appeared indifferent to the use of pseudonyms. As such, I chose to identify my participants as 'Participant #1', 'Participant #2', 'Participant #3', and so on.

any information they believed to be incorrect or misleading after reading their transcripts; none of the participants who requested a copy of their transcript contacted me to make revisions to the text.

Despite the thoroughness of the REB process, Kitchener and Kitchener (2009) argue that a professional code of ethics is not always enough for social science researchers, as it does not provide answers to solve unanticipated conflicts in the field (p.6), insisting that some ethical codes can be contradictory, outdated, and ineffective for diverse and complex situations. They subsequently encourage researchers to also maintain their own set of ethical values. Building on this notion, Guillemin and Gillam (2004) propose that reflexivity can formulate an ‘ethics in practice’, whereby the researcher engages in a kind of ethical ‘alertness’ that includes conscious consideration of different potential ethical positions and the adoption of a particular ethical stance (pp.262-263). Ongoing reflexivity can enable the researcher to best uphold the interests of participants, especially in unpredictable situations (Guillemin & Gillam, 2004). Kitchener and Kitchener reflect on such values in their list of ethical principles, which they defined as: “general norms that provide a rationale for the moral rules in ethics codes” (2009: p.12) In following their own ethical principles, researchers can reflexively confront unexpected issues that may arise throughout their research journeys.

While presenting their ‘Five-Level Model of Ethics’, Kitchener and Kitchener (2009) situate *Ethical Principles* on the third level, where critical evaluation enters the model. It is within this level that they recommend five principles that, if followed, will help researchers to conduct their study in an ethical manner. Similar to most REBs, the first principle is *nonmaleficence*, which is the duty to inflict no harm. *Beneficence* requires that the research benefit others in some way. The researcher is expected to act in ways that further the

participants' well-being while balancing potentially beneficial consequences with harmful ones (Kitchener & Kitchener, 2009). The ethical principles of nonmaleficence and beneficence reflect the critical and feminist epistemological framework used to guide this research. While interviewing participants, I made sure to be sensitive to any emotional discomfort that arose during the meeting. At these times, it was essential that I acknowledge the power dynamics, biases, and language used. As explained by Cannella and Lincoln (2007), researchers should avoid *Othering* as it subordinates participants into passive positions (p.320). To avoid this, I attempted to collaborate with participants by offering them the opportunity to read and reflect on the interview transcript and to make any changes or to add or omit information. Despite the fact that none of my participants contacted me upon review of their transcript, the underlying intention was to work together with participants to produce this research. In addition, I gave participants a list of community resources (see Appendix D) should they feel any emotional discomfort following the interview. I also canvassed for winter boots and clothing to donate to The Elizabeth Fry Society in order to assist them in dressing for the Canadian seasonal changes. In taking these steps, I was able to benefit participants and minimize associated harms.

The third principle recommended within the model is to *respect participants*. This means that participants should be treated as autonomous individuals (Kitchener & Kitchener, 2009). By ensuring participants were able to provide informed consent, I worked to respect their autonomy. As researchers, we inform participants about aspects of the research, assuming that the individuals in question are competent to make independent decisions (Kitchener & Kitchener, 2009). Given the demographical factors of my sample population, I limited academic jargon and phrased questions in a way that was intelligible to their varying levels of education (Kitchener & Kitchener, 2009).

Fidelity, the fourth principle, entails maintaining an honest relationship between the researcher and participant (Kitchener & Kitchener, 2009). A reflexive researcher is aware of their potential influence on the construction of knowledge, with the ability to step back and take a critical look at his/her own role in the research process (Guillemin & Gillam, 2004). Faith in the researcher is imperative to attaining honest and meaningful responses from participants. The relationship that is formed within the interaction of an interview can have significant impacts on the types of stories that informants tell (Flicker, 2004; Fontana & Frey, 2000). Distrust, stemming from lying or deception, can compromise the research and destroy any benefit that social science can offer to the public (Kitchener & Kitchener, 2009). By using informed consent, ensuring participant anonymity, and being open and honest about the research I was able to establish rapport and a trusting relationship with participants. Finally, the principle of *justice* suggests that researchers must distribute knowledge in a fair manner. In choosing to study incarcerated women, analysing the gendered nature of power relations, and considering for the effects of race and class, I worked to provide a critical interpretation of the experiences of a marginalized and vulnerable population. Following the thesis defence I will also provide the agency and participants with a plain language document describing the key research findings so they are able to easily access them and are included in the distribution of findings process.

4.5 RESEARCH DESIGN

Location of study.

When considering the feasibility of the research project, I anticipated barriers to accessing women held in penal institutions (Martel, 2004). This left me with the option of recruiting women who have been released from prison. The Elizabeth Fry Society of Ottawa

(Efry) presented an opportunity for me to access previously incarcerated women and to discuss their experiences of health and agency while on the inside. After completing a fourth year university placement at Efry, I maintained a working relationship with the staff and established rapport with many of the women who use the organization's services. This connection prompted me to recruit women who frequent Efry as the participants for this research. After obtaining consent from the Executive Director of Efry and ethics approval from the University of Ottawa's Research Ethics Board, I displayed posters in and around the Jill-Frances Norwood House (JFNH)⁴³ to recruit women who were previously incarcerated. These recruitment posters (Appendix A) included a brief description of the research, the compensation offered, along with the contact information of the primary investigator and thesis supervisor. I also attended one house meeting to pitch my research to the women and explain the terms of participation, all of which was outlined in the recruitment text. Women that were interested in the study contacted me directly to discuss their participation.

The Efry staff also extended their support in scheduling the interviews. When I met with the Residential Manager of JFNH, the administrative assistants graciously offered to assist me in setting up appointments for interviews with participants. They further suggested that I conduct the interviews in the living room of the JFNH. While a majority of the interviews were conducted in the living room, one participant preferred to conduct the interview in her room, one was conducted in the lounge area of the JFNH counselling offices due to limited space, and two were conducted in the kitchen due to convenience. These

⁴³ Located near the EFry offices in the Bronson Center, JFNH offers safe and supportive transitional housing to provincially and federally sentenced women making the transition from incarceration to the community. Beds at JFNH are also available to women from Drug Treatment Court and those who are at risk of criminalization and in need of housing (The Elizabeth Fry Society of Ottawa, 2012).

settings can be understood as familiar spaces for the women to share their experiences, thus minimizing the potential for a power-imbalance between the interviewer and interviewee.

General characteristics of the study population.

As previously mentioned in the literature review, incarcerated women are likely to: be marginalized in terms of their race and/or ethnicity; have poor socio-economic status often compounded by single motherhood; hold low levels of education; have histories of victimization; and, experience alcohol and drug dependencies (Acoca, 1998; Browne et al. 1999; Carlen & Worrall, 2004; DeHart, 2008; DeKeseredy, 2000; Guanipa, 2011; Kilroy & Pate, 2011; Lawston, 2008; Maeve, 1999; McMillan & Granger-Brown, 2011; Young, 1996). These characteristics were notably present in the sample of participants. In terms of inclusion criteria, I recruited women who: had previously served provincial jail and/or federal prison time; were clients of Efray Ottawa; and, resided in the JFNH or local community. Reflecting the goals of this research, it is important to note that there were no eligibility specifications in terms of age, race, length of prison time served, and/or particular events experienced.

The research sample consisted of six provincially⁴⁴ incarcerated women, three federally⁴⁵ incarcerated women, and three women who spent time in both provincial and federal institutions⁴⁶. Seven out of the twelve participants self-identified as white, three were Aboriginal/white mix, one was Aboriginal, and one was Black. In terms of economic standing, eight women understood themselves to be working class, two believed they were

⁴⁴ Many of the participants whom spent time in Provincial were sentenced to OCDC, a holding center for those awaiting trial and a jail for those women serving sentences less than two years. Due to the functioning of this institution, OCDC acts as a maximum-security setting.

⁴⁵ Many of the participants whom spent time in Federal were sentenced to GVI, a multi-level facility (ranging from minimum to maximum security) located in Kitchener, Ontario. During the interviews, my participants reflected on their time in general population at the minimum-medium level.

⁴⁶ While a majority of the women in my sample served time at OCDC and GVI, some also noted serving time in other institutions across Ontario, Quebec, and the Maritimes, including: Quinte Detention Center, Kingston Penitentiary, Vanier Centre for Women, Central North Correctional Centre, Tanguay Detention Center, Kingsclear, Saint John Regional Correctional Centre, and Clarendville jail.

middle class, and one felt 'in-between'. Fittingly, many of the participants disclosed having unstable employment, often working part-time or having inconsistent work. Education levels were also low: while two women had college degrees and three had a high school diploma, five had not finished high school, and two left school at grade five. Half of the women were between 40-50 years of age, five were between 20-39, and one was over 50, and many identified themselves as being a mother. Three⁴⁷ of the participants mentioned past physical and sexual abuse and eight reported continued emotional abuse in the prison system. Finally, seven women noted drug or alcohol related dependencies upon entrance into prison.

Sampling design.

I originally hoped to recruit eight to ten participants through purposive or *judgment* sampling. This method entails targeting a specific group for a research sample because of the unique position of the sample elements (Bachman & Schutt, 2007). As such, I sought previously incarcerated women who resided at JFNH⁴⁸ for my sample population. Due to the accessibility of this population, the interviews took place over a span of two months. At the onset of data collection, I was able to recruit six residents at the house to participate in my study. After conducting the first six interviews, I felt as though I had exhausted all willing participants at that time, prompting me to take a break from interviewing to begin the transcription process. Returning to JFNH about a month later, the residents showed a new and overwhelming interest in participating in this study. This is characteristic of snowball sampling: an 'informal' method that entails a series of referrals that are made within a circle of acquaintances, resulting in one's sample *snowballing* in size (Atkinson & Flint, 2001;

⁴⁷ Women were not directly asked if they had experienced past physical or sexual abuse, and thus, this number reflects those that mentioned victimization on their own.

⁴⁸ I was open to including Efray clients that only used the counselling services (and thus resided in the local community) but it was suggested by the Executive Director of Efray that I focus on recruiting residents of JFNH for convenience purposes.

Bachman & Schutt, 2007). Since a greater number of women were interested in being interviewed, I decided to increase my sample size to twelve⁴⁹ participants – taking all those who wished to participate so as to avoid any woman feeling as though she was rejected from the study.

Both, purposive and snowball sampling belong to the greater category of non-probability sampling. The reliability of these methods is often questioned because all “elements within the population do not have a known probability of being selected into the sample” (Bachman & Schutt, 2007: p.121). Hence, the chance of any element being selected is unknown, making it difficult (or nearly impossible) to know if the sample is actually representative of the larger population (Bachman & Schutt, 2007); however, generalizability was not the end goal of this research. Much to the contrary, this qualitative study is exploratory⁵⁰ in nature given its originality and unique construct; it seeks to provide a snapshot of the under-researched lived/material realities of incarcerated women along with their individual understandings of agency.

Regarding the number of women in the sample, Labuschagne (2003) emphasizes the need for processes and meanings to be rigorously examined, not measured in terms of amount and frequency (p.100). She contends that smaller samples provide the researcher with a wealth of detailed data through direct quotation and careful description of situations, events, interactions and observed behaviours (Labuschagne, 2003). Despite the fact that the sample is not representative of all incarcerated women, it allowed me to examine the participants’ lived experiences of health and agency in greater depth.

⁴⁹ Due to my lengthy interview guide, I originally anticipated that the interviews would last between one-to-two hours. In reality, my interviews ranged between twenty minutes to an hour and twenty minutes. As such, I was more than willing to increase my sample size to ensure that I had gathered enough data.

⁵⁰ Investigating social phenomena without prior expectation for the purposes of developing an explanation (Bachman & Schutt, 2007).

Information-collection procedures.

In terms of data-collection, I conducted directive qualitative interviews in order to: acquire rich and meaningful detail and include personal testimonies. This methodological approach permits the researcher to listen to the voices of a marginalized group but also to structure and guide the topics of discussion (Lincoln & Guba, 2003). As such, my interview guide (see Appendix E) contained an exhaustive list of questions divided into three main sections: “Hygiene During Incarceration”, “Diet/Exercise During Incarceration”, and “Access to Over-the-Counter Medication During Incarceration”. In using this guide, I introduced participants to various topics with the hope that they would in turn elaborate and provide insightful testimonies. In addition to the interview questions, I asked probing questions⁵¹, further engaging women to talk about their experiences while encouraging them to clarify their answers and expand on their responses. I chose not to take notes during the interviews so that I could devote my full attention to each participant. All interviews were conducted in English and took place in one face-to-face session, lasting between twenty minutes⁵² to one hour and twenty minutes. With the informed consent of the participants, all of the interviews were audio-recorded. Upon completion of the interviews, I transcribed the accounts verbatim, including all verbal and nonverbal innuendos (i.e. pauses, snickering, and stammering) to create a hard copy of the data for ease of coding and analysis.

4.6 ANALYTIC STRATEGY: THEMATIC CODING

⁵¹ By asking probing questions, I discovered additional themes that were not initially anticipated. As such, I made sure to ask the same probing questions in my second block (last six) of interviews to maintain consistent topics of discussion across all twelve interviews.

⁵² Participant #6 decided to withdraw from the interview after 23:30 minutes, only answering questions in section one and two. The other eleven participants completed the entire interview.

Coding in thematic analysis involves a process by which texts and transcripts are repeatedly read and conceptualized to allow for the identification of discursive themes. I reviewed and coded the transcript text in order to distinguish and report patterns across the data set (Braun & Clarke, 2006). This method entails that categories be ‘induced’ from the data, allowing me to actively discover and identify themes that I may have not anticipated based on the literature review (Braun & Clarke, 2006; Ezzy, 2002a). Having used a thematic approach to coding, I found an assortment of discursive relationships and themes through open, axial, and selective coding procedures.

Beginning with open coding, the initial identification of topics is exploratory. The researcher looks in the data for codes, or rather, concepts and ideas that act as anchors on which to build or further develop the code (Ezzy, 2002a; Strauss & Corbin, 1990). It is within this first stage that researchers explore and scrutinize transcripts to tentatively name, categorize, and compare data (Ezzy, 2002a; Strauss & Corbin, 1990). When I began coding, I searched for data relating to the key topics – hygiene, food, exercise, and over-the-counter medication. Reading each transcript line by line, I used an assortment of highlighters and tabs to colour-code each topic, grouping the relevant topical data together. Hence, most answers to the interview questions were highlighted by the colour assigned to the respective topic (e.g. answers relating to ‘hygiene’ were coloured pink). An unmanageable number of codes were initially identified throughout each topical category, proving to be a somewhat overwhelming yet intriguing start to the analysis. I began to notice *how* women were talking about each topic, particularly the relations of power that affected their overall quest to maintain and express agency as it relates to individual performatives of health, beauty, and femininity.

The next step involved re-examining and sorting the collection of codes to find commonalities, links, or relationships between the concepts that could be used to group the data and produce discursive themes (Ezzy, 2002a; Strauss & Corbin, 1990). This stage of axial coding entails putting the data back together in new ways that make connections between categories and that better identify the power relations inherent in the discursive theme (Strauss & Corbin, 1990). In doing this, the researcher looks for contrast between codes, challenging the concepts to build a concrete theme that represents a particular phenomenon within the data (Ezzy, 2002a). During this second stage of coding, I combed through the transcripts looking for concepts. I opened a separate document and wrote out a list of the four key topics (hygiene, food, exercise, and over-the-counter medication) followed by the concepts and discourses that connected and explained my interpretations. At this point, there were various codes to link the topics together; the most notable included: choice/control, waiting, time, structural barriers, motivation, self-image, identity, punishment, agency, resistance, opportunity, and financial/outside support. Having all the data combined in one document, I was able to rename and modify codes while comparing data and sharpening categories. By merging the topics together, certain codes were able to tell particularly interesting stories as to how women experience incarceration.

The third stage, selective coding, involves the identification of a broader core category or element around which the analysis focuses (Ezzy, 2002a). A conceptual model becomes essential at this stage, allowing the researcher to determine whether sufficient data exists to support their interpretations (Strauss & Corbin, 1990). It is here that the major themes emerge and the researcher is able to verify the core code's relationship to the other codes for the purpose of generating theory (Ezzy, 2002a; Strauss & Corbin, 1990). After completing the second round of coding, I input the topics, codes, and themes into a

*conceptual map*⁵³ and began to draw arrows showing significant relationships between particular codes and topics (see Appendix F). Having all of the discursive concepts organized in a chart made it clear which codes were more prominent and suited to be major themes: ‘Choice, Control, and Dependence’, ‘Layering Punishment’, and ‘Agency/Resistance’. As such, I proceeded to make three documents for each major theme and put the most explanatory and compelling quotes from the interview transcripts into the corresponding document. Other significant concepts, such as ‘self-image’, ‘identity’, ‘waiting’, ‘motivation’, ‘time’, ‘accessibility’ and ‘structural barriers’, were used to help explain the more dominant themes. Finally, I decided to leave ‘identity management’ for the Conclusion Chapter, as it was unanticipated but nevertheless an important code that helps to identify areas in need of further research.

Thematic coding is a well-equipped method for distinguishing concepts and phrases within text, comparing and relating them to other codes, while connecting them to the broader discursive themes. In disassembling and reassembling the text, I found fundamental issues associated with choice and control, degradation and shame through layering punishment, and hidden notions of resistance in language that is connected to the broader constructs of power, oppression, and agency. This process has helped me to understand how the participants experienced incarceration, and more specifically, their agency in decision-making with respect to issues of health, hygiene, and femininity.

4.7 DISCUSSION OF VALIDITY

Inquirer’s posture.

⁵³ A diagram was made for the purposes of organizing and structuring discursive and thematic concepts. This “map” reflected the thought process during the last stage of coding, whereby I rearranged concepts and ideas to uncover the major themes developed from the initial codes.

When dealing with marginalized populations, the researcher is confronted with the issue of how to incorporate voice into text. Representation of self is a highly debated subject within the methods literature; however, I adopt the view that the author cannot avoid including his or her own voice because research is always subjective to some degree (Alcoff, 2009; Fine, Weis, Weseen, & Wong, 2003; Grbich, 2004). They can, however, avoid overpowering the dialogue. Academics have attempted to decenter their own voice to allow that of the participants to emerge more substantially; by incorporating participant testimony (via direct quotations) the author becomes the eye of the text, mediating participant narratives for the purposes of making sense of their responses to the directed questions posed to them (Grbich, 2004). In accordance with Alcoff's (2009) *Rituals of Speaking*, a speaker's location (or social identity) can affect and possibly determine the meaning of a message (p.121). Depending on the location of the speaker and hearer, a text can be emphasized, noticed, understood, and believed as true (Alcoff, 2009). Thus, it is necessary to remain cognizant of the researcher's individual positioning (i.e. place and biography) along with that of their participants to understand how such locations shape discourse (Grbich, 2004). I exhibit both white and middle-class privilege – something most participants did not. This social identity impacts how I understand, analyze, and report the text. Despite the apparent difference between speaker and participant locations, by prioritizing feminist concerns around gender, the privileging of voice, and the importance of recognizing subjugated knowledges, I actively worked to de-centre my role as expert knower.

Expanding on issues relating to the location of the speaker, researchers should avoid speaking *for* others. Harmful consequences of representation, including distortion, disempowerment, silencing, and further oppression, can arise when researchers assume meaning and truth on behalf of their participants (Alcoff, 2009). For feminists, the issue of

interpretive authority becomes particularly problematic when researchers attempt to empower women while maintaining a political vision of the structural conditions that lead to particular social behaviours (Borland, 1991). Researchers have disagreed over how to solve this issue, where solutions of retreat, partial retreat, and charges of reductionism have all been criticized. Alcoff (2009) provides an interesting outlook on this dilemma:

If I do not speak for those less privileged than myself, am I abandoning my political responsibility to speak out against oppression, a responsibility incurred by the very fact of my privilege? If I should not speak for others, should I restrict myself to following their lead uncritically? Is my greatest contribution to *move over and get out of the way*? (p.119).

As a critical feminist I have a responsibility to advocate for the women in my study. Hence, some recommendations were considered to ensure the adequate representation of this population. First, I must be accountable for the meaning of my work and how it will affect the population I am studying (Alcoff, 2009). In addition to this first point, Borland (1991) notes the importance of reflexivity when representing women, in order to respect participant responses while also responsibly providing interpretations of their responses (p.64). Second, it is necessary to ‘honestly’ present disenfranchised individuals so as to avoid romanticizing their plight. Researchers often look to best represent their participants by not including damaging information that can negatively implicate the group. By ignoring this information, however, we are denying the effects of poverty, racism, and abuse (Fine et al. 2003). Thus, it is necessary to reframe the story and illustrate the reasoning for individuals’ engagement in illegal, unethical, and immoral activities to be evidence of broader social injustices in society (Fine et al. 2003). Finally, and most importantly, as a researcher I must speak *with* and *to* incarcerated women rather than speaking *for* them; the incorporation of direct participant responses helped this research to present a more collective voice (Alcoff, 2009).

Evaluation criteria.

As aforementioned, one of the limitations of qualitative research is its frequent inability to produce generalizable results. For instance, by interviewing twelve previously incarcerated women, I cannot apply individual accounts to all incarcerated women. Rather, my intention is to focus on the lived experiences of the women in the sample to understand their perception of health and control in prison. Thus, validity will be evaluated through a discussion of the credibility⁵⁴ of the participants and the believability⁵⁵ of their stories.

Unlike quantitative methods, qualitative research texts provide little guidance when dealing with inconsistencies, or rather, what to do with data that makes little sense (Denzin & Lincoln, 2000; Miles & Huberman, 1984). Few scholars have touched on the topic of informants misrepresenting themselves, but those who have suggest that ‘frauds, hoaxes, and forgeries’ are not uncommon in social science research (Berg, 1989, Flicker, 2004). Van Maanen (1990) outlined three main reasons why participants may provide unclear stories: 1) wanting to mislead researchers; 2) lying as a result of shyness; and, 3) being misinformed (*cited in* Flicker, 2004). It is understood that misrepresentation can also stem from participants responding with irrelevancies to avoid appearing uncooperative (Gordon, 1987). Having this insight does not mean that I question inconsistencies and denounce participants’ stories as lacking authenticity. Rather, it reminds me to be cognizant of my epistemological framework and to focus on how participants identify having personally experienced incarceration. In this sense, it is more fruitful to consider: “what is this research valid for?” instead of wondering: “is this valid research?” (Aguinaldo, 2004). In addition, I looked for any inconsistencies across participant narratives, particularly with respect to the rules,

⁵⁴ Participants are trusted as credible because they were sought out based on their experiences and will thus provide valid accounts due to their previous incarceration.

⁵⁵ Participant accounts are believable because they are the participants’ *own* truths of their *own* reality, and thus, they cannot be false.

regulations, and practices of the institutions, so as to account for instances where a participant may not have been responding in an honest or forthright manner. It is important to note that I found no such inconsistencies, suggesting that participants did not misrepresent themselves.

Ezzy's (2002b) *Political Model of Rigour* provides a model of evaluation criteria for assessing the quality and trustworthiness of qualitative research. It is from this perspective that researchers maintain rigour when they integrate research (i.e. participant inclusion) and political action (Ezzy, 2002b). To begin, *positionality* insists that research which claims to be objective and uninfluenced by the author is deceptive (Ezzy, 2002b). The *community* (i.e. academic, political, and participant) acts as an important arbitrator of the quality and values of research, while *critical subjectivity* entails a reflexive self-awareness to be sensitive to the voices of others (Ezzy, 2002b). In line with these first three criteria, I have already addressed reflexivity and subjectivity (and the effects of these elements on research) throughout this chapter. *Voice*, as a fourth element, is especially important when speaking with those who are silenced or marginalized in traditional political processes (Ezzy, 2002b). By working with a marginalized segment of the population, my research provides a space for the voices of a group of women who are often ignored and forgotten. *Sacredness* involves researchers seeking to re-enchant contemporary life by working directly with sample populations throughout the research process (Ezzy, 2002b). To respect the sacredness of voice and positionality (rather than meshing narratives together), I emphasize the complex and diverse lived/material realities of the participants by including direct quotes from each participant, which also helps demonstrate differences across participants. Lastly, *sharing the privileges* proposes that researchers acknowledge the importance of participant contributions and thus seek to give back in some way (Ezzy, 2002b). I provided participants with financial

compensation (\$20 per person), canvassed for winter clothing, and will provide EFry with a copy of the data results (in lay language) post thesis defence.

As one of the ways for evaluating success within critical qualitative research is to determine whether the work produced transformative or emancipatory knowledge, my hope is that the findings from this study are able to spark some degree of personal and/or political change. Despite the fact that my research is unlikely to influence correctional policy, it may be used more directly by EFry in their applications for funding as it provides some documentation of the women they are working to help serve. More generally, this research helps to fill an existing gap in criminological knowledge, ultimately shining light on an overlooked population and their experiences with respect to the under-researched topics of hygiene, food/diet, exercise, and medications use in prison. In the concluding chapter, I also highlight areas in need of future research and I provide a more advanced theoretical examination of women's experiences of health and agency in prison.

Concluding comments.

Considering these guidelines, qualitative methods remain the best-suited approach for showcasing the experiences of incarcerated women. Unpacking this methodological 'toolbox' demonstrates the importance of reflexively acknowledging the critical feminist stance identified at the beginning of this chapter. In the following Analysis Chapter, I use participant testimony as a credible data source to inform the analytic discussion. As we will see, participant voices (via summary descriptions and direct quotations) are incorporated throughout the text as a genuine means to communicate and reinforce the significance of the three predominant themes, being that incarcerated women lack institutional choice and control, experience punishment in what Carlen (2005) describes as 'layers', and engage in compliant and active forms of resistance. I centralize research participants as the experts of

their own lives, providing steered yet unrestricted access to individual stories and truths. By highlighting the marginalized voices of those in the research sample, this work contributes to the already extant feminist criminological literature by providing a glimpse into the material realities of incarcerated women and their experiences with agency and health in restrictive prison settings.

CHAPTER 5A: DESCRIPTIVE ANALYSIS OF CANADIAN CARCERAL SETTINGS

Life Inside The Ottawa-Carleton Detention Center and Grand Valley Institution For Women

Given the nature and complexity of the interview questions, there was an overwhelming amount of data. In order to better situate the information gleaned from participants, it is useful to begin with a short descriptive analysis of the prison context for provincially and federally sentenced women, as participant responses helped to sketch an overall picture of the carceral milieu in Canada. The first section of this chapter describes the current correctional setting and regimen at both OCDC and GVI, as it pertains to experiences of hygiene, diet, exercise, and access to over-the-counter medication. Here, it is important to identify the similarities and differences between the provincial and federal prison settings to better understand how women experience incarceration, and further, choice and control with respect to their health, bodies, performatives of femininity, and appearance.

Hygiene

Participants explained that in the provincial context they could not make basic decisions about their hygiene; the daily institutional regimen is strict and coercive at OCDC, a maximum-security detention center where nine participants spent time. The degree to which women felt they had control, however, differed slightly between those in cells versus dorms. The cells at OCDC are small and concrete with a set of bunk beds, a toilet, and a sink. Due to issues with overcrowding, three women were assigned to one cell, meaning the third woman slept on the floor. Bedding consisted of a thin foam mattress and one blanket. Prisoners spent twenty-two hours each day in their cells, where they ate, slept, and found other ways to pass the time. For the remaining two hours, women were let out to shower, eat, watch television, use the phone, and have yard time. Alternatively, the dorms at OCDC held eighteen to twenty-six women. They too are small in size, but contain walkways that linked each room to a bathroom and multipurpose room. Women in the dorms had unlimited access

to showers and television at anytime during the day. Like those in the cells, women were also let outside each day for yard time.

Despite the fact that participants were in charge of cleaning their own cells and dorms, they continued to describe OCDC as an “*old*” and “*dirty*” place. When the supplies cart came each morning, women received cleaning products to wipe down the sink and toilet, empty the garbage, and mop the floors. There are no windows, however, meaning that air quality was poor and subject to the circulation of dust and recycled air.

Women stocked personal supplies of toilet paper, napkins, soap, shampoo, deodorant, toothpaste, toothbrushes, hair combs, tampons, and menstrual pads. None of these products were brand name; rather, prisoners were provided with institutional items that all participants described as “*cheap*”, “*low-quality*”, and “*old*”. Some of these supplies were heavily rationed, while others were unlimited allowing women to take as many as they needed. The hoarding of product, however, was not allowed, resulting in guards removing over-stock⁵⁶ during cell searches. There was also nightly access to nail clippers and razors, forcing women to trim their nails and shave over their cell sink. If women wanted better quality hygienic products, they had to purchase them from the canteen, where items were overpriced.

In terms of clothing, women were given three pairs of underwear, two sports-bras, two pairs of socks, three t-shirts, two pairs of sweatpants, two pullover sweatshirt(s), and one pajama set (nightshirt and old jogging pants). They were also provided with one pair of flat canvas shoes and two towels. Participants complained about the fact that they were wearing ill matching and ill fitting, fuchsia and forest green clothing. The institution determined when such belongings would be washed: laundry was twice a week for clothes and once a week for bed sheets. Participants reported washing their own underwear in the sink or showers.

⁵⁶ Exceeding a given limit on hygienic products (e.g. having more than one toothbrush in one’s possession).

Due to a correctional emphasis on security, women got little privacy while incarcerated. In the cells, male guards sometimes failed to identify themselves while on the range, and were thus able to view women undressing, using the toilet, and changing tampons or sanitary pads. To prevent such exposure, women hung bed sheets over the cell bars but guards frequently yelled and demanded they remove them. Women are strip searched when entering the shower facilities. Once in the bathroom they cannot lock the doors. The set-up of these cubicle showers mimics a car wash; the only coverage consisted of a door that reached from the top of their chest to their thighs. In the dorms, participants explained that there was a curtain covering the shower but no door entering the bathroom, allowing dorm-mates to see women using the toilet and enter the bathroom while women were showering. Some women found this annoying but mentioned that everyone tried to respect one another, identifying their presence and looking the other way. Again, participants tried hanging sheets but guards disallowed this means of generating privacy.

In the federal context, women explained having more freedom and compared the institutional setting to a college dorm. GVI is a multi-level security institution, where women designated minimum and medium security live in cottage-like houses on a prison compound. Each house holds ten to twelve prisoners; some have individual rooms while others have to double up. All the women in the cottage share one bathroom, kitchen, dining room, living room, and laundry room. New to the compound and reflecting the growing prison population, GVI just introduced a small trailer that holds sixteen prisoners. In the trailer, women share one bathroom and living room but are without a kitchen.

The general sentiment regarding hygiene was positive; most federal participants felt they could make basic decisions about bodily maintenance. Women controlled when and how long to shower and get ready. The only real barrier was coordinating access to the

bathroom with their housemates. For the most part, women had privacy at GVI. When using the shower and toilet, they could lock the door. During count, staff members identified themselves upon entrance into the house and again before going upstairs, allowing women the time to cover up.

When asked about their living arrangements, participants suggested it was difficult to be housed with strangers. There were always a few women that did not look after their hygiene or clean up after themselves, creating an unsanitary environment for the rest of the house. As such, many women reported the houses at GVI being dirty. In part, this is due to the institution getting older, but typically, dirtiness (i.e. dishes in the sink and overflowing garbage) was a result of women refusing to do their chores. Sometimes other women would ‘pick up the slack’ but many tired of taking responsibilities for other people’s chores.

In terms of hygiene products, the institution provided the basic necessities: toilet paper, tissue, deodorant, soap, toothbrush, toothpaste, tampons, and denture cream. Participants explained that most products given by the institution were of poor quality. Federal prisoners are given \$4.00 every two weeks to pay for products from canteen or through outside shopping. Women were also permitted to use money earned from prison employment (i.e. CORCAN) or personal funds to purchase these items. Each participant described these items as expensive, where inflated prices often resulted in the reliance on institutional products. Similar to OCDC, hoarding is not allowed, resulting in the overstock of product being confiscated by guards.

In GVI, prisoners are given blue t-shirts, grey jogging pants and sweaters, pajamas, underwear, bras, socks, and shoes. Make-up and hair products are available on canteen or through outside shopping. Also, prisoners can have boxes sent in from family containing personable items such as clothing, underwear, jewelry, shoes, a blow dryer or straightener.

With access to their own belongings, women can take care of themselves similarly to how they would on the outside, making institutional life more comfortable and livable.

Diet

In provincial prison, staff members determine all dietary matters. Adding to the institutional regimen, breakfast is served at 7:30 – 8:00am, lunch 12:00 – 12:30pm, and dinner 4:30 – 5:00pm. No exceptions are made in terms of meal times. For those in the cells, women eat two meals on their bunk and one in a cafeteria-like room; in the dorms, they eat at a table in the common room. Food is shipped into OCDC from Cook-Chill, a kitchen at the Vanier Centre in Milton that prepares all meals for Ontario jails. The food is received frozen on trays, where it is then steamed and served to the women. Typically, prisoners are fed starchy and carbohydrate-heavy filler⁵⁷ foods, including: bread, pasta, muffins, soda crackers, potatoes, and rice. Fresh produce is scarce and only available in small servings, leaving women wanting more fruit, vegetables, and salads. Not surprisingly, almost all of the participants described the prison diet as being repetitive, poor in quality, unhealthy, and lacking in nutritional value. Hence, those with more financial support often purchased snacks from canteen to avoid hunger between meals.

For some women at OCDC, requesting a special diet seemed to be their only means of control over prison food. Participants disclosed being on special diets for: diabetes, celiac disease, lactose intolerance, religious reasons (e.g. a Kosher or Halal diet), allergies, pregnancy, and vegetarian or vegan preferences. While on these diets, women were typically given extra fruits and vegetables and thus healthier alternatives to the regular meals offered. There were times, however, when prisoners were unhappy with their diets, experiencing mix-ups and other problems with their requests. Other participants expressed that they wanted to

⁵⁷ Typically described as a way to make them full and sedate.

be on a special diet but could not be accommodated based on individual preference alone; for example, if a woman did not enjoy seafood, she would have to “*suck it up*”.

Comparatively, experiences with food differ greatly in the federal system. Rather than being fed three pre-made meals a day, GVI has more independent food service for minimum and medium security women living in houses⁵⁸. These prisoners have weekly budgets of \$35.56 to order food from an institutionally pre-set grocery list. Participants described the food as being better in terms of quality, freshness, and variety compared to provincial jails and prisons. Some, however, explained that on occasion they would receive rotten fruit or expired meat in their bags, while others expressed frustration over high prices, as well as the pre-set list failing to readily accommodate women with food allergies (e.g. limited gluten-free options).

Once the groceries are brought to the house, women store them in the kitchen; fridge and cupboard⁵⁹ space is divided amongst the women in the house to provide storage for food items. Participants also mentioned storing some dry foods in their room. When hungry, women were able to cook and prepare their own meals to meet individual preferences. In choosing what to eat, when to eat and how the food is prepared, federally sentenced women have more freedom to make basic dietary decisions and thus the opportunity to maintain a healthier and well-balanced diet.

Exercise

At OCDC, women get twenty to twenty-five minutes of yard time per day. Participants described the yard as a concrete space the size of a basketball court, enclosed by brick walls and chicken-wire fencing. Without access to exercise equipment, women were

⁵⁸ Prisoners in trailers eat the same food as the maximum-security women, prepared by the cook at GVI.

⁵⁹ Women cannot lock their food in cupboards, a problem that will be explained later in this chapter.

left to walk or jog in circles, while others did step exercises⁶⁰ on the curb of the yard. Those wanting additional exercise attempted to workout inside their cells and dorms. Cell exercise involved sitting on a bunk and moving one's feet up and down. For those in the dorms, participants explained power walking up and down the walkway and doing exercises (e.g. sit-ups, chin-ups, jumping or lifting) in their multipurpose or kitchen room. In addition to these activities, women also mentioned there being yoga programs offered every second Sunday for forty-five minutes. This activity, however, required prisoners to put their name on a wait list to participate.

Federal women, on the other hand, had far more control over their exercise at GVI. Prisoners had access to a gym, and thus, exercise equipment including treadmills, elliptical machines, and weights. There is also a running track, group sports (e.g. volleyball, basketball, and badminton), yoga, meditation, and aerobics. In terms of the length of time permitted to exercise, minimum and medium security women were free to roam the compound and exercise for as long as they wanted unless it interfered with count, curfew, programming, or work. The gym was open to the minimum and medium security women after 3:30pm during the week, on weekends, and holidays. One participant did, however, mention long waits to use the exercise equipment. Activities were offered on specific days, typically once a week. The track was available all day. Some participants explained that they used these opportunities for exercise, whereas others simply enjoyed sitting outside or walking around the compound.

Access to Basic Medication

⁶⁰ Step exercises involve lifting one foot onto the concrete step, putting it back on the ground, then doing the same with the other foot. Women would repeat this motion at a fast pace for cardio exercise.

In provincial settings, over-the-counter medication is available but heavily controlled by the institution. Prisoners must request medication and typically require a prescription even for over-the-counter medications, making them dependent on the institution to manage and treat all of their medical needs. Women were offered standard, quick ‘fixes’⁶¹: Tylenol®, Pepto Bismol®, Midol®, Polysporin®, and medicated creams, for back pain, migraines, Colitis, Psoriasis, stomach ulcers, heartburn, cramps, yeast infections, and blisters. Nurses administered medication three times a day during rounds (morning, afternoon, and night); outside of these times, no medication was given leaving women to ‘*tough it out*’. On occasion, women could request over-the-counter medication (e.g. aspirin for a headache) during morning and evening rounds, but would have to do so *before* they received their cup. In these situations, repeats were not allowed as quantities were restricted and up to the nurse’s discretion. When given medication, women had to open their mouths and stick out their tongues to show that pills had been ingested because medication is not to be in the prisoner’s possession or cell.

Each participant experienced at least one form of over-medicalization. For example, the majority of participants were prescribed Seroquel, an anti-psychotic drug, to help them sleep. Others explained situations where women had been forced to ingest their medication, threatening to be cut off from it for good. I was also informed of instances of under-medicalization in prison, where participants felt they were not given what they needed and had little input in the medicine administered. Some experienced outright refusal when failing to follow ‘procedure’; for instance, if a prisoner forgot to ask for Tylenol® after receiving their cup at rounds, nurses were reluctant to pour additional medication into a second cup.

⁶¹ Vaseline®, cold medication, lozenges, and lip chap had to be purchased on canteen.

Aside from issues with over/under-medicalization in prison, participants reported long waits to receive medical attention. There appeared to be a significant backlog in medical services offered at OCDC, especially since the doctor only came in on Thursdays. Needing a prescription for most medications meant that women had to deal with the pain until their appointment. Not surprisingly, demands to see the doctor are high and access is slow. When women were able to see the doctor, they could only discuss three medical concerns, feeling rushed during their visit. Physical examinations and PAP tests were available by the doctor. Also, methadone was permitted, but only to those who entered the facility already on the program. Participants explained that there was no confidentiality in prison; for example, guards and nurses are present in the examination room.

In conjunction with the backlog in medical services there was little continuity of care from the community into prison. Upon entrance at OCDC, women must notify the doctor about previous prescriptions as well as allergies and medical conditions. That is to say, prisoners coming in have to make due without medication or special diets until they can see the doctor. Some participants explained that certain medications previously prescribed to them (e.g. Oxycontin, Valium, Xanax, and Ativan) were prohibited in prison. As such, participants reported being given inadequate and unsuitable replacement medications. Women on the community methadone program also mentioned major delays in receiving their daily dosage inside, forcing them to endure withdrawals and re-start the program.

Almost all participants believed health care to be better at GVI. Upon entrance, women were offered test screening for AIDS, Tuberculosis, and Hepatitis B and C, and given physical examinations to check for infections, lice, and viruses. Vaccinations were also available at this time. Like provincial prison, regular dosages of over-the-counter medication had to be prescribed by the doctor. Women could also request the occasional aspirin from the

nurse. Again, other medical items (e.g. Vaseline®, Polysporin® and vitamins) were available on canteen. Unique to federal institutions, however, participants explained being given prescribed medication in blister packs for up to a week at a time. Thus, women were able to manage their daily intake of medication and were allowed to keep said medication in their rooms, although, some participants mentioned that guards would have surprise check-ups to ensure women were taking their daily medication as prescribed. If pills were missing, women lost their privilege to keep medication in their rooms. For those prescribed more serious medicine (like Seroquel or painkillers), daily dosages would have to be taken at Direct Observe, a medical office on the compound designed to prevent the trading and selling of pills between prisoners. Women could request to see the nurse and discuss medical concerns in a timely manner. The doctor was in twice a week, but wait times ranged between one to two weeks. One participant also noted that there was greater privacy over medical matters at GVI because the guards did not come into the examination room.

Having now provided a detailed description of the federal and provincial prison settings, I turn to the more in depth thematic analysis of participant interview responses.

CHAPTER 5B: THEMATIC ANALYSIS

“It’s like once you go in there you have no say over your life, it’s like you’re owned, yeah know? There’s no control in there...your life is controlled. You leave your dignity at the door when you go in, you pick it up on the way out...That’s the way I see it” (Participant #1)

This chapter offers a more theoretical analysis of the data and explores women's challenges related to the maintenance of individual health and hygiene while incarcerated. I address the three main themes that emerged from coding, namely: questions and experiences of choice and dependence, experiences of the layering of punishment, and opportunities for agency or resistance. Structured in this way, I teased out the earlier discussions of Carlen's work (1983, 2005) offered in Chapter Three, reiterating the idea that Corrections encourages women to be feminine through expressions of normative domesticity. Although her contributions provide a compelling and meaningful analysis, this research extends Carlen's work to examine the daily means by which women are denied the opportunity to appear *aesthetically* feminine, as Canadian prisons both masculinize and infantilize women through a persistent attack on their identity, self-image, and self-worth. Next, I examine how women undergo a sense of 'never-ending' punishment, whereby shaming and degradation practices permeate everyday life in prison. Concluding this chapter on a more positive note, the last theme of agency and resistance highlights women's resilience and strength, showing how they attempt to gain power and express their sense of self or identity in the carceral context.

5.1 OPPORTUNITY FOR CHOICE OR LEARNED DEPENDENCE?

As highlighted in Chapter Two, the extant literature identifies the barriers incarcerated women face when trying to maintain their appearance and weight as well as address their medical needs. Fittingly, the majority of research participants repeatedly stated that they had little to no control over their bodies while incarcerated. This sentiment was consistent among all areas pertaining to the attainment of health (hygiene, diet, exercise, and access to basic medication), suggesting that a lack of choice pervades institutional life. In general, I will refer to participant experiences in the provincial and federal systems

collectively, identifying key distinctions when they exist. Three key subthemes emerged with respect to participant experiences of choice, control, and dependence as they relate to appearance (through questions of hygiene, diet and exercise) and medical autonomy, which I have dubbed: (1) unclean, unkempt, and “ugly”; (2) symbolical degradation and getting ‘fattened’ up; and (3) infantilized and controlled.

Unclean, unkempt, and “ugly”.

In the theory chapter, I drew on the works of Butler (1993), Lupton (1995), and Bordo (1993) to conceptualize how Western cultures encourage women to perform normative standards of health and femininity. Women internalize these cultural values, but as Carlen (1983) suggests, are incapable of engaging in practices to meet or reproduce them while in prison. Within this section, I showcase tensions between appearance and choice in the carceral setting: there is an inner battle incarcerated women experience, that being the routinized need to perform cultural ideals that clash with the physical constraints and barriers of the prison environment⁶². From this, what will be shown is that women are extremely limited in producing healthy and feminine bodies, a fact that challenges the very core of each woman’s identity and self-esteem.

The first area I consider in relation to control over health is participant experiences with un/cleanliness. For many of the women, dirtiness resulted from a variety of environmental factors: overcrowded conditions, restricted access to showers, and limited time outside of the cell. Making matters worse, Participant #1 explained her displeasure in having recycled air at OCDC: *“The air is cycled – like when you get up in the morning you blow your nose and its just like dirt...its disgusting”*. Still referring to the institutional setting,

⁶² It is important to note that some women on the outside are also without access (due to financial constraints) to the material means needed to perform idealized notions of health and femininity.

she reiterated what other participants described, stating that overall “*you never feel clean in there*”. Similarly, women incarcerated at Grand Valley echoed these sentiments, where unkempt housemates meant an unkempt house: “*Well the house is – oh my god, it depends on the people that are in there. If they’re dirty, they’re dirty*” (Participant #8). In general, the women in my sample felt unclean due to the structural living conditions at both OCDC and GVI.

Aside from the unsanitary surroundings, participants reported problems with the available hygienic products. Not only was the product (particularly soap, deodorant, tooth paste, and shampoo) at OCDC low quality “*garbage*”, as described by Participant #7, it also seemed to have adverse affects in terms of making women feel clean:

*The soap especially makes your skin (*rubbing skin) dry and um... let me tell you that I wouldn’t buy that stuff (snickering)...shampoo – everything was not perfumed. ‘Cause there’s some allergies so it’s non-scented. When you get out of the...shower, I didn’t feel clean, yeah know? I didn’t smell good. I didn’t feel that” (Participant #2)*

Contributing to these claims, Participant #7 explains: “*The deodorant is unscented and if anything it makes you smell (laughs), like you wear it and you start to get body odour*”. In addition, participants reported the lack of products available made them feel unkempt, unclean, and thus uncomfortable. Many women were without basic hygienic items, including hair conditioner and body cream, slippers, flip-flops (for the shower), floss, tweezers, and pillows. Interestingly, Participant #9 recounts how this impacted her identity:

Oh it makes you feel like uncomfortable as a woman – you don’t feel as clean. And you feel like, you know, a little kid in certain senses because like you have to ask for a tampon, you embarrass yourself because sometimes you have to ask the men guards at the front, you know? It just depends on what day and stuff, ‘cause you can get really embarrassed.

This statement insinuates that women feel less feminine at OCDC because they are without the products they regularly use to maintain a sense of cleanliness on the outside.

In line with experiences of un/cleanliness, participants also found it difficult to maintain their appearance while at OCDC. Material means to demonstrate femininity were clearly disallowed, as women went without basic supplies (e.g. makeup) to cyclically improve their bodily aesthetic. Women were also required to keep their nails short and were prohibited from modifying their hair with braids, dye, or extensions. Making matters worse, institutional clothing was loathed by all participants who described them as baggy, worn-out, and old.

It's...it's horrible (laughter) I hate it. Jogging suit, you know? Like it just doesn't look right, wearing dark green with this fuchsia pink shirt...its ugly! (...) I'd rather wear the...I'd rather wear the orange jumpsuit that the men wear...than the jogging suit. (Participant #7)

With the lack of products and inadequate clothing, women appear *institutionalized* rather than feminine; according to Participant #3 they “look like hell”. Similarly, Participant #5 explained how the inability to perform cultural expectations of femininity affected her appearance:

I felt horrible. I was so depressed when I was in there. First you can't colour your grey hair, right? That's horrible...So everybody's got a streak down the middle of some other colour right? (...) And um, my hair, the bangs were in my eyes and I had to go to court and I wanted to cry 'cause I felt so horrible.

After attempting to use finger nail clippers and razors to cut her bangs, Participant #5 explained that two guards at OCDC cut her hair with kitchen scissors. Women were frustrated and embarrassed by their inability to routinely meet culturally prescribed markers of femininity and beauty. What is most compelling, is how denying access to aesthetic products creates dependence on institutional items that leave women feeling dirty and ugly, which has a direct impact on their self esteem – something correctional discourse claims to strive to rebuild.

I mean it sucks being in there and I don't know for me I was depressed a lot of the time...I don't even want to look in the mirror just 'cause I know that I probably look like shit and yeah...I felt, I felt like...I wanted to hide. I didn't want anybody to see me like that and I didn't want to have any visitors and I didn't want to receive any calls. I just wanted to hide. (Participant #2)

Without the ability to perform an aesthetic femininity, a woman's identity may be shaken, resulting in participants feeling down and self-reportedly depressed. By having little choice or control over these seemingly mundane aspects of their every day lives, provincially incarcerated women noted a loss in motivation⁶³ to maintain their appearance while inside.

I didn't want to really take care of myself, I mean I showered 'cause it was mandatory...but beside of fixing myself up and making myself pretty, no, it was not um... Being under control...Being in jail, locked up. It didn't make me feel like I wanted to be pretty...I was not motivated to do that, no. (Participant #4)

Clearly, this is not just a simple matter of failing to provide women with mascara, for example. Having choice is paramount for one's understanding of individual agency – particularly in consumerist and capitalist cultures (Black, 2004; Bordo, 1993; Klein, 2000; Peiss, 2011). It is clear that without such control, other potentially harmful implications arise, including lowered self-esteem and loss of motivation that detract from rehabilitative efforts⁶⁴.

Symbolical degradation and getting 'fattened' up.

As previously outlined by Lupton (1995, 1996) and Bordo (1993), women are encouraged to adopt healthy lifestyles by eating nutritional foods and exercising regularly to preserve slender and fit bodies. Health discourse has become normalized in such a way that it responsabilizes women to police their actions and portray appropriately feminine figures (Lupton, 1995); non-conformance to established ideals results in isolation and criticism, as

⁶³ It is important to note that the relationship between appearance and motivation is circular; the lower a woman's motivation, the less she felt compelled to maintain her appearance, which in turn worked to keep her unmotivated.

⁶⁴ I do not mean to imply that feminine performatives are rehabilitative, although they have been used in that matter through different correctional efforts to reform and discipline criminalized women (Carlen 1983; Hannah-Moffat 2001).

one fails as a citizen and further, as a woman. This theoretical position on what it means to reproduce a feminine body helps to demonstrate how correctional practices disallow incarcerated women from performing culturally prescribed ideals, while advocating that they do so through institutional programming discourses (Carlen, 2005; Hannah-Moffat, 2000; Kilty, 2012b; Kilty & DeJ, 2012).

Referring back to the literature offered in Chapter Two, prisoners are fed stodgy, inadequate, carbohydrate-heavy foods, often lacking in taste and nutrition (Carlen & Worrall, 2004; Smith, 2002). In addition, they are told when to eat, where to eat, and what to eat, as well as how their food is prepared (Godderis, 2006; Ugelvik, 2011); put simply, incarcerated women have little control over their diet while inside. Compounding these issues with food, prisoners are strictly limited in terms of time spent outside of their cells and subsequent opportunities for exercise. For some, the inability to determine diet and exercise regimens deeply affects the woman's identity and self-esteem.

Throughout the interview process, it became clear that participants serving provincial time were unable to make basic decisions regarding their diet. Making matters worse, all participants explained that the food given was “horrible”, “low grade”, and “unhealthy”, causing some to have gas, diarrhea, and even food-related illnesses. What was particularly interesting, however, was how participants spoke about food as a symbolic practice. Many women understood the quality of food at OCDC to be fit for an animal, not a human being:

Type of food is like dog food (snicker). It's disgusting, um sometimes you get hair in it...There was one lady, who had a piece of fish, and she lifted up her fish, and honest to god, there was a pubic hair. It was disgusting. (Participant #1)

Several other participants reiterated feeling like a “dog” when meals were distributed. Going further, Participant #5 explains that women at OCDC were treated worse than livestock:

Oh...honest to god I wouldn't feed my dog the stuff they fed us. And there was another thing that nobody would eat – this tuna surprise thing, or salmon surprise, one or the other. That's what it was called...You open it up and it looked like cat food and as soon as you opened it up the smell would permeate the whole room and it was so disgusting! Nobody ate it anywhere in the place. I've never seen – you'd feed cattle better than that.

Referencing cats, dogs, and livestock symbolizes how women understand their treatment behind bars. Their identity as a woman is downgraded and their identity as a prisoner allows them to be considered a lesser being, not worthy of nutritional, and at times, even edible food.

Aside from the horrific meals at OCDC, the constant serving of high-in-fat food is another example of how the institution symbolically shames and devalues its prisoners. When asked to describe a typical meal, participants dramatically illustrated the substantial amount of carbohydrates given by prison cafeterias. As explained by Participant #3: *“It's all carbs. Every meal is just 90% carbs”*. Heavier food items like muffins, pasta, potatoes, and rice were served daily; at times, women were given double portions of carbohydrates in one meal. In addition, all participants explained eating bread as a filler food at meal times and as a snack to avoid hunger⁶⁵. Not surprisingly, prison food has a direct correlation with women's weight:

Yeah...you just get big in jail...people just eat. The food has fillers in it...so you get like I think 3,500 calories...But with the bread and everything its like another 1,200 calories (...) and we're not active, you know? (Participant #6)

For most, the over-consumption of carbohydrates in provincial prison resulted in considerable weight gain, whereby women typically put on between ten-to-twenty pounds during their sentence⁶⁶. Participants with the financial means also found it difficult to avoid

65 Historically, prisoners were fed largely gruel, porridge, or bread and water diets. This fact reflects the financial expense of better quality food but also the fact that carbohydrates typically store better than other food stuffs.

66 The actual amount gained is dependent on a number of factors: metabolism, length of sentence, amount of exercise, and whether they were selective with eating the foods provided.

the tempting sugary treats available on canteen. The best way to control individual weight, according to Participant #7, is through dieting or selective eating: *“It’s either you eat it or you don’t eat it”*. For many, however, the constant serving of high-in-fat foods made it difficult to maintain an idealized, slender figure. Exceptionally, few women recounted *not* gaining [or losing] weight due to abstinence from alcohol, loss of appetite and motivation (from self-reported depression), and regular exercise at GVI.

Some participants understood this weight gain to be a tactic of the institution, where the prison system purposefully offers shoddy, carbohydrate-filled food to *“fatten”* or *“beef”* women up. This sentiment was particularly clear when talking to Participant #7 about her experiences with weight as a drug user in the community, entering OCDC:

I gained weight. But it’s because, um, before I went in I was really, heavily addicted to opiates and I was really tiny, I was only 70lbs when I went in, so... I did put on some weight ‘cause it’s a lot of carbs too you know that you’re eating and I don’t know when you’re not smoking and you’re not doing drugs and stuff you tend to just eat, eat a lot...like I’d actually eat the meals even though it was gross (laughs).

Reiterating this point, other participants observed fellow prisoners coming down off drugs, eating larger amounts of food, and *“blowing up”* in size. Prisoners may understand weight gain in this context as a form of shaming or degradation of the body that prevents women from achieving an ideally feminine self. Hence, they leave prison with, as Lupton (1996) conceptualized, the *“grotesque body”*, appearing ugly and obese (p.19).

In conjunction with the poor quality of food served, provincial women were also limited in the amount of exercise they could engage in; as one can imagine, having only about twenty minutes of yard time per day directly impacted incarcerated women’s weight:

I still gained...there’s not enough exercise to go with the food. There’s no gym anymore...and it’s too cold [outside] to even move, so...yeah know. There’s no room to exercise really in the place – for women it’s not good, they don’t have a lot of opportunities to work off whatever they’re eating. (Participant #3)

Once again, incarcerated women are denied the means to perform idealized femininity, as they are unable to exercise regularly to maintain their weight. In addition, participants were reportedly bored, deflated, and unmotivated by the few opportunities available in prison. Without stimulating programs or educational opportunities, many tried to pass the time in their cells, often reading or writing. Participant #10 sheds light on how confinement can drain incarcerated women, taking away their energy and putting them in a state of constant lethargy bordering on exhaustion: “*you don’t feel like doing anything*”. Adding to this notion, Participant #12 explains how boredom in prison affected her mental state:

It can get pretty depressing. It’s very like...it’s boring. You have no freedom...so you’re very like – there’s not much you can do. You know? And long distance costs money...and there’s a library and there’s a gym but like I said there’s not much else to do.

It is no wonder that poor diet along with limited mobility and access to fresh air undermines a woman’s mental and physical health, especially given the changes to her body. Weight gain undoubtedly lowers women’s self-esteem, creating much conflict with identity and self-image (Bordo, 1993; Lupton, 1996; Polivy & Herman, 2007; Webster & Tiggermann, 2003). In short, many women feel disempowered. Spending twenty-two hours in a cell or dorm is a far cry from becoming a productive, or rather, ‘corrected’ citizen, something that correctional discourse pins as the key to rehabilitation (CSC, 1993, 1998, 2012a, 2013).

Before concluding this section, it is important to note one key distinction related to the notion of choice experienced by women at GVI as it pertains to diet and exercise, namely that weight in federal prison is linked to individual motivation. As aforementioned, despite constraints in the forms of high food prices and limited dietary options, women have some choice over food ordered from pre-set grocery lists. Prisoners also, for the most part, determine their daily amount of exercise. Hence, there were no grave issues related to the

maintenance of individual weight identified by women serving federal sentences. The few participants that did gain weight at GVI, however, attributed it to emotional or comfort binge eating as well as a lack of energy to exercise. As noted by Participant #8: *“You have to keep yourself busy...Like I see a lot gaining weight, but they don’t move – they don’t do anything.”* Overall, participants believed that they could control their weight in federal, reiterating that it was simply *“to each their own”*: if women wanted to lose weight, they would; if they did not engage in exercise, they would gain. Thus, in addition to carceral controls, individual motivation, which is deeply impacted by incarceration (Carlen, 1983, 2005), is a strong determinant of how women experience their bodies and self-image while inside.

Infantilized and controlled.

There is an extant body of Foucaultian-inspired literature on medicalization and its subsequent effects on docility. Referring back to the Literature Review and Theory chapters, various medications (including forcible chemical injections) are used in the penal system to effectively infantilize and control prison populations (Kilty, 2012b; Maeve, 1999; Menzies & Chunn, 2006). According to Foucault (1980), medicine and the examination are key disciplinary mechanisms by which normalization and control are produced, predominantly by way of sedation and thus, forced compliance (Conrad, 1992; Kilty, 2012b; Sommers & Baskin, 1991). Such treatment proves debilitating for women who are mismanaged as disorderly prisoners, segregated, and ‘doped’ up with inappropriately prescribed pharmaceuticals, commonly with the drug Seroquel (Kilty, 2008a,b, 2012b; LeBlanc & Kilty, 2013). Not surprisingly, women in these settings are limited when it comes to basic decisions about their medical needs (i.e. when and what over-the-counter medication to take or when to see the doctor) and are thus unable to autonomously manage their own medical conditions. Put simply, prisoners are constrained in their performative of the ideal healthy body, but

further, and possibly more harmful, by correctional psy-discourse (i.e. the need to medicalize women whom are syndromised as ‘mad’, ‘bad’, or ‘sad’) (Kilty, 2008a,b, 2012b; Ussher, 1991) that assumes corrections “know[s] what is best for them” (Kilty, 2006: p.165). This gives more medical autonomy to the institution on the basis that criminalized women are irrational, which disempowers women and denies them agency (Kilty, 2006, 2008a,b, 2012b).

Arguably, lack of autonomy in terms of medical care is reflected in a prisoner’s identity. Participants reported feeling inferior as a result of the limited services and resources offered by staff. Although some women felt it to be indicative of the repressive environment, one participant was particularly disturbed by her medical care and treatment while in prison. As a former nurse, Participant #5 spoke in shock about the rude, uncaring, and unprofessional medical staff at OCDC. First, she described the daily interactions, where nurses refused to say ‘hello’ and address women by their given names, instead referring to them as “*you*”. Much worse, however, she explained that some women were teased and given derogatory nicknames (e.g. one woman was called “useless” by staff, a term that rhymed with her last name). Reflecting on these encounters with prison staff, Participant #5 recounts: “*It’s horrible. It’s horrible. It’s like you’re not a human being.*” This point suggests that one’s identity as a prisoner demarcates inferiority, which in prison results in dehumanizing women to the point that they are treated as unworthy of standardized health care.

Almost all participants complained about long waits to see a doctor, needing a prescription for over-the-counter medication (including vitamins), restrictions around the type, administration, quantity, and repetition of medication, as well as the lack of confidentiality when discussing issues related to health and the body. Without the ability to make autonomous medical decisions, Participant #9 explains her frustration with health care

in prison: “*they make you feel stupid!*” While many struggled with feelings of incompetence and forced dependence, some were left to endure long periods of pain, frequently waiting on nurses to provide the basic remedies:

Well...it made me mad because I knew that I needed to take them [Advil] every four hours, not three times a day, yeah know? Um....so I was in agony most of the time. Even at nighttime I usually get up in the middle of the night and take Advil... I take it every four hours, on the dot, because I have a back problem...And um, there...it was what they say you could have...If I was to wake up in the middle of the night in pain, there was no nurse (Participant #1)

Considering experiences of limited accessibility to medication and medical staff members, penal institutions undoubtedly infantilize women. Without the ability to manage and take responsibility for one’s own medical situation, women become dependent on the institution to solve all matters – including for instance, treating symptoms of the common cold.

Going further, one’s inferior status as a prisoner appears to excuse what may otherwise be considered medical misconduct. As was evident throughout participant interviews, there is little medical continuity of care from the community to the prison (Kilty, 2012b). It was common to hear that women were unable to access medication that was prescribed to them on the outside. In such cases, medication was either unavailable or prohibited by prison doctors on the basis that it was a ‘drug’ women could get ‘high’ on, often resulting in women being prescribed institutionally common drugs; notably similar to Kilty’s (2008; 2012b) finding, was the use of the anti-psychotic drug Seroquel as a common sedative. Participant #2 explained that this system created conflict between prisoners and staff members at OCDC:

If those pills are prescribed to you by a doctor there’s a reason. That’s what I argued once or twice with the nurse, I said, ‘Well I had those medication before I came to jail and I still have the prescription and I still have the bottle, I want my med’s’. She said ‘Well it doesn’t work like that, you have to take this and that’s it.

Even when women could access their medication, transferring prescriptions inside resulted in days off their daily dosages, ultimately risking adverse side effects; after enduring a forced break from Seroquel and Celexa, Participant #3 relates: *“that’s not medication you can just stop whenever you want...I was just like all over the place, I was like a psychotic bitch.”* At times, hiccups with required medication caused women to reportedly experience withdrawal symptoms. Participant #10 describes her experience waiting for methadone at OCDC:

[After seeing the doctor] They will call the clinic to confirm [the] last dose...But I’ve seen me go five days without my drink...and say if you’re at a dose of 80mg, they’ll put you back down to 10mg or 20mg because if you went too long without your drink then you have to start over at a low dose...and meanwhile you’re going days without having your drink and withdrawing...it’s really bad.

Without adequate continuity of care between the community and the prison, incarcerated women are unable to control their symptoms or condition and are forced to suffer until they are properly treated.

In addition, participants repeatedly reported cases of the inappropriate distribution of medication. Most common, women described an overuse of potent medications that put them in a tired, hazy state. For instance, Participant #11 suggests that there is no ‘happy-medium’ when it comes to medication in prison:

They give you too much. I think they give you stuff that you don’t even need! ...Like I find that they give the girls a lot of med’s... ‘cause sometimes you can just ask for a med and they’ll put you on it, but that’s kind of crazy because what if you really don’t need that med?

Although women are sometimes able to request medications⁶⁷, it is not always to their own benefit. Having access to an incorrect dosage or unneeded prescription has the potential to negatively affect health or cloud judgment. Participants suggested that they are medicated with Seroquel for less serious impairments: *“The only thing you can really get in jail now is*

⁶⁷ Here I note an interesting paradox: the institution strictly monitors (and refuses) access to over-the-counter medication while more leniently providing serious pharmaceuticals to women upon request.

Seroquel...”(Participant #10). The question is, why is this medication so readily available? Is it simply the drug du jour, as was Valium in the 1950s? Participants noted taking Seroquel for depression, aggression, and to help them sleep, and recounted institutional reliance as a “*sickening*” quick fix to temporarily solve unrelated problems.

Basically if you’re having a problem, just give ‘em pills, that works instead of you know, like counsellors, and that, they rather just use pills...It’s basically if you’re depressed – give them Seroquel. Or if you’re an angry or an aggressive person, oh just Seroquel them. It’ll take the problem down, ‘Here we’ll give them Seroquel, that’ll shut them up.’ (Participant #3)

Given its sedative effects, Seroquel is used to ‘dope up’ women to be docile and complacent, which minimizes individual agency. Such a practice becomes counterproductive, particularly when considering correctional discourse that discursively constitutes psy-treatment as a means to correct and reformulate women into ‘good’ rational-thinking citizens (Kilty, 2008a). In practice, however, this intervention is disempowering, as it turns women into “walking zombies” (Kilty, 2008b, p.238) and runs the risk of creating prescription dependence (Maeve, 1999; Menzies & Chunn, 2006). By not allowing women to participate in the management of their daily ills, corrections is stripping away women’s agency – infantilizing and denying their individual competence while making them dependent on the institution.

Concluding comments.

One fact about Canadian penal institutions remains: security takes precedence over welfare, which ultimately affects individual agency, identity, and self-esteem. By analyzing women’s experiences of hygiene, diet, exercise, and access to over-the-counter medication, the gap between penal theory and practice clearly emerges. As identified in correctional policy (CSC, 2009, 2012b,c,d), CSC wants to create empowered, ‘corrected’, and autonomous women capable of making responsible and meaningful choices. However, we see that correctional staff members make the most mundane choices for women (i.e. when to

go to the bathroom and what time to eat), denying them any sense of agency or self-governance.

From this, two negative implications arise. First, women understand the socio-cultural norms of health and femininity in society but cannot perform such idealized roles in the prison setting, which, for many women, undermines their sense of identity and self-esteem and may result in their becoming ‘unmotivated’ and ‘totally depressed’ (Carlen, 1983, 2005). Second, women may become dependent on the institution to make even the most basic decisions so that they become *institutionalized*, disempowered, and experience difficulty in making their own choices (Hannah-Moffat, 2000; Kilty, 2012b).

5.2 ‘LAYERING’ PUNISHMENT

In the previous section, we explored how participants experienced at times humiliating, repressive, and infantilizing treatment from correctional staff that impacted their identity, self-esteem, and self-worth. Referring back to Carlen’s (2005) work, she coins the term ‘layering punishment’ to describe the excessive application of rules and use of discipline for managing the penal body politic. Carlen explains that disciplinaries become a “cancerous growth” in which prisoners experience different layers of punishment throughout all aspects of prison life (Carlen, 2005; p.424). This research examines this effect as it relates to hygiene, diet, exercise, and medical treatment. Perpetual exposure to different forms of discipline obstructs rehabilitation (or rather, empowerment), alternatively creating docile and dependent bodies by reinforcing a loss of individual control. Drawing on Carlen’s work, I build on the first theme, suggesting that participants experienced a sense of ‘never-ending’ punishment, where disciplinaries are compounded so as to permeate everyday life behind prison walls. Three key subthemes illustrate the layers of discipline in contemporary penal

institutions for women: (1) the attainment of hygiene and appearance as “impossible”; (2) creating the grotesque: “disgusting” food and “not enough” exercise; and, (3) the worsening of women’s medical health.

The attainment of hygiene and appearance as “impossible”.

In addition to the constrained choice incarcerated women have over hygienic matters, most are isolated, ignored, and/or perpetually degraded. Considering the literature outlined in Chapter Two, there are few avenues through which women may improve their physical health in prison (Condon et al. 2008; Godderis, 2006; Maeve, 1999; Smith, 2002). Quite to the contrary, women’s ill-health is exacerbated by the prison setting (Di Viggiani, 2007; Sim, 1990), as compounding features – i.e. limited autonomy, insufficient sanitary product, uncleanliness, intimidation and possible harassment, as well as cohabitation and overcrowding with strangers – cause anxiety and distress (Carlen, 1983; Carlen & Worrall, 2004; Christie, 2006; Condon et al. 2008; Goldkuhle, 1999; Kilty, 2012b; Maeve, 1999; Smith, 2000, 2009). Participants experience the layering of punishment whilst trying to maintain their hygiene, especially in terms of appearance, cleanliness, and privacy.

To begin, participants mocked and laughed while describing efforts to upkeep personal hygiene, illustrating the disturbingly poor quality sanitary products at OCDC. Adding to previous complaints, it was made known that institutional items were particularly hard to use. Women noted that the products did not work, especially the toothpaste, which failed to foam and the shaving cream that failed to lather. Other items were frustrating due to their size; for instance, provincial prisoners were given mini toothbrushes, making it difficult to brush their teeth; *“Well you couldn’t even get at your [back] teeth ‘cause of the short toothbrush....Just impossible”* (Participant #5). Going further, many women emphasized how products degraded or aggravated their skin and hair: chalky bars of soap caused dryness and

irritation with participants' skin, some even breaking out with pimples or hives; while, institutional shampoo stripped women's hair, making it feel like "straw" (Participants #5, #9). The small, fine-toothed black combs were of little help as women's hair was practically impossible to untangle.

Prison dress symbolically exposes another layer of punishment. Aside from it being unsightly, the drab clothing was uncomfortable, previously worn, and damaged (Carlen, 1983). Participants complained about wearing heavy sweatpants and baggy t-shirts, especially during the summer. The flat canvas shoes were described as uncomfortable with little support; for example, Participant #5 explained that the footwear gave her corns between her toes. Further, and most relevant for women, Participant #3 described the issues she had with the undergarments at OCDC:

Bras! Bras were a problem though. They give you sport-bras for everybody. So to have a proper fitted bra for somebody like me [who was large-chested], um, that's an issue...there's no support in them...so basically you're just hanging there... And they're the sport-bras where they pull together at the neck so it puts a lot of pressure on your back...a lot of headaches from the weight yeah know?

In conjunction with the uncomfortable attire provided to incarcerated women, some provincial participants mentioned that all clothing (including undergarments) is rewashed and given indiscriminately back to prisoners. Participant #9 reported that items from her clothing pile had rips and holes in them and looked absolutely "ridiculous". Having inadequate and worn-out clothing, women reiterated feeling ugly and unwomanly, which Carlen identifies as a form of discipline (1983).

Adding to the poor quality products provided, participants recounted long waits to receive said items (Sapers, 2008). As a result, prisoners tried to stock up on hygienic products from the cleaning cart. However, there were times when women ran out of sanitary supplies and articles of clothing. Participants explained that requesting new products in

prison was a challenge: *“In jail it’s like ‘hurry up and wait’...you’re fighting against a brick wall”* (#9). Women were often forced to wait days before receiving requested items (De Viggiani, 2007; Sapers, 2008), causing many participants to grow frustrated with the system, as it reinforced a sense of dependence on institutional staff to maintain their personal hygiene (Carlen, 1983).

On top of these negative experiences associated with individual appearance, participants were disgusted with the cleanliness (or rather, lack thereof) of the prison environment. Institutional settings are particularly dirty, despite the fact that prisoners have daily chores (Christie, 2006; De Viggiani, 2006, 2007; Smith, 2000; Williams, 2007; Young, 1996). Immediate surroundings at OCDC, like cells and dorms, remain unclean due to the high number of bodies living and working in the spaces; participants also noted the dirty, germ-filled showers that gave them warts on their feet. Many factors contribute to the state of these institutional settings. First and foremost, prisons are overcrowded as a result of contemporary ‘get tough on crime’ approaches (DeKeseredy, 2000; Kilroy & Pate, 2011; Lawston, 2008); women are thus crammed three⁶⁸-to-one cell and sixteen-to-one dorm. Given that prisoners spend most of their time and thus perform multiple and varied activities in their cells and dorms (sleeping, eating, using the toilet, and exercising), they have the tendency to get *“messy”* (Participant #6). Moreover, many of these institutions are old and have poor ventilation. Participant #7 shed light on how difficult it is to clean layered filth:

You know a broom and a mop...but after a few cells, people mopping...the mops and the mop water, is dirty. So yeah, you’re cleaning your floor with a dirty mop. There’s just years of dirt all over the cell...like you know in the corner of the beds because its all metal you can just see it...It’s gross.

⁶⁸ The third woman is forced to sleep on the floor beside the toilet and sink.

Others echoed this sentiment, explaining that there was dust everywhere. Hence, most women felt uncomfortable and unsettled while residing in these institutions, disgusted with their dirty surroundings.

Correctional staff did not seem motivated to improve the cleanliness of the prison environment. Many women explained having ‘accidents’⁶⁹ while inside. If a woman dirtied her underwear she would wash them in the sink – but, if she soiled her sheets, she would not be as lucky, “*women have had an accident in their bed and they have slept in the same sheets for two or three days*” (Participant #1). In these instances, prisoners receive little sympathy from guards: there are countless reports, by both the participants of this research and in the existing literature, of women being denied increased access to washrooms and laundry while forced to wait before receiving additional hygienic products (Carlen, 1983; Maeve, 1999; Smith, 2009; Talvi, 2007). Participant #9 recounted moments of outright refusal when speaking to guards about individual accidents: “*No, that’s happened to a few girls and they [staff members] said ‘Too bad’*”. Such happenings affected dorm- and cellmates alike, as soiled garments and sheets marinated in their room for days. The women expressed feeling neglected, degraded, and insignificant as they were forced to live in these unsanitary conditions.

Expanding on this point, women suggested that at times, rooming with others was detrimental to their own health. Prison is understood to be a *sick* place: women are held inside a dirty, unventilated, and overcrowded environment and are thus at high risk of contracting germs, infections, and illnesses (De Viggiani, 2006, 2007). Making matters worse, participant complaints about shoddy initial screening, staff negligence, and inadequate health care services were rampant. Participants from OCDC reported sharing

⁶⁹ Urinating and/or menstruating on oneself or in one’s bed.

their cells and dorms with others that had lice, untreated psoriasis, bad colds, high fevers, and pneumonia. Not surprisingly, outbreaks were a common occurrence, *“every time I’m in there, after three months I become very ill”* (Participant #3). Knowing that other prisoners had diseases, Participant #5 explains: *“that was my greatest fear – that I’d get outta here catching something in this place”* as Participant #3 did when she contracted MRSA⁷⁰ from her cellmate:

The woman that they put in my cell had MRSA and they knew that...and they left her in my cell and that’s how I caught it... I was there in 2007, and I complained for about a week and a half or two weeks that I was not feeling well, and I [was] basically just sluffed off and sluffed off. And I kept telling them that I had pain and there was uh...like some kind of sore on the side of me and I showed them...and... it was MRSA... one day all of a sudden this hole appeared on my side and green puss was pouring down from my body...I couldn’t get off my bed, I didn’t eat, and I didn’t move, and they already knew what it was...Yeah, it was a superbug.

This was not an isolated event; Participant #3 went on to explain how MRSA is still affecting her today, as she continues to endure occasional flare-up sores on her body.

Furthermore, incarcerated women experience grave issues relating to privacy. Within contemporary all-seeing prisons, privacy is rare and personal information is frequently made public (Garland, 1990). Hence, with a correctional emphasis on surveillance, prisoners can be observed at any moment throughout the day – by other prisoners and staff – including, during the most intimate of times (Lawston, 2008; Miller, 2000). Participant #2 explains how the constant visibility made her feel insecure and embarrassed: *“there is no way you can isolate yourself – ever. It’s like even in the bathroom, sometimes you need to fart and*

⁷⁰ Methicillin-resistant *Staphylococcus aureus* is an antibiotic-resistant bacterium responsible for many skin-related infections, often in the form of large, painful abscesses. If left unattended, these sores can spread throughout the body, infecting the blood, bones, joints, heart, and lungs. See: http://bodyandhealth.canada.com/channel_section_details.asp?text_id=5654&channel_id=1020&relation_id=96448

everybody's here". Possibly more problematic, however, women were subject to a lack of privacy from male staff members at OCDC:

There was no privacy – men guards were coming down on the range not saying "man on range"...you had guards that just looked in [through cell-bars], and could see [women on the] toilet and women changing, there was no announcement and that's not the way it should be (Participant #1)

Guards also seemed to make women feel uncomfortable during menstruation. Despite attempts to conceal it, menstruation was often public knowledge (Carlen, 1983; Maeve, 1999; Smith, 2009) because women had to change their sanitary products in front of others. Exceptionally, participants had to disclose their cycles to staff members when they needed new undergarments or tampons. For them, this experience was "awkward", "disturbing", and "degrading" (Participants #2, #9, #10). Most of the time, guards would bring their products without any issue – but occasionally, they teased and laughed at the women, calling them "dirty" (Participant #4), while taking long periods of time before returning with the needed tampons and pads (Maeve, 1999; Smith, 2009; Talvi, 2007). These particular circumstances made women feel inferior, as Participant #7 states: "Yeah, they don't care". It was then that participants grew frustrated with staff, having nothing but toilet paper to clean their menstrual blood with.

Lastly, it is important to note that participants experienced instances of sexual harassment. Similar to what was outlined in Chapter Two, they mentioned being subject to degrading strip searches that involved taking off their clothes, bending over, and coughing (Arbour, 1996; Kilty, 2012b; Lawston, 2008; Miller, 2000). The most disturbing example, however, came from Participant #9, who reported being forced by staff to shower with another woman prisoner [in private custody at OCDC] while nearby guards watched: "They told us we had to". When Participant #9 confronted the guards, they dismissed her

allegations and defended each other, stating, “*their heads were turned*”. It is here that a preoccupation with security and surveillance turns into disturbing allowances of intimidation and sexualized intimidation. Refusing women privacy while they changed clothes, went to the washroom, or showered is demonstrative of an additional layer of correctional punishment that sediments over time so as to reify effects that appear immutable (Butler, 1993).

Creating the grotesque: “Disgusting” food and “not enough” exercise.

Beyond these problems related to hygiene, participants identified another compounding disciplinarity, punishment communicated through food that (re)identifies the ugly, obese and ‘grotesque’ body as lazy, lacking control, and even animalistic (Bordo, 1993; Lupton, 1996, p.19). This research reflects that outlined in the literature review, in that participants described prison food as repetitive, stodgy, questionable in terms of preparation, carbohydrate-heavy and lacking in taste and nutrition – leading to weight gain and loss, illness, constipation, diarrhea, and vomiting (Carlen & Worrall, 2004; Smith, 2002; Talvi, 2007). Poor diet is exacerbated by limited opportunities for exercise, inevitably disallowing women to maintain their weight during incarceration (Carlen & Worrall, 2004; Condon et al. 2008; Smith, 2002). Despite the fact that much of this discourse remains the same, there were some striking distinctions. What was particularly interesting – and possibly unique to this study – was that women *talked about* these issues using humour and sarcasm as a way to cope with their anger and distress.

As asserted by participants, food at OCDC was “*horrendously bad*” and below national food standards (i.e. Canada’s Food Guide). In addition to the limited vegetables and unbalanced meals, prisoners are fed questionable food items (Smith, 2002) – most specific to this sample, eggs and meat were of particular concern. For example, women were given

“green eggs” and *“green minced meat”*, suggesting that such foods were expired or improperly cooked (Participant #1). Beyond discolouration, participants were unable to identify what was provided, referring to some meals as *“tuna surprise”* and *“mystery meat”* (Participant #5, #6). Given these commonalities, many women understood prison food to be *fake*, explaining that the smell of *“pre-fabbed eggs”* and un-chewable *“imitation meat”* *“[was] enough to make you sick”* (Participant #5). The only way to get through meal times, according to Participant #5, was to actively work to convince yourself that the food was *real* in order to stomach it.

The state of prison food had much to do with how meals were prepared at the institution. As previously mentioned, provincial food is pre-made at Cook-Chill, arriving frozen and thus in need of preparation before mealtime. This often involves steaming whole food trays: *“if they steam them too much, they steam them to death”* (Participant #9). Because all food is steamed to serve, some women reiterated that meals were *“unflavourful”* and *“mushy”* (Participant #1, #6). In addition to the food being distastefully reheated, participants complained about the *“un-rinsed”* pasta, *“watery”* mashed potatoes, *“runny”* Sheppard’s Pie, and *“old”* canned vegetables. Further, Participant #2 described a particularly disturbing illustration of the breakfast sausage: *“Well...they just boiled it. It was not fried with the skin crunchy. It was just like a dead finger on your plate...That was disgusting.”* Given these descriptive explanations, it is no wonder that for some women, prison food was some of the worst they had ever tasted, compounding punishment at every meal.

Not surprisingly, food-related illness is common in provincial settings (Smith, 2002). Participants reported being unable to stomach the food provided, some even explaining that their sickness lasted for weeks: *“I had trouble in the first two weeks eating ‘cause every time I would eat something I was sick and I couldn’t keep any food down...So I drank a lot of*

water and a lot of juice...”(Participant #2). If women were ill, they were only offered soda crackers and tea to calm their stomach. After spending longer periods in prison, it was understood that prisoners “*got used to*” (Participant #2, #7) the food served.

There was one example of a distinctly different food experience for those housed in GVI. Women struggled with limited budgets and expensive food prices, often feeling that they had to pick and choose between necessary items. This structural issue has negative implications, including provoking some women to steal groceries from their housemates. All federal participants described stealing as rampant in prison – inevitably causing more stress, paranoia, and tension within households. Participant #12 identified how thievery tarnished the benefits of allowing individual prisoners to budget and purchase their own food: “*The stealing is what takes it all away...yeah, because...I basically order things that I knew that I could eat within that week and it wouldn’t get stolen*”. Without locked cupboards and secured fridge space, prisoners made sacrifices with their grocery lists and stored what they could in their rooms. Therefore, the limited budget and list from which they had to select food has wider implications, such as stealing, that may be seen as additional punishment as they foster an insecure and stressful environment that leads many women to live in a state of constant worry and accusation in what is (at least discursively) meant to be a rehabilitative setting.

Making matters with food worse, provincially incarcerated women have little opportunity for exercise (Carlen & Worrall, 2004; Condon et al. 2008). Prisoners are only permitted outside for twenty minutes of yard time each day – drastically limiting their access to fresh air and exercise. Participants craved additional time outside: most of the women wanted to burn off the high-carbohydrate calories they were eating, some were restless and in need of physical activity, while others sought breaks in the day, looking for any means to

pass time. Beyond limited access, guards mocked and put down those who complained about long days inside. For example, Participant #10 described a sign the guards had hung in OCDC: “‘*With all your complaining, bugging the guards, [etc.] ...there’s your exercise’ ...so basically don’t complain ‘cause you’re [already] getting your exercise (laughs).*” Here, we see an example of how punishment does not end with the length of your sentence, but rather, continues daily for women whom are denied the simplest means (i.e. adequate food and yard time) to a better institutional life.

‘It’s like they don’t want you to get better’⁷¹: Worsening women’s medical health.

Compounding these disciplinaries related to hygiene, food, and exercise, and expanding on Kilty’s 2012b work, prisoners also experience punishment with respect to the practice of medicine. It is widely acknowledged that the prison environment exacerbates physical and mental illness (De Viggiani, 2006, 2007; Lawston, 2008; Maeve, 1999; Pollock, 2002; Young, 1996). Here, however, we consider how prison staff members (nurses, physicians, psychologists, psychiatrists and guards) contribute to the worsening of individual medical experiences. The literature reviewed in Chapter Two focuses more on matters of [over]medicalization pertaining to the treatment of mentally disordered and self-injurious behaviour. This literature is relevant because the mismanagement of women deemed ‘mad’, ‘bad’, or ‘sad’ is of particular concern in penal institutions, as correctional efforts use medicine and the examination as a means of disciplinary control (Foucault, 1980), often treating disorderly women as *risky* rather than as having *needs* (Hannah-Moffat, 1999, 2000, 2001; Kilty, 2006, 2011, 2012a,b,c; LeBlanc & Kilty, 2013; Ussher, 1991). While certain cases receive high-profile attention (e.g. Ashley Smith), the daily practices of medicine in

⁷¹ Kilty, 2012b

carceral settings are seemingly left out of the dominant literature. Recognizing this potential gap, let us now consider issues relating to the administration of medication, timeliness of medical care, as well as institutional treatment by medical staff members and guards, to further understand the layering of punishment in Canadian women's prisons.

To begin, participants reported that nurses often made mistakes while administering medication at rounds. During these times, it was the prisoners who noticed the wrong type of medication or dosages inside their cups, creating much conflict between them and staff members. Participant #5 explains repeated confrontations with the nurses at OCDC:

Every night they gave me the wrong pills. Every night they gave me Effexor instead of Seroquel. I'd go 'This isn't the right pill!' (laughs)...Yeah, over and over and over again. And the reason why...I was on 37.5mg of Seroquel...so that meant one 25 and a half of a 25, right? Well Effexor comes in 37.5 so obviously they're pouring them and they see the dosage, 'Oh, must be this' and, yeah, over and over again, and what was scary was that are they going to come back and bring me the right stuff? Because – I can't sleep without it, right?

In any situation, mistakes with prescribed medication can be extremely problematic – especially since medical staff members are in charge of prisoner health. Beyond having little control over their prescriptions, prisoners should not have to worry about what medication will or will not be provided to them.

In addition to the incorrect administration of medication, prisoners experience neglect and negligence when trying to address their medical concerns (Barling et al. 2005; Carlen, 1983; Condon et al. 2008; Goldkuhle, 1999; Kilty, 2012b; Maeve, 1999; Smith, 2000). As outlined in the first section, participants were forced to wait lengthy periods of time before seeing a doctor. For some, this meant going weeks without the necessary medical treatment for pain or sickness. Participant #7 experienced this neglect at OCDC when she was ignored while trying to inquire about pain in her abdomen:

I had pains for the longest time in my lower abdomen and um, I kept complaining so they gave me Tylenol for a while. But for like at least a month I was in so much pain and it was taking them like forever to get anything sorted out or done – Anyways finally I went for an ultrasound and I ended up with a cyst on my ovary. I was given some medication to dissolve it, but I mean it took so long, you know? I was in so much pain I couldn't even get out of bed some days...

Here, the concept of waiting becomes important. Due to the structure and organization of carceral institutions, women are reliant on prison staff members to treat personal ailments. Without such care, prisoners become 'ticking medical time bombs'. Adding to this first example, Participant #3 sheds light on how waiting worsens conditions, particularly her pneumonia: *"It took me two weeks to be able to see the doctor and...they gave me an antibiotic but it didn't work, and then [it] took me another two or three weeks before I got another antibiotic – [The coughing] was so bad that I was peeing myself"*. Such examples demonstrate how the medical needs of provincial prisoners go unnoticed, and worse, ignored, as their health deteriorates. Thus, medical neglect adds layers to the already extant punishment experienced by prisoners, worsening individual conditions while making women feel undeserving of timely medical assistance.

Beyond incompetence and neglect, participants reported disturbing treatment from correctional and medical staff members. As shown in the available literature, guards have the tendency to make women feel mentally low (Carlen, 1983; De Viggiani, 2007; Mageehon, 2008; Miller, 2000); participants echoed this sentiment, reiterating that they were treated like "dogs", "garbage", and "scum of the earth" while incarcerated (Participant #1, #7). To illustrate this inferiority, Participant #7 describes a lack of support and sympathy as she underwent withdrawals at OCDC: *"I was super, super, sick when I went in and they don't care...I was alone, actually, for like four days...and they didn't even open my cell"*. Besides

receiving some medication (Naproxen⁷² and Valium⁷³), little else was offered to Participant #7, who was too weak to shower and go outside and felt too sick to stomach prison food. Unfortunately, almost all of the participants identified their doctor (at both, OCDC and GVI) as grumpy and rude, making them feel like “*just a number*”. Participants reported little doctor-patient rapport; instead, doctors rushed through medical encounters and focused primarily on providing prescription medications. Participant #4 disclosed a particularly degrading and possibly re-victimizing experience she had with the doctor at OCDC:

The doctor is very, very disrespectful...Um, I needed to do a Pap-Test because I got raped before I went into jail and I wanted to know what's going on, if I got pregnant or if I had a disease or anything. And the clamps that he was using were too big...and then he made a little comment saying 'You had a lot of guys...that one should be perfect for you'...And that was really, really, really disrespectful.

Clearly, this event showcases the effect of gendered stereotypes on the medical treatment of incarcerated women. At a highly vulnerable time, the doctor still manages to sexually harass and degrade his prisoner-patient. It is no surprise that such treatment creates a barrier to maintaining good health, as Participant #4 immediately cancelled the appointment and refused to visit the doctor in the future. Other participants noted avoiding the physician because he/she made them feel uncomfortable. The compounding issues of inappropriate prescription and dosage as well as medical neglect and maltreatment signify another layer of inescapable penal punishment.

Concluding comments.

When considering the many disciplinaryities prevalent in today's penal institutions, it becomes clear that punishment sediments in layers throughout one's prison sentence. In fact,

⁷² A non-steroidal anti-inflammatory drug commonly used to reduce pain, fever, inflammation and stiffness caused by conditions such as migraines, arthritis, and menstrual cramps (Drugs.com).

⁷³ A benzodiazepine drug that targets unbalanced chemicals in the brain. Commonly used to treat anxiety, panic attacks, insomnia, seizures, and alcohol withdrawal symptoms (Drugs, com).

discipline permeates everyday life in prison as women try to maintain their hygiene, diet, exercise, and medical health. Women experience punishment through a deteriorating sense of self; for instance, without adequate soap, tweezers, makeup, or hair products they cannot maintain their outward appearance to their liking; many gain weight as a result of the poor quality high-in-fat and carbohydrate foods and the limited opportunities to exercise; and, forced confinement in an overcrowded, dirty space where one's health may be harmed by institutional neglect, negligence, and mistreatment.

My idea of being behind bars is like being punished in all the ways – In every way. I felt punished. I've been punished while I was in jail and I think that's the idea of it. You get punished because they give you that food. You get punished because you have to wear that clothing...um, it's never-ending. It's really, um, it puts you in your place, but sometimes too hard. You know? (Participant #2)

Some participants explained that eventually they internalized the constancy of punishment, rationalizing that they deserved this kind of treatment. These thoughts affected their self-esteem, making women “*depressed*” and “*sometimes suicidal*” (Participant #4). For others, however, punishment encouraged them to act in resistant ways to escape carceral repression.

5.3 CREATING SPACE FOR AGENCY

We must not assume that incarcerated women are unresponsive to correctional disciplinaries or degrading treatment. Their actions may be constrained, but women continue to demonstrate agency in carceral settings for the purposes of gaining individual power, and most relevant to this work – participating in pro-social practices of health and performatives of normative femininity. In Chapter Three, I began this discussion by introducing the concept of compliance and resistance, whereby prisoners strategically move beyond relationships of domination to exercise power and thus retain a sense of choice and bodily autonomy (Bosworth & Carrabine, 2001). Women express agency in a number of

ways, but it is important to reiterate that compliance and resistance does not always entail large scale action; in fact, participants more readily discussed their actions as gradual, subtle, and even as minute shifts in power (Bordo, 1993; Bosworth, 1996). In these narratives, participants show themselves to be resilient as they engaged in (1) compliant, (2) passive, and (3) active demonstrations of agency in order to improve institutional life.

Compliance.

Some participants demonstrated agency through a strategic use of compliance to ease some of the pains of imprisonment. As previously conceptualized, women engage in compliance when they *purposively* obey authority. This allowed them to construct and negotiate a subjective identity, making themselves appear obedient and docile for the purposes of obtaining rewards and benefits (Bosworth, 1996; Jiang, 2006). For the participants in my sample, it was at times beneficial to actively comply with institutional rules and enact good behaviour to make ‘doing time’ more manageable.

Since a majority of participants did not openly discuss a strategic willingness to obey institutional rules, compliance is understood as a *given* in correctional settings – something that prisoners knew would keep them out of trouble. For instance, Participant #2 explained: “*you have to do what you have to do...what’s being ordered*”, only to later infer that any other practice would lead to additional sanction (e.g. segregation). When asked if participants engaged in strategic action, some women suggested that compliance comes from a need to avoid institutional backlash: “*No. You can’t do [rebellious] things like that...not unless you want to get thrown in the hole*” (Participant #3). As such, women understand moments of compliance with prison authority as necessary in order to stay out of segregation.

By avoiding trouble, compliance also brings about privileges. For many, this meant the obvious – their right to have visitors and to be released from prison on time, as outlined

in their correctional plan. Participant #4 explained that at OCDC participating in “prison order” meant a greater chance to be moved from a cell into the dorms – an incentive to those wanting more space and freedom to move around. Expanding our focus, Participant #1 recounts her time spent in Newfoundland’s Clarenville jail, where prisoners were rewarded with movie nights and special foods (i.e. soda, popcorn, and cake) for being “good girls”: *“We’d like to get our treats and we liked to be treated with respect, right? So we didn’t cause any problems for anybody”*. This idea of respect was also touched on by Participant #12, as she too reiterates how one’s attitude determines prisoner treatment at GVI: *“It’s your attitude. If you’re going to be nasty, they’re going to be nasty to you...It pays to be polite, it pays to be courteous. It doesn’t pay to be nasty, ‘cause you get it right back”*. Knowing that compliance meant better every day treatment from prison staff, some incarcerated women choose to sport a positive attitude and abide by institutional regulations in order to make their prison experience more tolerable.

Passive/low-level resistance.

Conversely, all participants identified exhibiting some means of passive or low-level resistance while incarcerated. This was not surprising, given that gender affects the ways in which prisoners express agency, whereby women are most likely to use symbolic challenges that exist within the confines of their femininity (Bosworth, 1996). Since incarcerated women are largely prohibited from participating in cultural performatives of health and normative femininity, much of their agentic energy was directed at formulating a desirable appearance by using the body as a ‘site of control’ and ‘site of resistance’ (Bosworth, 1996; Frigon, 2003, 2007; Robert et al. 2007; Shantz & Frigon, 2010). Hence, women engage in innovative behaviour that allows them to negotiate such identities, generally for the purposes of improving individual self-esteem and easing the pains of imprisonment. Participants

recalled countless forms of passive resistance – most relating to the attainment of culturally prescribed markers of beauty, health, and productivity – suggesting that prisoners make daily attempts to reach a more accepted and normative womanly status whilst behind bars.

Arguably, the most common, albeit unexpected form of passive resistance made evident in participant interviews was the use of *resourcefulness* to enhance individual beauty, health, and comfort during incarceration. This often involved utilizing basic institutional products for alternative purposes. For instance, many provincial women described the use of pseudo-makeup and hair product. For example: applying pencil crayon as lip and eyeliner; using margarine as facial moisturizing cream and hair conditioner; curling hair with tampons; flossing teeth with a tampon string; and exercising with water-filled shampoo bottles as weights. Others also mentioned using linen and leftover products to create additional comfort in cold and hard prison settings; for example: combining clothing bundles, toilet paper, and napkins to create pillows for sleeping; using crayons or erasers as ear plugs; wiping kitchen tables with menstrual pads; and, gluing pictures or letters on the wall with toothpaste. At times, women would work together and help one another, illustrating a sense of solidarity: *“I’ve tried to make myself comfortable...and some of the ladies that were on laundry would give me extra clothing to put in the bag to make a pillow”* (Participant #1). For many, such resourcefulness was conceptualized as a sense of survival – a means to better one’s position and make institutional life more manageable. By applying makeup, fixing up one’s hair, and making the immediate surroundings more comfortable, incarcerated women attempted to meet some ideals of beauty and health, expressing agency to better the degrading penal conditions and to improve their feelings of self-worth.

Another compelling example of resilience was introduced by Participant #11, who discussed the use of exercise at GVI as a means for coping in prison. Growing up in a

reportedly toxic environment, Participant #11 explained that she had long-standing issues with her body and food, stemming from the fact that she was sexually and physically abused for most of her life. As such, her prison sentence acted as an escape or respite from harm and gave her a chance to focus on herself. In doing so, Participant #11 spent a great amount of time exercising: “...*I like to exercise as much as possible. I like to stay fit. It makes you feel better. It releases stuff in your body...you can be so depressed and you do a good workout, you feel better*”. The central motive for Participant #11 was not necessarily to lose weight, but rather, to restore control over her body. Hence, she explained that self-reflection taught her to build walls and create boundaries; in this sense, being in prison gave her strength and improved her self-esteem, and thus she concludes: “*prison saved me*” (Participant #11). Here, we see how one’s frame of mind is a powerful antidote to the most degrading environment.

Participants also exhibited resourcefulness by stealing institutional product. When guards were not looking, women would take additional items from the cleaning carts to keep for their own personal use. Participant #9, in particular, found it useful to ‘stock up’ while at OCDC: “*Um we would request more and take them off the cart (laughs)...Just to have them*”. She explained that doubling (and perhaps tripling) her supply of institutional products allowed for more control over her hygiene and appearance in prison.

Moreover, provincial prisoners used passive forms of resistance to improve their diet. To begin, women traded foods with dorm and cellmates during meal times. This was often done based on preference, allowing women to strategically dispose of foods they disliked in return for something that they wanted or needed.⁷⁴ Most common was the exchange and

⁷⁴ At times, there are mistakes with special diets at meal times, forcing women to trade unwanted food for items they were not allergic to or could not eat for religious reasons.

collection of extra fruit, dessert, sugar, and Coffee-Mate®. The bartering of food appeared to be a routine occurrence at OCDC: “...*At the table...as soon as we open the tray, like the – its funny, I can still hear it – everybody wants to change... I did that a lot. I switched my – I gave an apple and an orange for sticky buns*” (Participant #2). Thus, trading in prison allowed women to have some dietary choice, maintaining a sense of control over institutionally pre-set menus.

Aside from trading, women demonstrated agency by making special requests and lying to institutional staff about food preferences (Godderis, 2006; Smith, 2002). For instance, participants reported food allergies, religious affiliations, as well as vegetarianism upon entrance into prison to receive a special diet. This allowed for some individual control over institutional meals, as women received alternatives to the pre-set menu (Godderis, 2006; Smith, 2002). Such accommodation was not, however, extended to prisoners with a mere dislike for specific foods, forcing many women to lie about having an allergy so as to bypass receiving food they disliked. Participant #7 explained how she told staff at OCDC that she had an allergy in order to avoid being fed seafood: “*Well like for me I don’t like seafood at all so when I went in like my first time...they ask you if you have any allergies or anything to food so I just said that I’m allergic to fish...you get a different meal when its fish night*”. Beyond just getting a different meal, participants reported special diets as healthier substitutes, because they were prepared with less grease and were accompanied by more vegetables and fruits. This tactic allowed women to incorporate preference into their prison diet, creating meals that they not only preferred, but that may also prove to be healthier.

Participants also engaged in binge and selective eating while incarcerated. Although the former is not conducive to ideal performatives of health, some women identified the need to indulge in comfort food for the purposes of easing the pains of imprisonment (Godderis,

2006; Smith, 2002). For provincial women, canteen items (i.e. chocolate, chips, and cookies) are commonly purchased for late night snacking. The extent to which women binge, however, is dependent on their prison budgets. Federal participants, on the other hand, described excessive eating to be attributed to those wanting to pass time. As explained by Participant #10: *“You did look forward to eating though. Because when you’re in jail, that’s all you have is food...it’s the only really good thing”*. Hence, because women had access to better foods from the food service, they found comfort in the meals that they prepared, inevitably making them feel better in an isolated and confined environment. Excessive binge eating became problematic for some prisoners, as participants explained that “gluttons”⁷⁵ – those who ate because of boredom or depression – gained weight while incarcerated.

More in line with ideal performatives of health, many provincial women explained the need to selectively eat their prison meals as a strategy to maintain or lose weight. Participants described a number of motivations behind selective eating: to purposively avoid foods they disliked; to limit starch and carbohydrate intake and thus ‘watch their weight’; to create an abundance of waste for the institution and to demonstrate a collective refusal to eat shoddy foods. Participant #9 reframed this discussion, explaining that through selective eating, women *do* in fact have [constrained] choice over their diet at OCDC: *“It’s up to you – if you don’t want to eat, then you don’t eat. So you’ve gotta make up your mind...if you wanna starve, you can starve... you take it or leave it”*. Later in her interview, Participant #9 described that she did not gain weight in prison and thus, felt as though she had control over her diet specifically through selective eating.

Finally, many participants from OCDC noted that they would hoard food by hiding items in their cells and dorms. Some items were heavily rationed (e.g. milk, sugar, salt,

⁷⁵ To fill to excess, or rather, to gorge and overeat.

pepper, and jam), thus affecting how women experienced drinking and eating. Many women saved these items to make their meals more enjoyable at a later time – for instance, keeping a portion of milk from breakfast cereal for tea later in the day. Women also reported saving foods to avoid hunger between meals. At times, participants worked together to create and share a pseudo-meal when women were hungry: *“when they’re hungry, they pull out [the food], Oh I got bread here!! I got a couple margarines and someone’s got a banana! And they make sandwiches and um, yeah they do that all the time”* (Participant #5). This sense of solidarity even extended to new prisoners, as participants mentioned saving food for women upon their arrival to prison should they have missed meals that day. These examples demonstrate that incarcerated women maintain some choice while dealing with institutional meals and show that passive resistance can better their day-to-day carceral experience.

Furthermore, participants identified using passive resistance to enhance, and at times, purposively limit, individual productivity. For example, some participants offered to take on extra chores in order to receive additional food items. During the week, guards would occasionally ask prisoners to help around the prison with cleaning and laundry – by which they would reward their helpers with rare commodities like peanut butter or a chocolate bar. Despite the fact that such tasks and rewards appear menial, it was a strategic move of both the guards and the women to get what they wanted. Quite to the contrary, however, participants also identified that they would refuse to cooperate with the daily regiment, typically to resist the penal order. This often involved women appearing unmotivated and unwilling to participate in institutional life: *“not wanting to get up, not wanting to help clean, um, not doing their chores...”* (Participant #4). Beyond this apparent idleness, some prisoners even refused yard time, demonstrating their disregard for what some conceived of

as petty opportunities of exercise: *“There’s people that don’t want to [go out and] exercise at all...they don’t care”* (Participant #10).

Before concluding this section, it is necessary to briefly consider other means of passive resistance that resulted in personal gain. Participants mentioned tense circumstances, generally relating to medication and medical mistreatment, where women yelled at medical staff members, attacking their competence. Screaming and shouting made women feel better, allowing them to release their anger by verbally defending themselves. Also, participants explained the act of snitching to be commonplace in penal institutions, particularly with respect to contraband: *“there’s all rats in there now...Rats are people that talk to the guards all the time and tell them your business. You see that every day in there. It’s unbelievable... But some people feel as though it gets them ahead. And for some people, it does”* (Participant #9). Although none of my participants identified themselves as ‘rats’, they did suggest that such behaviour would result in the attainment of privileges (e.g. bag of chips, cigarettes, and even Escorted Temporary Absences), but also in social exclusion from other prisoners.

Active resistance.

Lastly, some participants engaged in more overt, high-level strategies of resistance to regain control over their bodies. Ways and means ranged from women acting uncharacteristically violent toward others to women harming themselves as a way to cope with the distress they experienced in coercive settings (Carlen & Worrall, 2004; Kilty, 2006, 2008a,b, 2012b). Despite the fact that such forms of resistance were prevalent in the literature, they were scarcely identified in my interviews.

Participants explained that women use violence and fighting as a means to regain control when feeling disempowered. This was often the result of many conflicting personalities in overcrowded settings; thus, violent acts were typically against other prisoners,

as women fought over relationships, stolen items, and rumours. Participant #9 described an altercation that erupted at OCDC over cleanliness: *“Well, if you get stuck with the wrong cellmates you just gotta put up with it. They won’t move people unless you fight, no. It’s been done. Girls got punched out and everything. Oh yeah. People won’t put up with dirty people”*. As such, violence is a method for women to get what they want – whether it be to settle a dispute within the prison order or to change cellmates. Furthermore, some participants mentioned fighting with prison staff members. As aforementioned, disputes with staff often revolve around the administration of medication, which may start as a verbal confrontation only to become a physical fight when staff members fail to listen to what they have to say. Of course, any form of violence is met with some form of institutional punishment, including extra time on your sentence and time in segregation.

Smuggling contraband into prison was another strategy of active resistance identified by participants. This often involved women digesting or inserting contraband items (secured in a kinder egg or by a tampon) for the purposes of retrieving them from their vagina or anus following correctional strip searches. Prisoners typically smuggled tobacco, drugs, and medication into prison for either personal use or to share with or sell to others. Illegal substances and other contraband items helped women to make institutional life more tolerable by creating an escape from the many pains associated with imprisonment – such as isolation and loneliness, sadness and despair, distress, and the slow passage of time.

In relation to food and diet, incarcerated women also participate in fasting and food strikes as active forms of resistance (Bosworth, 1996; Godderis, 2006; Smith, 2002). These methods stretch beyond that of selective eating, as prisoners refuse all foods prepared by the institution. Participant #1 observed individual fasting, as she was housed with a dorm mate at OCDC who was reluctant to eat the shoddy meals provided: *“One lady came in, she was*

first-time incarcerated and...she'd never eat the meals that were made...I don't know how she lived". Although Participant #1 did not go into depth about this particular prisoner, it was made clear that the food was refused on the basis that it was poorly prepared and tasted awful. Notably, Participant #9 also mentioned resistance through food and consumption practices, suggesting that collective fasting is widespread throughout Canadian institutions: *"Its constant fighting over food. It doesn't matter what jail you're in right now, it's a fight with food... Food strikes and everything...Just fighting with the system"*. Considering these types of fasting, it becomes apparent that women refuse to consume poor-quality foods, symbolically disallowing the institutional degradation of their bodies. This particular strategy of resistance demands an institutional response as the prison is responsible for physical and mental health care.

Eating disorders *may* present another form of active resistance against the established prison order (Bell, 2006; Smith, 2002). None of the participants in my sample self-identified as having an eating disorder, but they did communicate witnessing such activity at OCDC in their cells and dorms. For instance, Participant #1 shared her immediate space with a bulimic woman: *"I've seen a woman that I was in a cell [with] and she threw up every time she ate...then I picked up on it that it was an eating disorder, she was really skinny, the bones on her face... So...yeah there was some eating disorders"*. Others mentioned observing women who *"did not eat properly"* or *"ate very little"*, alluding to the fact that they engaged in anorectic practices. Conceptually, it is difficult to distinguish selective eating from anorexia – it is also difficult to determine if such behaviour began in prison or was imported from the outside. Nevertheless, when asked, participants were able to identify that women did in fact engage in disordered eating behaviours during incarceration, which corresponds with the

feminist literature that conceptualizes these practices as attempts to regain a sense of control in repressive institutional settings (Burns, 2004; Malson & Burns, 2009; Rich, 2006).

Many participants reported feeling sad, down, distressed, or depressed throughout their incarceration; some mentioned being suicidal. Participant #7 disclosed that she engaged in self-harm while incarcerated, and much like the others that spoke about active resistance, she said little about the acts themselves, but did discuss feeling “*messed up*” during the two times she had cut herself. She emphasized the isolating and unsupportive institutional response of being placed in segregation with little to no human contact, no mattress, and no underwear; she was only given a prison dress and a thinly padded no-tear suicide blanket. According to Participant #7, segregation was, the “*worst experience*” because it compounded feelings of sadness and loneliness; similar to the literature, she engaged in self-injury as a means to take control over her body, inevitably releasing her inner pain (Collins, 1996; Kilty, 2006, 2012a,c).

Finally, a handful of participants used formal action as a means of high-level resistance to the Canadian penal system (Lawston, 2008). Participant #4 mentioned a friend that filed a lawsuit against an institution after discovering bedbugs on her mattress. At GVI, Participant #9 explained times when she, as the house representative, filed grievances and presented complaints to the Inmate Committee, a formal institutional means to make prison staff and the prison warden aware of prisoner concerns. Prisoner and human rights advocates describe this system as one that should listen to prisoner voices and for action to be taken (Canadian Human Rights Commission, 2003). Going even further, Participant #5 initiated collective resistance at OCDC by writing a formal complaint to the prison Ombudsman as well as to the Ontario College of Nurses (CNO) on behalf of the women prisoners. The letter contained her recognition of a particularly disturbing case: a fellow prisoner was denied

medical treatment after having a seizure and being left unconscious for hours before emergency services were called. She explained that her complaint prompted an investigation by the OCN, but that the prison Ombudsman, unfortunately, failed to respond⁷⁶. Women initiated these formal actions to make their voices heard in the hopes that they would help to foster systemic or institutional change (Lawston, 2008).

Concluding comments.

These examples demonstrate that incarcerated women engage in rational, active, and innovative demonstrations of agency in order to negotiate power while incarcerated (Ajzenstadt, 2009; Maeve, 1999; Mageehon, 2008). This study shows that women use compliance as well as passive and active forms of resistance to cope with and alleviate some of the pains of imprisonment. As participants discussed, compliance appeared to be a given, and was used at selectively to make institutional life more manageable. Most participants identified the use of passive resistance as a day-to-day means of demonstrating agency that enabled them to [somewhat] manage their identities through the performatives of beauty, health, and productivity. This discussion highlights some of the daily acts of resistance that are overlooked in the existing literature, particularly showing how incarcerated women's bodies are used everyday as a 'site of control' and 'site of resistance' (Frigon, 2003, 2007; Robert et al. 2007; Shantz & Frigon, 2010).

Another discrepancy between this research and the literature was that active forms of resistance were not as apparent in participant testimony. Why is it that more overt acts, such as eating disorders and self-injury, are prominent in the literature while scarce within this

⁷⁶ It is important to note that the federal correctional grievance system has been subject to much controversy and criticism regarding its inefficiency to review and respond to prisoner grievances. This was most recently seen in the Ashley Smith case, where filed complaints went without response – one of which was opened two months after her death in spite of policies that demand a two-week turnaround.

sample? Perhaps it is that participants did not feel comfortable, or rather, did not trust me enough to disclose such a personal experience that often evokes feelings of embarrassment and shame. Perhaps the sample size was simply too small to account for these particular behaviours. Most likely, however, was that I did not canvass specifically for participants that engaged in self-injury or disordered eating practices. Nevertheless, this research presents diverse examples of the ways in which incarcerated women exhibit agency and resistance. These acts of compliance and resistance helped participants to ease the pains of imprisonment, obtain privileges and rewards, and for some – regain a sense of control and autonomy over their bodies. Interestingly, participants often did so as attempts to improve their self-esteem and self-worth – something corrections claims to do via empowering cognitive behavioural-program modules (Pollack, 2006). The prison's inability to empower prisoners, given its primary focus on security, discipline, and punishment, is well documented (Carlen & Worrall, 2004; Hannah-Moffat, 1995, 2000; Maeve, 1999; Mahoney & Daniel, 2006; Robert, et al. 2007; Short, et al. 2009); subsequently, it is unsurprising that women take up this initiative in more personal and every day ways.

CHAPTER 6: CONCLUSION

A Theoretical Discussion of Concepts, Themes, and What To Do Next...

In order to better connect the findings presented in this thesis with the topical and theoretical literatures, this concluding chapter stands to address three main objectives: (1) to speak to some of the key concepts and themes in order to get a better understanding of the implications of correctional practices, including the creation of the ‘unempowerable’ woman prisoner; (2) to reintroduce some of the theoretical principles guiding this research to better analyze and expose how Canadian correctional facilities for women function; and (3) to identify areas in need of future research. I use the information gleaned from the literature review, theoretical framework, and participant testimony to present a more complete picture of the research findings.

6.1 WHAT ARE CANADIAN PRISONS FOR WOMEN ACTUALLY DOING?

To begin, we must reflect on the main points of this thesis. The theoretical literature demonstrates that some normative goals of femininity (i.e. domesticity) become expectations that infiltrate penal ideology, for example, using ideals of good motherhood as a hook for positive change to help rehabilitate women who use drugs (Kilty & Dej, 2012). This suggests that correctional services seek to remake ‘corrupt’ women into morally efficient housewives and thus ‘respectable ladies’ (Carlen, 1983: p.71). This is prevalent throughout gendered programming that assumes that the way to transform criminalized women into pro-social law-abiding women is to teach them cleaning, handicraft, and childcare while employing them in prison kitchens and laundries (Bosworth, 1996: p.10; Carlen, 1983; Carlen & Worrall, 2004; Hannah-Moffat, 2001; Hayman, 2006). What corrections ignores, however, are the ways in which femininization discourses work to encourage women to engage in practices to help them meet unrealistic but culturally prescribed markers of normative femininity, including bodily aesthetics (Carlen, 1983; Carlen & Worrall, 2004). In light of

the dangers associated with these unattainable constructions of femininity, the desire to foster an acceptable appearance can become detrimental to a woman's self-image and identity, especially should she feel that she is failing in her efforts to meet those normative standards. After reviewing the main findings, it was possible to tease out the following overarching themes:

1) Imprisonment creates tension for women and their sense of self and identity.

Criminalized women understand that the normative performatives of health and femininity that are effective when living in the community (Lupton, 1995) are not feasible to produce while incarcerated, as they do not have access to the tools necessary to upkeep their beauty and health while inside (Carlen, 1983; Carlen & Worrall, 2004; Maeve, 1999; Smith, 2009). That is to say that many incarcerated women are *not* capable of maintaining their bodily aesthetics in the same ways they do on the outside. This may lead to an identity disconnect for many women prisoners, where the drive to meet culturally prescribed markers of beauty and health without the means needed to do so inevitably leads to feelings of falling short in becoming 'good women'. In this way, corrections *sets women up to fail* as the institution maintains expectations (i.e., normative health imperatives and beauty aesthetics) for what it means to be feminine while disallowing incarcerated women the very tools to help them achieve this status.

2) Without the ability to meet the normative cultural tropes of health and beauty, incarcerated women are characterized as *un- or disempowered* (Hannah-Moffat, 2000; Kilty, 2012b). In this research, participants described feeling ugly and fat, and identified feeling treated as though they were child-like while in prison. Limited access to beautification products (e.g. make-up, lotions, hairspray, conditioner, straighteners, and curling irons) means that women have limited ways in which to actively participate in

performatives of feminine bodily aesthetics (Carlen, 1983; Plugge et al. 2006; Talvi, 2007). Similarly, consistently serving shoddy and high-in-carbohydrate foods along with the limited opportunities available for exercise means that many women gain considerable amounts of weight when incarcerated (Carlen & Worrall, 2004; Smith, 2002). And finally, reliance on medical staff to handle all prisoner symptoms and conditions (ranging from the most minor cold to the most common rash), means that women are infantilized through their dependence on nurses and doctors for everyday health maintenance and management, including mundane over the counter medications to treat daily ills (Kilty, 2006, 2008a, 2008b, 2012b). According to participants, experiences related to hygiene, food, exercise, and access to over-the-counter medication in prison can lead incarcerated women to feel self-reportedly depressed and unmotivated, suggesting that confinement – and most importantly, the little control women have over beauty, health, and bodily maintenance – can dramatically affect a woman’s self-esteem, self-worth, and identity.

- 3) Contemporary prisons provide little support to encourage prisoners to become *productive* citizens. Rather, it has been found that incarcerated women are only encouraged to make limited, administratively meaningful choices while remaining dependent on the institution to make most decisions on their behalf (i.e. when to shower and when to eat) (Hannah-Moffat, 2000, 2001; Kilty, 2012b; Laishes, 2002). This point suggests that rehabilitation or ‘correction’ involves remaking criminalized women into docile *followers* to the established penal order rather than confident and rational autonomous women, despite what their correctional plans entail (Hannah-Moffat, 2000, 2001). For some, the material effects of infantilization can mean safety, regular meals, access to health care and respite from risky lifestyles (Maidment 2006). Of course, some women

are able to maintain a more positive and healthy sense of self and identity, but many leave prison and continue down paths of non-acceptance, inevitably struggling with their identity and self-esteem, or, as made evident by some participants, choose to stay incarcerated, purposefully failing to apply for parole in order to reside within an environment where they have all of their decisions made for them by correctional employees. This way, incarcerated women can remain inside a familiar space, strategically avoiding an intimidating and overwhelming “dependency continuum”⁷⁷ that may await them on the outside (Maidment, 2006).

Considering these three pivotal findings, it is important to return to and clarify the epistemological position I adopted at the outset of this research. As a critical feminist, I do not wish to tacitly accept or promote normative conceptions of femininity (i.e. thinness and beauty) or suggest that cultural norms are even healthy or desirable. On the contrary, I am more inclined to believe that efforts to meet these cultural expectations can negatively affect women in western societies, who may push themselves (often too far) to cyclically improve their bodily aesthetic, both financially, for example by revamping wardrobes, hiring special trainers, or buying into expensive anti-aging creams, etcetera, and physically, for example by electing to undergo plastic surgery or engaging in disordered eating practices (Lupton, 1995; Bordo, 1993; Butler, 1993). In this light, these normative constructions of femininity are particularly harmful⁷⁸, as they are culturally embedded in texts and images that repeatedly

⁷⁷ According to MaDonna Maidment (2006), women released from prison continue to experience official/formal ‘transcarceral’ controls. Here, ex-prisoners remain *tangled* within overlapping and persistent forms of state regulation, including: psychiatry and mental health systems, child protection agencies, social welfare systems, halfway houses, and home care, that ultimately maintain surveillance, documentation, and normalization on once-criminal populations.

⁷⁸ This particular discussion proves similar to the works of Naomi Wolfe, who impressively argues that the social construction of beauty and the invention of the diet has been more culturally damaging to women than anything else, as they are punished physically and psychologically for their failure to achieve and conform to

de-value women by encouraging them to look beautiful, itself a hegemonic cultural construction that values whiteness and extreme thinness, in order to satisfy men (Black, 2004; Bordo, 1993; Klein, 2000; Peiss, 2011; Wolfe, 1991). It is important to recognize and problematize these normative cultural standards, showcasing them as unrealistic and constructed by-products of Western thinking that continue to shape women's self-image.

Issues associated with choice, control, and agency.

Having outlined the key findings of this research, I wish to expand on the earlier discussion of agency and women's perceptions of control inside carceral settings, which remains the crux of this thesis. Throughout the interviews, participants described that there is much gradation in experiences of autonomy for women living in provincial and federal institutions. As we can see throughout the extant literature, federal prisons garner most attention from the media, governmental agencies, and even criminological research, largely because federal prisoners have committed more serious crimes and are consequently incarcerated for longer periods of time. With this correctional and academic focus, federal institutions have received better funding and external supports to improve programming and services. Hence, federal prisoners typically experience a better institutional life (by living in cottage style houses rather than only in cells) and have greater opportunities (e.g. Food Service and gym access) throughout their incarceration. This prioritization of the needs of federal prisoners, however, overshadows the needs and functioning of provincial institutions and prisoners, turning those sentenced to two-years less a day into an often forgotten population. In such settings, like OCDC, little is offered in terms of programming, services, and opportunities, forcing provincially incarcerated women to be idly confined to their

unattainable standards. This obsession with being beautiful and thin has become so consuming that we, as women, forget about our own management or domination (See *The Beauty Myth*, 1991).

cells/dorms for twenty-two hours each day, under total institutional control. Ironically, women who commit less serious, often victimless crimes are punished more harshly – in terms of institutional treatment, support, and opportunities – than those undergoing prolonged periods of federal incarceration. This point is especially important given that there are significantly more men and women incarcerated in provincial prisons than there are in federal prisons in Canada (Statistics Canada, 2008).

Given the nature of this research as well as the sampling method chosen, this thesis offers unique insight into both settings. Throughout the analysis chapter, it was made clear that women who spent time in OCDC hated every moment of their degrading and repressive treatment, suggesting that all aspects of their incarceration were horrendously unsupportive and non-rehabilitative. Provincially incarcerated women distinctly stated that they had *no* choice or control in terms of their appearance, health, and bodies, while being isolated in their cells and dorms for most of the day, in conjunction with being completely dependent on institutional staff who determined when they would shower, eat, go outside, and receive medication. Most federal participants, on the other hand, spoke positively or indifferently about their experiences at GVI, feeling content with their opportunities and overall treatment on the federal compound. This was related to the fact that all federal participants identified having greater choice and control over their appearance, health and bodies – they could receive boxes containing personal items, order preferred foods from the established food service, and walk around the compound or exercise throughout the day. These small differences demonstrated variance in the women's levels of autonomy and freedom while incarcerated – a factor that has long been linked to prison survival and successful reintegration (Bosworth, 1996, 1999; Carlen, 1983, 2005; Hannah-Moffat, 1995, 2000, 2001, Kilty, 2012b, Maeve, 1999; Shaw, 1992).

Throughout the interviews, participants demonstrated that a woman's carceral experience affects her perception of autonomy – as made evident by Participant #3 who stated: *“Everything's better [in federal]. If you're going to go to jail make sure you do it good (laughter)”*. She, like many others, announced their preference to be sentenced to a federal institution rather than to a provincial one, meaning that many women appear willing to sacrifice more time spent in prison in order to experience greater agency and programming opportunities while inside. Having interviewed both provincially and federally incarcerated women, this research shows a need to pay greater attention to women serving shorter sentences. While it is important to examine the needs and experiences of federally sentenced women, correctional efforts need to better provide provincial prisoners with the requisite resources and support, as the current carceral system, especially at the provincial level, remains anything but rehabilitative.

6.2 WHAT IS MISSING?

When coding the interview data, some topics were much easier to code and theoretically tease out than others. This meant that certain theoretical constructs dominated the thematic analysis, where others were left for the reader's interpretation. For instance, I was able to openly talk with participants about their experiences of hygiene, food, exercise, and access to over-the-counter medication because the literature identified some of the ways in which incarceration affected these issues. Therefore, the interview questions flowed from the extant literature to examine how the sample population experienced these things while inside (e.g., “did you feel as though you had control over your diet?”). Receiving direct answers from participants about issues of beauty, gender performance, health, and the body allowed for manifest content to be more easily conveyed in the analytic discussion. But what

about those key theoretical suppositions that proved to be more scarcely mentioned throughout participant interviews? Latent content is of equal importance; therefore, I now turn to showcasing the bigger theoretical picture. The goal of this section is to better identify and facilitate a discussion of some the latent theoretical content as it relates to participant testimonies.

Throughout the interview process, I did not directly discuss Foucaultian concepts (i.e. correct training, surveillance, and the examination) with participants; rather I used Foucault's (1977, 1980) conceptualizations of docility, punishment, power, and governance as analytic tools to facilitate a theoretical discussion on the ways in which Canadian correctional systems and practices invoke correct training, surveillance, and the examination in their efforts to govern incarcerated women. To begin, penal administrators use *correct training* to help produce a more docile prison population and thus more docile and feminized women. The soul and body of the individual prisoner are targeted with different technologies of discipline, such as observation, normalization, and routinization, to make prisoners obedient and productive (Foucault, 1977). First, compliance is sought through hierarchical observation, whereby individuals are subject to constant surveillance in order to correct the 'criminal soul'; at the federal level the prisoner's mind is trained through institutional psy-programming to discard deviant behaviour for the purposes of adopting new, pro-social thoughts and actions (Foucault, 1977; Garland, 1990; Kilty 2011; Pollack 2005, 2006). Meanwhile, the body is transformed and improved through institutional employment with the hope of making it more useful and productive (Foucault, 1977).

Technologies of discipline were touched on throughout participant interviews, as women illustrated a highly controlled and controlling environment where each hour of the day was organized around a *strict* routine. Specifically, everything in prison is precisely

timed: morning wake up calls, stands to count, distribution of meals, shower time, medication rounds, yard time, television and phone access, and night curfew. Everything in prison is also itemized and calculated: rationed hygienic products, meal times, portioned food items, assigned institutional clothing, as well as type and dosage of medication prescribed and administered. Prison is also highly structured and ordered: women are unable to access food or medication outside given timeframes, and there are mandates to fulfill one's correctional plan (including the completion of programming and work-terms), state-sanctioned strip-searches, and forced dependency on authoritative figures (i.e. correctional guards and medical staff members) that structure and govern all aspects of daily life. Here, we see that incarcerated women are indeed subject to correct training in the contemporary prison system, meaning that a constant routinization of institutional life allows prisoners few avenues through which to express personal agency or autonomy.

Next, participants mentioned a state of *constant surveillance* inside prison walls. The architectural apparatus itself is disciplinary in the sense that it ensures prisoners are always-already observable to others; its very design calls for subordinates to be enclosed individually into a given space that allows for the gaze of authoritative figures to remain distanced from their physical bodies. The prisoner is always visible, which encourages them to continuously police their own behaviour in fear of being watched and further punished (Foucault, 1977; Garland, 1990). Participants understood that while housed in OCDC they are under surveillance at all moments of the day – sometimes in inappropriate ways. Women described having very little privacy while incarcerated, especially in their cells where they would sleep, use the toilet, and undress, and while they are in the shower. This constant visibility made women feel insecure, uncomfortable, and sometimes threatened, as more often than not, male guards were in full view of women in potentially vulnerable positions.

Constant surveillance persisted for federally incarcerated women: video cameras were spread throughout the prison compound and prisoners were forced to stand count several times each day, allowing correctional guards to check in on their whereabouts.

Surveillance also occurred during surprise visits to the minimum-security houses. For instance, women were permitted to keep blister packs containing their medication inside their rooms suggesting prison authorities viewed them as ‘responsible enough’ to control their own medication-intake. They are not, however, given full autonomy over its administration, as staff members visit the houses unannounced to check, count, and document individual packs for the purposes of catching those who are misusing their prescribed pills (i.e. refusing to ingest medications, taking extra, or trading or giving some away). Hence, the prison ‘supports’ incarcerated women through constant surveillance that is touted as a mechanism essential to fostering rehabilitation and self-correction, which demands that they live responsibly in prison or face institutional punishments (e.g. loss of privileges and segregation). At times, these existing technologies of discipline are certainly degrading, but further, seek to temporarily correct behaviour by encouraging women to be docile and institutionally *dependent* rather than autonomous and confident – as seen with Participant #12, who insightfully explained that because everything is “*done for you*” on the inside, it is difficult for “*institutionalized*” women to survive on the outside, since penal routine is “*all they know*”. Hence, there remains a looming insecurity upon release from prison, as incarcerated women acknowledge that they will be “*starting a new life again*” (Participant #12).

Last, it is essential to consider the *examination*, and more so, its material effects with respect to medicalization. As theorized by Foucault (1977), constant visibility in a panoptic sphere allows for prisoners to become an object rather than a subject of study, ultimately

rendering them to the derogated side of hierarchies of power and in networks of power relations (Schwan & Shapiro, 2011: 125). Especially in the penal setting, close observation, differentiation, and identification are used to record case files of individual performance and behaviour, capturing women in a web of written documentation that produces a particular set of knowledge and truth about their character, psychological make-up, and pro-sociality (Foucault, 1977; Garland, 1990; Kilty & DeVellis, 2010). Prisoners are analyzed, tracked, and compared to normative constructions of prisoner attitude and behaviour that are based aggregate data in order to determine individual levels of progress and decline (or rather, docility and defiance), making the examination grounds for justified state surveillance, intervention, and isolation (Foucault, 1977; Hannah-Moffat, 2001; Pollack & Kendall 2005). Put simply, the correctional system starts from the premise that the more documented an individual prisoner's life, character, and progress are, the more controllable they become (Foucault, 1977).

The prison system achieves aspects of the examination through a panoptic disciplinary and medical gaze, which women experience through: discussions of symptoms and conditions with prison doctors, prescription of medication, daily medication rounds administered by nurses, check-up appointments, and visits to the prison psychiatrist and or psychologist. Medical staff members are expected to have an ongoing assessment of the prisoner-patient and their state of mental and physical well-being, documentation that produces new forms of knowledge that are then used to regulate and control women's bodies in different ways (e.g. mandatory medication orders, forced chemical injections, and prolonged prison sentences for continued observation) (Bell, 2006; Kilty, 2012b; Kilty & DeVellis, 2010). But further, however, I would argue that OCDC and GVI exercise discipline by heavily medicating incarcerated women.

As made evident throughout this thesis, there is a reliance on the anti-psychotic drug Seroquel in Canadian prisons to manage ‘mad’, ‘bad’, or ‘sad’ criminalized women. Participants described Seroquel as being easy to access, whereas other, basic over-the-counter medications like Tylenol® are seemingly difficult to access. More specifically, many women were prescribed Seroquel by prison doctors as a sedative to help them sleep, knowing very well that many over-the-counter medications have sedative effects without risk of dependence and could thus act as effective sleep-aids (e.g. Gravol®, NeoCitran®, and NyQuil®). Hence, it is imperative to question why prisons opt for such a strong medication that ‘dopes up’ incarcerated women. Does Seroquel solve the problem more efficiently? Does it provide an easier way to deal with women prisoners, and if so, what are the short and long term consequences of its use? Does its use further remove women’s medical autonomy? Whatever the reason may be, its use is also symbolic – clearly suggesting that all criminalized women are seriously mentally ill and in need of anti-psychotic medications. Although I may not be able to answer these questions, this research does work to problematize how criminalized women are subordinated by prison psy and medical practices, which may be theorized as tools of control used to create a dependent and thus disempowered “zombie-like” but nevertheless *docile* population (Kilty, 2008; 2012).

Here, we see an interesting paradox: because technologies of discipline seek to produce docile prisoners the system negates rehabilitative efforts of responsabilization and empowerment. Despite their correctional mandate, penal institutions limit women’s choice and agency, inevitably stripping them of their autonomy and instead working to create dependent subjects. As such, docility works in obscure ways; – we do not generate a productive and *corrected* population through governance, surveillance, and medicalization,

but rather one that is limited in terms of opportunity for independent thought and action, and that arguably has a lower self-esteem and confidence, which further reduces chances of successful rehabilitation and reintegration.

6.3 WHERE DO WE GO FROM HERE?

Considering everything I examined throughout this thesis, I suggest that there are a number of areas of inquiry that require further research. First and foremost, and following the existing work of scholars like Bosworth (1996, 1999), it would be interesting to conduct a study that examines issues related to women's identity management throughout their prison sentence. Specifically, I suggest a focus on how incarcerated women manage their identities internally *and* externally: their identity as a woman, their identity in relation to other prisoners, and their identity in relation to correctional guards and medical staff members. Throughout the interviews, I noticed that participants negotiated, and thus, presented alternate identities for their given audience. For instance, incarcerated women routinely expressed a mental, emotional, and physical need to engage in practices that allowed them to perform their femininity; they also explained alternative modes of behaviour when interacting with other prisoners, whether they wanted to appear motherly and consoling, tough, or isolative; further, women acted differently in front of prison staff members, strategically enacting their agency to portray compliance or resistance. This negotiation of different presentations of self is fascinating especially given the current changes in Canadian corrections. Although it was an unanticipated finding, more closely examining women's production and maintenance of different institutional identities would prove valuable to the discipline of criminology, addressing potential gaps in knowledge by extending the scope of knowledge and discussion about women's gendered experiences of incarceration.

It would also be fruitful to centre women's self-image (i.e. how they feel about their beauty, appearance, and body, and how such feelings change throughout confinement) within carceral settings as the focal point of future research. Insight on women's individual feelings of self-esteem and self-worth were somewhat unanticipated, yet crucial to the findings of this study. Given their understandings of identity and self-image – and further, how such feelings were negatively impacted by their incarceration – suggests the need to expand on this work, especially since empowerment remains a correctional goal for women's rehabilitation. With this disconnect between theory and practice, additional research is needed to better show the ways in which correctional policies are not only contradictory, but also counterproductive. In particular, it would be useful to study a larger and more representative sample of provincially incarcerated women, so as to provide more attention to this under-researched population.

My last recommendation comes from another unanticipated code that did not quite fit in the analysis chapter. *Solidarity* was discussed by some participants as a means of survival or strength for incarcerated women and is thus worth further exploration. Participants identified companionship and loyalty with other prisoners, often helping one another persevere the pains of imprisonment: consoling others during moments of distress, providing mediation or conflict resolution in attempts to solve cell/dorm-mate disputes, purposely not talking to or involving guards in prisoner problems (inevitably preventing segregation), 'sticking up for' and defending 'disorderly' women, acting as a 'mother' to younger prisoners, guiding new prisoners and helping them navigate the system (described as 'taking others under their wing'), and, sharing items to help make institutional life more comfortable (e.g. clothing and food items). Given the above examples, acts of solidarity appear to function as a coping mechanism for many incarcerated women who bonded and helped one another through, quite possibly, the worst of times. Hence, such concepts should be

considered in future research as a means to better understand women's resiliency and how they work together while serving their prison sentences.

In conclusion, this thesis covers what feels like an overwhelming amount of data as well as conceptual and thematic findings – a necessary feat in order to be able to examine the issues of choice, control, and agency as discussed by previously incarcerated women. It is my hope that other critical criminologists move forward from what was examined in this thesis to further reveal how repressive carceral settings and the degrading treatment of criminalized women are disempowering rather than empowering, and how conditions of solidarity can help to foster resiliency. Hopefully, with this research we can work together to improve institutional conditions for criminalized women – after all, isn't it about time that we consider, "*what works*" in Canadian corrections?

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APPENDIX A: Recruitment Text

I, Kait de Graaf, under the supervision of Professor Jennifer Kilty, am conducting research on the ability or inability for incarcerated women to make decisions about their health. In particular, I am interested in how you perceived control over your own body while you resided in a provincial and/or federal prison. Questions will focus on how you experienced personal hygiene, weight, and access to over-the-counter medication during incarceration.

Should you decide to participate you will be asked to partake in one directive interview lasting between 1-2 hours with the researcher. For your comfort and convenience, the interviews will be conducted here in the Bronson Center. These interviews will be conducted on a first come/first served basis. With your permission, interviews will be audio taped so that they can later be transcribed. The physical and electronic versions of the tapes will be kept for a minimum of 5 years following the defence of my Master's thesis. During this required time period, the data will be in sole position of the primary researcher and supervisor. Afterwards, all data will be destroyed.

Your confidentiality will be respected, where all identifying names, places, and events will be changed in the transcripts and in any subsequent documents. The results of the research may be published, but your name will not be used. I ensure that all information you provide me with will be kept confidential and that you will remain anonymous.

Participants will be offered a \$20 gift card as compensation for participating in the study. Your role in the study, however, is completely voluntary. As such, at any point in the research process should you feel uncomfortable, you are entitled to not answer questions, interrupt or stop the interview and/or withdraw from the research. In this case, you will not be required to return the gift card.

The researcher has no formal association with Correctional Service of Canada. Therefore, no correctional consequences are anticipated as a result of this research.

If you are interested in participating in this research project or have any questions regarding the process, please contact the researcher Kait de Graaf, or the thesis supervisor Professor Jennifer Kilty.

APPENDIX B: Consent Form

Title of the study: “Disciplining women/disciplining bodies: Exploring how women negotiate health and bodily aesthetic in the carceral context”

Principal Researcher: Kaitlyn de Graaf

Graduate Student in the Department of Criminology, Faculty of Social Science, University of Ottawa

Thesis supervisor: Dr. Jennifer Kilty

Assistant Professor in the Department of Criminology, Faculty of Social Science, University of Ottawa

Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Researcher Kaitlyn de Graaf and Thesis Supervisor Dr. Jennifer Kilty.

Purpose of the Study: The purpose of the study is to help us understand how women perceived their ability or inability to make decisions about their own bodies while incarcerated.

Participation: My participation will consist of attending one interview for approximately 1-2 hours long during which I may be asked a number of questions—sometimes sensitive—pertaining to my experiences of health and agency during my period of provincial and/or federal incarceration. The interview has been scheduled for _____ at _____ place during the time of _____.

Risks: My participation in this study will entail that I volunteer some personal information, and this may cause me to feel emotional or to experience anxiety or distress before, during or after the interview. I have received assurance from the Principal Researcher that every effort will be made to minimize these risks. The Principal Researcher has provided me with a list of community and mental health services to access should I experience any negative or distressing feelings. Likewise, the Principal Researcher has assured me that she will contact a person of my choosing should I experience discomfort during the interview and subsequently wish to discontinue.

Benefits: My participation in this study will help re-shape how local and academic communities perceive the agency of incarcerated women. In particular, this research will contribute to the current body of knowledge, by exploring how women understand their control over their own bodies and health (i.e., hygiene, weight, and access to over-the-counter medication) while in prison. This new knowledge may have the potential to reach alternative forums (possibly the Correctional Service of Canada) to highlight gaps within policy and plans for rehabilitation.

Confidentiality and anonymity: I have received assurance from the researcher that the information I share will remain strictly confidential. I understand that the contents will be used only for research and analytical purposes related to the objective of the study and that

my anonymity will be protected by replacing any information that may identify me in the interview transcripts with a pseudonym, and by never disclosing my participation to another person or participant. I understand that quotations from the text I share may be published, but that my identity will never be revealed in any publications. Lastly, I will have the opportunity to read over my interview should I wish to receive a copy after the audio recording has been transcribed. If I want to edit or delete any of my responses, I can meet the principal researcher for a follow-up interview to provide clarification or additional information.

Conservation of data: I understand that the data collected from the interview will be audio-recorded and electronically stored on a password protected computer at all times. The tape recordings of the interview will be kept in the Principal Researcher's home in a locked cabinet, to which no one else has access. Likewise, an electronic copy of the data will be kept on a USB key in a locked cabinet in Supervisor Dr. Jennifer Kilty's office, to which no one other than Dr. Kilty and the Principal Researcher has access. I understand that both the physical and electronic versions of the data will be conserved for a period of five years following the Principal Researcher's master's thesis defence.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, I understand that I have the choice to refuse any data gathered until the time of withdrawal from being used in this study. Furthermore, I will be given a \$20 gift card as a means of compensation for my participation. Should I wish to remove myself at any time during the study, I will not have to return this compensation.

Acceptance: I, _____, agree to participate in the above research study conducted by Kaitlyn de Graaf of the Department of Criminology, Faculty of Social Science, University of Ottawa, which research is under the supervision of Professor Jennifer Kilty.

If I have any questions about the study, I may contact the researcher or her supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5, Tel.: (613) 562-5387
Email: ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep.

Participant's signature:

Date:

Researcher's signature:

Date:



Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

Ethics Approval Notice

Social Science and Humanities REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Jennifer M.	Kilty	Social Sciences / Criminology	Supervisor
Kaitlyn	de Graaf	Social Sciences / Criminology	Student Research

File Number: 04-12-04

Type of Project: Master's Thesis

Title: The Agency of Incarcerated Women

Approval Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Approval Type
05/28/2012	05/27/2013	Ia

(Ia: Approval, Ib: Approval for initial stage only)

Special Conditions / Comments:

N/A



Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

This is to confirm that the University of Ottawa Research Ethics Board identified above, which operates in accordance with the Tri-Council Policy Statement and other applicable laws and regulations in Ontario, has examined and approved the application for ethical approval for the above named research project as of the Ethics Approval Date indicated for the period above and subject to the conditions listed the section above entitled "Special Conditions / Comments".

During the course of the study the protocol may not be modified without prior written approval from the REB except when necessary to remove subjects from immediate endangerment or when the modification(s) pertain to only administrative or logistical components of the study (e.g. change of telephone number). Investigators must also promptly alert the REB of any changes which increase the risk to participant(s), any changes which considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project and safety of the participant(s). Modifications to the project, information/consent documentation, and/or recruitment documentation, should be submitted to this office for approval using the "Modification to research project" form available at: http://www.rges.uottawa.ca/ethics/application_dwn.asp

Please submit an annual status report to the Protocol Officer 4 weeks before the above-referenced expiry date to either close the file or request a renewal of ethics approval. This document can be found at: http://www.rges.uottawa.ca/ethics/application_dwn.asp

If you have any questions, please do not hesitate to contact the Ethics Office at extension 5841 or by e-mail at: ethics@uOttawa.ca.

Germain Zongo

Protocol Officer for Research Ethics

For Dr. Barbara Graves, Chair of the Social Sciences and Humanities REB

APPENDIX D: List of Resources

Should you find that you need to talk to someone at any point during the research, the following list of resources can assist you.

The Elizabeth Fry Society of Ottawa:

311-211 Bronson Ave.
Located in the Bronson Center
Telephone: 613-237-7427
Toll-Free: 1-800-611-4755

Mon-Fri: 9am-5pm

Carlington Community and Health Services:

900 Merivale Rd.
613-722-4000

Mon-Thurs: 1:00pm to 4:00pm
Fri: 9:00am to 12:30pm, 1:00pm to 4:00pm

Ottawa Coalition to End Violence Against Women (OCTEVAW)

250 City Centre, Suite 500
OCTEVAW office is located within Family Services
613-237-1000

Mon-Fri: 9am-5pm

Ottawa Rape Crisis Centre (ORCC)

24 hour Crisis Line: 613-562-2333
Business Phone: 613-562-2334

SITE Program at 179 Clarence

179 Clarence St.
613-563-2437

Mon – Fri: 8:30am to 4:30pm

Sandy Hill Oasis Community Health Centre

221 Nelson St.
613-789-6309

THE AGENCY OF INCARCERATED WOMEN

613-569-3488 (Oasis)

Mon: 8:30am to 8:00pm

Tues: 8:30am to 5:00pm

Wed: 8:30am to 8:00pm

Thus: 8:30am to 5:00pm

Fri: 8:30am to 4:00pm

Wabano Centre for Aboriginal Health

299 Montreal Road

Vanier, ON K1L 6B8

(613) 748-5999

Mon/Wed/Fri: 9:00-11:30am

Mon/Wed/Fri: 1:00pm to 4:30pm

Tues/Thurs: 1:00pm to 4:00pm

Tues/Thurs: 5:30pm to 8:00pm

Closed daily noon – 1:00pm

Minwaashin Lodge

424 Catherine St., 2nd Floor

(613) 741-5590

Crisis Line: (613) 789-1141

APPENDIX E: Interview Guide

Preamble:

I am researching how women experience everyday aspects of incarceration. In particular, I am interested in how women perceive control over their own bodies while residing in correctional facilities. To explore this issue, personal hygiene, diet and exercise, and medical needs will stand as the three main sections to adequately address the potential for agency in prison. Along with this notion of agency, it will be further interesting to note how women understand personal choice, especially in constructing their own identity and presentation of self while incarcerated.

As such, I am going to ask you a series of questions that will attempt to shed light on the potential for control and resistance on part of women prisoners within correctional institutions. To begin, I will be asking you questions regarding your background and demographics. Following this introduction, I will move on to sections that focus on personal hygiene, diet and exercise, and medical needs. Finally, at the end of the interview, there will be an opportunity for you to discuss any experiences that have not yet been addressed along with other administrative details.

Part 1: Demographics of the Sample Population

1. Demographically, how do you identify yourself in terms of:
 - a. Class
 - b. Ethnicity (culture)
 - c. Race
 - d. Religion
2. Can you give me some information about your background?
 - a. Education
 - b. Work experience
3. What is your age?
4. When were you incarcerated?
5. How long were you incarcerated for?
6. Were you sentenced to a provincial and/or federal institution?
7. What institution(s) did you serve your sentence at?

Part 2: Hygiene Experienced During Incarceration

1. Can you describe for me how you maintained your hygiene in prison?

2. Were there any structural barriers to maintaining hygiene in prison? For instance, in terms of showering:
 - a. When could you shower?
 - b. How long could you shower for?
 - c. Did you get much privacy while showering?
 - i. Is there a community of showers?
 - ii. Are there cubicles of showers?
 - d. In terms of surveillance, was there anyone watching you while you showered?
3. What products were provided to maintain your hygiene?
 - a. For the shower?
 - b. For bathroom use?
4. Was there easy access to these products?
 - a. Can you describe the process of requesting products?
 - b. Did you have control over the amount of products you received?
 - i. What was the supply like?
5. What brands were offered?
 - a. Did you have a choice regarding which products and/or brands you used?
6. How did you experience menstruation in prison?
7. How accessible were sanitary products (i.e., tampons and pads)?
 - a. Did you have to request sanitary products? If so, what was it like requesting them?
 - b. Who gave you these products?
 - c. Was there ever a delay in receiving these products?
 - d. Could you purchase sanitary products? Describe how this took place and if it was quicker than making a request to a prison employee.
8. Did you have control over the amount of sanitary products you received?
 - a. Was it on a one-for-one basis or could you stock up?
 - b. Could you get extra products during your period (i.e., more rolls of toilet paper)
9. What brands were provided to you?
 - a. Did you have a choice regarding which products (tampons or pads) and/or brands you used?
10. What happened if there was an accident?
 - a. Did you have access to showers?
 - b. Did you have access to laundry?
11. Can you describe for me the general cleanliness of the cells?
 - a. Who cleaned the cells?
 - b. What products were used?

c. Ventilation?

12. How did these experiences of hygiene make you feel?

a. Did they impact your self-image?

13. Were there any ways that you resisted any of these practices?

a. Informal and/or formal?

b. Individual and/or collective?

Part 3: Diet/Exercise Experienced During Incarceration

1. Can you describe for me your experiences with prison food?

2. What type of food was served?

3. How was the food served to prisoners?

a. Was there a set time to eat your meals?

b. Where did you eat your meals?

c. How was your food prepared?

4. Can you describe the quality of the food served?

a. Would you consider it to be a balanced diet?

i. Were there too many carbohydrates?

ii. Were there enough fruit and vegetables? Can you describe the amount of each?

iii. Was organic food offered?

5. While incarcerated, were you able to make any choices about your food?

a. Preferences?

b. Variety?

c. Vegetarian/Vegan options?

d. Allergies?

e. Preparation of food?

f. When to eat?

6. Did you gain any weight while incarcerated?

7. Did you lose any weight while incarcerated?

8. Did you feel as though you were able to control your weight while incarcerated?

9. How did these experiences make you feel?

a. Did they impact your self-image?

10. Were there any ways that you resisted these practices?

a. Informal and/or formal?

b. Individual and/or collective?

- i. Were there any instances when prisoners refused to eat their food?
 - ii. Were there any issues with women and disordered eating in the institution?
- 11. Can you describe for me any opportunities for exercise in prison?
- 12. Do you exercise? If so, how did you exercise in prison?
 - a. Is this different from how you normally exercise outside of prison?
- 13. Did you have access to the yard? If so, how/how often did you exercise in the yard?
- 14. Did you have access to a gym? If so, how/how often did you exercise in the gym?
- 15. Did you feel as though you were getting enough exercise while incarcerated?
- 16. Overall, were you able to control your amount of exercise in prison?
- 17. How did these experiences (or lack there of) make you feel?
 - a. Did they impact your own self-image?
- 18. Were there any ways you resisted these practices?
 - a. Informal and/or formal?
 - b. Individual and/or collective?

Part 4: Access to Over-the-Counter Medication During Incarceration

- 1. Can you describe for me any experiences with over-the-counter medication in prison?
- 2. How accessible was this type of medication in prison?
 - a. Were you able to access this medication upon request? For instance, if you had a headache could you access aspirin in a timely manner?
 - b. Were quantities unlimited or restricted?
 - c. Were you allowed to keep the medication in your cell?
- 3. What medication was considered 'accessible'?
 - a. What were the common over-the-counter medications available (i.e., aspirin, cold medication, lozenges, Vaseline, etc.)?
 - b. What about medication specific to women? For instance, were any women on birth control in prison?
- 4. Were vitamins made available to women in prison?
 - a. For those that were pregnant in prison, were prenatal vitamins available?
- 5. What brands were offered?
 - a. Did you have a choice regarding which products and/or brands you used?

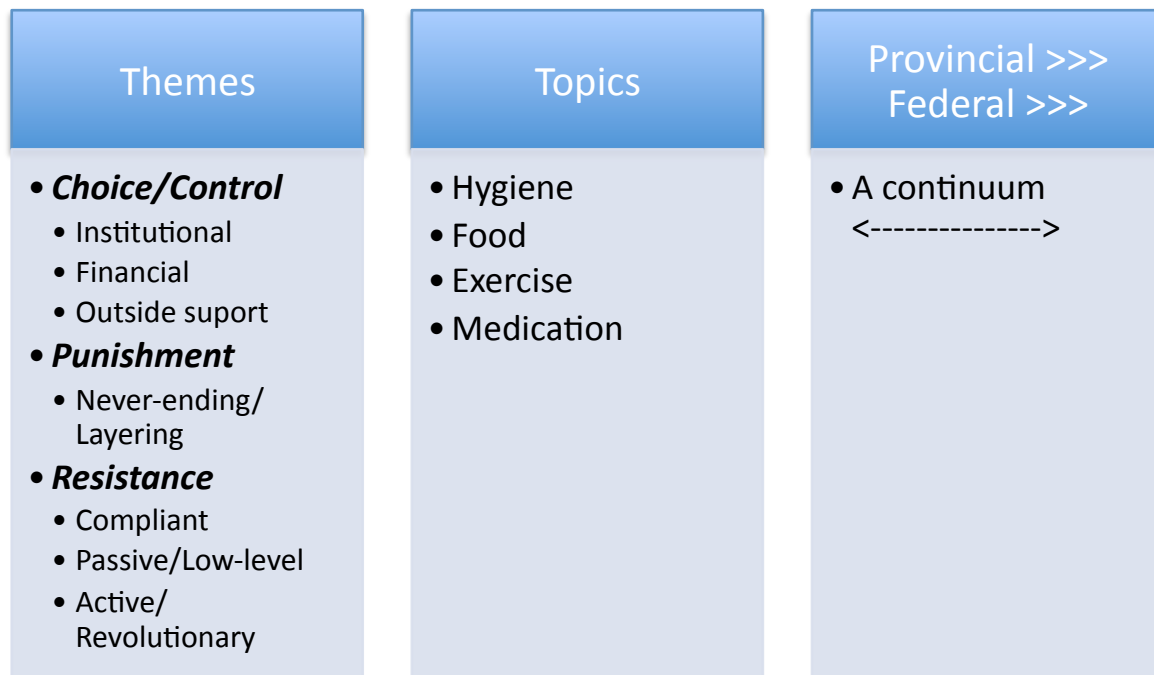
6. How do experiences with this medication differ between provincial and federal institutions?
7. Did you feel as though you had a choice in the medication taken while in prison?
8. Were you able to control your intake (quantity) of medication?
9. How did these experiences make you feel?
 - a. Did they impact your own self-image?
10. Were there any ways you resisted these practices?
 - a. Informal and/or formal?
 - b. Individual and/or collective?

Part 5: Other

1. Are there any other relevant experiences that were not addressed that you would like to share?
2. Would you like a copy of the transcript?
3. Can we contact you if we need clarification on anything?

APPENDIX F: Conceptual Map

Theoretical Coding - Map of themes, topics, and concepts



*Topics are examples that I have come up with to explore different approaches to health in prison

SIMILARITIES BETWEEN THEMES, TOPICS, AND CODES:

- 1) “Agency” and “Structural Barriers” *create* and *affect* each theme and topic.
 - **Agency:** having choice and control, especially over one’s body
 - **Structural Barriers:** architecture, time, space, limited product/financial constraints, guards/rules and regulations, stresses relating to environment, etc. *create* and *affect* each theme – Choice/Control, Punishment, and Resistance.
- 2) Each theme (choice/control, punishment, and resistance) relates to each topic
- 3) Characteristics of choice/control, punishment, and resistance change depending on where the individual is on the continuum (provincial/federal prison, location and security level of institution, length of sentence, etc.)

CONCEPTS tied to themes:

- *Motivation* (connects control/choice, punishment, and resistance > hygiene, food, exercise, and medication > self-image and identity)
- *Opportunity* (exercise, programs, space, time, etc.)
- *Waiting* (time)...dependent/independent
- *Accessibility* (product, program, better food, etc.)
- *Allowed* (to do stuff)...infantilizing
- *Luck* (menial things that women understand to be fortunate circumstances in prison)

END RESULT

Choice/control, punishment, and resistance all have a direct impact on **self-image** and **identity**

