

Unearthing Ourselves Upon Prison Release: Corporal Practices and the Pursuit of Health

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Article abstract

Recent feminist scholarship on prison release has demonstrated that, upon incarcerated women's release from prison, they are not quite free from the criminal-justice system, as they carry with them the imprint of their time spent in prison. Using data from interviews and a focus group from a study informed by participatory action research, this article explores how participants attempted to "undo" the imprint of penal governance on their bodies and health. Through the exploration of corporal practices, such as taking care of their appearance, using psychoactive medications, and defecating, this article shows how women attempt to "undo" prison in order to pursue health. It concludes that corporal practices may help them to partially unearth themselves from prison.

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CATHERINE T CHESNAY*

ABSTRACT

Recent feminist scholarship on prison release has demonstrated that, upon incarcerated women's release from prison, they are not quite free from the criminal-justice system, as they carry with them the imprint of their time spent in prison. Using data from interviews and a focus group from a study informed by participatory action research, this article explores how participants attempted to "undo" the imprint of penal governance on their bodies and health. Through the exploration of corporal practices, such as taking care of their appearance, using psychoactive medications, and defecating, this article shows how women attempt to "undo" prison in order to pursue health. It concludes that corporal practices may help them to partially unearth themselves from prison.

KEY-WORDS:

Prison release, post-incarceration, corporal practices, health, incarcerated women, governmentality, embodiment.

RÉSUMÉ

Plusieurs ouvrages féministes ont démontré qu'au moment de leur sortie de prison, les femmes qui ont été incarcérées ne sont pas tout à fait libres, puisque leur corps porte l'empreinte de leur incarcération et, ultimement, incarne le système carcéral.

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En s'appuyant sur une recherche-action participative, le présent article se penche sur les stratégies mises en place par les participantes pour se défaire de cette empreinte et améliorer leur santé. Le présent article étudie la question des techniques du corps, plus particulièrement les pratiques liées à l'esthétique, à la prise de médicaments psychotropes et à la défécation, et explore comment les participantes tentent de se délier de l'emprise du système de justice pénale sur leur corporalité. Il conclut que les techniques corporelles n'ont qu'une portée limitée pour extraire ce contrôle du corps des participantes.

MOTS-CLÉS :

Sortie de prison, post-incarcération, techniques du corps, santé, femmes incarcérées, gouvernementalité, corporalité.

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INTRODUCTION

Feminist scholars have explored how penal governance is gendered¹ and racialized.² In the wake of decreasing social security, increasing inequalities, and deinstitutionalization of mental health

1. Kelly Hannah-Moffat, *Punishment in Disguise: Penal Governance and Federal Imprisonment of Women in Canada* (Toronto: University of Toronto Press, 2001).

2. Renée Brassard, Lise Giroux & Dave Lamothe-Gagnon, "Profil correctionnel 2007–2008: les Autochtones confiés aux Services correctionnels" (Québec: Services correctionnels, Ministère de la Sécurité publique, 2011).

services, situations that have been formerly defined as social problems—such as homelessness, and poverty—are now recast as “law and order” issues, and managed through the penal apparatus, with the result of criminalizing marginalized, excluded, and vulnerable groups.³ Even though article 718.01 of the *Criminal Code* of Canada states that the fundamental principle of sentencing is the restraint in the use of imprisonment, incarceration thus being a sentence of “last resort,” the penalization of social problems has been echoed in the carceral system by the over-representation of Aboriginal women, minority women, women with disabilities, single parent mothers, and women from the low-income group.⁴ In other words, the criminalization and incarceration of women can be traced back to the intersection of poverty, racism, sexism, and social exclusion.⁵

Studies on women’s incarceration have documented its effects on women, focusing on women’s bodies,⁶ identities,⁷ and health,⁸ but few studies have explored the experiences of women following their incarceration, with some notable exceptions. In her analysis of the different regimes of control (i.e. state and localized), Maidment⁹ showed that, upon release, women are far from being “free,” as they are disciplined through the criminal justice system and localized control, such as half-way houses, and governed through their personal accountability to reintegrate and surmount the structural challenges they face. Focusing

3. Loïc Wacquant, *Punishing the Poor. The Neoliberal Government of Social Insecurity* (Durham, NC: Duke University Press, 2009).

4. Statistics Canada, “Women in Canada: A Gender-Based Statistical Report”, Catalogue No 89–503–X (Ottawa: Statistics Canada, 2011), online: <www.statcan.gc.ca/pub/89-503-x/89-503-x2010001-eng.htm>.

5. For further discussion on the criminalization and incarceration of women in Canada, refer to Madonna R Maidment, *Doing Time on the Outside: Deconstructing the Benevolent Community* (Toronto: University of Toronto Press, 2006).

6. Refer to Sylvie Frigon, “Le corps féminin incarcéré: site de contrôle et de résistance” in Sylvie Frigon, ed, *Corps suspect, corps déviant* (Montréal: Éditions du remue-ménage, 2012) 229; Sylvie Frigon, “Body Talk: Chronicles of Women’s Experiences in Prison” in Andrea Martinez & Meryn Elisabeth Stuart, eds, *Out of the Ivory Tower. Feminist Research for Social Change* (Toronto: Sumach Press, 2003) 131; Laura Shantz & Sylvie Frigon, “The (After) Effects of Imprisonment on Women’s Health and Identity” (2010) 1:2 *Aporia* 6 [Shantz & Frigon, “The (After) Effects”].

7. M Bosworth, *Engendering Resistance: Agency and Power in Women’s Prisons* (Brookfield, VT: Ashgate, 1999).

8. Dominique Robert & Sylvie Frigon, “La santé comme mirage des transformations carcérales” (2006) 30:3 *Déviance et société* 305; Dominique Robert, Sylvie Frigon & Renée Belzile, “Women, the Embodiment of Health and Carceral Space” (2007) 3:3 *International Journal of Prisoner Health* 176.

9. Maidment, *supra* note 5.

on women's bodies, identities and experiences, Shantz, Kilty and Frigon¹⁰ as well as Shantz and Frigon¹¹ demonstrated that carceral rationalities and technologies are imprinted onto women's bodies and minds and continue to affect their everyday lives: "everyday reminders of the prison are chained to their bodies, which they are unable to fully reclaim as their own."¹² In brief, these studies showed that, although the prison release is a time of emancipation, not only are women under both the direct and indirect control of the criminal justice system, but they also carry the imprints of their time in prison. In other words, prison cannot be completely "shaken off" by women.

In line with the aforementioned studies, this paper focuses on how formerly incarcerated women attempted to "unearth" themselves from penal governance. The expression "unearthing ourselves" comes from a focus group I conducted with women who had been released from prison. The purpose of the focus group was, among other things, to better understand how incarceration has shaped and continues to shape women's experiences of health. As the women explored what it meant to them to preserve and maintain health in prison, one participant stated that "being in prison is like being buried alive." This statement was a turning point in the focus group: every participant nodded and all immediately adopted this figure of speech. "Being buried alive" speaks loudly to the embodied experiences of women in prison, but it also implies that time after prison is a time in which participants excavate themselves. Throughout the study, participants shared and disclosed their everyday struggles, such as finding a job, dealing with illnesses, rekindling relationships, etc. A second metaphor thus emerged: participants described their prison release as period during which they were "unearthing themselves from prison," "shaking prison off," and "getting rid of its smell, its sounds, its looks."

This paper departs from other studies on incarcerated women's bodies or ex-prisoners' bodies, as its object of analysis is corporal practices that relate to health. Corporal practices are literally "what we do with our bodies"¹³ and I will use this object to analyze how women

10. Laura Shantz, Jennifer M Kilty & Sylvie Frigon, "Echoes of Imprisonment: Women's Experiences of Successful (Re)Integration" (2009) 24:1 CJS 85.

11. Shantz & Frigon, "The (After) Effects", *supra* note 6; Laura Shantz & Sylvie Frigon, "Aging, Women, and Health: From the Pains of Imprisonment to the Pains of Reintegration" (2009) 5:1 International Journal of Prisoner Health 3 [Shantz & Frigon, "Aging, Women"].

12. Shantz & Frigon, "The (After) Effects", *supra* note 6 at 14.

13. David Le Breton, *La sociologie du corps* (Paris: Presses universitaires de France, 2010).

attempt to unearth themselves from penal governance. I do not approach corporal practices in terms of what is “good” or “bad” for one’s health upon prison release but, rather, as social practices that embody and are shaped by social and cultural contexts. I also want to stress that I engage with the critical literature on health, which problematizes health as something we do, rather than something that is “found” or something we passively endure. In the field of sociology of health, scholars¹⁴ have approached health as a site for the reproduction of power relations, the construction of embedded subjectivity, and of the human embodiment. Recent work on neoliberal governmentality has stressed how. Through New Public Health, technologies and discourses produce a certain type of subject—self-regulated, self-conscious, rational, and a certain type of body—a civilized body that is constrained by the will.¹⁵ Problematizing health as a mechanism through which neoliberal subjects are “governed at a distance” and are “required” to act, I thus explore how women engage with the “imperatives to be healthy”¹⁶ upon prison release through corporal practices.

Before delving into the topic, I will explore the theoretical ramifications of studying the “body” and then draw a brief portrait of the governance of formerly incarcerated women. After briefly outlining the research project, I will describe and analyze corporal practices that participants used in order to face issues relating to their health upon prison release, as well as the effects of these practices in terms of the participants unearthing themselves after prison.

I. CORPORAL PRACTICES, BODY, AND HEALTH

Corporal practices relate to a subject’s corporeality. That is essentially what one does with one’s body;¹⁷ it includes practices such as etiquette,

14. Nikolas Rose, *The Politics of Life Itself. Biomedicine, Power, and Subjectivity in the Twenty-First Century* (Princeton, NJ: Princeton University Press, 2006); Nikolas Rose, *Governing the Soul: The Shaping of the Private Self*, 2nd ed (London, UK: Routledge, 1999) [Rose, *Governing the Soul*]; Pierre Aïach, “L’irrésistible expansion du champ de la santé” in Hachimi Sanni Yaya, ed, *Pouvoir médical et santé totalitaire: conséquences socio-anthropologiques et éthiques* (Québec: Presses de l’Université Laval, 2009) 81; Deborah Lupton, *Medicine as Culture*, 3rd ed (London, UK: Sage, 2012) [Lupton, *Medicine as Culture*]; Deborah Lupton, *The Imperative of Health* (London, UK: Sage, 1995) [Lupton, *Imperative of Health*].

15. Rose, *Governing the Soul*, *supra* note 14; Aïach; *supra* note 14; Lupton, *Imperative of Health*, *supra* note 14.

16. This expression was used in Lupton, *Imperative of Health*, *supra* note 14.

17. Le Breton, *supra* note 13.

body language, expression of feelings, and sensory perceptions. Some corporal practices—body piercing, applying makeup—are obvious visual markers of how social and cultural practices imprint the body.¹⁸ More subtly, corporal practices, such as hygiene, diet, exercise, constitute the so-called biological organization of the “body.”¹⁹ While defining corporal practices, Le Breton constantly referred to the ambiguity and instability of the body: its boundaries, its relations with the “self” and with “others,” its movements, its shapes, and its sensations are socially constituted and mediated.²⁰ The gendered, racialized, young, or old body never “presents” itself in its “natural” or “true” form: there is no “body” to define; rather, there are “bodies” that are constituted by the interplay of discourses and practices.²¹ Consequently, the study of corporal practices relates to a critical appraisal of how these practices are gendered and racialized, and is articulated in relation to social classes, embedded within a specific historical and cultural context.

As the body is approached as a social and historical constructed, it is possible to fall through the trap that the body becomes only a “text,” a “blank” surface that passively awaits social inscription.²² Feminist scholarship leads to a conceptualization of the body as a cultural and social product, hence a receiver of meaning, but also as an active “transceiver,” thus accounting for the material aspect of corporeality.²³ In other words, our experiences of embodiment and our bodies are not exclusively constituted by discursive articulations: “The ‘body’ talks back,”²⁴ as Frigon argued. As McNay underlined, the main challenge in writing about the “body” as a historical and social constructed and as a material object is to integrate both approaches and to account for their interactions.²⁵ Relying on Grosz’s metaphor of the Möbius strip (the inverted three-dimensional figure eight),²⁶ I approach the culturally

18. *Ibid.*

19. *Ibid.* Frigon, *supra* note 6; Elizabeth A Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington, IN: Indiana University Press, 1994).

20. Le Breton, *supra* note 13.

21. Grosz, *supra* note 19; Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley, CA: University of California Press, 1993).

22. For further discussion on the body as text, refer to Lois McNay, *Gender and Agency: Reconfiguring the Subject in Feminist and Social Theory* (Cambridge, UK: Polity Press, 2000); Grosz, *supra* note 19.

23. Bordo, *supra* note 21; Frigon, *supra* note 6; Grosz, *supra* 19; McNay, *supra* note 22.

24. Frigon, *supra* 6 at 131.

25. McNay, *supra* note 22.

26. Grosz, *supra* 19 at 209–10.

and socially constituted body and its materiality neither as opposites, nor as two sides of the same coin, “but somewhere in between these two alternatives”²⁷ in which both are productive of and produced by the other. Consequently, what we “do” with our bodies is neither “natural” nor “automatic”: how we sleep, eat, walk, run—all forms of corporal practices—are embedded within specific social, cultural, and historical contexts, and embodied within a materiality that also shapes that context.

According to Bordo,²⁸ two angles of analysis can be used to approach bodies as social and historical constructs, as well as material entities. The first angle focuses on the “regulated body,” namely, techniques and rationalities that produce bodies through programs, practices, politics, divisions of space and time, and discourses, constituting “idealized” bodies.²⁹ From that perspective, the study of corporal practices focuses on their rationalities or their disciplinary and/or governmental effects. The second angle focuses on the “lived body,” namely, “bodies that are experienced across time and space, and emerge as sites of social interaction.”³⁰ In this approach, the focus is on the *lived* experiences of subjects in order to understand how embodied subjects negotiate, cope with, follow, and resist power relations within a specific historical and social context. The purpose here is not essentialize experience, but, rather, to assess how power relations manifest themselves in the lived reality of subjects. In other words, the notion of “lived body” is a conceptual tool that aims to emphasize that bodies are sites of experiences for subjects; corporal practices are thus approached as strategies that individuals deploy in their everyday lives, strategies that are embedded within power relations, constituted by those above, and enacted by the subjects.

This paper departed from the experiences of formerly incarcerated women as its object of study is the “lived body.” However, a study of lived bodies cannot be done without an examination of the contexts in which the bodies lived and live; thus, a description of the technologies

27. *Ibid* at xii.

28. Bordo, *supra* note 21.

29. For instance, on the healthy body, see Lupton, *Medicine as Culture*, *supra* note 14; and on the regulated body of the prisoner, Frigon, *supra* note 6.

30. Chris Bruckert & Melissa Munn, “Em-Bodying Criminology: (Ex-)Prisoners’ Bodies in Time and Space” in Véronique Strimelle & Françoise Vanhamme, eds, *Droits et voix. La criminologie à l’Université d’Ottawa. Rights and Voices. Criminology at the University of Ottawa* (Ottawa: University of Ottawa Press, 2010) 237.

and discourses that constitute the regulated body is necessary. As Bordo argued, the "lived body" and the "regulated body" did not constitute a dichotomy, nor are they the mirror of one another; rather, they "fold" into one another, with different effects and tensions.³¹ In other words, by exploring the regulated body, I will explore the field of power relations that shapes and constitutes women's experiences and in which different possibilities of subject positions arise. The following section will examine how women are punished, disciplined, and governed from a distance upon prison release.

II. PRISON'S AFTERMATH: "REINTEGRATION," TRANSCARCERATION, AND THE "FREED" BODY

Feminist scholars who have explored women's experiences of incarceration have demonstrated how penal governance is imprinted onto and enacted by prisoners' bodies.³² The coercive deployment of power, through degradation ceremonies, such as strip and cavity searches, dehumanizes the prisoner and contributes to a sense of loss of one's bodily integrity, as well as (re)victimizes women, especially those who have experienced abuse.³³ Through the strict regulation of prisoners' time and space, disciplinary discourses and practices of power produce docile prisoners, who internalize disciplinary routines.³⁴ Additionally, prisoners are governed "at a distance" through projects of self-fashioning, constituting them as empowered and responsible subjects.³⁵ As neo-liberal discourses and practises demand a responsabilization of citizens with respect to their own health, incarcerated women are thus made into subjects who are held to be responsible for their own health and criminal past, as demonstrated by their engagement in listening and following professional advices, especially from those in the health field.³⁶ With respect to health, incarcerated women's regulated bodies are thus disciplined, in line with correctional routines, and held responsible and

31. Bordo, *supra* note 21.

32. Shantz, Kilty & Frigon, *supra* note 10; Shantz & Frigon, "Aging, Women", *supra* note 11.

33. For further discussion on the gendered effects of power in prison, refer to Frigon, *supra* note 6; Jennifer M Kilty, "It's Like They Don't Want You to Get Better: Psy Control of Women in the Carceral Context" (2012) 22:2 *Feminism and Psychology* 162; Maidment, *supra* note 5; Shoshana Pollack, "Taming the Shrew: Regulating Prisoners Through Women-Centered Mental Health Programming" (2005) 13:1 *Crit Crim* 71.

34. Bosworth, *supra* note 7; Frigon, *supra* note 6.

35. Hannah-Moffat, *supra* note 1.

36. Kilty, *supra* note 33; Pollack, *supra* note 33; Robert & Frigon, *supra* note 8.

accountable for their own well-being: failure to behave in accordance with this ideal leads to the mobilization of disciplinary or coercive technologies of power.³⁷

Upon release from prison, according to correctional discourses, former prisoners enjoy a greater freedom than they did inside prison walls, and they can “reintegrate” into the community to live as law-abiding citizens. Scholars have critically dissected the concept of reintegration, underlying three key issues. First, reintegration presupposes that women were integrated into society prior to their incarceration, an assumption that is difficult to sustain since the pathways to criminalization, such as poverty, drug use, and sexual and/or physical abuse, are also pathways to exclusion and marginalization.³⁸ Thus, rather than “re-integrating” society, formerly incarcerated women attempt to integrate into society.³⁹ Second, according to Hannah-Moffat, the notion of “community” is itself embedded within neoliberal technologies: as the former prisoner is held accountable for her reintegration, so is the community, which has a shared responsibility for reintegration. The State has thus relayed part of its responsibility to community agencies and, simultaneously, established a mode of governing former prisoners at a distance,⁴⁰ as will be later discussed. Lastly, Maidment underlined how the milestones of a “successful reintegration” have different meanings, according to correctional discourses and ex-prisoners’ experiences. She demonstrated how correctional discourses defined successful reintegration in terms of absence of recidivism, whereas ex-prisoners defined it as periods of independent living that could be followed by further involvement with the criminal justice system.⁴¹ In brief, although women are “out” of prison, this does not necessarily equate with reintegration or, for that matter, integration of the community, as defined by correctional authorities.

The claim that women are “freed” from prison is also a problematic notion, as prison release does not necessarily equate with “freedom” from the criminal justice system. As women are released on parole, their “freedom” is often accompanied by strict conditions, for instance,

37. *Ibid*; Hannah-Moffat, *supra* note 1.

38. Maidment, *supra* note 5.

39. Shantz, Kilty & Frigon, *supra* note 10.

40. Hannah-Moffat, *supra* note 1.

41. Maidment, *supra* note 5.

mandatory therapies, curfews, police surveillance, etc.⁴² Additionally, through the “deinstitutionalization” of the management of prisoner populations through organizational agreements with other state agencies—welfare, social services, education—and community organizations, the techniques and strategies of the correctional system have spread well beyond the prison walls, a phenomenon called “transcarceration.” Maidment demonstrated how transcarceration is gendered, emphasizing on how specific groups of criminalized women, such as “unfit” mothers or women with psychiatric labels, are subjected to greater levels of control.⁴³

As the research was conducted in a halfway house, it is important to emphasize that halfway houses are sites of transcarceration, despite being supportive and liberal in their approach toward criminalized women. As non-profit organizations, halfway houses are highly dependent on funding from Correctional Service Canada (CSC) and Quebec’s Correction Services: they have to adopt practices that are compatible with the CSC and, in certain cases, aligned with correctional practices.⁴⁴ Through documenting women’s movement in, out, and within the halfway house, as well as regulating women’s use of their psychiatric medications, halfway houses’ staff thus engage in the surveillance and discipline of women, similar to what ex-prisoners encountered in prison.⁴⁵ Thus, even after women are released from prison, they are not freed from the disciplinary and normalizing carceral gaze. Consequently, although women have lower rates of recidivism than men, both at federal and provincial/territorial levels, the fact remains that ex-prisoners are faced with “extended intrusion into [their] so-called private lives.”⁴⁶

The discussion about (re)integration and transcarceration has shown how the bodies of formerly, incarcerated women are regulated, disciplined and governed, but it leaves open the question of how women

42. Sarah Turnbull & Kelly Hannah-Moffat, “Under These Conditions: Gender, Parole and the Governance of Reintegration” (2009) 49:4 *Brit J Crim* 532.

43. Maidment, *supra* note 5.

44. Jennifer M Kilty & Leah DeVillis, “Transcarceration and the Production of ‘Grey Space’: How Frontline Workers Exercise Spatial Practices in a Halfway House for Women” in Strimelle & Vanhamme, *supra* note 30, 137 at 137; Maidment, *supra* note 5.

45. Kilty & DeVillis, *supra* note 44.

46. Maidment, *supra* note 5 at 143.

experience prison release, namely the question of their lived bodies. As incarceration is an embodied experience, so is the prison release: the former prisoner still embodies and enacts penal governance.⁴⁷ In their study of the (after) effects of imprisonment in prisoners' lives, Shantz et al used the term "dislocation" to refer to: "the displacement, disturbance, movement, rearrangement, or shift in place, space, and time of women integrating from prison back into the community."⁴⁸ The lived bodies of formerly incarcerated women were dislocated on multiple levels. First, incarcerated women (especially those who were incarcerated for long periods of time) embody and enact disciplinary routines while they are incarcerated, such as eating, sleeping, and showering at specific times. The opportunity for them to be relieved of these constraints can lead to feelings ranging from uneasiness and anxiety to depression.⁴⁹ Second, women's bodies often carry visible marks of incarceration in the form of tattoos, scars, or premature aging. As their bodies can be potentially read and interpreted as those of ex-prisoners, women feel as out of place, marginalized and excluded from society.⁵⁰ Additionally, as prisoners are literally cut off from their loved ones and society for a period of time, interactions in "normal" social settings—such as taking the bus, walking down the street, and/or grocery shopping—can, in fact, be a source of great stress and distress for formerly incarcerated prisoners.⁵¹ In brief, as the prisoner is released from prison, she still carries with her predetermined scripts from prison, which dictate how to behave, think, and act. As she moves back into the community, not only are these scripts no longer relevant, but they carry with them the stigma associated with being a criminal. The "lived body" of the formerly incarcerated women is thus dislocated, in the sense that it does not belong to prison anymore, nor does it belong to society: "like the last piece of a puzzle that does not fit in the place allotted."⁵² Before exploring how participants for this study managed this dislocation, I will briefly describe the study.

47. Bruckert & Munn, *supra* note 30; Shantz & Frigon, "The (After) Effects", *supra* note 6; Shantz, Kilty & Frigon, *supra* note 10.

48. *Ibid* at 94.

49. Shantz & Frigon, "The (After) Effects", *supra* note 6; Maidment, *supra* note 5.

50. Frigon, *supra* note 6; Shantz & Frigon, "The (After) Effects", *supra* note 6.

51. *Ibid*; Bruckert & Munn, *supra* note 30.

52. Shantz, Kilty & Frigon, *supra* note 10 at 97.

III. METHODOLOGY

The data in this paper came from a doctoral research project inspired by participatory action research (PAR) methodology. Since the first stages of the study were conducted without participants' contributions, I want to emphasize that I did not conduct a full-fledged PAR. Despite that limitation, I chose to engage with the principles of PAR for the last phase of my research project, as I argue that PAR can provide a space for participants to critically interrogate their experiences as resulting from social processes, rather than as resulting from personal failures, as discourses on incarceration tend to claim.⁵³

The research project focused on how women who have been incarcerated have defined, constructed, and managed their health during their time in prison and upon prison release. The project took place in three stages, over the course of a year and a half, and was approved by the Research Ethics Board from the University of Ottawa. The first phase of research gathered data relative to ex-prisoners' experiences of health during and after incarceration by using semi-structured interviews. The second stage took the form of a focus group with the objective of engaging participants in a collective analysis of the material gathered during the interviews, as well as brainstorming about potential collective actions that the group could undertake on the topic of health and incarceration. The rationale was to enable the focus group to be a launching pad for a collective action. The third stage was the planning and implementation of the collective project, as defined by the participants.

For all three phases, participants were recruited at a halfway house. For the first phase, 15 women and 2 transgender men participated. Interviews ranged in length from an hour and a half to two hours, and they started with a simple prompt: "How was your health during your incarceration? How is your health now?" Additional prompts focused on specific themes informed by the literature on health in prison, such as the quality of health services, mental health, barriers faced in prison, etc. Participants were invited to analyze their interviews, but only one person engaged throughout the process.

53. For further discussion on PAR, refer to Catherine T Chesnay, "Through a Feminist Poststructuralist Lens: Embodied Subjectivities and Participatory Action Research" (2016) 17:3 CJAR 57.

In order to prepare for the focus group, I conducted a thematic analysis of the interviews, as the purpose of the focus group was to collectively make sense from the material gathered during the interviews, and to create a “launching pad” for a collective action. For the focus group, I was able to contact 12 of the original participants: 5 were interested and 3 were available to participate in the focus group. As described in the introduction, it is during this focus group that the expression “unearthing ourselves” came up and permeated our talk as described earlier. After two additional brainstorming sessions, participants agreed that they would reach out to incarcerated women through a booklet, which would include a collection of testimonials from women who experienced incarceration. The last phase of research thus focused upon the creation of the booklet targeting incarcerated women. As I designed a study inspired by participatory action research, I was the original impulse for a collective action. However, as the collective action took shape, participants became increasingly involved in designing the booklet and were, in fact, its prime architects. Following approval from the Research Ethics Board from the University of Ottawa, participants to the focus group and I recruited 10 additional participants at the halfway house to provide testimonials for the booklet. As the testimonials were audio recorded, participants in the focus group and I transcribed them and adapted them for the booklet.

The data on which this article is built comes from the three phases within the research project, specifically, the interviews, the focus group, and the testimonials. Upon completion of the research project, I conducted a discourse analysis of all the material collected, interrogating not only the issues that were identified as constraining health, but also how they were constituted as problems within a specific historical and social context. In order to conduct my analysis, I used Carabine’s multistep method of discourse analysis in which discourses and counter discourses are identified, as well as discursive strategies and their effects. Carabine also underlines the importance of contextualizing the material and the analysis within the power/knowledge networks.⁵⁴ The product of this analysis is the subject of the following section.

54. Jean Carabine, “Unmarried Motherhood 1830–1990: A Genealogical Analysis” in Margaret Wetherell, Stephanie Taylor & Simeon J Yates, eds, *Discourse as Data: A Guide for Analysis* (London, UK: Sage, 2001) 267.

IV. RESULTS

The pursuit of health was one of the main issues participants reported having upon prison release, a result consistent with other studies. All participants reported being concerned with or actively attempting to alleviate health issues that were undiagnosed or untreated during their incarceration (such as cancer, dental pain, food intolerance), or which arise in the days following their incarceration (such as psychotic syndromes, back pain). They also reported that during their time in prison, health problems (such as high cholesterol, psychiatric illness, chronic pain, etc.) that were existent prior to their incarceration were not treated adequately because of prison constraints, and prison release was the opportunity to engage in treatment without the constraint of prison.

Before presenting the results, it is important to underline two key issues that underlie this discussion: "health" gendered effects, and the divide between mental and physical health. Many feminist authors have demonstrated that discourses and practices of women "health" constitute a gendered body that is different from (and inferior to) the predominant idealized narrative of a "white," "young" and "male" body.⁵⁵ Women's physical and mental health is thus pathologized and medicalized by biomedical discourses and practices; female bodies and minds are considered to be "problematic" and "weaker." Consequently, women are represented as more prone to illness than men, and as more dependent of medical care through various life stages⁵⁶ (childbearing, menopause, etc.). As I conducted my analysis, I paid specific attention to the "healthification" of the women's discourses, and I attempted to interrogate what corporal practices said about the prominent narratives on "health."

I also want to stress that I chose to discuss the topics that were emphasized by participants, namely, physical and mental health. As I engaged in a critical analysis of "health" and a theorization of the body grounded in post-structuralism and feminism, such a division may seem contradictory, as it reflects biomedical discourses that rely on the mind/body divide, with physical health tied to corporeality and

55. Bordo, *supra* note 21; Grosz, *supra* note 19; Jeanne M Lorentzen, "I Know My Own Body": Power and Resistance in Women's Experiences of Medical Interactions" (2008) 14:3 Body and Society 49.

56. *Ibid*; Jane M Ussher, "Are We Medicalizing Women's Misery? A Critical Review of Women's Higher Rates of Reported Depression" (2010) 20:1 Feminism & Psychology 9.

mental health stemming from illnesses of the “mind.” The purpose here is not so much to reflect separately on the distinction between corporal practices that deal with physical health or mental health, but rather to highlight their similarities and their groundings in the corporality of the body—understood here as “an interface between the social and the individual, nature and culture, the physiological and the symbolic.”⁵⁷ Thus, I discuss corporal practices that tackle physical health issues, such as constipation, and mental health, medication taking and taking care of one’s appearance. I want to highlight the relevance of relying on corporal practices in interrogating the dichotomy of the mind/body.

This paper focuses on corporal practices that participants themselves articulated in relation to their past incarceration, which were shared by a majority of participants. Specifically, I focus on those associated in the process of “unburying” themselves in terms of health by attempting to get rid of the health-related altered effects of prison. In doing so, I will highlight the effects of these practices on participants. The following results are presented in terms of a spectrum ranging from corporal practices that have the effect of excavating prisoners from their time in prison to those that have a mixed effect.

A. Getting rid of prison’s constraints

As reported in other studies, many participants for this study described constipation as a health issue caused by incarceration.⁵⁸ Although constipation may seem to be a minor ailment, chronic constipation can lead to substantial abdominal pain, vomiting, weight loss, haemorrhoids, anal fissures and, in the most extreme cases, rectal prolapse, bowel perforation, and fecal impaction.⁵⁹ Participants explained that the lack of fibre and exercise contributed to their constipation but, most importantly, they complained about the lack of a private space to defecate. Participants’ worries and concerns around defecation and a private space are consistent with a study conducted by Weinberg and Williams⁶⁰ in

57. Le Breton, *supra* note 13 at 120 [translated by the author].

58. See e.g. Lise Giroux & Sylvie Frigon, *Profil correctionnel 2007–2008: les femmes confiées aux services correctionnels* (Québec: Services correctionnels, Ministère de la Sécurité publique, 2011).

59. Canadian Digestive Health Foundation (2015), *Understanding Constipation*, online: <www.cdhf.ca/en/videos/understanding-constipation>.

60. Martin S Weinberg & Colin J Williams, “Fecal Matters: Habitus, Embodiments, and Deviance” (2005) 52:3 *Social Problems* 315.

which they explored the gendered expectations around defecation and flatulence. By interviewing students, they demonstrated how these corporal practices, although inescapable biological imperatives, are mediated by gendered discourses and practices. In their study, female participants were more likely to be ashamed of these practices and engage in elaborate corporal strategies to ensure they would defecate as discreetly as possible. Participants in this study displayed similar behaviours, but were limited by the architectural setup of the provincial prison: incarcerated women do not have access to private bathrooms and, when confined to their shared cells, they have access only to a toilet bowl, without any privacy. The shame and humiliation of defecating in public were raised in the focus group:

Lea:⁶¹ The worst, really, is when you have to poop in the middle of the night. When you take a dump, and you know your cell-mate heard everything.

Thalie: And then, it wakes her up, and she gives you shit! [Laughter]

Nikita: And then you flush, and that wakes up the whole wing, and then everyone is upset. But you have no choice—what are you gonna do? It's a full door, you can't open the windows, the air doesn't move, but you just don't want to keep the smell inside.

Lea: Basically, the day after, you have to apologize for the fact that you pooped at night, to your cellmate and the whole wing...Hello humiliation!

In order to avoid humiliation, incarcerated women may postpone defecation until “appropriate times,” which can result in aggravated constipation. In prison, many minor physical ailments, such as constipation, are overly medicalized, because incarcerated women have limited access to non-medicalized strategies of self-care, such as changing their diets, exercising more, etc. Thus, as Sydney stated, “they give you those little pills so you can go to the washroom. Everyone has them.” Nevertheless, the long-term use of laxatives can lead to the loss of normal bowel function.⁶²

61. Each participant to the study is identified by a pseudonym of her/his choice.

62. Canadian Digestive Health Foundation, *supra* note 59.

Upon prison release, participants for this research project clearly expressed their relief in being able to defecate privately. In the interviews, while talking about feeling bloated and being constipated in prison, participants mentioned, by the way, that this was not an issue anymore since they arrived at the halfway house: “my pipes are finally working here,” as Sydney explained, “everything works well now,” said Skye. In this case, the corporal practice of defecating privately has the effect of excavating participants from prison, as it allows them to be freed from one of the effects stemming from prison’s constraints. The following section raises the question of the limitation of corporal practices.

B. Undoing prison’s imprint

Corporal practices relating to appearance may seem unrelated to the question of health but, in the carceral setting, appearance is closely tied to mental health. The inability to take decisions about everyday activities, including where to go, what to eat, which hygiene products to use, or what to wear, is an important source of frustration and anxiety among prisoners, and has been extensively discussed within the literature on prison.⁶³ During their incarceration, prisoners’ corporal practices relating to appearance are constrained: the times during which they can access to washrooms and showers are regulated, the types of products they can have are limited, and certain practices of care are strictly controlled or forbidden, including shaving. Consequently, prisoners feel disconnected or alienated from themselves, which has an adverse effect on their well-being: “you just never feel OK, never feel right, never like yourself,” explained Freddy.

The effect on the loss of control over one’s appearance is particularly evident for participants who identified as transgender men.⁶⁴ As they were incarcerated in a prison for women, they had limited access to hygiene products for men, and experienced these problems of access as attacks on their bodily integrity. They talked at length about their discomfort with not being able to present themselves in a way true to themselves: “when I had hygienic products for women, I felt

63. See e.g. Gresham M Sykes, *The Society of Captives: A Study of a Maximum Security Prison* (Princeton, NJ: Princeton University Press, 2007); on women’s experiences, refer to Bosworth, *supra* note 7.

64. Both such participants were considered as pre-operative female-to-male transmen. As they did not have the gender reassignment surgery, they were incarcerated according to their gender assigned at birth.

disrespected. It was the end of me,” said Jimmy. Although he underlined that, in recent years, prison staff were increasingly sensitive to trans issues, he further explained:

Fed up, I was just fed up. But when you’re in prison, you have no choice. I was just beyond myself [about not having products for men]. But what are you going to do? You are in a prison for women. Tell them to fuck off? You’re going in the hole.

Jimmy’s description of his feelings of rage and depression reminds us that the body is read and deciphered according to gender norms.⁶⁵ Despite Jimmy’s enactment of his masculinity by his demeanour and his use of a male name—according to him, a name that was used by most prison staff and prisoners—his appearance was, in fact, confining him to femininity. Jimmy’s forced femininity was a source of great pain for him yet, as he underlined, he had limited opportunities to express his anger, as he could be punished by being sent to solitary confinement (“the hole”).

Jimmy’s arrival at the halfway house was a great relief for him because he regained control over his appearance. This feeling of relief was echoed by all participants for this study. Although many participants stated that they had limited financial means, they enthusiastically talked to about face creams, shampoos, conditioners, razors, or waxes that they could finally use. Missy, a self-identified black woman, discussed how her hair was finally “under control” as she could use proper shampoo: “Here [at the halfway house], it’s finally the end of bad hair days,” she explained. Although some dying products can be purchased in prison, Sydney explained that she used only one specific brand for her hair. In her first weeks at the halfway house, as soon as she could afford that specific product, she dyed her hair: “I finally dyed my hair! It was urgent, because I looked like an old lady walking around!”

Participants’ narratives of corporal practices that relate to their appearance are inscribed within gendered discourses and practices. Feminist scholarship has abundantly explored how corporal practices of appearance, such as wearing makeup or shaving one’s legs, are mechanisms through which women’s bodies are disciplined and controlled.⁶⁶ Participants’ narratives of taking care of themselves follow scripted and racialized forms of femininity, and clearly reflect the disciplinary effects of

65. Bordo, *supra* note 21; Le Breton, *supra* note 13.

66. Bordo, *supra* note 21.

gendered discourses and practices. In other words, participants engaged with normalizing practices constituting “female bodies” or, in the case of the two transgender participants, “male bodies.”

Beyond the use of specific hygiene products, participants also highlighted how the *opportunity* to freely engage in embodied practices relating to their appearance was, in itself, highly valued and appreciated. While talking about her multiple stays in the halfway house, Nikita explained how, although her schedule had been controlled due to her conditions, she enjoyed the simple pleasures of life: “you take a shower; you take a bath, you get dressed when you feel like it, you just enjoy it...*It changes everything.*”

Nikita shows how, by taking care of their look, participants also reported experiencing pleasure in deploying these corporal practices, both through engaging in them and in their effects, thereby manifesting neoliberal subjectification. Taking care of one’s appearance is not only about being disciplined into scripted femininity, but also identifying with, enjoying, and wanting to look a certain way: taking care of one’s appearance is inscribed and constituted by neoliberal governmentality. The concern about one’s appearance is also embedded within an alleged concordance between the interior and the exterior, the self and the body, which is a neoliberal construct. The body is thus the embodiment of one’s true self⁶⁷ and neoliberal subjects experience feelings of pleasure and fulfillment as they take care of their bodies.⁶⁸ In other words, through corporal practices relating to appearance, participants can project their “inner selves” onto their bodies.

Considering this participants’ experience of dislocation upon prison release, the effects of corporal practices of care enable them to reach a form of concordance between their appearance and their “true” self, allowing for a sense of ontological security. Thus, the reliance on gendered embodied practices may provide ex-prisoners a sense of unity, which they have been deprived of during incarceration.⁶⁹ After describing how her appearance changed and how she made various life-changing decisions, Melina recalled: “Everything fell into place, because when you feel good about how you look, you have a better handle on your situation.” Melina’s statement about taking care of her

67. *Ibid*; Le Breton, *supra* note 13.

68. *Ibid*; Lupton, *Imperative of Health*, *supra* note 14.

69. Bosworth, *supra* note 7.

look highlights how adhering to a neoliberal script provides her with a feeling of satisfaction and self-confidence, allowing her to consider herself as responsible, united and gendered.

Although taking care of one's appearance is a corporal practice that enables participants to unearth themselves from prison, providing them with a greater sense of ontological unity, its impact must be carefully circumscribed. First, studies have shown that incarceration may leave indelible marks on prisoners, especially those who have been incarcerated for long periods, or aging prisoners.⁷⁰ Premature aging, illnesses, tattoos and scars may prevent ex-prisoners from excavating their bodies from penal governance. Second, the body as a site of unity for the self has its limitations; Bordo argued that "we are more in touch with our bodies than ever before. However, at the same time, they have become alienated products, texts of our own creative making."⁷¹ Neoliberal practices and discourses constitute a highly regulated body, and its potential dissonance with the lived body is presented as individuals' responsibility. Any failure to conform to the ideal of the slender and healthy body is thus internalized; the corporal body thus becomes a site of disunity and alienation from the "true" self.⁷² In brief, although corporal practices of taking care of one's appearance may support participants' unearthing of themselves, their potential for disrupting existing power relations are limited, as appearance is itself an effect and vehicle of power. The following section will further elaborate on the mixed effects that corporal practices have on "unearthing" the self from incarceration.

C. Psychoactive medications

Taking psychoactive medications is a corporal practice that has effects on feelings and cognition and that, ultimately, is used to deal with feelings of pain and distress which are widely experienced in prison.⁷³ Participants in this study were no exception: of the 17 participants who were interviewed, 12 disclosed taking psychoactive medications during their time in prison. All participants described in great details

70. See e.g. Bruckert & Munn, *supra* note 30; Frigon, *supra* note 6; and on aging prisoners, Shantz & Frigon, "Aging, Women", *supra* note 11.

71. Bordo, *supra* note 21 at 288.

72. *Ibid.*

73. Kyle Archambault, David Joubert & Greg Brown, "Gender, Psychiatric Symptomatology, Problem Behaviors and Mental Health Treatment in a Canadian Provincial Correctional Population:

how some prisoners looked like they were intoxicated by their psychiatric medication: “They were like zombies, *zombies!* Walking around with no light in their eyes,” Emilie described. All participants agreed that medications were a pharmaceutically based form of control of prisoners, a statement echoed by empirically based studies.⁷⁴ Although condemning the use of psychoactive drugs as a form of control, some participants explained that there were benefits to psychoactive medications, both in prison and out of prison, whereas others described attempting to stay away from psychoactive medications and refusing to take anything to deal with stress, anxiety, or insomnia.

Upon prison release, medical prescriptions that prisoners had in prison are not necessarily renewed, unless release conditions dictate that they should be. Some women, therefore, have the choice to continue, change or interrupt their medication. If they chose to stop taking their medication, it is important to stress that when abruptly interrupted, psychoactive drugs, such as antidepressants, anxiolytics, and antipsychotics, are accompanied by discontinuation syndromes with symptoms, including nausea, insomnia, fatigue, headaches, cardiac arrhythmia, convulsions, agitation, anxiety, depression, confusion, hallucinations and delirium.⁷⁵ Thus, any change of treatment should be accompanied by medical supervision.

Among the 12 participants who disclosed taking psychiatric medications during their time in prison, 3 explained that they wanted to get off them as soon as they were out of prison, but that doing so gave them multiple withdrawal effects. Sydney, who described herself as a “vegetable” in prison due to a cocktail of psychiatric medications, described in great details how she lowered her dose of psychiatric medications after she found a sympathetic doctor in the community who was supportive of her in her self-described detox regime. She described the following symptoms as the side effects of coming off her medications: bloating, diarrhea, constipation, feeling stressed or out of control, profuse sweating, stomach aches, as well as feeling anxious and depressed—all of which align with the aforementioned

Disentangling the Associations Between Care and Institutional Control” (2013) 12:2 International Journal of Forensic Mental Health 93; D Lafortune & M Vacheret, “La prescription de médicaments psychotropes aux personnes incarcérées dans les prisons provinciales au Québec” (2009) 34:2 Santé mentale au Québec 147; Kilty, *supra* note 33.

74. *Ibid.*

75. David B Hogan, “Strategies for Discontinuing Psychotropic Medications” (2014) 4:2 Canadian Geriatrics Society Journal 14.

discontinuation syndromes. When describing her time coming off her medications, she said: "It took a toll on my body...I caught pneumonia from it, because my defence was low." However, despite the pain she experienced during her detox, she felt like she was slowly beginning to be herself, both physically and mentally. For Sydney, stopping her intake of psychoactive drugs was a way to reconnect with her true self.

Unlike Sydney, Melina and Lisa wanted to continue to take psychoactive drugs in order to feel more like themselves. Melina described how she did not have access to her usual medication while she was incarcerated for a brief period. When she got out of prison, she was released far from the halfway house and had to walk there. Without her medication for two weeks, she described herself as delusional:

I heard voices, I was hallucinating voices...It was auditory, I mean. I was sure I was right to be upset. I would have argued endlessly about anything. I got medications, and since then, I feel really well. I'm not psychotic anymore.

Rather than detoxing from medication like Sydney, Melina's main objective was to find her balance with proper medication, an objective shared by Lisa. Self-identifying as having a borderline personality disorder, yet simultaneously questioning the meaning of such a diagnosis, Lisa described how she built a relationship with a psychiatrist in the community. After many tries, she finally found the medication that suited her: "I'm happy with it. Everything's OK, you know." She discussed the side effects of her medication as night eating and gaining weight but despite these issues, she argued that she benefited highly from her medication. Lisa's and Melina's accounts of taking psychiatric medications reminded us that they can have a substantial effect on alleviating pain and suffering. For them, medication is thus a corporal practice that enables them to live as themselves and to alleviate their distress.

Considering participants' experiences of psychoactive medication, it appears that taking psychoactive medication can either hinder or help women upon prison release: situating it within its specific historical and cultural context can give nuance to the analysis. Although all women are pathologized by biomedical discourses and practices, incarcerated women are also pathologized through the criminal justice system.⁷⁶ On the one hand, women are overwhelmingly criminalized for their involvement in sex work, cycles of use of drugs and alcohol,

76. Kilty, *supra* note 33; Maidment, *supra* note 5; Pollack, *supra* note 33.

and homelessness, leading to short incarcerations within the provincial system.⁷⁷ On the other hand, many of these women experience pain and distress resulting from a life trajectory marked by poverty, violence, sexual abuse, drug and alcohol use, etc. Within psychiatric discourses and practices, these experiences are recasted as depression, anxiety, post-traumatic stress disorder, or borderline personality.⁷⁸ In the context of the criminal justice system, women are thus “reconstructed as either difficult to manage or mad, both of which sanction treatment with prescription of psychotropic medication in carceral settings.”⁷⁹ Moreover, Kilty and DeVillis demonstrated that halfway house staff members engage with psychiatric knowledge and discourses and are instrumental in women’s medicalization, since they regulate and discipline women into taking their medication.⁸⁰ In brief, when participants transition out of prison, taking psychiatric medication is interpreted as a responsible and healthy choice for participants, i.e. a corporal practice in line with carceral, transcarceral, and biomedical discourses and practices.

Throughout the interviews, Sydney, Melina and Lisa shared how they had lost loved ones during their incarceration and reported a high level of distress about those losses. In her critical analysis of depression as being constituted through biomedical discourses, Ussher argued that any study that critically tackles how the specific historical and cultural context shapes the pathologization of women’s distress also needs to acknowledge and consider women’s distress.⁸¹ In other words, although psychoactive medications are a pharmaceutical strategy used to regulate allegedly improper emotions, thoughts, and behaviour in women, they can also alleviate women’s suffering. Psychoactive medications are constituted as the available and responsible choice in respect to alleviate psychic suffering, both in and out of prison. However, the corporal practice of taking medication can have serious side effects, and lowering the doses of medicines can also produce unwanted effects; simultaneously, such medications can also help women to live.

77. Maidment, *supra* note 5.

78. Ussher, *supra* note 56.

79. Kilty, *supra* note 33 at 164.

80. Kilty & DeVillis, *supra* note 44.

81. Ussher, *supra* note 56.

CONCLUSION

From a theoretical point of view, this paper illustrated the relevance of using corporal practices to interrogate the body in its complexity and not only in its materiality. One of the most “natural” corporal practices, defecating, was contextualized in its social and cultural context both for women inside and after they had left prison: as the constraints around this practice had serious effects on participants during incarceration, the opportunity they had outside of prison to defecate according to gendered practices allowed women to get rid of one ailment associated with incarceration. With respect to their appearance, participants attempted to erase the marks of prison, by taking care of themselves and exercising agency in doing so. As such, it allowed them to “unearth” themselves from the weights of carceral routines and deprivation. However, the analysis of these corporal practices also highlighted how other apparatuses of power—gender and health—interact with penal governance. That point was further developed during the discussion of the use of psychoactive medications and penal governance, highlighting the concordance between the medicalization of women’s distress and penal governance. Consequently, although participants attempted to “unearth” themselves from their incarceration, neoliberal discourses on health and gender reinforce individual responsabilization toward the pursuit of a healthy body, and may have the effect of maintaining formerly incarcerated women under the shroud of penal governance.