

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

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Research Fact Sheet for the Elizabeth Fry Society of Ottawa

In response to the kind support and cooperation of the Elizabeth Fry Society of Ottawa, I have prepared a fact sheet based on my Master's research. The following three areas will act as a guide to the main components of this thesis: 1) a demographical description of the research participants; 2) an overview of the themes explored; and 3) a list of the research findings.

Demographical Description of Research Participants

The following data was retrieved by interviewing twelve women whom resided at JF Norwood House; six of which spent time in provincial prison (predominately at the Ottawa-Carleton Detention Center (OCDC)), three of which spent time in federal prison (predominately at the Grand Valley Institute for Women¹ (GVI)), and the remaining three spent time in both, provincial and federal prison (OCDC and GVI). Thus, this study became somewhat comparative, ultimately highlighting the far worse and degrading treatment experienced in women's provincial institutions in Canada.

- 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 middle class, and one felt 'in-between'.
- 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.
- Three² 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.

¹ For those who shared experiences at GVI, they spoke about their time in minimum and medium-security

² 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.

Categorical Topics and Themes Explored

For this study, I asked participants questions about their daily prison routines relating to health and bodily maintenance. My aim was to explore the individual perceptions of agency and control over hygiene, diet, exercise, and access to over-the-counter medication.

The following table presents a breakdown of the contextual differences inside Canadian provincial and federal prisons.

Institution	OCDC (Provincial)	GVI (Federal)
Hygiene	<ul style="list-style-type: none"> Limited time to shower Little privacy while using the washroom (mainly in cells) Scarce and poor-in-quality hygienic product provided by the institution A better selection of hygienic product is available through canteen, yet high prices make it sometimes unattainable All clothing is provided by the institution; aside from it being previously worn and drab, the clothing was ill-fitting, non-matching, discoloured, stained, and torn 	<ul style="list-style-type: none"> Showering and time spent in the bathroom depended on house routine Privacy was possible as women could lock the bathroom door Boxes shipped from the outside allowed women to have their own belongings (i.e., hygienic product, hair product and equipment, and clothing) with them on the inside Better hygienic product is available through canteen and outside shopping; despite their high prices, women were able to better afford these goods through their prison employment
Diet	<ul style="list-style-type: none"> Pre-set meal times: 7:30am, 12:00pm, and 4:00pm All meals are pre-cooked and shipped out from Vanier Centre in Milton Diet was poor-in-quality, mainly consisting of bread and other carbohydrates known as “filler foods” Special diets are available for health and religious reasons 	<ul style="list-style-type: none"> Prisoners in the minimum and medium-security houses are not served food from the GVI kitchen Individual budgets of \$35.56 are given to each woman, allowing them to chose and purchase their food items from a set grocery list Women are in charge of the preparation and cooking of their own meals as it meets individual preference
Exercise	<ul style="list-style-type: none"> Women are permitted twenty-five minutes outside in the yard each day. Many walk and/or jog in a circle or do step exercises on a curb 	<ul style="list-style-type: none"> Women can roam the prison compound and exercise during the day There is a gym, running track, group sports, meditation, yoga, and aerobics
Access to Over-the-Counter Medication	<ul style="list-style-type: none"> Prescriptions are needed for over-the-counter medication; the nurse <i>may</i> allow the occasional aspirin Medication is distributed three times a day at rounds by nurses and is to be ingested once given – it is not permitted in the cells and dorms The doctor is available once a week There is no confidentiality and little continuity of care from the outside 	<ul style="list-style-type: none"> Physical examinations and vaccinations available upon entrance Regular dosages of over-the-counter medication are prescribed by a doctor; the occasional aspirin is allowed by the nurse Prescribed medication is put into blister packs and kept with women The doctor is available twice a week

From the information presented in the above table, we see that there is much gradation in experiences of autonomy for women living in provincial and federal institutions: opportunities for choice and control are strictly limited in provincial settings, where comparatively, federal prisons offer more freedom, allowing for some individual agency. Such treatment correlates with how women perceive both levels of incarceration, as most participants understood time at GVI to be far more manageable than time spent at OCDC.

Not surprisingly, all participants identified OCDC as being particularly problematic when it comes to concerns over their body:

- From the table, we see that provincially incarcerated women have little control when it comes to their hygiene, diet, exercise, and access to over-the-counter medication. With such limited agency over matters relating to individual health and appearance, I found that women held at OCDC felt uncomfortable, unclean, symbolically degraded, and infantilized.

Participants described everything about prison as being *dirty*: the overcrowded conditions, restricted access to showers, and limited time outside of the cell in conjunction with the aging building and recycled air. Aside from the unsanitary surroundings, the hygienic product (particularly the soap, deodorant, tooth paste, and shampoo) was low quality “*garbage*” as it seemed to have adverse affects in terms of making women feel clean; one participant mentioned: “*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 to un/cleanliness, many participants explained that a lack of products (i.e., hair conditioner, body cream, make-up, slippers, flip-flops, floss, tweezers, and pillows), services (i.e., hair cuts and dye jobs), and quality clothing (i.e., ill-fitting and un-matching jogging suits) made them feel unkempt, “*ugly*”, and embarrassed, as some woman appeared *institutionalized* rather than feminine, reportedly “*look[ing] like hell*”.

All participants found the prison food to be repetitive, stodgy, low-grade, carbohydrate-heavy, and lacking in taste and nutrition, causing some to have gas, diarrhea, and even food-related illness. What was most interesting, however, was how participants spoke about food as a symbolic practice, understanding its quality to be fit for an animal, not a human being, as one participant states: “*Oh...honest to god I wouldn't feed my dog the stuff they fed us. And there was ... this tuna surprise thing, or salmon surprise. 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! You'd feed cattle better than that*”. Aside from the horrific meals at OCDC, the constant serving of high-in-fat foods is another example of how woman are symbolically shamed and devalued. The substantial amount of carbohydrate and filler foods – in conjunction with the little opportunity for exercise – had a direct correlation with women’s weight, as many participants gained between ten-to-twenty pounds during their sentence.

Participants also grew frustrated with the health care system in prison. Without medical autonomy at OCDC, women are dependent on correctional staff members to treat all medical matters; an infantilizing regiment that led one participant to

state: “*they make you feel stupid!*” Medication is heavily controlled, as doctors determine the type, administration, quantity, and repetition, even *prescribing* the most basic over-the-counter remedies (i.e., aspirin, vitamins, and cold medication). Women receive their medication three times a day at rounds, often by “*unfriendly*” and “*incompetent*” nurses (as made clear in some interviews). Making matters worse, women are forced to wait [sometimes lengthy periods of time] before they can visit with a doctor and address their medical concerns, meaning that some are left to endure long periods of pain until their needs are met. Privacy and confidentiality are virtually non-existent in carceral settings – creating barriers for doctor/patient rapport – and there is limited continuity of care from the outside.

With this analysis, we see the apparent inability for women to control their cleanliness, appearance, weight, and medical situation while incarcerated. Considering the participant testimonies, I found that limited agency over one’s body creates negative implications for many women. First, without control over the daily regiment, participants noted a loss in motivation, as well as feeling bored, idle, and lethargic. Further, and possibly more problematic, changes to the body (i.e., deteriorating appearance and weight gain) lowered women’s self-esteem, creating conflict with their identity and self-image, sometimes leading to self-reported depression and disempowerment.

- Through talks relating to limited control over hygiene, diet, exercise, and access to over-the-counter medication, I noticed a trend between participant dialogues: punishment was understood to be *never-ending*, whereby disciplinaries stack on top of one another and consume institutional life. This ‘constancy of punishment’ is seen through the everyday hurdles experienced by women (i.e., terrible quality shampoo is compounded by the ill-fitting clothes that are given, which is further compounded by the unhealthy and high-in-fat foods that they are fed, in conjunction with the little opportunity for exercise, often exacerbated by the inability to take aspirin when needed), making punishment seem inescapable. Hence, this layering of punishment ultimately worsens a woman’s physicality, well-being, and emotional/mental state.
- Despite these attacks to individual identity and self-esteem, incarcerated women prove to be active, rational, and innovative by demonstrating space for agency through strategic acts of compliance and passive/active resistance. Multiple examples were provided by participants – for example, avoiding trouble to secure visitation hours with family, using margarine as hair conditioner or tampons as hair curlers, trading foods to acquire more preferred meals, lying about allergies to get onto healthier diets, engaging in exercise (in the cell, dorm, or yard) to feel more ‘healthy’, collectively participating in legal action, and using self-injury – to showcase how women make institutional life more manageable, cope with and alleviate some pains of imprisonment, and regain control over their bodies. Despite the fact that not all expressions of agency are deemed ‘pro-social’, they inevitably illustrate the ways in which women learn to live and survive in prison.

Key Findings

With a thorough thematic analysis, I found that:

- 1) Imprisonment creates tension for women and their sense of self and identity by disallowing them full control over their bodies. Without the autonomy to control individual health and appearance the way women do on the outside, incarcerated women become *un-* or *disempowered*, as many participants described feeling “*ugly*” and “*fat*”, and treated as though they were “*child-like*” in prison. According to participants, experiences related to hygiene, food, exercise, and access to over-the-counter medication in prison can lead to incarcerated women feeling self-reportedly depressed and unmotivated, suggesting that confinement – and most importantly, the little control women have over their beauty, health, and bodily maintenance – can dramatically affect a woman’s self-esteem, self-worth, and identity.
- 2) Contemporary prisons provide little support to encourage prisoners to become *productive*³ 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). This point suggests that rehabilitation or ‘correction’ involves remaking criminalized women into docile *followers* to the established penal order rather than confident and rationally autonomous women, despite what their correctional plans entail. For some, the material effects of infantilization can mean safety, regular meals, access to health care and respite from risky lifestyles. 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. Hence, it becomes apparent that correctional practice is seemingly counterproductive to what is mandated in their policy and discourse.

³ As used by Michel Foucault in *Discipline and Punish* (1977)