

From Advocates to Experts: Feminist Therapy with Women in Prison

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Introduction

Women prisoners in Canada have been considered "too few to count" or "more mad than bad" (Adelberg and Currie, 1987; 1993). As their numbers are relatively small in comparison to the numbers of incarcerated men, the experiences and needs of women prisoners have historically been overlooked. This changed, however, in 1988, when prisoner Marlene Moore hung herself in the infirmary of Kingston's Prison for Women (at the time the only federal penitentiary in Canada for women serving sentences of greater than two years). The coroner's inquest that followed became a forum for re-constructing the imagery of women in prison. The Canadian Association of Elizabeth Fry Societies (CAEFS), an advocacy group for women in conflict with the law, became the first prison reform organization to achieve legal standing in the history of prisoner death inquests in Canada. CAEFS believed the inquest was an important opportunity to articulate the connection between the victimization of women and their criminalization. "CAEFS felt a deep obligation to contribute to the public awareness of the desperate need for resources to help countless girls and women repair their damaged lives and escape the destructive cycle of abuse and imprisonment" (Kershaw and Lasovich, 1991). In the spring of 1989, the government of Canada commissioned a Task Force on Federally Sentenced Women to assess the needs of female prisoners confined to the Prison for Women and those under sentence in the community. The goal was to re-envision a correctional policy under the direction of a steering committee comprised of former inmates, prison officials and community groups (such as the Elizabeth Fry Society, local sexual assault support centres and Aboriginal women's groups). The Task Force report, *Creating Choices*

(Government of Canada, 1990), highlighted a prevalence of sexual and physical violence in the lives of women in prison, especially Aboriginal women. The recommendations in the report called for sweeping changes, not the least of which was the closure of the prison itself and its replacement by a regionalized system of 'cottage-style campuses' and a healing lodge for Aboriginal women. There was also a call for a pro-feminist approach to working with women in prison. Mental health and vocational programming was to reflect empowerment, respect, dignity and choice (Government of Canada, 1990). The treatment of women in conflict with the law was to shift from a traditional punitive approach toward a woman-centered model that placed women's deviance in a context of victimization, poverty, and racism (Shaw, 1990). Feminist therapy remains one of the most important and unique components of this woman-centred correctional model.

In 1992, I conducted a series of interviews with feminist counselors and psychologists working with federally sentenced women inside a women's prison (Balfour, 1994). The intent of my research was to assess the principles and intervention strategies of feminist therapists working in a prison, as well as their understanding of why women come into conflict with the law. Despite the findings of the Task Force that revealed women's experiences as being a constellation of poverty, racism and abuse, feminist therapists have focused almost exclusively on sexual abuse in developing their therapeutic approach. Women in prison are understood to be survivors damaged by their sexual and physical abuse; women's experiences of poverty and racism are viewed largely in the context of their victimization. It is this understanding of women's lives that has guided the development of strategies for feminist therapeutic intervention with prisoners.

In what follows, I provide a brief overview of the principles of feminist therapy which then serves as a context for examining the strategies and analytical frameworks used by feminist therapists in a carceral setting. The results of my research indicate there are four implications for using feminist therapy in prison. First, the feminist therapists I interviewed appear to recast women's prisons as 'healing places', thereby obscuring the deprivation of liberty that underpins the penal regime and the importance of abolition as a feminist principle (Moffat, 1991; Hannah-Moffat, 1994; Faith, 1993). I will draw from Elizabeth Comack's study of provincially sentenced women in Manitoba wherein she argues

that, in fact, "prisoning" is part of women's abuse experiences, not separate from them (Comack, 1996). Second, the feminist therapists appear to minimize women's structural needs to combat poverty and racism, the importance of which has been previously recognized in feminist discourse (Shaw et al, 1992). Third, the feminist therapists seem to position themselves as experts on women's lives rather than as advocates. And fourth, the feminist therapists I interviewed do not appear to differentiate between the experiences of Aboriginal women and non-Aboriginal women when developing analytical frameworks or strategies for intervention. Given that the incidence of sexual violence is highest amongst Aboriginal women, I found this particularly striking. In my view, the shift towards a pro-feminist correctional model is an important one; however, as theorists and practitioners, we need to recognize the constellation of racism, poverty and abuse in the lives of women prisoners.

Feminist Therapy: Making the Personal Political

In the early 1970's, women's experiences of rape, child abuse and battery, as well as their sexist treatment by police, hospitals and courts were brought into public view. Women organized informal networks of shelters and safe houses for women in crisis and their children. Shelters were run by volunteers (many themselves victims of sexual assault and battery) who provided emotional support along with emergency housing, clothing and food. Within these shelters emerged a form of grassroots counseling that was built upon the experiences of the women themselves, and not upon expert knowledges such as psychology or psychiatry (Rosewater and Walker, 1990). This grassroots approach emphasized the importance of empowerment and consensual relationships in women's lives. Women were regarded as the experts of their own experiences and were considered partners with their counselors in deciding the direction of their healing processes (Greenspan, 1983).

There are basic principles that underpin most feminist approaches to meeting the mental health needs of women. First, women's experiences are central to the healing process. Second, groupwork is crucial for women to overcome isolation and to create supportive networks. Third, the power within the counseling relationship must be shared. Finally, women's behaviors are understood as forms of striving for health. Feminist therapy is an "alternative to traditional therapy as it is based on a

presumption that acknowledges women's 'symptoms' are actually expressions of attempts to cope as well as they can" (McGrath, 1992:29). Problems such as substance abuse, depression, self-injury and eating disorders are understood as ways in which women resist exploitation or struggle to retain control, rather than as symptomatic of psycho-pathology (Burstow, 1992).

The most common strategy used by feminist counselors has been consciousness-raising groups. These groups replace traditional one-to-one therapeutic relationships and encourage women to make connections between their personal experiences, those of other women, and the social contexts of their lives (Butler and Wintram, 1992). Consciousness-raising is a means of combining counseling with a political analysis of women's experiences (Greenspan, 1983). From this recognition of 'the personal as political' comes the ability to resist sexism (Burstow, 1992). The collaboration between feminist counselors and the women they assist is intended to ensure respect and mutually agreed upon goals. Groupwork is an important means of achieving consensual relationships between counselors and their clients, as well as creating supportive networks amongst women. In groups, women work together to provide each other with practical solutions to problems of everyday life (Brody, 1987). This approach differs from the traditional one-to-one approach where women are isolated from each other within a potentially exploitative relationship (Brody, 1987; Burstow, 1992; Butler and Wintram, 1992). Groupwork is especially important for marginalized women who have a greater need for collective action and access to practical resources (Kendall, 1993).

Given the grassroots beginnings of feminist therapy, where counselors work in partnership with women to empower them and to respect their decisions, what is the potential of feminist therapy inside a prison at present? Can the principles of feminist therapy that clearly resist the principles of punishment and control, co-exist within a prison environment? If so, what are the implications of feminist therapy inside a prison for women?

Methodology

In the summer of 1992, I conducted a qualitative study of feminist therapy with women in conflict with the law (Balfour, 1994). The purpose of my study was to understand the principles, analytical frameworks and strategies of feminist therapy in general and, specifically, those of therapists

working with women in prison. The study was conducted during the implementation of the recommendations of *Creating Choices* (Government of Canada, 1990) and each of the therapists I interviewed was actively involved in this process. I was able to contact these women directly because of their high profile position and reputation in working with women in prison.¹ All of the women agreed to be interviewed because they believed it was important to raise awareness about feminist therapy.

The study consisted of 10 open-ended interviews conducted with feminist therapists working with women in conflict with the law. Four interviews were conducted with therapists working inside a women's prison. Three interviews were conducted with therapists working at a shelter for battered women, and three interviews with therapists at a rape crisis centre. These interviews took place over a period of three weeks. Each interview was approximately two hours in length. The interviews were structured around three general questions: (1) What are the principles of feminist therapy; (2) What are the analytical frameworks used to understand women's law breaking; and (3) What are the strategies for assisting women in prison. The interview data was analyzed using constant comparative analysis (Glaser, 1992). I developed a thematic framework that captured how the feminist therapists understood women's behaviours of self-injury, addiction, violence and fraud, as well as the principles and strategies of their work with women in conflict with the law. This article focuses strictly upon the interviews conducted inside the women's prison. The Questions I address, once again, are: 1) what is the potential of feminist therapy inside a prison; 2) can the principles of feminist therapy that clearly resist the principles of punishment and control co-exist within a prison environment; and 3) if so, what are the implications of feminist therapy inside a prison for women? My interview respondents included Karen, a staff psychologist; Anne, a substance abuse counselor; Leslie, a psychologist working with women and fraud; and Kim, a psychologist working with women who self-injure.²

The feminist counselors I interviewed have developed a specialized body of knowledge and skills that integrate their separate and distinct experiences of working in psychiatric hospitals and in community-based counseling services. All of the women I interviewed stated that working with women in prison is often more difficult and complex than working

in a community setting, such as a shelter or a crisis centre. This is due to what they perceive as prisoners' intensive need for counseling, the potential for violence, histories of long-standing cross-addictions, prior institutionalization, and severe personal traumas. Although informal support services, such as those offered in the community, are important resources, all of the counselors I spoke with claimed that feminist therapy inside a prison must provide more sophisticated assistance. The limited notion of feminist therapy as unconditional support and validation is misleading in understanding the intensive, long-term counseling needs of some women offenders. In prison, analyses of and responses to women's behavior must move beyond unconditional validation and toward prisoners taking greater personal responsibility and therapists maintaining higher standards of professional accountability. As a result of this perspective, feminist counselors working with women in prison place greater emphasis on institutional standards of clinical training than on grassroots feminist principles. For example:

Sitting around and sharing the warm fuzzies for six weeks is no good and is grossly inadequate compared to what women's needs really are. From having worked in rape crisis centres I think that work of para-professional counselors, like volunteers on crisis lines who work from a feminist model providing support and validation and information is important. That's their role. But, I think unfortunately that is what has been seen to a large extent as feminist counseling. For me that type of counseling is very important and valuable, but that's very different from long term counseling (Kim, quoted in Balfour, 1994:71).

Aboriginal women want an elder to do the emotional work, as opposed to anyone else, but it is really hard to find an elder trained in psychology or social work, let alone come in on a regular basis no matter what their background is, or a woman. And then there is the problem of having her validated in the eyes of CSC as a counselor (Karen, quoted in Balfour, 1994:73).

Understanding Women in Trouble

Traditional clinical models that used to explain criminality have focused primarily on the experiences of men (Naffine, 1987; Gelsthorpe and Morris, 1990). Instead of using these androcentric models to understand women's lives, feminist therapists utilize the psychology of women (Herman, 1991; Hoff, 1991) and battered women (Kelly, 1988; Blume, 1990) to explore women prisoners' behaviors, such as eating disorders, substance abuse, self-injury and depression (Barrett and Trepper, 1991; Heney, 1990; Slogan and Leichner, 1991). The therapists I interviewed have developed an understanding of what brings women into conflict with the law that incorporates a clinical perspective within a feminist framework. Their work is guided by feminist writings on women's mental health, as well as the psychological approaches they have studied. They state that some clinical models "tend to go hand in hand with feminist work by being down to earth and letting people do their own work" (Leslie, quoted in Balfour, 1994:76). I was struck by the ease with which the respondents integrated psychological theories into their work as feminist therapists. This convergence of psychology with feminist theory, in my view, produces a feminist positivism that combines the tools and legitimacy of a clinical model with the analysis of feminist theory.

We certainly have gotten pretty good at a feminist analysis of what brings women into conflict with the law from a *psychology perspective* (Karen, quoted in Balfour, 1994:76 emphasis mine).

Throughout the interviews, counselors explained the needs and behavior of women in prison as ways of coping with the impact of sexual and physical abuse. For example, when speaking about her understanding of women who use violence, one of the counselors stated:

My analysis may lead me to understand how (violent offenders) got to the point where they are buying into the male model of power; having power over someone ... physical power which is perhaps reminiscent of what their abusers did to them when the abuser had the power. What we're politically trying to say is that this is all about male vio-

lence, well we're talking about male violence translated into women enacting it, that's what it is. We just had to stretch the analysis a little farther [sic] (Karen, quoted in Balfour, 1994:76). In working with women who self-injure, Karen contended that the purpose of women's behavior is to cope with or to reduce the tensions and anxieties of powerlessness in abusive situations. Karen clearly saw a link between the experiences of childhood sexual abuse and self-injury: she argued that sexual abuse typically occurs in a relationship characterized by dependency and trust. Children often blame themselves for the abuse to make sense of why this person would want to hurt them. This is also why women take responsibility for the actions of their abuser(s) and, in turn, blame themselves. As the abuse continues, victims perceive the inevitability of bad things happening that are beyond their control. This may lead to moments of extreme anxiety. For women in prison who have survived long-term physical and sexual abuse, certain prison conditions, such as lock downs and strip searches or confinement within isolation cells, can lead to self-injurious behavior to cope with the anxiety and tensions of imprisonment. Self-injurious behaviour is, therefore, an attempt to control the timing and the extent of the anticipated pain which is seen as inevitable (Karen, cited in Balfour, 1994:79).

All of the feminist counselors I interviewed also understood suicide as another attempt by women to regain control over their surroundings when all other means have failed to protect them from their memories of abuse. They drew a parallel between the experiences of childhood abuse and imprisonment in terms of the powerlessness of prisoners to control what happens to them. As Karen explained:

When you put them in situations like prisons where they feel powerless, their immediate response is going to be to change their own behavior to try and change what's happening to them. If that doesn't work they feel incredibly unsafe just like they did during the abuse. So often the only way they can get control is by having control over life and death.

So suicide may be a way of getting control and feeling safe
(Karen, quoted in Balfour, 1994:83).

Leslie also argued that, for some women, committing fraud was similar to other coping strategies women used to manage their immediate sense of powerlessness and anxiety. Women may have committed fraud to provide for others, to protect themselves from abandonment by loved ones, or to take care of themselves by providing things that make them feel safe and secure. Leslie states:

It is a coping strategy like slashing or alcohol use. We look at why a person chooses fraud as opposed to other ways. We start by framing it as a coping strategy, albeit unhealthy as it gets you into trouble with the law and ends you up in here
(Leslie, quoted in Balfour, 1994:84).

Leslie believed that women who committed fraud may also suffer from dissociative disorders, such as Multiple Personality Disorder (MPD). The phenomena of MPD and other dissociative disorders are referred to in feminist writings as 'splitting', 'fragmenting', 'numbing' or 'spacing out' (Burstow, 1992). MPD is recognized as a skill that children develop from observing and surviving extreme acts of physical, emotional and/or sexual abuse (Herman, 1991). This behavior enables children to control what they feel or remember. Feminist therapists have long understood the role of MPD as a coping strategy for women who have experienced intensive abuse rather than as a personality disorder (Burstow, 1992). While fraud offenders have presented behavior patterns indicative of MPD, sexual abuse amongst this group of offenders is lower than the rest of the prison population. According to Leslie, some of her clients stated that they could not remember committing the offense and appeared unaware of the goods that they had shoplifted or purchased with bad cheques. Although this is a new and important development in understanding women who commit fraud, it does not necessarily indicate the existence of MPD. Nonetheless, Leslie assessed each woman who entered counseling for experiences of dissociation.

I have a few clients who are very dissociative and who are multiples, presumably from being a victim of child sexual abuse. The fraud in that case seemed to be a way making the 'alters' feel better (Leslie, quoted in Balfour, 1994:82).

For some women, however, Leslie and Kim acknowledged that fraud seemed to be a truly instrumental act for financial gain, to supply a drug habit, or simply to enjoy the good life. They believed that the women sought to gain power and control of others through materialist means, as well as to bolster their own self-confidence. Societal messages directed toward women as consumers often played an important role in influencing these value systems.

Some of them see more immediate triggers, like how to get ahead. We look a lot at societal messages that women get. We look at some realistic issues like, women and poverty, women and economics, the fact that women don't just have clearly the same access (as men) to money and power. And these women are clearly going out after money in terms of power and security (Leslie, quoted in Balfour, 1994:84).

It is interesting to note that this materialist analysis of why women commit fraud was only mentioned as an afterthought. Clearly, counselors isolated child abuse in their understanding of women's behaviors; issues of poverty and racism were obscured from view.

Anne, the counselor who works with women with addiction problems, consistently identified substance abuse as the women's way of coping with experiences of sexual or physical abuse. She noted that problems with addiction are very different for women than for men. Anne explained that some of these gendered differences include the etiology of women's addictions, how it affects their relationships with others and the stigma attached to women addicts. She maintained that these experiences are profoundly different from men's experiences of addiction.

Women's lives are structured differently. For example, we know that women's partners are more likely to leave them if they have a drug problem, whereas, women are more likely

to stay with them. So women are more inclined to have less support in their lives. Women whose partners are with them are more likely to have drug problems as well (Anne, quoted in Balfour, 1994:85).

From Anne's perspective as a feminist counselor, a woman's addiction is linked with her history of victimization, as well as other mental health problems. For example, depression is commonly treated with prescription drugs which may lead to cross-addictions with alcohol. Furthermore, women who are chemically dependent are often without support, as their male partners regularly leave them. In contrast, women are more likely to stay with their addicted partner. A woman's history of victimization is also important in understanding the reasons for her addiction and its severity. Women who are survivors of childhood abuse tend to have an earlier age of onset of substance abuse than do those who were not abused as children (Turnball and Gomberg, 1995). My interview with Anne supports this:

With the women I see in prison, first of all they are heavy drug users, and very chronic users. Usually their problems start back at a very early age. Most of the women are survivors of some kind of multiple victimizations (Anne, quoted in Balfour, 1994:86).

Victims are more likely to have used more drugs from more categories of drugs. Women who are classified as non-victims either use depressants or stimulants, whereas, survivors would use both (*ibid*).

From the perspectives of all of the counselors I interviewed, experiences of childhood abuse (emotional, physical and sexual) were clearly a part of what brought women into conflict with the law. Self-injury, suicide, fraud, violence, and substance abuse were all understood as coping strategies that women had developed throughout their lives to manage the lack of control, anger, and anxiety that stem from their experiences of abuse. By re-casting women's actions as health-seeking rather than

pathological behavior, the feminist therapists worked towards creating alternative, less harmful coping strategies that empowered women.

Therapeutic Approaches

A prisoner's emotional crisis, such as depression and/or anxiety, is understood by the counselors I spoke with as stemming from a lack of options and information available to prisoners. Therefore, they felt it was important to assist prisoners in gaining access to resources so they could take control of difficult situations. Advocacy and problem solving were identified as an important part of working from a feminist perspective in the prison. Leslie states:

I concentrate a lot on what they can do to get their power back. I think just being in this institution women just don't have the power or control over their lives as do you or I. I think some of these situations trigger that for them. If I can give them some sense of power and control... (Leslie, quoted in Balfour, 1994:105).

Being realistic of course because there are often times no great solutions for these women. For example, if her appeal is turned down on a life sentence, be realistic about it. You have to help her find real hope. Like in working with people who are suicidal in here, it's realistically hopeless. I think the important thing is to validate that it is hopeless rather than minimize it (ibid).

Crisis intervention involves assisting women in coping with their imprisonment as well as their individual mental health needs. The aim is to empower women by encouraging self-care strategies that are possible in a prison world of segregation cells and strip searches. As one counselor stated, this approach to working with prisoners is clearly different from the conventional correctional model, which is more punitive than empowering.

Where I take exceptions to traditional approaches is that they are premised on taking control away from prisoners.

"You're suicidal that means you are dangerous to yourself so we are going to put you in a safe place and strip you of everything and somehow that is going to make you feel better." It may help some people, I only work with women and survivors. What it does for them is that it makes them feel even more out of control, which makes them feel even more suicidal. Probably the difference in my work when I am dealing with someone suicidal is that ultimately I may take control, but not right away. I might be forced to keep them alive (Karen, quoted in Balfour, 1994:106).

(i) One-to-One Counseling

One-to-one counseling was the most frequently used therapeutic approach in the prison. At the time of these interviews, the counselors I spoke with claimed that 70% of the prisoners were being seen by a therapist. In a prison setting, inmates are often mistrustful of each other and are unwilling to participate in a group counseling. Prisoner concerns over the counselors' inability to provide complete confidentiality limits the counseling work to a more individualized approach similar to traditional therapeutic relationships.

It is generally our view that most of the women's needs are for individual, confidential, safe, one-to-one counseling. It is preferred over groupwork because prisoners are unable to leave the group dynamic behind. Living in a generalized relationship with other prisoners allows them no truly safe place (Leslie, quoted in Balfour, 1994:107).

One-to-one counseling with women in prison includes assisting prisoners in coping with their incarceration and with problems relating to their offenses. Counselors are primarily responsible for improving a woman's chance of success in the community and helping her to avoid re-offending. However, it is sometimes difficult to find the balance between a prisoner's immediate need to cope with her experiences of imprisonment and the longer-term, often unacknowledged, need to address the underlying issues that brought her into conflict with the law. As one counselor explained, she often faces having to impose boundaries on how much time she can spend addressing prison life. She argued

that for some women, prison stressors become an effective means for avoiding the deeper, more painful issues of the past.

We only do that (therapeutic work like dealing with abuse memories) 30-40 percent of the time and the rest of it is institutional shit. Which is real for them and it is valid, and I cannot imagine dealing with it myself. On the other hand, it is really tempting to say "look I am here as a psychologist to work on your mental health, I cannot spend all my time helping you with things like the fact that your kid is in hospital in another province." But then I think that if that was my child, that would occupy my time too. So I think we run all this practical assistance so they can get to the emotional shit (Leslie, quoted in Balfour, 1994:108).

I also feel that prison stuff is being used to avoid doing (memory) work because it is so hard to think back on the abuse. I will push women to find out why these daily hassles are becoming so overwhelming. So I make a deal that I will listen to them problem-solve and bitch, but that is not all I do. I will expect more and will be more demanding (*Ibid*).

Clearly, the therapists believed that the real source of women's difficulties in prison flowed from their childhood experiences of sexual and physical abuse. In my view, therapists were setting the agenda for the women they counseled, contrary to the principles of feminist therapy. It appeared throughout my interviews that "institutional shit" was seen as a way for prisoners not to deal with memories of the past. It is here that feminist therapy appears to have shifted from advocacy to control. It should be noted, however, that some attempts at building interdependency amongst women were being made in programs such as Peer Support Training and groupwork for women convicted of fraud.

Peer Support Training (PST) is intended to educate prisoners in how to assist each other in coping with stressful realities of prison life, such as a lock down or the loss of an appeal. The goal is very similar to that of consciousness-raising group work discussed earlier in that women provide each other with the practical means to manage their own problems

and gain credibility in their abilities to cope independently (Pollack, 1993). As stated by one of the therapists I spoke with,

It's a way of giving women more options and to me options equal control. Supposedly peer support would fit if a woman was suicidal, instead of her going to 'Segregation' it would be reasonable that a peer support team member could sit with her or spend the night with her (Kim, quoted in Balfour, 1994:103).

(ii) Groupwork

Groupwork is designed to encourage women to connect their own experiences with those of other women, and to locate their experiences within the social context of women's historical lack of economic and political power (Kendall, 1993). Although the positive effects of groupwork are recognized by the counselors working inside the women's prison, it is a difficult program to implement because of prison protocol and security. In many instances, women are purposefully segregated from one another for a variety of reasons: security classifications, offenses committed and gang affiliations. Therefore, when therapy groups are available to prisoners, they are limited in what they can accomplish. However, research indicates a high degree of satisfaction with groupwork, especially those that are inmate-driven and those that include prison staff who gain a better understanding of prisoner experiences and needs to adjust to prison life (Smolick, 1992).

One of the few counseling groups in the prison was for women convicted of fraud. From the perspective of the counselors, this group was possible because the women themselves were more articulate and better able to work with each other in establishing rules of confidentiality than were other offenders. The aim of the group was for women to become more aware of what puts them at risk to re-offend and a clearer sense of how to prevent that from happening in the future. These insights and new coping skills were developed through exercises - such as journal writing. However, although women convicted of fraud clearly stated that their behavior was rooted in the need to feel powerful and smart, or the need to "take care of things", one of the counselors I spoke with, Leslie,

still worked within the analytical framework of child abuse to explain women's behavior.

The bottom line is basically trying to help women decide what function fraud fills for them and help them find alternative ways to deal with whatever those thoughts and feelings are. *That requires making the connection back to childhood* (Leslie quoted in Balfour, 1994:103 emphasis mine).

In my opinion, one of the most important contributions made by feminist counselors working with women in prison is their understanding of and respect for the experience of incarceration. I believe that the issue of empowerment through advocacy and support for prisoners, along with a clearer understanding of the prison experience as something to be survived, is a very significant shift in how we approach mental health programming in prisons. As stated by Kathleen Kendall,

The prison environment can exacerbate and replicate women's traumatic experiences. Prisons most often remove whatever autonomy women have left by imposing rigorous control over their day to day existence. The control exercised with prisons, coupled with arbitrary enforcement and application of rules, may replicate the powerlessness and chaotic unpredictability of abuse (1993:19.)

British criminologist Mary Eaton (1993) describes this as being 'taken down': where one's space and time and actions are controlled and defined by others. In Canada, Elizabeth Comack (1996) understands this to be the process of 'prisoning'. Comack argues that prisons cannot enable women to resolve the troubles that brought them into conflict with the law. She cautions against understanding prisons as a place for women to heal, but rather to consider "imprisonment as a deepening of women's oppression" (Comack, 1996:126). If women in prison are successful in resolving some of the troubles in their lives, "it is in large part in spite of, rather than because of their experience of confinement" (*Ibid.*, 1996:145). Central to Comack's understanding of women in prison is their shared experience of incarceration: fear, loneliness, and hopelessness.

ness. "For many women the experience of prisoning becomes just one more thing they have to deal with in the process of overcoming the different problems, conflicts, and dilemmas they have encountered in their lives" (ibid, 1996:140). The voices of women in Comack's study of Portage Jail for Women in Manitoba, bring to light an uncomfortable dilemma: prison is the only place that many women are safe from violence and the street, and the first time many have received access to resources such as health care, education, counseling and even paid work. For some Aboriginal women, coming to prison meant they were exposed to their culture for the first time. In my view, this does not mean that we as feminists need to work harder to make prisons for women more effective 'healing' places but, rather, we need to take responsibility for the conditions of women's lives outside the prison walls.

The focus on prisons for women as places of healing and recovery raises some serious concerns. One of the implications of focusing on the victimization of women has been the justification of evoking a criminal justice response (incarceration) as a solution to women's troubled lives. Karlene Faith (1993) refers to this as the "victimization-criminalization continuum" and reminds us that feminist principles of empowerment are the "antithesis of female-victim identity" (1993:108). Faith states that:

[a]lthough women who get into trouble with the law have higher rates of prior victimization than women at large, they constitute a very small percentage of the totals of women who have been physically, sexually, and psychologically assaulted (Ibid, 1993:107).

Faith's work is instructive here as she locates the linkage between women's victimization and their criminalization as a social practice rooted in power relations of race and class. The 'victimization-criminalization continuum' is another face of the social control of "unruly women" (Ibid, 1993).

The prevalence of sexual and physical violence against women in the larger community is beginning to have a meaningful impact on how we understand men and women who come into conflict with the law. The National Survey on Violence Against Women (Johnson and Sacco, 1993) indicates that 35 percent of women over the age of 18 experience

some type of threat or actual violence from an intimate partner or family member. Clearly women and children are at risk. Although male prison populations report high rates of childhood abuse, "the incidence rates, alarmingly young ages of abuse, severity of violence used, length of abuse, multiple victimization, and the high percentage of incest survivors distinguish women prisoners from men" (Karen, quoted in Balfour, 1994: 85).³

One of the counselors I spoke with clearly stated that the life histories of women in prison closely paralleled those of women in the broader community; they did not equate with the histories of men in prison. "The experiences of rape, re-victimization, and domestic violence are a wholly female experience" (Ibid). However, in my view, this perspective obscures the social context of violence against women, most notably poverty and racism. As Margaret Shaw (1992) points out, the gendered realities of men and women are differentiated by their vulnerability to violence. Moreover, this vulnerability is contoured by child care responsibilities, economic dependency, isolation, and limited access to work experience or education. This dimension is missing from how feminist therapists working with women in prison understand the needs of their clients.

Within the child abuse analytical framework preferred by most of the counselors I interviewed, there was a noticeable lack of attention paid to the depth of abuse that some women prisoners have experienced. Author, Yvonne Johnson (Johnson and Weibe, 1998), convicted of first degree murder for killing a man she feared had molested her child, survived unspeakable horrors as a child herself. Johnson, a Cree woman, connects her experiences of abuse to the cultural genocide of Aboriginal peoples. The unique position of Aboriginal women in our culture and within our prison system was also absent from my discussions with feminist therapists working inside the prison.

Conclusion

The aim of this paper was to understand the principles of feminist therapy as they apply to women in prison and how feminist therapists in prison make sense of the lives of the women they seek to assist. In my view, the shift in Canadian correctional policy towards a pro-feminist model presents some hopeful yet worrisome implications. The principles

of feminist therapy flow from the importance of helping women understand that the difficulties in their lives are uniquely gendered: women are at risk for poverty, isolation and violence. Women's problems with addiction, anxiety and depression are all expressions of a desire to survive these social realities. Women in prison, who often have survived unspeakable violence and neglect, must also survive the experience of "prisoning" (Comack, 1996). The imprisonment of women can be seen as yet another dimension of women's abuse, to the extent that they are powerless to control their lives (Comack, 1996). Feminist therapy stresses the importance of women taking responsibility for their actions as a means of empowering women to take control of their lives. All of the therapists I spoke with had a clear understanding of the impact of imprisonment on women, and the need to provide support rather than punishment. In my view, this is the gift of feminist therapy: with its capacity to understand women's need for empowerment feminist therapy can profoundly affect correctional policy.

However, the strategies of feminist therapists inside the prison force us to reconsider the cost of working within a carceral setting. As I have argued, the blurring of clinical models with feminist theory has created a discourse on women's needs that focuses almost exclusively on their victimization and recasts prisons as places of healing, rather than control. I believe that our work with women in prison must focus on the constellation of racism, poverty and violence that shapes women's lives.

Notes

1. All of the participants in this study were women.
2. All of my research participants are identified here by a pseudonym to ensure their anonymity.
3. Surveys of federally sentenced men have indicated that 34% of prisoners have been physically and/or sexually assaulted (Dutton and Hart, 1991). Increasingly, violent male offenders are being characterized as a group who have experienced and witnessed episodes of family violence directed towards women, siblings and/or themselves (Taylor and Alksnis, 1994).

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