

Incorrigible While Incarcerated: Topic Modeling Mainstream Canadian News Depictions of Ashley Smith

by

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A thesis submitted to the Faculty of Graduate and Post Doctoral Affairs in
partial fulfillment of the requirements for the degree of

Master of Arts

in

Women's and Gender Studies

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Ottawa, ON

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Abstract

Ashley Smith, who is typically presented in the media as mentally ill, was nineteen years old when she died from self-strangulation in an Ontario women's prison on October 19th, 2007. In this thesis, I explored how Ashley Smith's actions and death were portrayed in four mainstream Canadian newspapers (*Globe and Mail*, *Telegraph-Journal*, *Toronto Star* and *National Post*). My aim in this thesis is to critically analyze patterns of stereotypes of mental illness present in these news articles and connect these patterns to labeling theories. To accomplish this goal, I used a mixed methods approach that combined computerized topic modeling with critical reading. Topic modeling revealed three variables that affected topic weight: the timing of the news coverage, newspaper political affiliation and circulation/location. These three variables also impacted how these newspapers depicted Ashley Smith as mentally ill, through their use of generic and/or negative terminology, medicalization and vulnerability stereotypes.

Dedication

This thesis is dedicated to the memory of Pat Seguin. A fierce feminist advocate and friend who encouraged me to return to academics and constantly reminded me to never give up without a fight.

Acknowledgements

I would like to take the opportunity to express my deep gratitude to several people for their support during the process of completing this thesis. First, I would like to thank my partner and topic modeling research assistant, Dave McKenney for his unwavering love and support, along with his willingness to patiently teach me the coveted knowledge of topic modeling 'black magic'. Next, I would like to thank my thesis supervisor, Dr. Diana Majury for her invaluable experience and guidance in helping me to shape this thesis. I am also very grateful to my second reader, Dr. Debra Graham for her helpful feedback and encouragement. I would like to express my gratitude to my external reader, Dr. Diana Young and committee chair, Dr. Gurli Woods for taking the time to be an important part of this process. I am also thankful to my parents, Lorraine Radke and Tom Ring for always being in my corner and inspiring me to keep moving forward. Last but not least, I would like to thank all of my Women's and Gender Studies colleagues at Carleton University for the much needed and appreciated support I received from each of you over these past two years.

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Introduction

My Life

*My life I no longer love
I'd rather be set free above
Get it over with while the time is right
Late some rainy night
Turn black as the sky and as cold as the sea
Say goodbye to Ashley
Miss me but don't be sad
I'm not sad I'm happy and glad
I'm free, where I want to be
No more caged up Ashley*

*Wishing I were free
Free like a bird.*

Ashley Smith, 18 years old
October 1, 2006
New Brunswick Youth Centre (quoted in OCYA, 2008, p. 2)

October 19th, 2012 marked the fifth anniversary of Ashley Smith's death. At the time of her death, Ashley was a prisoner at Grand Valley Institution for Women—a multi-level federal penitentiary located in Kitchener, Ontario (Correctional Service of Canada, 2012). She died while under 24-hour video surveillance 'suicide watch'. Seven trained correctional officers watched and failed to intervene as she strangled herself with a cloth ligature. She was nineteen years old.

Though deaths in custody are not unique, media coverage of Ashley Smith's treatment and untimely death in corrections has publicized serious institutional problems in Canadian youth and women's correctional facilities. Emerging from this media interest, in this thesis I investigate how Ashley Smith has been portrayed in four mainstream Canadian newspapers (*Globe and Mail*, *Toronto Star*, *Telegraph-Journal* and *National Post*). More specifically, I explore whether the news coverage labels Ashley

Smith as mentally ill, and/or defines her behaviour and death following a rubric of mental illness stereotypes, such as dangerousness and vulnerability. According to labeling theories, mental illness labels are socially constructed and are rooted in stereotypical notions of race and gender. According to this theoretical framework, media depictions of mental illness perpetuate negative stereotypes of ‘the mentally ill’, which impact public perceptions of mental illness. To evaluate labeling theory trends in Ashley Smith news coverage, I use a mixed methods approach that considers the potential influence of newspaper subjectivity in mental illness labeling.

In Chapter 1, I provide a critical appraisal of labeling theory trends and connect them to media depictions of mental illness. I use this literature because it is critical of medical models of mental illness and shows that labeling women as mentally ill is connected to the maintenance of patriarchal power. Previous studies maintained that mental illness is not organic in nature and that race, gender and criminalization have an influence on mental illness labeling and stereotypes. In this thesis I evaluate whether these factors are present in the news stories written about Ashley Smith.

To meet these objectives, in Chapter 2 I discuss the use of a mixed methods approach that combines computerized topic modeling with qualitative critical reading. Topic modeling is an algorithmic method that quickly analyzes a large volume of digitized texts and produces statistically relevant topics found in these texts. After critically reading these same texts, I was able to derive meaning from these topics and analyze the significance of these quantitative results. In applying an interdisciplinary methodology that uses methods from computer science (topic modeling) and social science (critical reading), I was able to benefit from the strengths of each method while

simultaneously minimizing their individual weaknesses. Specifically, this mixed methodology provides two benefits: 1) topic modeling reduces researcher subjectivity and bias, and 2) critical reading provides context and specificity to quantitative data. In Chapter 2 I also reflect upon the limitations of each of these methods and define the scope of this thesis.

In Chapters 3 and 4, I discuss the significance of the results yielded by my mixed methods approach. Chapter 3 focuses on analyzing the results produced from an eight-topic model. Through this new approach three variables emerged—timing of the news coverage, newspaper political affiliation and circulation/location—that affect the weight of the topics used by journalists to discuss Ashley Smith’s story, including mental illness. In Chapter 4, I use these quantitative results to explore the patterns I uncovered while critically reading each news article. Depictions of mental illness changed depending on the timing of the news coverage, the newspaper political affiliation and the location of newspapers. This finding contributes to existing research that uses modified labeling theories by exposing the complexity of mental health labeling in Canadian news media. In Chapter 4 I also discuss ‘alternative’ stories and labels of Ashley Smith and examine their potential to challenge typical conceptualizations of mental illness, gender and carceral environments. Chapter 5 serves as a conclusion for this thesis, with a reflection on my experiences of engaging in this academic research.

The Story of Ashley Smith: A Chronology of Events

The details of Ashley Smith’s life and death are the subject of considerable debate. In an effort to provide as much of a ‘factual’ background as possible I decided to use the evidence from three reports written in 2008 that were commissioned by different

agencies for different purposes. The first of these reports is entitled “The Ashley Smith Report”¹ and was commissioned in June 2008 by the New Brunswick Ombudsman and Child and Youth Advocate (Bernard Richard). In this report Richard and his investigative team examine the services provided to Ashley Smith while she was provincially incarcerated in the youth criminal justice system. The Office of the Correctional Investigator (Howard Sapers) commissioned the second report, entitled “A Preventable Death” in June 2008. Different from Richard’s report, Sapers examines Ashley Smith’s case at a federal-level and investigated prison environments and their affects on Ashley Smith’s behaviours. However, due to the criminal investigation against several prison staff occurring during the time of this report, Sapers writes:

To ensure the integrity of that process, my investigation was restricted to a close review and analysis of the operational environment and the documentation produced by the Correctional Service of Canada (CSC) prior to and after Ms. Smith's death. This report identifies the broader issues that contributed to the conditions and decisions that resulted in the tragic death of Ms. Ashley Smith on October 19, 2007, while she was in the care and custody of the Correctional Service of Canada (p. 2).

The final report used for this chronicle of events is entitled “A Rush to Judgment: A report on the death in custody of Ashley Smith, an inmate at Grand Valley Institution for Women”. It was commissioned by the Union for Canadian Correctional Officers (UCCO) in October 2008. This report serves as a response to Sapers’ report and exposes the “dysfunctional management culture” (UCCO, 2008, p. 5) at Grand Valley Institution. In piecing together the story told by these three reports, I have produced a chronology of events that provides insight into the complexities surrounding Ashley Smith’s story of incarceration.

¹ This report does not provide specific names of the professionals who worked with Ashley Smith.

Ashley Smith was born on January 29, 1988 in New Brunswick, Canada. At five days old, she was adopted by Carolee Smith and Herbert Gober and spent her childhood in Moncton, New Brunswick (Richard, 2008; Sapers 2008). Growing up, Ashley enjoyed typical childhood activities, like camping, kayaking and riding her bike. Around puberty, Ashley Smith started becoming increasingly defiant and disobedient. By the age of fifteen, Ashley had been in and out of youth court fourteen times for minor offences, including trespassing and causing a disturbance at a mall (Richard, 2008; Sapers, 2008).

In March 2002, Ashley's family hired a psychologist to assess the mental health of the fourteen-year-old. The psychologist found no evidence of mental illness, but a youth worker was assigned to work with Ashley. Even with the assistance of a youth worker, Ashley's behaviour remained problematic. For example, in May 2002 Ashley received her first suspension from school for following her grade eight teacher home and banging on her door (Richard, 2008).

In September 2002, Ashley was enrolled at Moncton High School and by November 2002 she had been suspended twice, with seventeen incidents on file, including bullying, disrespectful attitude, verbal threats and non-compliance. In November 2002, Ashley appeared twice in youth court; she was charged with causing a disturbance, assault and refusing to comply with a court order. By December 2002, Ashley was transferred to a new high school. Within a month, she received her first suspension there for two days (Richard, 2008).

On March 9, 2003 Ashley Smith was admitted to Pierre Caissie Centre for a 34-day assessment. The Centre serves as an intensive support program for adolescents who after exhausting all community mental health options continue to display challenging

behaviours (Richard, 2008). A doctor (name withheld) at the Centre reported that Ashley had a learning disorder, Attention Deficit Hyperactive Disorder, borderline personality disorder and narcissistic personality traits. The doctor recommended that she receive counseling from her local mental health centre and be put on medication (Richard, 2008).

At the age of fifteen, Ashley Smith was sentenced to one month of juvenile detention after throwing crabapples at a mail carrier who was rumored to be withholding social security checks from residents in her neighbourhood. She was charged with assault, trespassing and causing a disturbance and started serving her sentence at the New Brunswick Youth Centre in Miramichi. Within a matter of a few weeks in the institution, Ashley had accumulated over thirty recorded incidents, ranging from refusing staff orders to aggressive behaviour. These incidents resulted in Ashley receiving institutional charges and segregation in the 'Therapeutic Quiet' unit (Richard, 2008; Sapers 2008). This unit, often referred to as 'the hole' by inmates, consists of cells located in an isolated area, which may be monitored by video surveillance. These 9 feet by 6 feet cells have a small window and a meal tray slot in the door (Richard, 2008). Her time in segregation was extremely volatile, with several hundred recorded incidents, ranging from refusal to hand over a hairbrush to self-harm and suicide attempts (Richard, 2008).

On April 11, 2005, Ashley Smith was sent to the Restigouche Hospital Centre—located near Campbellton, New Brunswick—to determine whether she able to understand and/or control her actions. After 36 days a psychiatrist (name withheld) concluded that, "Ms Smith clearly understands her responsibilities and their consequences and can control her behaviours when she chooses to" (Richard, 2008, p. 19). Since Ashley Smith was medically determined to be in control of her behaviours, when she re-appeared in

court on May 18, 2006 she was sentenced to 180 consecutive days, which were added to the sentence she was already serving (Richard, 2008). After court, she returned to NBYC to serve this longer sentence.

On January 29, 2006, Ashley Smith's eighteenth birthday, correctional officers at the New Brunswick Youth Centre warned her that she would be transferred to a provincial adult institution if she did not behave (Richard, 2008). This warning became a reality on October 5, 2006 when Ashley was transferred to Saint John Regional Correctional Centre.

Upon admission to the Saint John Regional Correctional Centre, Ashley Smith was placed in segregation for refusing a strip-search (Richard, 2008). Even though she was incarcerated at the institution for only 26 days, Ashley accumulated 34 formal incident reports, some of which led to institutional criminal charges (Richard, 2008)². The result of these incidents and charges was the addition of 348 days to her existing sentence, to create a cumulative sentence that was over two years plus a day. Since Ashley was now legally considered an adult and her multiple sentences had merged into enough time for a federal sentence, she was ordered to serve the remainder of her sentence in adult federal custody (Sapers, 2008).

Another factor that motivated the allowance of the transfer to adult prison was Ashley's constant use of physical violence, which consisted mainly of physical assaults, biting and spitting (Richard, 2008). The presiding judge (name withheld) decided to transfer Ashley to federal custody so she could benefit from the programs offered at the provincial adult facility, including those that address self-esteem, anger management and

² According to Richard (2008), these incidents that led to criminal charges ranged from refusing staff orders and becoming aggressive, to making threats of self-harm.

substance abuse (Richard, 2008). Nevertheless, Ashley Smith was not permitted to actively engage in these programs once at Saint John Regional Correctional Centre due to her persistent placement in segregation, which was caused by her inappropriate behaviour (Richard, 2008).

On October 31, 2006, Ashley was involuntarily transferred again, this time to Nova Institution—a federal adult penitentiary located in Truro, Nova Scotia (Richard, 2008). While at Nova Institution, Ashley filed seven official grievances, which highlighted the dire circumstances of her imprisonment. The following were some of her concerns: 1) excessive force was used against her; 2) she was not permitted writing paper or writing instruments; 3) she was not provided with sufficient toilet paper for hygiene purposes; 4) she was not permitted soap in her cell; 5) she was only given finger foods; 6) she was only allowed a small piece of deodorant that she applied with her finger; 7) while menstruating she was not permitted underwear or sufficient sanitary products (Sapers, 2008). According to Sapers, prison officials did not satisfactorily respond to these complaints:

In five of the seven complaints submitted by Ms. Smith, documentation shows that correctional staff did not interview her in order to provide her with a complete response to the issues that she raised. Correctional staff indicated that they were unable to interview Ms. Smith because she was being disruptive at the time or because she refused to engage in conversation. Despite a policy requirement to do so, there is no evidence to indicate that other attempts were made to discuss these complaints with Ms. Smith. I note further that the responses that were prepared regarding Ms. Smith's complaints were completed well after she had been transferred from Nova Institution. There is no evidence to indicate that Ms. Smith was ever provided with written responses to these complaints (2008, p. 9).

Between November 2006 and August 31, 2007, Ashley was transferred across Canada seventeen times between three federal penitentiaries, two treatment institutions, two

external hospitals³, and one provincial correctional facility; nine of these institutional transfers occurred across four of the five regions served by the Correctional Service of Canada. According to Howard Sapers, these institutional transfers occurred in order to address administrative issues (e.g., cell availability, staff fatigue) and had nothing to do with Ashley's needs. After each transfer, Ashley's trust in staff was eroded and her acting out behaviours escalated, which made her more difficult to manage (Sapers, 2008). To address these management issues, Ashley Smith remained in constant segregation⁴ during her 11½ months of federal incarceration (Sapers, 2008).

According to UCCO, prison staff at Grand Valley Institute for Women were provided with contradictory policies when it came to managing Ashley's difficult behaviour.

At Grand Valley Institution, where a rigorous adherence to contradictory policies could sometimes trigger dizziness and disorientation, staff managed Inmate Smith as well as they could under abnormal and trying circumstances. Said one correctional officer: "We would also have to deal with the inconsistencies from management: how we moved her; who moved her; did she get a towel; did she get a blanket; was she cuffed or not; in front or behind her back; was she allowed to talk to [name withheld] and other inmates in segregation. It all changed depending on which manager you asked" (UCCO, 2008, p. 30).

Over the days leading up to Ashley Smith's death, an institutional psychologist (name withheld) reported: "Ashley's mental health had further deteriorated. She was allowed out of her cell for brief periods in an attempt to establish meaningful interaction with staff" (Sapers, 2008, p. 6).

³ While in federal custody, Ashley Smith never received a psychiatric assessment. Instead she was sent to hospitals for 'management' purposes and not for medical treatment or care (Sapers, 2008).

⁴ Although hospitals do not have official 'administrative segregation' units, Ashley Smith was kept physically isolated from staff and other patients during her stay at these facilities (Sapers, 2008).

According to UCCO (2008), the only clear and consistent directive given to correctional officers was to not intervene if Ashley was choking herself with ligatures. As early as spring 2007, managers at Grand Valley Institution informed staff that they were not to enter Ashley Smith's cell to remove ligatures if she was still breathing, talking or moving (UCCO, 2008). It was assumed that entering Ashley's cell to remove ligatures encouraged her 'tying up' behaviour. Staff were told if any member did not follow this policy s/he would be formally reprimanded, which could result in dismissal (UCCO, 2008). However, staff were not provided with proper training to assess how long Ashley should be left alone with ligatures, or how to properly monitor her breathing (UCCO, 2008). On October 19, 2007 at 6:57am correctional guards entered Ashley's cell and removed a ligature from her neck—she was non-responsive. It was not until 7:10am that the paramedics were called and correctional officers and a nurse began performing Cardiopulmonary Resuscitation (CPR). One hour later, Ashley Smith was pronounced dead at St. Mary's Hospital (UCCO, 2008).

Chapter 1: A Critical Appraisal of Labeling Theory Trends

Ashley Smith is typically described as someone who was mentally ill. In this thesis, I focus on exploring the significance of labeling Ashley Smith as mentally ill by using labeling theories as a theoretical framework. Sociological theorizing on the significance of mental health labels began in the 1950s, and has since been used to critique mental health discourses that rely on traditional medical models. Many researchers use this theoretical framework, labeling theory, to analyze the stigmatic impacts of mental illness stereotyping in mass media sources, while questioning the objectivity of mental illness labels. In this chapter, I begin with a brief history of traditional and modified labeling theories. Next, I use modified labeling theories to explain the sociological importance of mental illness labels and the impacts of gender, race and incarceration. Following this, I discuss the stereotypical depictions of mental illness in the media, and the impacts of these constructions upon audience perceptions. I conclude this chapter by recognizing the limitations of this literature and outlining how this thesis will address these limitations.

Labeling Theory: A Brief Historical Overview

Prior to the development of labeling theories beginning in the 1930s, most criminologists applied a fixed and simple conception of crime. Criminal behaviour was tautologically seen as any activity that violated the criminal law. During this time, deviance and criminality were understood as innate and individualistic (Hopkins Burke, 2005). Proponents of labeling theory, such as Tennenbaum (1938), Lemert (1951) and Becker (1963) argued that these constructions of deviance and criminality were reductive and overlooked the influence of social institutions on crime. These labeling theorists

maintained “what is defined as ‘criminal’ is not fixed but varies across time, culture and even from one situation to the next” (Hopkins Burke, 2005, p. 142). In maintaining that labels of crime and ‘criminal’ were social constructions that varied, labeling theorists directly challenged mainstream epistemologies that were rooted in biological determinism.

Sociological labeling paradigms relating to criminal identity, behaviour and deviance have a long history (Ward, 1975). The works authored by Tennenbaum (1938), Lemert (1951), Becker (1963), Turk (1969) and Quinney (1970) form the theoretical model of labeling theory. According to a review of labeling theory literature from 1938 to 1975 conducted by Wellford (1975), nine general theoretical assumptions arise from this primary corpus of labeling theory literature: 1) no one is born criminal; 2) legal definitions of criminality and deviance are enforced in the interest of the powerful; 3) law-breaking in itself does not create a criminal, rather criminals are created through the labeling of criminality by authorities; 4) everyone is a deviant, and criminal and non-criminal categories are arbitrarily defined; 5) the labeling process begins with ‘getting caught’; 6) offender, as opposed to offence, characteristics influence decision-making in the criminal justice system; 7) age, socioeconomic class and race are the most influential of these offender characteristics; 8) liberalist ideologies of ‘free will’ allow for the condemnation and rejection of labeled offenders; and, 9) the labeling process produces a deviant identity and subculture, resulting in a ‘rejection of the rejectors’. This ‘rejection of the rejectors’ results in a self-fulfilling prophecy— whereby individuals labeled as ‘deviant’ abandon social norms in order to act in a way that coincides with ‘deviant’ identities (Menna, 2007). This means that individuals labeled as ‘bad’ enter deviant

subcultures “because he or she believes that he or she is a bad person and that this is what bad people are supposed to do” (Menna, 2007, n.p.). As reflected by these assumptions, labeling theory focuses on the study of criminal justice systems and social institutions, and critiques research that focuses upon biological determinism (Wellford, 1975).

The social meaning attached to labels, such as ‘mentally ill’ or ‘deviant’, as well as how these meanings affect one’s social interactions are the primary focus of labeling theory. Howard Becker, one of the more influential labeling theorists, contended in *Outsiders* (1963) that it is the societal response to an act, and not the behaviour itself, that determines deviance (Schaefer and Smith, 2005). Becker argued that rules and criminal laws serve to maintain social hierarchies and are made by the powerful and enforced upon the powerless (Hopkins Burke, 2005). As clarified by Roger Hopkins Burke (2005):

Thus, on an everyday level, rules are made by the old for the young, by men for women, by whites for blacks, by the middle class for the working class. These rules are often imposed upon recipients against their will and their own best interests (p. 143).

Individuals, groups and formal organizations called “moral entrepreneurs” (Hopkins Burke, 2005, p. 143) create every day rules and formal laws that dictate what type of behaviour is to be labeled as ‘negative’ and popularizes this belief until it becomes a social norm. Since not everyone can be a moral entrepreneur, those who are use the paternalistic adage of ‘it’s for your own good’ to create rules that are deemed beneficial for everyone. For example, a psychiatric hospital’s board of directors may enact a policy to not allow unsupervised depressed patients to handle sharp objects with the provision of ‘it’s for their own safety’. This policy applies to all depressed patients, even those who have no history of self-harm. Becker argued that these laws and rules only benefit the

powerful as they maintain social oppression and exclusions. Becker termed these powerful groups of moral entrepreneurs the “regulators of social control” (Schaefer and Smith, 2005, p. 180). Examples of these regulators include: the police, probation officers, psychiatrists, judges, teachers, parents and employers. These regulators are authorized by specialized bodies of knowledge (e.g., medicine, law) to punish or ‘correct’ those who are negatively labeled (e.g., criminals, mentally ill) (Schaefer and Smith, 2005).

It is generally accepted that those who break the law will be labeled as criminal. However, labeling theorists found that behaviour is not the only criterion for applying deviant or criminal labels. For example, Piliavin and Briar’s 1964 American study that examined police encounters with juveniles demonstrated that arrest decisions were largely based on physical cues, such as dress, mannerisms and general appearance. Additionally, structural factors such as gender, race, class and time of day were found to be significant in arrest decisions. Piliavin and Briar (1964) concluded that some individuals (e.g., working-class racialized men) are more likely to be assumed deviant unless they can prove otherwise. Therefore, negative labels are influential in maintaining marginalization and oppression.

Labeling theory gained influence in North America during the political climate of the 1960s and was primarily utilized by critical criminologists who were skeptical or disenchanted with traditional biological determinism paradigms (Melossi, 1985). However by the 1970s labeling theory garnered criticism from a variety of sources. One major critique was that labeling theory’s emphasis on the negative consequences of labeling has the tendency to conceptualize ‘deviants’ or ‘criminals’ as victims (Hopkins Burke, 2005), failing to consider the influence of agency and individual choice. For

example, Taylor, Walton and Young (1974) argue that deviance is driven by motives, decision-making and choices (cited in Hopkins Burke, 2005).

In response to these criticisms regarding agency, there was an epistemological shift in the use of labeling theory in 1974, which shifted the focus to the implications of 'the law' as a tool for social control and state power (O'Connor, 2006). Current labeling theories (sometimes referred to as criminalization theories [O'Connor, 2006]) have moved away from studying the effects of labeling on individuals and focus instead upon legal definitions. For example, De Hann (2000) investigates the process by which behaviours that were previously considered non-problematic are relabeled as criminal actions. He maintains that hyperawareness of violence has created an increasingly universal intolerance of violence. Bodies that are read as violent, or potentially violent, are being dealt with more harshly (cited in Hopkins Burke, 2005). Recently this re-orientation of the labeling process has been reflected in post-9/11 anti-terrorism rhetoric and legislation that target Muslim and/or Arab individuals as 'terrorists' and potentially threatening. Prior to the 9/11 terrorist attacks, these bodies were not monitored or governed to the same effect (Holder & Perez, 2011).

Labeling theory is also used to understand the implications of mental illness labels on experiences of stigma and treatment. Scholars such as T.J. Scheff (1966; 1974) and Link et al. (1987) use labeling theory to construct an alternative theoretical model of mental illness that critiques traditional medical models. Instead of focusing upon legal systems and criminalization, these scholars use labeling theory to understand how mental illness is socially constructed and regulated through medicalization. These applications of

labeling theory in mental health discourse and examples of its use are discussed further in the next section.

Labeling Theories and Mental Illness

Talcott Parsons discusses the sociological importance of illness labels in his 1951 conceptualization of the ‘sick role’. Illness, according to Parsons, is a form of deviance in the sense that it interrupts an individual’s ability to be a ‘functional’ member of society. The medical profession polices sickness by constructing illness as a problem that must be solved. ‘Sickness’ is not *only* a physiological condition—it carries a socially constructed ‘sick role’ that contains specific sets of benefits and obligations (cited in Blum, 2011). One of these benefits is freedom from responsibility. According to Parsons, a person labeled as ‘sick’ is typically not held socially responsible for their condition or their actions. However, in order to reap this benefit of the ‘sick role’, individuals must cooperate with professional medical interventions and willfully engage in treatment options (cited in Blum, 2011).

T.J. Scheff’s work (1966; 1974) serves as a foundation for the discourse relating to labeling theory and mental health. Scheff’s objective is not to create another universal, grandiose theory surrounding mental illness causality and treatment. Rather, he states that in using labeling theory as a form of sensitizing theory, his aim is to “jostle the imagination, to create a crisis of consciousness which will lead to new visions of reality” (Scheff, 1974, p. 445). Scheff explains that labeling theory is a tool that can create *another* narrative about mental illness. His intention is not to supplant existing research, nor deny the material realities of individuals living with mental illness. He uses labeling

theory to provide a theoretical model that is based outside the medical model (Scheff, 1974).

According to this non-medical model, being labeled as mentally ill causes one to become mentally ill—thus individuals who are labeled mentally ill internalize stereotypical depictions of mental illness and recreate their self-concept as one who is mentally ill (Scheff, 1966). Scheff maintains, “traditional stereotypes of mental disorder are solidly entrenched in the population because they are learned in early childhood and are continuously reaffirmed in the mass media and everyday conversation” (1966, p. 84-85). Internalization of these public stigmas results in mental illness labels and diagnoses becoming a self-fulfilling prophecy: mentally ill individuals perform their illness in accordance with that particular illness’s role expectations (Scheff, 1966). For example, an individual diagnosed with depression will embody and perform stereotypical understandings of what depression looks like based on depictions presented in mass media and other social institutions—attributes such as, being socially withdrawn, bedridden, apathetic and having degraded personal hygiene. The medical model would maintain that these behaviours are symptomatic of depression and are rooted in physiological deficiencies; however, labeling theory contends that in being labeled/diagnosed with depression—as opposed to ‘sadness’—the individual identifies as being someone who is ‘depressed’ and performs accordingly.

Scheff’s original work on labeling theory and mental health invoked harsh criticisms from other sociological theorists. As a result, Link and colleagues in 1989 modified Scheff’s theory (Pasman, 2011). The fundamental difference between these two versions of mental illness labeling theory is that the modified labeling theory removed

indications relating to causation—no longer was it argued that labeling/diagnosis *causes* mental illness. This difference means that modified labeling theorists are more interested in exploring *why* specific labels matter, as opposed to explaining *how* labels create mental illness (O'Connor, 2006). According to modified labeling theory, “diagnosis has a negative *influence* on self-concept through stigma and stigma expectations” (emphasis added; Pasman, 2011, p. 124). Mental illness labels create a dichotomous ‘us’ (‘normal’ people) versus ‘them’ (‘mentally ill’ people) relationship. The ‘mentally ill’ out-group is perceived as homogenous and is socially defined as a whole by negative stereotypes (e.g., unpredictability, dangerousness, laziness) that lead to discrimination and social exclusion (Pasman, 2011). It is these experiences of rejection (rather than the actual label) that “may act as a self-fulfilling prophecy: people could act more defensively or less confidently, or could even avoid social interaction. This would then lead to less satisfying social interactions and thereby lower self-esteem” (Pasman, 2011, p. 124).

These visions of the mentally healthy/ill dichotomy and the social exclusion of mentally ill individuals are supported by research conducted by Pat Caplan (1995). According to Caplan, images of mental illness “suggest that “they” are not as competent, human, or safe to be around as the rest of “us”” (1995, p. 11). Furthermore, someone who is labeled as mentally ill is “someone who is out of control, out of touch with “reality”, incapable of forming a good relationship, untrustworthy, quite possibly dangerous, and probably not worth one’s attention, time or energy” (Caplan, 1995, p. 11). Mental illness is labeled as a social ‘problem’ that requires professional intervention and treatment.

It is generally held that proper classification (diagnosis) will lead to a ‘cure’ or clear treatment plan—that these labels ‘help’ professionals to ‘fix’ the ‘problem’. In

clinical practice, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is the primary tool used to categorize mental disorders once a medical practitioner identifies a specific set of symptoms. The DSM-IV-TR (published in 2011 or 2012) names over 400 distinct mental illnesses and their treatment options (Scheid & Brown, 2010). The DSM and its users assume these mental illnesses are separate from one another and do not overlap. However, despite the widespread use of the DSM in clinical psychiatry, sociologists and other critical scholars have challenged the “underlying assumption that DSM categories reflect underlying pathophysiological entities or disease states” (Scheid & Brown, 2010, p. 4). These scholars maintain that the creation and implementation of DSM categories are deeply political, and these diagnoses do not account for contextual factors that may contribute to the existence of particular symptoms (e.g., sadness, stress or anxiety) (Scheid & Brown, 2010). In their research surrounding the diagnosis of Borderline Personality Disorder (BPD) among women, Shaw and Proctor (2005) found that:

the act of diagnosing BPD depends upon a psychiatrist judging whether emotions are appropriate/healthy, with reference to the norm of ‘rationality’. This means that both anger and fear of abandonment can be—and frequently are—judged to be inappropriate, as opposed to being understandable in the context of a person’s history of being violated or abandoned (p. 485).

Medical definitions (such as those found in the DSM) and understandings of mental soundness continue to suggest that the relationship between normality and abnormality is a dichotomous, either-or, proposition. However, the definition of what is mentally ‘normal’ changes based on context, location and time period. People who were classified as ‘abnormal’ or ‘mentally ill’ in the past are now labeled ‘normal’—and vice versa (Caplan, 1995). For example, the American Psychiatric Association classified

‘homosexuality’ as a mental illness until its removal from the DSM-II in 1973 (Phillippi, 2010).

Research has also challenged the notion that mental illnesses are universal across cultures, disrupting the assumption that mental illness is organic in nature (Morgan et al, 2008). Pat Caplan (1995) maintains that mental health professionals rarely agree upon mental illness labels, diagnoses, or treatment plans. This sociological research shows that people should be critical of mental illness labels. In particular, Caplan argues that we must ask, “*for what purpose* they are making that judgment” (1995, p. 44), and if the intention is to ‘help’ someone, is there any evidence that “applying an abnormality label will actually further this intention” (1995, p. 44)?

Some research found that mental illness labels were beneficial. According to Joelle Pasman (2011), patients and the people around them are (at least initially) relieved when they receive a diagnosis. Providing a name and course of action for the thoughts or feelings these individuals are having can remove feelings of isolation and acknowledge the ‘realness’ of their struggle. Allan Blum (2011) refers to this feeling as the “reassurance of the mark” (p. 176):

when the person is told that what she [or he] is suffering is what is called depression, she [or he] is introduced into the ways of a body of knowledge and its imaginary protocols and prospects as now belonging to her [or him]. In one sense, the name tells us that we are not alone and in this way functions as a kind of advance (p. 176).

This ‘reassurance of the mark’ is also applicable in cyberspace—the creation of online support groups and forums encourages people diagnosed with particular illnesses to discuss openly their experiences and treatment options (Pasman, 2011). Mental illness

labels provide individuals with a specific identity which can be performed in both online and offline spaces.

Counter to the arguments made by modified labeling theorists, mental illness labels may actually increase an individual's self-esteem. According to Pasman (2011), a "label could function as a justification of socially unacceptable behaviour, making it possible for an individual to blame his disorder, rather than his character flaws, for his behaviour" (p. 125). A literature review conducted by Pasman (2011) on this "self-serving bias" (p. 125) has found that researchers associate blaming outside factors for negative behaviours and taking credit for positive behaviour with higher self-esteem (Pasman, 2011). Blum (2011) maintains that sometimes a label "liberates someone from responsibility, and hence guilt, by showing him [or her] to be determined by forces outside of his [or her] control as if he [or she] is victimized by whatever makes him [or her] act as he [or she] does" (p. 172). However, this freedom from responsibility is still regulated through the 'sick role' and is subject to practitioner interpretation and judgment (Blum, 2011).

Another, more practical benefit to mental illness labels stated in the literature reviewed by Pasman (2011) is that the conduct of mental health monitoring and research is easier with a single diagnostic system. According to Pasman (2011), it is this research that grounds health insurance policies and government funding initiatives. According to Blum (2011), labeling certain symptoms or behaviours as 'diseases' signals an advance of medicine from superstition to enlightenment:

the use of disease as a category [...] appears to improve upon more primitive understandings that attribute the condition to mysterious factors or to willfulness because the idea of disease tends to normalize the condition, making it intelligible, perhaps by seeing it as part of a circuit of causal relations. So it is

typically treated as an advantage when conditions such as depression or obesity, or problems in reading or even learning, or problems called sleep disorders, or being listless and without energy, are recognized as certifiable diseases, since prior to this recognition, people might have been blamed for what was involuntary or treated as if it was part of or a result of beliefs that made these conditions permissible (p. 168).

However, Blum (2011) maintains that people must be critical of the omnipresence of medical nomenclature in everyday life. He refers to this over reach of the medical profession as *medicalization*: “a means (almost as a tool or technology) for expanding the jurisdiction of medicine by redefining social issues as problems that require medical intervention and regulation or, at least, official consultation and use of medical expertise” (Blum, 2011, p. 170). It is through medicalization that medical practices serve as “biomedical weapons in the colonization of everyday life” (Blum, 2011, p.170), acting as tools for social control and deviance regulation. For example, the online support groups mentioned by Pasman (2011) maintain medicalized notions of health and ‘normality’. Through this medium, mental health professional culture and social ideologies of normality converge, providing users who may have no medical expertise a platform to speculate upon medical diagnoses and treatment options for either themselves or others (Barker, 2008). This omnipresence of medicalization in social institutions is linked to the institutionalization and marginalization of non-hegemonic identities.

‘Health’ and ‘illness’ are not natural categorizations. Instead, these labels carry “meaningful practices which raise questions of evaluation and appraisal that are fundamental” (Blum, 2011, p. 118). Conducting research in a single diagnostic system fails to go beyond traditional description and prediction methods and results. These approaches fail to consider contextual factors that influence mental health labels on marginal subjectivities. Doucet et al (2010) maintain that researchers studying mental

illness must utilize “a framework that facilitates the examination of how social, political, economic, ethnic, gender, and cultural factors interact to influence mental health and illness experiences” (p. 305).

The increased self-esteem argument presented by Pasma (2011) does not consider structural oppression. Increased marginalization on the basis of gender, race, class, age, sexuality, ability, and so on, impacts individual experiences of stigmatization related to mental illness labels. According to Faye A. Gary (2005), stigma “refers to a collection of negative attitudes, beliefs, thoughts, and behaviors that influences the individual, or the general public, to fear, reject, avoid, be prejudiced, and discriminate against people with mental disorders” (p. 980). Gary (2005) maintains that ethnic minorities in the United States who are labeled mentally ill experience “double stigma” (p. 982). This double stigma means that “[e]thnic minorities who have symptoms or histories of mental disorders experience vastly different access and outcome histories when compared to their more socially accepted Caucasian counterparts” (p. 982). The interconnection of race and double stigma means that racialized people experience different responses and outcomes from mental illness labeling that may not fit with the ‘self-serving bias’ literature. In the next section I engage with these critical discourses further as I explore how gender and race connect with mental illness labeling theories.

Women in the ‘Mental Health’ Turn: Labeling Theories and Gender

Betty Friedan began problematizing the notion of medicalizing gender role incongruence in her book, *The Feminine Mystique* (1963). Coining the term “the problem that has no name” (1963, p. 57), Friedan explores the widespread dissatisfaction and unhappiness American suburban housewives felt post-World War II. Friedan (1963)

openly critiques the medical treatment of the pressures and dissatisfaction that coincide with American femininity and argues that women should explore finding personal fulfillment outside of traditional gender roles.

Launching from this work, Phyllis Chesler (1972) explores the institutionalization of ‘mad’ women. She contends that stigmatic labels associated with women’s mental health serve to reproduce patriarchal and class hierarchies in Canada and other ‘Western’ countries. Women are stereotypically labeled as ‘help-seekers’, and there is a wider social acceptance of ‘emotional distress’ displaying behaviour in women. However, there is a fine line between acceptable femininity and unacceptable femininity. It is acceptable for women to be [somewhat] needy, dependent, weak and helpless, though Chesler maintains that:

such female behaviour is judged as annoying, inconvenient, stubborn, childish and tyrannical. Beyond a certain point, such behaviour is ‘managed’ rather than rewarded: it is treated with disbelief and pity, emotional distance, physical brutality, economic and sexual deprivation, drugs, shock therapy, and long-term confinement (1972, p. 39).

As such, women who over-perform acceptable feminine behaviours are considered pitiful, childlike and immature due to the misogynist undervaluing of femininity.

Characteristics that define notions of femininity that can lead to punishment for over-performance include submissiveness, nurturance, sensitivity and emotional expressiveness (Rosenfield, 2012). Rejecting femininity or over-selling femininity can each result in punitive responses.

Rigid boundaries of acceptable feminine behaviours result in more women transgressing into ‘unacceptable’ or ‘ill’ behaviour—behaviour that would be totally acceptable and ‘normal’ if performed by a man (Chesler, 1972). Sarah Rosenfield (1982)

analyzes the influence of sex roles in societal reactions to mental illness by analyzing a random sample of 666 admissions to a New York psychiatric emergency room. She found that sex role expectations influence practitioners' decisions for hospitalization. In particular, men tended to be hospitalized for presenting more "feminine" types of disorders (e.g., depression) and women tended to be hospitalized for presenting more 'masculine' types of disorders (e.g., drug addiction and alcoholism) (Rosenfield, 1982).

In discussing the limitations of her study, Rosenfield states:

A greater frequency of females in the more severe substance abuse category and of males in the more severe depression category could explain the significant differences in hospitalization for these disorders. However, the differences in frequency are minimal. Eighty-six percent of males with substance abuse have diagnoses of drug or alcohol dependence or toxic psychosis, compared to 92% of females. This difference is nonsignificant and cannot account for the greater hospitalization rate for substance abuse among females (36%) than among males (11%). For psychotic depression the difference in frequency is also nonsignificant. Seventy-six percent of women with depression have diagnoses of psychotic depression, compared to 94% of men. In contrast, 88% of males are hospitalized for depression vs. 53% of females (1982, p. 22-23).

Rosenfield (1982) concludes that "the same level or form of behaviour in males and females seems more visible or striking if it contradicts sex role expectations and this appears to the observer as a more problematic form of the behaviour" (p. 23).

Biological sex does not naturally pre-dispose males and females to specific mental illnesses, rather, deviant or 'ill' behaviours are read as such by practitioners through the lens of gender performativity and societal expectations. This research consistently shows that women are susceptible to being labeled mentally ill when they fail to conform to rigid notions of femininity (Rogers & Pilgrim, 2010). Rosenfield's findings indicate that both men and women can be punitively labeled 'mentally ill' for transgressing gender expectations. However, a patriarchal society privileges masculinity,

which results in men being policed less harshly as they are granted more flexibility in acceptable forms of performance.

While traditional labeling theorists failed to consider the influence of gender, contemporary research on gender and mental health labeling builds upon findings from earlier gender research. The scope of much of this recent labeling research is re-defined to address specific issues associated with mental illness labels, such as depression, trauma, and violence against women (Wright & Owen, 2001). For example, Shaw and Proctor (2005) found that the diagnosis of Borderline Personality Disorder (BPD) is applied predominantly to women, especially those who are survivors of childhood sexual abuse. They maintain that the BPD label pathologizes survivors of abuse and is “centrally located within gendered structures of power” (p. 484). In particular, Shaw and Proctor state that a mental illness label “individualizes and pathologizes women for their responses to oppression by constructing their behaviour as irrational and deviant” (2005, p. 485). The diagnosis of BPD highlights the double-bind contradictions associated with femininity. As stated by Shaw and Proctor, this double-bind produces a lose-lose situation in which women are punished for being simultaneously not/too feminine:

women diagnosed with BPD are representing society’s contradictions about femininity, with the double-bind of being denigrated for both emotionality and rationality, for active sexuality and for passive servicing of men (2005, p. 485).

This contemporary research shows that mental illness labels maintain patriarchal oppression. ‘Normal’ women must occupy their time by constantly traversing a fine line of feminine contradictions and changing expectations.

Expanding upon the earlier critical lens associated with gender and mental illness, contemporary feminist academics discuss the complex interactions between modern

social, political, economic and cultural factors that create oppressive mental illness labels and experiences for women (Doucet et al, 2010). This contemporary perspective expands upon Chesler's positivist constructions of gender that defined the term 'woman' in relation to biological sex characteristics (Doucet et al, 2010). Post-positivist feminist research conducted by Rosenfield (2012) and others (Doucet et al, 2010) recognize gender as a social, political, cultural, and ideological performance that is separate from biological sex.⁵ The definitional context of 'man' or 'woman', along with acceptable gendered behaviours/performances, changes across time and location.

Emerging from both Friedan and Chesler's critiques, there is a large body of contemporary work that explores the relationship between gender and mental illness from a labeling theory perspective. Though this work does not explicitly use labeling theory, it relies upon similar theoretical assumptions as those found in labeling theory. First, it is critical of medical definitions that are historically rooted in biological determinism and challenges the 'objectivity' of mental illness labels/diagnoses. Second, it supports the notion found in labeling theory that mental illness labeling is a tool used by the powerful to maintain social oppression and exclusion of the marginal.

Expanding upon the original feminist conceptualization of femininity, contemporary feminist researchers acknowledge that concepts of femininity intersect with race. For example, Black femininity is constructed as more flexible and interchangeable than white femininity. Black girls are socialized to embrace different

⁵ Recent transgender research has challenged positivist notions of 'man'/'woman' and the existing gender binary found in hegemonic societies. This research also problematizes reductive assumptions surrounding 'sex' and 'gender'. Although this research extends beyond the scope of this thesis, it is worth noting that gender categories and roles are more complex than previously presumed. Judith Lorber and Lisa Jean Moore (2011) provide a great introductory text that discusses some of these issues.

notions of femininity, including inner-strength and self-sufficiency (Rosenfield, 2012).

As a result there tends to be greater gender role and power equality between Black men and women. Black women are not bound to rigid notions of white femininity, which means that they are less susceptible to mental illness stigmas (Rosenfield, 2012).

However, this does not mean that Black women and men do not experience psychological stressors triggered by structural oppressions, such as racism. According to Alvin F.

Poussaint (1990):

In American society, an unemployed poverty-stricken black man or woman experiences tremendous stresses which may not necessarily lead to a defined mental disease, but, nonetheless, may create feelings of depression, anger, low self-esteem, and powerlessness. In turn, these feelings and perceptions are likely to affect the life of the black person's entire family by leading to increased rates of alcoholism, drug abuse, mental illness, crime, child abuse, spouse batterings, suicide, and homicide" (1990, p. 18).

Black individuals displaying 'ill' behaviours or stressors are less likely to be medically diagnosed as 'mentally ill'. However, Black bodies are more likely to be criminalized, labeled as 'violent' or 'criminal' and experience higher rates of incarceration (Jiwani, 2002; Silliman & Bhattacharjee, 2002; Davis, 2007). Avoiding the stigma of one label does not guarantee freedom from all oppressive labels. These intersectional sites of oppression (e.g., racism and sexism) mean that criminalization labels and mental health labels are not disjunctive. In the next section I explore the significance of mental health labeling in carceral spaces.

Mental Health Labels in Women's Carceral Spaces

The research discussed above shows that women who are perceived to be challenging patriarchal authority are vulnerable to mental illness labels. The same holds true for incarcerated women. There is a large body of feminist work that focuses upon

traditional notions of femininity in carceral spaces. In particular, Carol Smart's book, *Women, Crime and Criminology* (1977), problematizes the medicalization and pathologizing of women prisoners' behaviour by correctional staff. Building upon this work, considered the catalyst for contemporary feminist criminology, the work of feminist scholars in criminology has grown exponentially (Chesney-Lind, 2006).

Studies of prison populations intensified during the 1980s as non-criminology work (e.g., Rosenfield's earlier work) that recognized the relationship between 'gender as performance' and mental illness, was applied to prison populations. One study that builds directly from such work is Baskin et al's (1989) exploration of gender variation in the provision of mental health services in a New York State prison. The researchers took a random sample of approximately 10% of the total inmate population (36 144), 142 of whom were women (4% of the sample) and 3495 of whom were men (96% of the sample). These percentages reflect the gender breakdown of the overall prison population at the time of the study. Their findings reveal that women are vastly overrepresented in mental health placements—20% of women prisoners were in mental health placements versus only 8.7% of male prisoners.

Similar to Rosenfield's 1982 study on non-prisoners, Baskin et al conclude that there is a correlation between gender incongruence and the provision of mental health services in prison. Women who display behaviours that were perceived as aggressive or violent were significantly more likely than men exhibiting the same behaviours to be labeled as pathological and placed in mental health units. As a corollary to this finding, incarcerated men who displayed behaviour typically labeled as 'feminine' (e.g.,

depression) were more likely to be placed in mental health units than women prisoners displaying the same symptoms (Baskin et al, 1989).

In a 1990 study, Dorothy E. Chunn and Robert J. Menzies maintain that, even though incarcerated women are labeled mentally ill more frequently than incarcerated men, these women are *not* more likely than their male counterparts to be ‘troubled’ or ‘maladjusted’. Rather, correctional agents are more likely to pathologize incarcerated women’s behaviours through assumptive theories based upon perceived inherent sex differences and notions of femininity:

It is not that women who commit crimes are more likely to be mentally ill than their male counterparts, but rather that criminal justice agents and criminologists are more likely to explain female offenders in terms of bio- and psycho-genetic motivations which are premised on assumptions about inherent sex differences. In cases of serious inter-personal violence, for example, women are almost automatically viewed as "sick", a belief that is reinforced because their victims are usually children, spouses and other relatives (Chunn and Menzies, 1990, p. 36).

According to Kathleen Auerhahn and Elizabeth Dermody Leonard (2000), mental health units in women’s prisons operate under a rubric of chivalry that conceptualizes women inmates as ‘sick’ and in need of ‘treatment’. This ‘treatment’ rhetoric in the criminal justice system justifies the medicalization of women prisoners’ ‘problem’ behaviours. Auerhahn and Dermody Leonard maintain that in mental health units, women are primarily prescribed psychotropic medications—these drugs include antidepressants and antipsychotic agents. These medications are often used in carceral spaces for non-medical purposes, as “chemical restraints” (Auerhahn & Dermody Leonard, 2000, p. 600) intended to transform non-feminine incarcerated women into docile bodies. Extreme stereotypical notions of femininity are enforced in carceral spaces. Under the rubric of chivalry, carceral agents value female docility because it is less threatening and easier to

manage. Transgressors are labeled as pathological and medicalized into submission. In addition, the stigmas associated with these labels serve to silence and discredit women who are resisting systems of patriarchal oppression.

Where contemporary research differs from the previous corpus of literature on gender, mental health and incarceration is in the way that these gendered mental illness labels are connected to risk discourse. Kelly Hannah-Moffat (2006) maintains that:

[There is an] emphasis placed on efficient, effective, evidence-based correctional program strategies and resource management [which] has contributed to an international restructuring of correctional services along the lines of [...] risk/need principles (p. 184).

Hannah-Moffat defines dynamic risks as variable risk factors that are "theoretically relevant items that were statistically shown to be correlated with criminal conduct" (2005, p. 33). It is assumed that if these dynamic risks are appropriately managed, the incarcerated individual will be changed. Examples include: employment, marital/family relationships, associates and antisocial attitudes.

Gwen Robinson (2002) argues that there has been a paradigm shift from a rehabilitative or disciplinary model of governance to a model of risk management. The focus of corrections has moved away from individual transformative rehabilitation, in favour of more limited, managerial goals of risk or harm reduction (Robinson, 2002). This has led to a parallel shift in the aim of criminal justice from the total elimination of crime to a more modest goal of control and reduction of crime. Criminal justice strategies in a risk society rely upon preventative systems, such as surveillance, prediction and opportunity reduction (Robinson, 2002).

One problem with risk-need principles is that they fail to recognize that “risk is gendered as well as racialized and that risk operates as a gender-ing strategy” (Hannah-Moffat, 2006, p.184):

Although female offenders have not traditionally been considered potentially dangerous, increasingly within correctional practice their histories, needs, and experiences (such as self-injury, victimization, and mental health concerns) are being reframed as problematic through the imposition of these risk-based decision-making templates (p. 184).

Kathryn Ann Farr (2000) found that institutionally speaking, women pose a lower risk with respect to institutional misconduct and security issues than men. Women are less likely to riot or assault one another; there are fewer stabbings, fewer deaths, and less drug trafficking in women’s prisons than in men’s prisons. However, even though in general they represent a lower risk population, imprisoned women tend to be subjected to stricter rules governing everyday behaviour, such as cleanliness, dress and offensive behaviours (e.g., swearing and spitting) than imprisoned men. Incarcerated women report feeling that they are treated like children and are forced into a state of dependency (Farr, 2000).

Another example includes Auerhahn and Dermody Leonard’s (2000) research which found that “women’s deviance is responded to in ways that resemble or approximate medical treatments; and that this ‘treatment’ response is related to violations of what we have called ‘the feminine ideal’” (p. 622).

Mental illness labels not only stigmatize and medicalize incarcerated women who do not perform stereotypical femininity, they also construct this population as ‘risky’ and potentially dangerous. The impacts of these labels are significant because women who are classified as high risk encounter huge barriers to release and often remain incarcerated for longer periods of time (Robinson, 2002; Pollack, 2005; Kilty, 2006;

Hannah-Moffat, 2006, Hannah-Moffat, 2010). For example, being labeled 'high risk' means one is not eligible for reintegration activities such as work release programs or temporary passes (Shaw and Hannah-Moffat, 2000). According to this contemporary literature, incarcerated women who are perceived by correctional authorities as transgressing [white] feminine ideals are not only subjected to oppressive mental illness labels, they also bear punitive responses.

Adherence to cis-gender roles and expectations serves as a benchmark of 'normality' not only in carceral spaces, but also in other social institutions—such as mainstream media. In the next section I discuss how essentialized notions of masculinity and femininity affect mental illness stereotypes depicted in the media.

Mental Illness and the Media

Research on portrayals of mental illness in the media in North American, British and Australian locations began in the late 1950s (Diefenbach, 1997). These early studies found that mass media sources (e.g., television, films and newspapers) consistently depicted people with mental illness as dangerous to themselves and society, childlike, and/or are unable to care for themselves. Furthermore, these studies found that mentally ill people are typically described as using offensive slang, such as: 'whacko', 'psycho', 'lunatic' and 'maniac' (Wahl et al, 2002). For example, in an analysis of print media and television representations of mental illness, Taylor (1957) found that people with mental illnesses are consistently described as dirty psychotics, transient, unintelligent and dangerous (cited in Sieff, 2003). These negative representations of people with a mental illness significantly shape public perceptions and understandings of mental illness, which ultimately result in the stigmatization and shunning of mentally ill individuals (Sieff,

2003). Media depictions of mental illness affirm the dichotomous relationship described by labeling theory— where ‘they’ (the mentally ill) are more dangerous, less intelligent and more dependent upon the rest of ‘us’.

More recently, research conducted by Wahl et al (2002) found that news articles written during the 1990s have been somewhat more positive in their depictions of mental illness. Of the positive portrayals, Wahl et al conclude:

Among the good news is that the misuse of psychiatric terms and the use of slang expressions for mental illness were rare, with the latter even somewhat reduced from 1989. Advocates may appreciate that the opinions of mental health advocates and family members are being heard as often as the opinions of mental health experts (although one might still wish that more of each were included) (2002, p. 23).

In addition, newspaper articles about mental illness appear more likely than in 1989 to include referrals to specific agencies and organizations from which interested readers can get additional information about mental illness. Another positive sign was that articles discussing stigma and the need for public education about mental health illness were far more often available in 1999 than previously (2002, p. 24).

According to Wahl et al (2002), it seems as though mental health advocacy and awareness have helped to reduce the blatant negative depictions of mental illness in American newspapers. However, these sources still provide misleading information and assumptions about mental illness. Wahl et al (2002) found that positive depictions appear less frequently than negative ones (a ratio of 2:1), especially those that cater to the notion of mentally ill individuals being dangerous criminals.

Another problem with the news depictions analyzed by Wahl et al was that most of the articles inaccurately portray mental illness as a uniform condition. In fact in 75% of the news articles examined by Wahl et al (2002), journalists used generic references, such as ‘the mentally ill’, when reporting on mental illness. The researchers found that

the press consistently failed to discuss, “the varieties of disorders, symptoms and outcomes encompassed with the term mental illness” (Wahl et al, 2002, p. 24). Failure of the media to acknowledge the complexity, diversity and problematic labels associated with mental illness leads the lay reader to construct an inaccurate picture of mental illness from the depictions that are provided through news stories (Wahl et al, 2002). As concluded by Wahl et al:

By discussing only “mental illness” in three-quarters of their articles and making frequent use of generic references to “the mentally ill,” for instance, the press may encourage the public to inaccurately conceive of mental illness as a uniform condition. Moreover, as schizophrenia is the disorder most consistently named, the lay reader may well get the impression that “mental illness” is synonymous with severe disability. Newspaper coverage may undermine public recognition of the varieties of disorders, symptoms, and outcomes encompassed by the term mental illness. In particular, the public may not learn to appreciate the high prevalence of anxiety disorders, depression, or childhood psychiatric disorders, when those disorders seldom earn coverage or even mention” (2002, p. 24-25).

Even though most people with mental illnesses are neither violent nor criminal (Wahl et al, 2002; Sieff, 2003), dramatic crime stories regularly published in newspapers foster moral panic by associating seekers of mental health services with dangerousness. The direct correlation of mental illness with the perpetration of crime and violence was still predominantly covered in news articles from the 1990s (Wahl et al, 2002). Wahl and his colleagues discuss the implications of this inaccurate correlation:

The vast majority of people with mental illnesses are neither violent nor criminal. Yet, the predominance of stories of crime and violence connected to mental illness encourage the public to believe otherwise. Improved treatment and community support systems have allowed increasing numbers of people with even severe mental illnesses to return to productive lives. However, the two to one ratio of negative to positive depictions makes it likely that images of people with psychiatric disorders as unchangeably dysfunctional and incapable of meaningful contributions to the community are the ones that will color public impressions (2003, p. 25).

Expanding upon the literature on stereotypical mental health images presented in the media, other researchers explore literature that discusses the impacts of gender bias and sexism in media depictions of mental illnesses. A study conducted by Beal and Gardner (2000) found that advertisements in women's magazines tend to focus upon less severe mental illnesses experienced by women, such as depression, stress and anxiety, while ignoring more severe conditions such as schizophrenia and bipolar disorder. In doing so, these magazines stereotypically frame women as 'naturally' depressive and weak (cited in Klin & Lemish, 2008). In contrast, mentally ill men are depicted as "exemplars of health problems" (Klin & Lemish, 2008, p. 438) and are consistently discussed in conjunction with "psychoses, personality disorders, and childhood problems" (Klin & Lemish, 2008, p. 438). The depictions of mentally ill men and mentally ill women coincide with traditional ideologies of essentialized masculinity and femininity. These depictions of mental illness serve to police acceptable gender performativity and maintain rigid gender binaries.

Swedish researchers, Bengs et al (2008) explore the gendered depictions of depression in three major Swedish newspapers. According to these researchers, narratives surrounding the experiences associated with mental illness are important sources for theorizing because they construct a common knowledge base for how people understand and make sense of illness. Bengs et al (2008) conclude that news media representations of gender contribute to the construction of both positively and negatively valued gender roles. Gender-stereotyped messages influence the way health care professionals, patients and the general public understand and communicate about issues of mental health (Bengs et al, 2008). They maintain that, "[t]here is a need for more stories about men (in

particular) and women, stories that provide wider constructions of masculinity and femininity and that acknowledge differences between and within groups of men and women” (Bengs et al, 2008, p. 971). Not only are the behaviours of men and women labeled as mentally ill understood within stereotypical gender role paradigms, but media depictions affirm the misconception that ‘mentally ill men’ and ‘mentally ill women’ are separate, monolithic groups.

Bengs et al (2008) also found that mental health labeling in the media is not entirely negative. They maintain that mental health labels help to spread knowledge about specific mental health illnesses, risks and treatments. Additionally these portrayals may “also contribute to the recognition, empathy, and understanding of particular illnesses and illness paths” (Bengs et al, 2008, p. 971). The researchers conclude that there is still research needed that explores the positives of mental health labeling in the media, especially in their ability to challenge gender roles and mental illness stigmas.

The production of the three common themes found in media depictions of mental illness outlined by early media studies research (violence/criminality, dependency and childlikeness) differs depending upon gender. Media sources associate dependency and childlikeness labels with mentally ill women, whereas dangerousness, violence and aggression labels are directed toward mentally ill men. Although criminality and dangerousness are negative depictions, associating these essentialist qualities related to strength and power with mentally ill men maintains patriarchal authority and affirms male dominance. Likewise, in consistently constructing mentally ill women as weak and depressive, media depictions affirm that women are ‘naturally’ subordinate.

Conclusion

This review of modified labeling theories has revealed that mental illness labeling is socially constructed and rooted in specific race and gender stereotypes. Media research has shown that newspaper depictions of mental illness reflect patterns found in modified labeling theory. These studies demonstrate that depictions of mental illness in newspapers have improved over time; however, mental illness stereotypes associated with race and gender are still perpetuated by these sources. This modified labeling literature shows that mental illness labels are subjective and impacted by sociopolitical and cultural factors.

Chapter 2: Methodology

In this thesis I employ a mixed methods approach, combining quantitative computer-formulated topic models with qualitative critical reading (each of which is explained in separate sections below). According to Elizabeth R. Cole and Abigail J. Stewart (2012), utilizing mixed methods allows researchers to “take advantage of the strengths of both methods while overcoming the limitations of either approach” (p. 368). Mixing qualitative and quantitative methods can “increase the robustness of a finding” (Cole & Stewart, 2012, p. 369). Mixed methods also allow the work to reach more audiences because they diminish interdisciplinary divides by using methods that are familiar to other disciplines (Cole & Stewart, 2012).

I use topic modeling for its ability to quickly analyze a large volume of text and produce statistically relevant topics. I evaluate the results of the generated topic model through an active critical reading of the same texts. In using these two methods together, my aim is to minimize the subjectivity and bias present in qualitative methods, while providing context and specificity to the quantitative data generated.

As stated by Cole and Stewart (2012), feminist research is not defined so much by its methods (procedures) but by its methodology—the underlying theory that defines how these procedures operate, their aims and limitations. In this chapter I begin with describing each method (topic modeling and critical reading) individually, and outline the epistemological significance of newspapers as a data source. Following this, in the next two sections I describe which newspapers were selected for analysis and how this

analysis was conducted. I conclude this chapter with a discussion on the scope and limitations of the data.

An Introduction to Topic Modeling

A *topic model* is a computer-formulated model produced from statistical information, which can be used to discover abstract ‘topics’ that recur in a collection of documents. Topic modeling serves as “a method of computational linguistics that attempts to find words that frequently appear together in a text and then groups them into clusters” (Blevins, 2010, n.p.). The primary assumption made by topic modeling tools is that documents are created out of a finite set of available topics. As explained by Shawn Graham, Scott Weingart and Ian Milligan (n.d.):

Topic modeling programs do not know anything about the meaning of the words in a text. Instead, they assume that any piece of text is composed (by an author) by selecting words from possible baskets of words where each basket corresponds to a topic. If that is true, then it becomes possible to mathematically decompose a text into the probable baskets from whence the words first came. The tool goes through this process over and over again until it settles on the most likely distribution of words into baskets, which we call topics (n.p.).

Topic modeling is a way of working backwards to deconstruct a collection of unstructured⁶ documents. Jockers (2011) explains this process using a ‘buffet table’ analogy. In his fable, the authors (in his case, Jane Austen and Herman Melville) utilized the ‘LDA⁷ buffet table’ to collect words associated with larger themes. For example, Jane Austen spooned words from the ‘dancing’, ‘courtship’, and ‘gossip’ trays on to her plate.

⁶ Unstructured documents are written communications that do not have computer-readable annotations that tell the computer the semantic meaning of the words in the text (Graham et al, n.d.). Unstructured documents do not provide topic modeling programs with specific encoded instructions for how to read the text.

⁷ LDA (Latent Dirichlit Allocation) is a specific type of topic model.

She then used this plate of words to create *Pride and Prejudice*. Though a simplistic analogy, Jockers' story outlines the assumptions used in topic modeling:

A writer goes to his or her imaginary buffet of themes and pulls them out in different proportions. The writer then blends these themes together into a work of art. That we might now be able to discover the original themes by reading the book is not all that amazing. In fact, we do it all the time—every time we say that such and such book is about “whaling” or “courtship”. The manner in which the computer does this is perhaps less elegant and involves a good degree of mathematical magic. Like all magic tricks, however, the explanation for the surprise at the end is actually quite simple: in this case our magician simply repeats the process 10 billion times! (2011, n.p.).

There are several different programs available for topic modeling. I choose to use MALLET (Machine Learning for Language Toolkit) because it allows for documents to have a variety of topics and it tracks these topics across a corpus of texts (Blevins, 2010). Developed by Andrew McCallum, MALLET allows “you to feed in a series of text files, which the machine will then process and generate a user-specified number of word clusters it thinks are related topics” (Blevins, 2010, n.p.). The program is not interested in the actual meaning of a word, but rather how the word is used in the text, and what words tend to be used together (Blevins, 2010). MALLET uses a tf-idf matrix, which ranks words based on how important they are to a document. This tf-idf matrix is beneficial because it means that the program does not rely on frequency to determine a word's importance. Doing so would mean that the top words in any article would be ‘the’, ‘is’ and ‘and’ (Weingart, 2011). The tf-idf matrix allows MALLET to score words based on how special they are to a particular document in the collection (Weingart, 2011). For example, the overall corpus of collected newspaper articles seldom uses the word ‘inquest’ when reporting on Ashley Smith; but in some news articles this word is used more often. This spike in usage signals the tf-idf matrix that this word is special to these

specific documents and the word ‘inquest’ is flagged as significant. This matrix is used on every single word in the corpus, which creates a sparse matrix because most articles use very few words related to the entire corpus (Weingart, 2011).

With the sparse matrix complete, MALLET mathematically determines how each word is related to other words in the corpus and ranks the frequency of these ‘flagged’ words in each document. Generally, the more frequently words are used together in a document, the more related they are to one another (Weingart, 2011). Figure 2 illustrates an eight-topic output model result. In each number group (0-7), word clusters represent a different topic compiled by the program. For example, Topic 1⁸ contains the following list of words: “pate smith prison service women segregation cell died.” This means that these eight words are frequently clustered together in the collection of news articles analyzed, and as such are posited as a topic. Someone who is familiar with the subject matter of this corpus of literature is able to take an educated guess at what these words are referring to. My hypothesis is that these words are referring to Kim Pate, Executive Director of the Canadian Association of Elizabeth Fry Societies, who is a strong advocate for incarcerated women’s rights and has been particularly vocal in abolishing mandatory segregation policies in prisons. Kim Pate has also been a key player in publicizing Ashley Smith’s story, emphasizing that she died in a segregation cell. She also criticizes the lack of services available for women prisoners.

⁸ For a more detailed discussion on the meanings derived from the other topics in this model see Chapters 3 and 4.

Figure 2: Eight-Topic Model Result

| | | |
|---|---------|---|
| 0 | 0.18877 | mental health people ashley illness court mentally ill |
| 1 | 0.28742 | pate smith prison service women segregation cell died |
| 2 | 0.14001 | ms smith cell guards youth time neck video |
| 3 | 0.39693 | prison federal sapers smith system report health mental |
| 4 | 0.23423 | inquest coroner porter dr smith videos death lawyers |
| 5 | 0.25556 | smith guards death union grand valley criminal charged |
| 6 | 0.60841 | smith prison ashley death family correctional institution staff |
| 7 | 0.12041 | youth richard tx brunswick centre government child miramichi |

Using the same process as Cameron Blevins (2010) and Andrew Wallace (2012), I am able to confirm or reject my hypothesis by referring back to the original documents that MALLET ranks as frequently using these key words. By re-reading these specific news articles, I can contextualize how journalists use these key words and apply more meaningful labels to the topic. Interpreting the results of topic modeling requires a mixed methods approach. Though the computer program provides the researcher with specific word clusters (topics), in order to apply meaning to these topics the researcher must undertake an active reading of the texts. In the next section I explain how active reading is different from passive reading and address the process of using critical reading as a research method.

Critical Reading as a Method

According to Khalid Mahmood (n.d.), critical reading is:

An active approach to reading that involves an in depth examination of the text. Memorization and understanding of the text is achieved. Additionally, the text is broken down into its components and examined critically in order to achieve a meaningful understanding of the material (p. 2).

Pavel Zemliansky (2008) explains that critical reading involves questioning the face value of information. Researchers engaged in critical reading must “investigate, test, and even doubt every claim, every example, every story, and every conclusion” (Zemliansky, 2008, n.p.). However, engaging in critical reading does not mean that the reader must ‘criticize’ (or reject outright) the text; critical reading involves careful evaluations and analyses of a text’s ideas and how they are constructed and presented (Zemliansky, 2008). Both Mahmood (n.d.) and Zemliansky (2008) maintain that this process is achieved through ‘active’ reading. Active reading requires more energy than ‘passive’ reading because active readers must identify and critically engage with key assumptions underlying a text’s arguments. To do so, active readers rely on personal experience and knowledge of theory (Mahmood, n.d.). Zemliansky (2008) refers to this process as a “repertoire of experience” (n.p.):

What this means is that when we read a new text, we do not begin with a clean slate, an empty mind. However unfamiliar the topic of this new reading may seem to us, we approach it with a large baggage of previous knowledge, experiences, points of view, and so on (n.p.)

Critical reading as a research method involves three key steps: previewing, writing and critical reading. Previewing is when the researcher performs a brief screening of the text, scanning key words, headlines/titles, and references. This previewing stage allows the researcher to gain a general understanding of the text and form meaningful expectations from the reading (Mahmood, n.d.). For this thesis, the previewing stage is done twice: first by me, and then by MALLETT. In computerizing the previewing stage, unanticipated topics or trends in the data that may have been overlooked or deemed irrelevant by the human reader may become statistically significant and thus warrant researcher attention.

On the other hand, topic modeling may not support the presence of some anticipated topics.

The second step (writing) and third step (critical reading) occur simultaneously. Mahmood (n.d.) and Zemliansky (2008) argue that critical readers must take written notes while actively reading. Both authors suggest multiple note-taking strategies, including: underlining/highlighting key points, margin writing, divided page method, landmark/footnote method, journaling and creating response questions. However, Mahmood (n.d.) and Zemliansky (2008) maintain that the writing step should only be done after the first reading of a text. Thus, critical reading involves multiple readings of the same text and written responses to the key arguments contained in these texts.

The Epistemological Significance of the Data

As detailed in the next section, this research uses data from four mainstream Canadian newspapers that covered the Ashley Smith story. Mainstream media are widely disseminated and are the media encountered by the general public. These media sources generally reflect hegemonic normative ideas, attitudes and activities (Chomsky, 1997). Research has shown that media sources impact public perceptions (Philo 1996; Steadman & Coccozza, 1977-78; Thornton & Wahl, 1996; Wahl 1995). In a 1990 survey conducted by the Daniel Yanklovich Group, 87% of respondents cited television and news programs as a source of information about mental illness. Newspapers were cited by 76% of respondents, news radio by 75% and magazines by 74% (Daniel Yanklovich Group, Inc., 1990). A more general study conducted on Canadian audiences found that 77% of Canadian adults read a printed or online newspaper every week (Newspaper Audience Database Inc., 2009). Additionally the survey revealed that printed newspapers continue

to be the primary source of news and information across Canada (Newspaper Audience Database Inc., 2009). According to Wahl et al (2002):

[n]ews stories both inform the public and reflect public interests. Particularly with regard to more specialized and technical areas, such as science and medicine, news media contribute substantially to what people know and understand (p. 9).

Since most people lack direct experience with mental illness, they derive information from media representations (Sieff, 2003). Alan Blum (2011) maintains that media representations contribute to a “stock of knowledge” (p. 66) and claims that these stories:

are more than archives, encyclopedia, libraries and museums, but often and inexplicably, they are memory and minds, beliefs, opinions, habits and vestigial images supposedly attached to experiences, whether of individuals or collectives (p. 66).

This stock of knowledge is not complete without audience reception. Blum (2011) states that it is through the acceptance of these stories as ‘truth’ and their ability to be re-told as such that these stories contribute to the stock of knowledge.

According to Nikolas Rose (2000), newspapers serve as political apparatuses, which allow for state governance ‘at a distance.’ For example, newspapers often define the ideal roles and norms of the state and its citizens (Rose, 2000). Furthermore, newspapers serve as a venue in defining circuits of inclusion and exclusion. Newspapers not only define who should be excluded through labels of abnormality, but also affirm that these particular individuals must be subject to strategies of control (Rose, 2000).

Underlying thematic topics in news stories tend to be uncritically incorporated into our ‘stock of knowledge’ and contribute to epistemological understandings of specialized knowledge, including mental illness. Rather than serving as an ‘objective’ re-

telling of key events and experiences, newspapers and their journalists function within political, social, cultural, economic and legal constructs, which contribute to state governance and often to maintaining the status quo. In the next section I identify the four mainstream Canadian newspapers I selected for analysis and the political affiliation reflected in each of the papers.

The Newspapers

As concluded in Chapter 1, I hypothesized that newspaper subjectivity affects how Ashley Smith is labeled as mentally ill in news articles. In order to evaluate this hypothesis, I purposefully selected newspapers from different political affiliations (liberal, conservative and centrist) and circulation audiences (local or national). The four mainstream Canadian newspapers I chose to analyze are: *Globe and Mail* (centrist), *National Post* (conservative), *Toronto Star* (liberal) and, *Telegraph-Journal* (liberal). Two of these papers are nationally circulated (*Globe and Mail*, *National Post*), one is an Ontario circulated newspaper (*Toronto Star*), and one is a New Brunswick based paper (*Telegraph-Journal*).

Established in 1892, the *Toronto Star* is Canada's most read newspaper (Bothwell, 2012), with a weekly readership of over 2 million (Newspaper Audience Databank Inc., 2011). It is provincially circulated in Ontario and based out of Toronto. The location of this news source is relevant because the prison in which Ashley Smith died is located in Kitchener, Ontario—just over 100kms southwest of Toronto. This newspaper provides a left-wing liberal perspective, which tends to be in favour of the modern welfare state and focus more on local, human-interest stories (Bothwell, 2012). This paper was selected due to its large readership base and liberal ideologies. In choosing this paper, I was also

interested in exploring whether Ashley's death garnered extra attention from *Toronto Star* journalists as a 'local' human rights story.

The *Globe and Mail* is nationally circulated and is the second highest read paper in Canada, with a weekly readership of approximately 1 million (Newspaper Audience Database Inc., 2011). The *Globe and Mail* holds a 'centrist' political position (Wordpress.org, 2013), often supporting the policies of the controlling political party of the time. For instance, through the 1990s and early 2000s, this paper advocated Jean Chrétien's Liberal party agendas; however, since 2006, it has been supportive of Stephen Harper's Conservative political agendas (Canada, 2008). The *Globe and Mail* was selected because of its high national readership rates. This paper was also chosen because of its 'centrist' political affiliation and national circulation. Since there are no liberal newspapers that are nationally circulated in Canada, this 'centrist' affiliation is the only variable available for comparison at the national level.

The *National Post* is also a nationally circulated newspaper, and is the ninth highest circulated newspaper⁹ in Canada (Newspaper Audience Database Inc., 2011). Founded in 1998 by media mogul Conrad Black, the *National Post* was created to serve as a conservative alternative to the *Globe and Mail* (Potter, 2012). This paper was selected for this research because of its readership rivalry with the *Globe and Mail* and *Toronto Star* and for its strong conservative voice. The differing political perspectives of these three papers provided the opportunity to investigate whether the coverage of topics relating to Ashley Smith's story varied according to the newspaper's political affiliation.

⁹ Similar to a number of high circulation local newspapers, conservative provincial newspapers with higher circulation rates, including the *Toronto Sun* and *Vancouver Sun* share the same ownership as the *National Post*.

Founded in 1862, the *Telegraph-Journal* is a New Brunswick newspaper with provincial-wide circulation. It is the only provincially circulated newspaper in New Brunswick (Anderson & Yusufali, 2012), and has a daily readership of over 70 000 (Newspaper Audience Database Inc., 2011). The political stance of the *Telegraph-Journal* is left leaning, with specific focus on providing a unified provincial vision (Telegraphjournal.com). Since Ashley Smith was born and raised in New Brunswick, analyzing the *Telegraph-Journal* provides an opportunity to explore whether the story of Ashley Smith as a ‘local girl’ provides a different narrative to those distributed across Ontario and nationally.

Method

In order to collect relevant news articles from these four newspapers, I used an online newspaper database (ProQuest Newsstand). This method was used because topic modeling only analyzes electronic text. ProQuest Newsstand was the only accessible online database that archived articles from the *Telegraph-Journal*. I searched each newspaper individually, using the search parameters that I defined. The first parameter I set was for the database to only return results from ‘English newspaper’ sources. The second parameter set was the timeframe: articles that were written from October 18, 2007 until October 1, 2011. These dates were selected to ensure that the day of Ashley Smith’s death (October 19, 2007) and the official cancellation date of the first inquest (September 30, 2011) were included in the search. My final parameter defined which key terms ProQuest Newsstand was to search for in the four newspapers. In the keywords search bar, “Ashley Smith” (including quotation marks) was the only term searched for. This was to ensure a return of all articles that mentioned Ashley Smith, which I then filtered

for relevance by previewing each article. I deleted any news stories that did not directly discuss Ashley Smith. Within these parameters, my search yielded 235 Ashley Smith news stories: 37 from the *Globe and Mail*; 20 from the *National Post*; 103 from *Telegraph-Journal* and, 75 from the *Toronto Star*. These articles formed the corpus of the texts that were analyzed by MALLET and that I critically read.

Before MALLET could analyze the data, I had to define the number of topics that I wanted the program to create. Since topic modeling is a relatively new method, there is no literature that defines an ‘ideal’ number of topics a researcher should seek. Instead, it is recommended that researchers use a ‘trial and error’ approach to defining the number of topics (Wallace, 2012). Figures 1-3 show the topic results for this research when defining 3, 8, and 25 topics respectively.¹⁰

Figure 1: Topic Model Result (3 defined topics)

| | | |
|---|----------|--|
| 0 | 16.66667 | smith prison death correctional cell guards federal segregation service women canada grand valley staff died pate day ms oct |
| 1 | 16.66667 | smith inquest coroner ashley family death porter ontario prison court dr falconer time lawyer videos ms lawyers custody public |
| 2 | 16.66667 | mental system health youth ashley sapers tilocblob report brunswick year ill treatment mentally public government richard services federal justice |

Figure 2: Topic Model Result (8 defined topics)

| | | |
|---|---------|---|
| 0 | 0.18877 | mental health people ashley illness court mentally ill |
| 1 | 0.20742 | pate smith prison service women segregation cell died |
| 2 | 0.14001 | ms smith cell guards youth time neck video |
| 3 | 0.39693 | prison federal sapers smith system report health mental |
| 4 | 0.23423 | inquest coroner porter dr smith videos death lawyers |
| 5 | 0.25556 | smith guards death union grand valley criminal charged |
| 6 | 0.60841 | smith prison ashley death family correctional institution staff |
| 7 | 0.12041 | youth richard tx brunswick centre government child miramichi |

¹⁰ These figures are also provided in the Appendix for ease of reference.

Figure 3: Topic Model Result (25 defined topics)

| | | |
|----|---------|---|
| 0 | 0.73473 | smith death ashley prison time years spent |
| 1 | 0.08657 | lawsuit report family falconer suicide million julian |
| 2 | 0.31877 | years don people issue day person time |
| 3 | 0.12486 | pate women prisoners prison officials rights canadian |
| 4 | 0.02994 | grievance box policy gratton process filed respect |
| 5 | 0.07123 | porter inquest dr coroner carlisle lawyers proceedings |
| 6 | 0.23897 | breathing report system guards force youth managers |
| 7 | 0.03946 | health mental court brien judge courts saint |
| 8 | 0.08269 | prison loan van service confinement segregation peter |
| 9 | 0.10043 | coroner public office death inquests inquiry inquest |
| 10 | 0.10242 | ms mr csc minor apparently spent bars |
| 11 | 0.02583 | bad menon isn addressing guards zimbardo world |
| 12 | 0.15598 | youth richard services centre child report brunswick |
| 13 | 0.30212 | sapers federal report health system correctional mental |
| 14 | 0.23702 | criminal guards death charged negligence supervisor charges |
| 15 | 0.05289 | union godin guards officers president members managers |
| 16 | 0.30487 | mental system ashley justice ill mentally treatment |
| 17 | 0.09383 | family ashley coralee daughter mother star lawyer |
| 18 | 0.07736 | smith cell video guards neck nurse door |
| 19 | 0.06901 | public media exhibits lawyers access made videos |
| 20 | 0.06207 | tx pate records information documents files privacy |
| 21 | 0.26424 | inquest coroner family porter falconer lawyer court |
| 22 | 0.05107 | young andrews story social children human feel |
| 23 | 1.12387 | smith prison death cell correctional federal staff |
| 24 | 0.06781 | mp ill crime liberal commons murphy don |

As would be expected, the more topics I asked the program to find, the more specific the word clusters became. For example, in Figure 3 some topics could be collapsed into one larger theme—topics 5, 9 and 21 could easily be reduced to one ‘inquest’ theme. On the other hand, the fewer number of topics requested resulted in very broad topic word clusters (see Figure 1). The problem with having too few categories is that subtler thematic trends that may be present in the corpus of the documents may not be apparent to the human reader (Blevins, 2010). After running various models in MALLET, with a range of 3 to 25 defined topics (see Figures 1-3), I decided that defining eight topics seemed to output the best word cluster arrangement. At 9 topics the categories started to become repetitive, and less than eight topics resulted in word clusters that were very broad.

The results from this eight-topic model were then used in conjunction with a critical reading of each article to gain an understanding of context and accuracy. Following the three key steps outlined by Mahmood (n.d.) and Zemliansky (2008), I first began my critical reading by previewing all 235 collected articles. In this previewing stage I scanned headlines, authors and dates to verify their relevance to Ashley Smith and to gain a preliminary sense of what issues may be discussed. I then fully read each article through once and highlighted any passages that I found salient to the eight topics modeled. As I read each of these articles for a second time, I created a reading journal where I wrote down key arguments and my thoughts on those arguments. This data was used to contextualize the word clusters defined by MALLEET, which allowed me to narrowly define and label each topic (see Figure 4).

Figure 4: Eight-Topic Model with Defined Labels

| TOPIC # | General Topic/Theme | | |
|---------|----------------------------------|---|---|
| 0 | Mental Health | 0 | 0.18877 mental health people ashley illness court mentally ill |
| 1 | Advocacy | 1 | 0.28742 pate smith prison service women segregation cell died |
| 2 | Details of death | 2 | 0.14001 ms smith cell guards youth time neck video |
| 3 | Saper's Report (Federal) | 3 | 0.39693 prison federal sapers smith system report health mental |
| 4 | Inquest details | 4 | 0.23423 inquest coroner porter dr smith videos death lawyers |
| 5 | Legal Responses | 5 | 0.25556 smith guards death union grand valley criminal charged |
| 6 | Prison experiences | 6 | 0.60841 smith prison ashley death family correctional institution staff |
| 7 | Richard's Report (Provincial-NB) | 7 | 0.12041 youth richard tx brunswick centre government child miramichi |

After critically reading each article twice and creating the above topic titles, a computer program (Matplotlib) was used to graph the data. In generating different graphs, I was able to discern correlations or disjunctures between topics, and model topic trends over time and across platforms. Chapter 3 details the results from these graphs and connects these results to key themes found in my critical reading journal. Chapter 4

discusses the significance of these key themes on a macro-level and relates these themes to the literature reviewed in Chapter 1. The following section discusses the scope of this research and the limitations of my methods.

Scope and Limitations of the Data

The scope of this research is to analyze articles from the day of Ashley Smith's death until the end of the first inquest. This is because the official second inquest began during the end stages of this research project (January 2013). Information from the second inquest was not available during the data collection stage. Topic modeling the media coverage of the second inquest in comparison to the first may serve as a useful future research endeavour.

The first set of limitations I will address involves data collection. In utilizing only online newspaper articles, this research did not review all possible sources of news articles. From there only a sample of articles—those that appeared in four newspapers—were analyzed. These 235 articles are not all of the written and published news stories about Ashley Smith in this time period. There may have been additional articles published by these four newspapers that were not archived online or available to ProQuest Newsstand. Another limitation in my data collection is that only English newspaper articles were included in this research. An analysis of French newspapers and articles about the story of Ashley Smith may provide a worthwhile comparison which may yield different thematic trends. My results and analyses are not generalizable beyond the scope of the four newspapers selected.

The second set of limitations relates to topic modeling. Like any method, there are limitations associated with topic modeling. First, the assumption that authors are given a

set amount of words to describe a topic (e.g., an imaginary buffet table) is a simplistic reduction of actual writing processes. As stated by Weingart (2012):

The problem, of course, is that the processes which govern what people decide to write down do not enjoy a one-to-one relationship to what people experience. Using words as proxies for events is just as problematic as using them for proxies of expertise, influence, or performance. The underlying processes are simply far more complicated than these algorithms give them credit for (n.p.).

Topic modeling programs are not designed to account for the nuances associated with writing. As stated by Miriam Posner (2012), “topic modeling is not a way of revealing any objective “truth” about a text; instead, it’s a way of deriving a certain kind of meaning—which still needs to be interpreted and interrogated” (n.p.). It was for this reason that I employed a critical reading of the texts. This leads into the second limitation with topic modeling— it requires the researcher to make “a series of judgment calls” (Underwood, 2012, n.p.). During the modeling process, I was able to define: how many topics to model, ‘stopwords’¹¹, how many words to show per topic, and the scope of the collection. Changing any of these parameters would have changed the model results. ‘Results’ outputted by a topic model are tailored by the researcher to reflect their interests (Underwood, 2012).

It is for this reason that I chose topic modeling as an exploratory tool. The objectives were to uncover thematic patterns in the news articles discussing Ashley Smith and to model these trends over time, across newspapers, and by location. Through these three variables I was able to evaluate the data beyond simple word frequency to determine which topics are discussed consistently in each newspaper and connections

¹¹ ‘Stopwords’ are words that are not taken into consideration by MALLET. Examples used in this research include: “is”, “the”, “and” and “are”.

between topics discussed by these news articles. These findings were then situated within the results from my critical reading.

The final limitation that I will discuss addresses feminist critiques of positivist gender constructions. As discussed in Chapter 1, positivist gender constructions maintain binary classifications of ‘male’ and ‘female’ bodies, as well as conflate gender with biological sex (Doucet et al, 2010). Positivism maintains that there is congruence between an individual’s biological criteria (e.g., hormones, chromosomes, genitalia and gametes) and their gender (embodied behaviour, presentation and performance) (Lorber & Moore, 2011). This congruence assumes that all bodies are cis-gendered. Therefore, positivist research would use the terms ‘female’ (sex) and ‘woman’ (gender) interchangeably. Like most Canadian social institutions, prison populations are organized around these positivist definitions. A sentenced individual is placed in either a male or female prison (or unit if a separate building is unavailable) based solely on their physical biological criteria (Vancouver Prison Justice Day Committee, 2007). Therefore, when making generic references to ‘women’ prisoners, researchers and policy-makers are referring to this population’s biological criteria since not all female prisoners are cis-gendered (Vancouver Prison Justice Day Committee, 2007). These positivist assumptions and definitions of sex and gender are reflected in my research and serve as a limitation to its generalizability. Additionally, upon analyzing Ashley Smith’s story, I assume that Ashley was a cis-gendered female due to the lack of documented information suggesting otherwise.

Chapter 3: Results

The ProQuest Newsstand online database search for stories published by the *National Post*, *Globe and Mail*, *Toronto Star* and *Telegraph-Journal*, within the defined parameters discussed in Chapter 2, resulted in the collection of 235 relevant digital news articles. In this chapter I discuss the results of a MALLET eight-topic model output, and evaluate the patterns uncovered by this model. I also explain the connections between these eight topics and consider whether these topics vary according to timing, newspaper political affiliation and location/circulation. For this analysis, the weight of each topic was graphed across time and newspaper. I conclude this chapter with an exploration of the connections between the topics discussed and their effect on the weight of mental health labels. The significance of these results in relation to mental illness labeling is further discussed in Chapter 4.

The eight topics uncovered by MALLET in the Ashley Smith news articles from the *National Post*, *Globe and Mail*, *Toronto Star* and *Telegraph-Journal* are shown in Figure 5. These topics are represented by eight-word clusters, which I gave generic labels (see Figure 6). In Figure 5, the far left column (0-7) indicates the topic number and the middle column represents that topic's weight across the data. In topic modeling, weight is understood as a frequency distribution that indicates the relative importance of a particular topic in the text (Mei et al, 2008). This means that topics with a larger weight (signified by a numeric value) appear more frequently in the news articles than those of smaller weights. As shown in Figure 5, topic 6 has the largest numeric value and as such is weighted the strongest, whereas topics 0, 2 and 7 have the smallest numeric value which means they are referenced infrequently in the articles. The results indicate that

Ashley's prison experience (topic 6) is the topic most frequently discussed in this collection of news articles; topics surrounding her mental health (topic 0), death (topic 2) and Bernard Richard's report (topic 7)¹² are given less focus.

Figure 5: Eight-Topic Model Result

| | | |
|---|---------|---|
| 0 | 0.18877 | mental health people ashley illness court mentally ill |
| 1 | 0.20742 | pate smith prison service women segregation cell died |
| 2 | 0.14001 | ms smith cell guards youth time neck video |
| 3 | 0.39693 | prison federal sapers smith system report health mental |
| 4 | 0.23423 | inquest coroner porter dr smith videos death lawyers |
| 5 | 0.25556 | smith guards death union grand valley criminal charged |
| 6 | 0.60841 | smith prison ashley death family correctional institution staff |
| 7 | 0.12041 | youth richard tx brunswick centre government child miramichi |

Figure 6: Eight-Topic Result with Labels

| TOPIC # | General Topic/Theme |    | |
|---------|----------------------------------|---|---|
| 0 | Mental Health | 0 | 0.18877 mental health people ashley illness court mentally ill |
| 1 | Advocacy | 1 | 0.20742 pate smith prison service women segregation cell died |
| 2 | Details of death | 2 | 0.14001 ms smith cell guards youth time neck video |
| 3 | Saper's Report (Federal) | 3 | 0.39693 prison federal sapers smith system report health mental |
| 4 | Inquest details | 4 | 0.23423 inquest coroner porter dr smith videos death lawyers |
| 5 | Legal Responses | 5 | 0.25556 smith guards death union grand valley criminal charged |
| 6 | Prison experiences | 6 | 0.60841 smith prison ashley death family correctional institution staff |
| 7 | Richard's Report (Provincial-NB) | 7 | 0.12041 youth richard tx brunswick centre government child miramichi |

As shown in Figure 7, the distribution of the news articles varies across time, circulation and news platform. The *Telegraph-Journal* yielded the highest results, with 103 articles. The *Toronto Star* was second highest, with 75 articles. The *Globe and Mail* and *National Post* have the lowest yields, with 37 and 20 articles respectively. Liberal affiliated newspapers (*Toronto Star*, *Telegraph-Journal*) constitute the bulk of the texts

¹² For a detailed discussion on this topic, see Chapter 4.

analyzed (approximately 76%). The *Globe and Mail*, a politically ‘centrist’ newspaper, is the second highest represented (approximately 15%) and the conservative affiliated newspaper (*National Post*) is the least represented (approximately 9%). Furthermore, provincially circulated newspapers (*Toronto Star*, *Telegraph-Journal*) yield the greatest number of articles (76%) and national newspapers (*National Post*, *Globe and Mail*) have the fewest articles (24%). There is very little overall focus on Ashley Smith’s story during the actual year of her death (2007): only 15.7% of the total collection was published in 2007. News coverage on Ashley Smith’s story steadily increases after the release of Bernard Richard’s (Office of the Ombudsman for the Child and Youth Advocate) and Howard Sapers’ (Office of the Correctional Investigator) reports in 2008. The majority of the total collected articles (67%) are from 2009 and later.

Figure 7: Distribution of the Total Collected News Articles

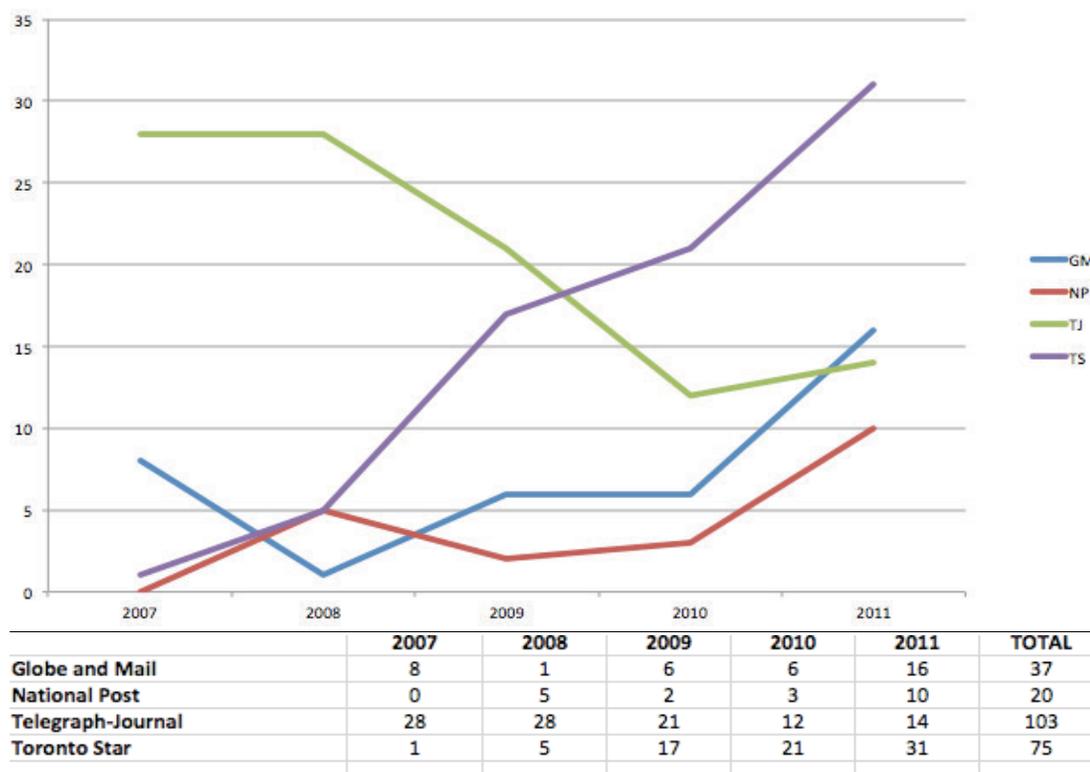


Figure 8: Topic Weight Over Time

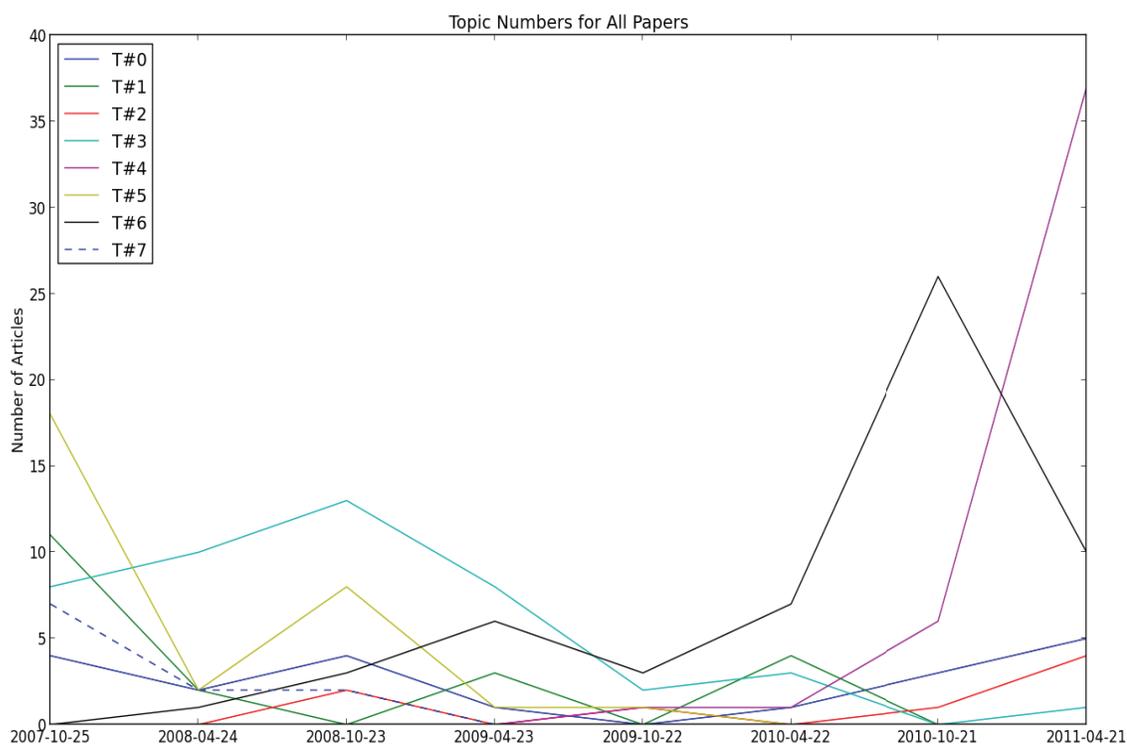


Figure 8 charts the weight of the topics used by the newspapers over the whole time period, broken into six-month intervals. This graph shows that the weight of each topic fluctuates over time. As such, it would be inaccurate to state that topic 6 (Ashley's prison experience) is always the strongest topic represented in this data. As shown in this figure, topic 6 (signified by a black line) is only represented as the strongest topic from October 2009 to just after October 2010. Prior to this time, topics 5 (legal responses), 1 (advocacy) and 3 (Sapers' report) are more strongly weighted than topic 6. After October 2010, topic 4 (inquest) dramatically increases in focus and eventually outweighs topic 6. As topic 4 increases in weight, topic 6 decreases in weight, which suggests that there is a negative correlation between these two topics. This result is surprising given that the

inquest served as a public platform to critically examine Ashley Smith's treatment while in prison, and as such one would expect that her prison experiences would be of primary importance. However, this 'inquest' topic mainly focuses on the inefficiency of the inquest process, emphasizing the multiple controversies, interruptions and legal challenges that developed. Discussion of the actual content of what the inquest was meant to investigate (e.g., topic 6) is limited.

As new facts of a story become available, it is not surprising that newspapers discuss different topics at different times. Interestingly, topic 0 (mental health) is the only topic (signified in Figure 8 by a blue solid line) that remains fairly consistent over time. Although mental health does not carry a strong solo weight in this collection of news articles, it is consistently referenced over the time period under review. This graph also shows that there is a mirror relationship between the lines for topics 0 (mental health) and 2 (death details)—when the focus of topic 0 increases/decreases, so does Topic 2. This result indicates that Ashley's death is seen as related to her having a mental illness. One might expect that Ashley's negative experiences while in prison (represented by a black line) would also be connected to Ashley's death. However this is not the case.

Although the eight topics uncovered by MALLETT do not on their face align with particular political leanings, how they are discussed in news articles may reflect the perceived interests of liberal/conservative audiences. Some topics, such as advocacy (topic 1), Ashley's prison experiences (topic 6) and mental health (topic 0) may be more attractive to liberal readers, since they discuss supporting social justice activism and reformation. On the other hand, topic 4 (inquest) may be more attractive to conservative

audiences since this topic focuses mainly on efficiency or bureaucratic issues and not upon social justice issues or advocacy.

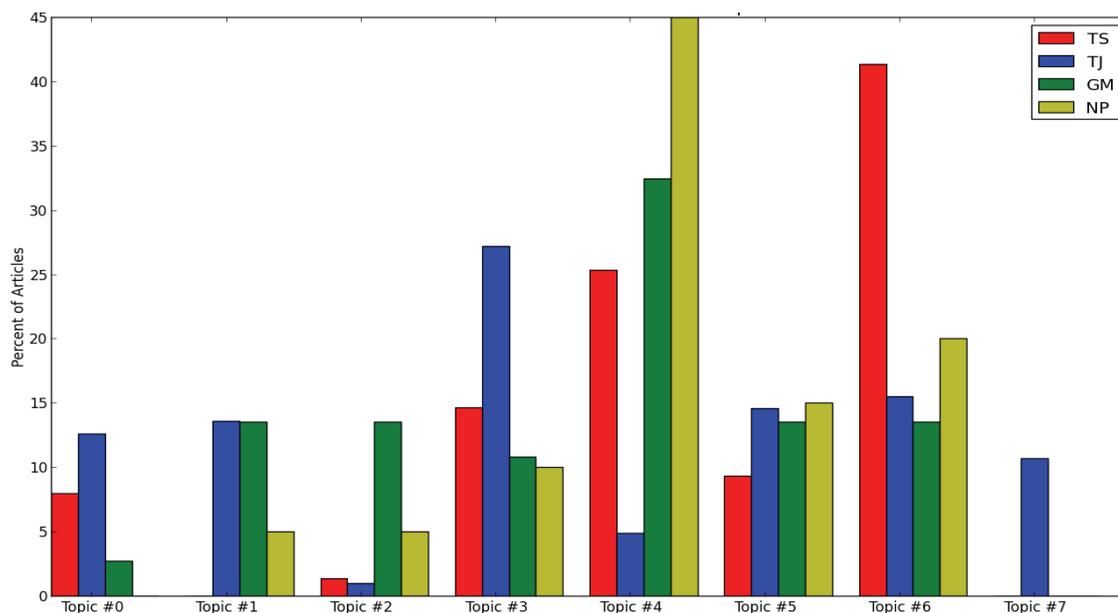
Figure 8 shows that there is a change in the topics that are used in earlier articles from later articles. The top three topics that are strongly represented in news coverage from 2007 and 2008 are topics 5 (legal responses), 1 (advocacy) and 3 (Sapers' report). These topics may be considered more attractive to liberal audiences because they discuss social justice issues and support reform. During this time period, liberal newspapers (*Toronto Star*, *Telegraph-Journal*) published significantly more articles on Ashley Smith (approximately 83.7%) than conservative (*National Post*) or centrist (*Globe and Mail*) newspapers. This may explain why issues that are considered important to liberal audiences are strongly represented during this time period. Since most of the collected news articles are from liberal newspapers (75.7%), it is not surprising that topics that are perceived as important to liberal readers are more strongly weighted in the data as a whole.

After October 2010 topics relating to Ashley Smith's experiences dramatically decrease in focus as topic 4 (inquest) significantly increases. This increase is expected, since bureaucratic problems with the inquest (e.g., delays) first began during this time. Although the *Telegraph-Journal* and *Toronto Star* still published the majority of articles during this time (approximately 69%), reporting from the *National Post* and *Globe and Mail* significantly increased in comparison to earlier years (from 16.3% to 31%). During this time the relative number of articles published by liberal newspapers (*Telegraph-Journal*, *Toronto Star*) remained the same, but conservative (*National Post*) and centrist (*Globe and Mail*) newspapers significantly increased their coverage on Ashley Smith.

This increased conservative (*National Post*) and centrist (*Globe and Mail*) news coverage on Ashley Smith resulted in a significant decrease to the weight of topics that appeal to liberal audiences (e.g., social justice reform topics). Though Ashley's experiences of incarceration and other topics that can be perceived as important to liberal readers were newsworthy in the earlier coverage, non-liberal newspapers (*Globe and Mail*, *National Post*) published very few stories during this time. The political affiliation of a newspaper would seem to affect when topics associated with a news story become newsworthy for a particular newspaper. When topics that discussed supporting liberal ideologies were heavily weighted in the news coverage on Ashley Smith, conservative and centrist newspapers published very few news stories. This result indicates that the time period of a topic's relative newsworthiness may not be the only factor that determines the weight of a topic, since the political leanings of the reporting newspaper also influenced the weight of topics discussed.

The influence of newspaper political affiliation on topic weight is also shown in Figure 9. This graph shows the breakdown of topics addressed by each newspaper according to the maximum weight of each topic. For example, if the *National Post* published an article that was comprised of 50% of Topic 4, 35% of Topic 6 and 15% of Topic 3, this article would only count in the bar for Topic 4.

Figure 9: The Percent of Articles Most Related to Topics



This graph supports the argument that political affiliation, and not just time, affects topic weight. For instance, 40% of the *Toronto Star*'s (liberal) articles focus upon topic 6 (Ashley's prison experiences), whereas 45% of the *National Post*'s (conservative) articles focus upon the inquest. Though the *National Post* did provide some commentary on advocacy issues and Ashley Smith's negative prison experiences (about 25% of articles), other social justice and human rights issues discussed in the three other newspapers (e.g., mental health, advocacy) relating to Ashley Smith's story received little or no attention. On the other hand, liberal affiliated newspapers (*Toronto Star* and *Telegraph-Journal*) focused heavily upon human rights and social justice issues, as represented in the significant weight of topics 6 (Ashley's prison experiences), 3 (Sapers' report), and 0 (mental health).

The *Globe and Mail*, considered a politically 'centrist' newspaper, is the most diverse in addressing the eight topics. Similar to the other nationally circulated

newspaper, the *National Post*, the *Globe and Mail* primarily focuses on topic 4 (inquest issues), which is represented in approximately 32% of the articles they published. The weight of the remaining topics is spread fairly evenly, except topic 7 (Richard's report) which only receives focus from the *Telegraph-Journal*. Figure 9 shows that the weight of each topic fluctuates depending on a newspaper's political affiliation. In presenting the Ashley Smith story, liberal newspapers (*Telegraph-Journal*, *Toronto Star*) tend to focus on details that relate to social justice and human rights issues, where the conservative newspaper (*National Post*) focuses more on the bureaucratic inefficiencies of the inquest proceedings and decisions.

Conclusion

After critically reading the news articles, I hypothesized that stereotypical depictions of mental illness would be the main topic modeled by MALLET. However, the results discussed in Chapter 3 disclose multiple topics present in Ashley Smith's story. Although mental illness is present in news stories about Ashley Smith, topic modeling revealed that discussions about mental illness received less weight than other topics, such as Ashley's prison experiences and bureaucratic issues with the inquest.

Surprisingly, negative terminology was not at all represented in the topic model output. This means that counter to my expectations, portraying Ashley Smith as mentally ill in the media was not generally negative. If I had only conducted a critical reading of the texts, I might have focused unduly on the mental health coverage and exaggerated the negative results associated with mental illness labeling and missed the positive elements. Also I would not have had the statistical data through which to analyze the potential influence of time, political affiliation and circulation/location.

The variation in the weight of the topics used to describe Ashley Smith's story suggests that media coverage cannot be analyzed as a single unit, since which issues are addressed and when they are discussed varies across newspapers. Specifically these results indicate that the significance of mental health labels varied dependent upon political affiliation, circulation and time period. It was shown in Figure 9 that the weight of topic 0 (mental health) was only significant in liberal and centrist newspapers. In Chapter 4, I evaluate how Ashley Smith is depicted as mentally ill by the four selected newspapers, and explore whether the various stereotypes associated with mental illness are portrayed differently across newspapers.

Chapter 4: Discussion

As discussed in Chapter 1, researchers who have analyzed the portrayal of mental illness in the media maintain that there are common stereotypes perpetrated by these depictions. They argue that these stereotypes are rooted in essentialized constructions of gender which produce a binary between mentally ill men and women. This binary intersects with race as mentally ill women are typically described following a script of white femininity which emphasizes dependency, vulnerability and childlikeness. On the other hand, media portrayals of mentally ill men tend to focus on dangerousness, criminality and violence stereotypes. In this chapter, I explore whether and how these stereotypical depictions of mental illness are reflected in the news articles about Ashley Smith from the four mainstream Canadian newspapers (*Globe and Mail*, *National Post*, *Telegraph-Journal*, *Toronto Star*).

In the first section, I justify why I focus on mental illness labels in this thesis. Based on the topic modeling analysis presented in Chapter 3, I next discuss the various depictions of mental illness located in the Ashley Smith news coverage by focusing on three main themes: 1) generic references and negative labels; 2) medicalization of mental illness; and 3) sickness versus resistance. Following these sections, I explore the ‘prisoner’ label applied to Ashley Smith. Although this label did not surface through topic modeling, it was a key label used by the conservative newspaper (*National Post*) in describing Ashley Smith and therefore, is worthy of closer examination. I conclude this chapter by explaining how the various depictions of mental illness contribute to modified labeling theories.

Labeling Ashley Smith

There are many labels that were used by the media to describe Ashley Smith. As shown in Chapter 3 (Figure 5), key words that could have served as labels, including ‘women’, ‘youth’, ‘child’, and ‘criminal’ all appear in the eight-topic model. However, ‘mentally ill’ and its variations were the only descriptors used often enough by the news articles to achieve their own topic (topic 0). Within this ‘mental illness’ topic, the only words that were not derivatives of mental illness are ‘people’, ‘Ashley’ and ‘court’. The recurrence of Ashley as an element of this mental illness topic represents the process of newspapers labeling Ashley Smith as mentally ill.

On the other hand, labeling words in other topics only appeared once per topic and thus do not represent the substance of the topic. For example, ‘women’ appeared in topic 1 along with the words ‘pate smith prison service segregation cell died’. After reading the articles that create this topic, it is clear that the focus of this topic was prison reform advocacy in women’s prisons. The same is true of the word ‘child’ in topic 7, which primarily focused on the Bernard Richard’s report and the improvements of mental health services for New Brunswick children and youth. The word ‘criminal’, which appeared in topic 5 of this model, was actually not a label attached to Ashley Smith. Instead, this word referred to the criminal charges laid against the correctional staff that were present at her death. These other key words were not primarily used by the newspapers to label Ashley Smith, but rather were used in conjunction with specific issues relevant to the Ashley Smith case. The only word aside from ‘mentally ill’ that could serve as a label for Ashley Smith is ‘youth’ because it appeared in topic 3, which focused on the details of Ashley’s death. Unlike mental illness, this word does not occupy

a primary focus in this topic. Additionally, topic 3 carried less overall weight in the newspapers than the ‘mental illness’ topic and significantly decreased in focus over time. On the other hand, the less extreme fluctuations of topic 0 (mental illness) over time means that it was the most consistent topic discussed in the news articles.

As new details in the Ashley Smith case became available and gained prominence in the news coverage, reporters continued to link those details to mental illness labels. When I first started this thesis, I was interested in exploring why newspapers focused on describing Ashley Smith as mentally ill. I speculated that journalists labeled Ashley Smith as mentally ill to pathologize her behaviour and evoke public sympathy. Mental illness stereotypes also diminish the potential of understanding Ashley as intentionally resistant to oppressive carceral spaces and institutional control. It is for these reasons that I focus on analyzing the topic of mental illness and its various depictions in the news coverage on Ashley Smith. In the next section, I discuss the multiple depictions of mental illness in the news coverage on Ashley Smith and examine whether mental illness stereotypes vary depending on the timing of the news coverage and newspaper political affiliation.

Depictions of Mental Illness in Ashley Smith’s Story

In the news coverage on Ashley Smith, mental illness is depicted differently across newspapers and over the time period analyzed. In this section I analyze these differences by focusing on three themes present in Ashley Smith’s story. The first theme is the reliance upon generic references and negative labels. The analysis discloses that liberal and centrist newspapers used generic labeling in discussing Ashley Smith, where

the conservative newspaper used negative terminology as a stand in for generic terms. The second theme I discuss is the presence of medicalization in the news coverage. Medicalization is strongly represented in all of the earlier news articles; however, after each newspaper published the Rivera report, they shifted away from medicalization and began recognizing the impacts of harsh environmental factors on Ashley's behaviours. The final theme that emerged from these news articles is the suggestion from some journalists that Ashley Smith was not mentally ill. This possibility is only raised in liberal and centrist newspapers, and even in those papers it is only a suggestion. However, the fact that these 'alternative' stories of Ashley Smith exist signals that her experiences of imprisonment may be more complex than was commonly portrayed.

Generic References & Negative Labels

In the news coverage on Ashley Smith, journalists use many different terms to indicate to readers that Ashley Smith was mentally ill. Typically these mental illness labels are applied in the opening paragraph of the news article. A sample of some of the more frequently re-occurring mental health labels used include: "obviously troubled" (Brennan, 24 August 2010, A.9); "very troubled, desperately ill young Canadian" (Heard, 9 May 2011, A.12); "challenged young person" (McHardie, 21 November 2007, A.1); "mentally ill Moncton woman" (Linke, 21 November 2007, A.3); "an extremely troubled woman" (Linke, 20 May 2008, A.1); "a severely disturbed young woman" (Anonymous, 5 March 2009, A.6); "the emotionally disturbed 19-year-old" (Linke, 24 October 2008, A.1); "extremely challenging" (Linke, 24 October 2008, A.1); and, "a mentally ill teen" (Pritchett, 9 June 2010, A.1). From this sample it is clear that in describing Ashley Smith

journalists rely upon generic references (e.g., ‘mentally ill’) and negative terminology (‘troubled’, ‘disturbed’).

Wahl et al (2002) maintain that generic labels inaccurately present mental illness as a uniform condition which fails to acknowledge the “the varieties of disorders, symptoms and outcomes encompassed with the term mental illness” (p. 24). Even though most people diagnosed with a mental illness are neither violent nor dysfunctional (Wahl et al, 2002), in generically describing Ashley Smith’s ‘problem’ behaviours as a result of mentally illness, readers are given the “impression that “mental illness” is synonymous with severe disability” (Wahl et al, 2002, p. 24) and unpredictability. Only two (*Toronto Star* and *Globe and Mail*) of the four newspapers analyzed actually attempted to specify Ashley’s mental illness. Each paper published one article in which the reporters referenced psychiatric assessments performed on Ashley when she was fifteen to show that she was mentally ill. Interestingly, each article described Ashley as having a different mental illness—the *Toronto Star* preferred “oppositional defiant disorder” (Zlomislic, 10 October 2009, A.1) while the *Globe and Mail* described her as having a “learning disorder and borderline personality disorder” (Blatchford, 1 April 2011, A.10). This variation in diagnosis supports Pat Caplan’s (1995) claim that defining or classifying ‘mental illness’ is subjective and that mental health professionals rarely agree upon specific diagnoses and treatment plans. Each of the diagnoses applied to Ashley Smith represents a different set of symptoms and potential outcomes which range from mild to severe. In assigning specific diagnoses, mental health professionals are shaped by social, cultural, political, economic, ethnic and gender factors (Doucet et al, 2010).

It is interesting that one of the diagnoses assigned to Ashley Smith is borderline personality disorder (BPD). As discussed in Chapter 1, psychiatrists over-diagnose women with BPD (Shaw & Proctor, 2005). According to Shaw and Proctor (2005):

the diagnosis of BPD is the latest manifestation of historical attempts to explain away the strategies which some women use to survive and resist oppression and abuse, by describing these strategies as symptomatic of a disturbed personality/pathology (p. 484).

The foundation of each of the two specific diagnoses applied to Ashley Smith rely upon stereotypical assumptions about gender expectations, predominately those influenced by [white] femininity—silence, passiveness and subordination (Shaw & Proctor, 2005).

According to Cauffman et al (2007), incarcerated girls are more likely than incarcerated boys to be diagnosed with disruptive behaviour disorders, such as oppositional defiant disorder or conduct disorder (p. 289). Diagnosing women with BPD or ‘oppositional personalities’ allows for the maintenance of patriarchal oppression and control through the medicalization of women’s ‘difficult’ (e.g., resistant) behaviours.

The terms ‘disturbed’ and ‘troubled’ are also used to describe Ashley’s mental illness at least once in all four newspapers. These words reflect the negative stereotypes associated with mental illness. As argued by Wahl et al (2002), negative descriptors when used in conjunction with a mental illness label suggest that mentally ill individuals are “unchangeably dysfunctional and incapable of meaningful contributions to the community” (p. 25). These negative terms label Ashley Smith as someone who was out of control, potentially dangerous and ‘out of touch’ with reality.

Although all four newspapers use these two negative terms, the *National Post* is the only newspaper that uses them as primary descriptors. In this newspaper, the terms ‘troubled’ and ‘disturbed’ are used in place of generic ‘mentally ill’ references. Through

the use of these terms that relate to mental and emotional states, the reader is left to infer that Ashley Smith was mentally ill. This difference in terminology is reflected in the results in Chapter 3—topic 0, which is largely comprised of generic ‘mental illness’ terminology, is not represented as a primary topic in any news articles published by the *National Post*.

The terms ‘troubled’ and ‘disturbed’ do not appear in any of the word clusters identified by MALLET. This result indicates that although negative terminology is present in each newspaper, the overall frequency in the use of these terms versus more generic vocabulary is minimal. However, the opposite is true for readers of the *National Post* since these negative terms are frequently used as the only descriptors of Ashley’s mental illness. Depictions in the news articles from this conservative newspaper tend to align with findings from previous research (see Chapter 1) that the media consistently uses negative descriptors when discussing mental illness. This finding counters Wahl et al’s (2002) assertion that negative terminology is rarely used in contemporary media depictions of mental illness. However, Wahl et al did not discuss the political affiliations of the six newspapers they analyzed. In this thesis, negative mental illness terminology is only significant in conservative news articles. This suggests that the news articles analyzed by Wahl et al may have been more affiliated with liberal or centrist ideologies. This means that political affiliation might affect how mental illness is depicted in news media. Though the *National Post* (conservative) does implicitly label Ashley Smith as mentally ill, this topic is not the primary focus of any of the articles published. In comparison, mental illness is the primary focus in approximately 12% of the *Telegraph-Journal* articles, 8% of the *Toronto Star* articles and 3% of the *Globe and Mail* articles.

This result indicates that although each newspaper labels Ashley Smith as mentally ill, the newsworthiness of this topic changes based on politics. This variation suggests that labeling Ashley Smith as mentally ill in news articles holds political significance.

Medicalization of Mental Illness

Previous research (see Chapter 1) discloses that mental illness labels were frequently used in violent crime stories (e.g., referring to a psycho killer), even when there was no evidence that the perpetrator was diagnosed as mentally ill. Although more recent studies argued that specific slang terms (e.g., psycho, whacko) are rarely used in current news articles (Wahl, 1995; Wahl et al, 2002), the previous section revealed that negative terminology (e.g., troubled, disturbed) was used in news coverage about Ashley Smith. The acceptance of medicalization—the reliance on medical definitions by non-medical sources (Blum, 2011)—in contemporary media culture might explain this sanitization of language used in liberal and centrist news articles to discuss mental illness. For example, in the Ashley Smith case liberal and centrist journalists used various sources that described Ashley Smith as mentally ill, such as the psychiatric assessments she received as a young person, with the newspaper caveat that her “exact diagnosis has not been made public” (Linke, 15 December 2007, A.1). This indicates that Ashley was originally labeled mentally ill by non-newspaper sources (e.g., official reports, psychiatric assessments). Unlike the findings from previous research, the newspapers reporting on Ashley Smith were not the first to label her as mentally ill. Instead, news coverage depicting Ashley Smith as mentally ill is legitimized by medical sources.

According to Blum (2011), medicalization is the process of re-defining social issues as problems that require medical solutions. Jennifer Kilty (2012) defined medicalization as “the process through which ‘an entity’ that it is not ‘ipso facto a medical problem’, is responded to as a kind of illness” (p. 163). Lorber and Moore (2011) provided a fuller explanation of medicalization:

[Medicalization is the process of] labeling and treating body differences and preoccupations with these differences as diseases or illnesses that can be treated by the medical system with medical solutions. Thus, preoccupation with fitness has been called “muscle dysphoria.” Preoccupation with one’s looks in general is now diagnosed as “body dysphoria.” Acting in ways that don’t conform to gender norms is labeled “gender dysphoria.” Criteria for inclusion in these categories and consequent treatment regimes often change markedly over time (p. 6).

In the news coverage about Ashley Smith, medicalization is used to pathologize Ashley’s ‘difficult behaviour’. Readers are to infer that Ashley Smith acted in the way that she did because she was sick, which effectively eliminates the possibility of understanding her as someone who was intentionally ‘acting out’ in an effort to cope with and/or resist oppressive prison environments.

A prime example of medicalization that appeared in all four newspapers was the description of Ashley Smith’s death as a ‘suicide’.

A painful recent reminder came with the suicide of Ashley Smith, 19, the mentally ill Moncton woman who died in an Ontario prison Oct. 19 (Linke, *Telegraph-Journal*, 5 November 2007, A.1).

On principle, though, many New Brunswickers would support the notion that youths should be housed in facilities that have the staff to deal with extreme mental and emotional states. New Brunswickers don't want another teen to suffer the anguish that apparently drove Ashley Smith to suicide (Anonymous, *Telegraph-Journal*, 22 Nov 2007, A.4).

The 2007 suicide of Ashley Smith, a mentally ill, 19-year-old inmate of the federal prison system, deserves the maximum possible scrutiny, because everything that led to it happened behind closed doors (Anonymous, *Globe and Mail*, 18 May 2011, A.22).

The family of Ashley Smith will be allowed to publicly make the case for a wide open inquest into the troubled teen's jail-cell suicide (Zlomislic, *Toronto Star*, 30 September 2010, A.4).

The family of Ashley Smith—a troubled New Brunswick teen who in 2007 committed suicide in a federal prison after being jailed three years earlier—is suing the federal government for \$11-million (Anonymous, *National Post*, 9 October 2009, A.5).

The term ‘suicide’ invokes medical definitions directly linked to pathology. In the *Diagnostic and Statistical Manual of Mental Disorders IV* suicide is frequently listed as a symptom for other disorders, ranging from intellectual and developmental difficulties to emotional dysfunctions and maladaptive behaviour (Thomas et al, 2006). Referring to Ashley Smith’s death as a ‘suicide’ suggests that her death was linked to mental illness.

The correctional service reforms discussed in the four newspapers also tend to focus on the medicalization of mental illness. For example, in the *Telegraph-Journal* Ashley’s mental illness label was used to argue for local correctional mental health service reforms. In particular, reporters from this newspaper emphasized Bernard Richard’s report¹³ and its conclusion that New Brunswick required more mental health services for children and youths who are incarcerated. In one *Telegraph-Journal* article, Daniel McHardie states:

Gaping holes in the net of programs for mentally ill New Brunswickers, especially youth, were exposed in recent months, but the province’s child and youth advocate is worried about how the provincial government intends to stitch the frayed services back together. The shocking death of Moncton teen Ashley Smith in an Ontario prison brought into focus the shortcomings facing services and facilities in New Brunswick, beginning with a lack of institutional spaces for the treatment they eventually receive inside jails or centres, particularly those youth and adults coping with mental health issues (26 December 2007, A.1).

¹³ For a more detailed discussion about Richard’s report see my Introduction (A Chronology of Events).

This excerpt represents a re-occurring discussion in the *Telegraph-Journal* that calls for action from the provincial government on mental health reform. In particular, articles in this newspaper used Ashley Smith's story as a reason for immediate reform of the New Brunswick Youth Centre (NBYC) located in Miramichi, New Brunswick¹⁴. The largest reform advocated by Richard includes creating a new, separate building at NBYC that would be specifically designed for mentally ill youths:

I [Bernard Richard] could envisage for instance two separate buildings, one meant for detention because there will always be some need for detention for youth but the other one clearly built, designed and meant to operate as a therapeutic centre, focused on treatment and not on detention (Linke, 24 November 2007, A.1).

In the *Telegraph-Journal*, discussions on Ashley Smith and mental health reform focused very little on Ashley's prison experiences (in Ontario) and national strategies of reform.

On the other hand, the three other newspapers provide little discussion of Ashley's experiences of detainment in New Brunswick, or acknowledgement of the calls for reform of NBYC. News articles from these newspapers focused instead on the national-level reforms outlined in Howard Sapers' report¹⁵. As quoted in a *Toronto Star* article by Richard Brennan, Sapers maintains that a key reform needed in federal penitentiaries is the construction of separate "immediate-care units":

One of our key recommendations is that the minister secure funding and direct the correctional service to immediately create what are known as intermediate-care units. These are units within penitentiary [sic] that deal specifically with people who are mentally ill [...] A good example would be those individuals who are engaged in chronic self-harming behaviour or people who are either slashing (their wrists) or using ligatures (to try commit suicide)" (Brennan, 3 November 2009, A.9).

¹⁴ From 2003-2006 Ashley Smith was in and out of detainment at NBYC. Her behaviour was considered increasingly volatile with several hundred reported incidents, resulting in much of her time being spent in the 'Therapeutic Quiet' unit (segregation).

¹⁵ For a more detailed discussion about this Sapers' report, see my Introduction (A Chronology of Events).

According to the article, “Sapers said the Ashley Smith case brought this [need for special units] into sharp focus”. These solutions focus on medicalized treatment options for mental illness.

In these ‘mental health reform’ news articles there is a consistent theme that maintains the assumption that mentally ill individuals require institutionalization. Tying this to Ashley Smith, this news coverage portrayed her as someone who displayed volatile behaviour, was unable to properly take care of herself, and as such was in need of medical intervention or constant supervision. The shift from the experiences of one prisoner labeled mentally ill to calls for major reforms in the treatment of mentally ill prisoners is based on a huge generalization. In none of the articles is it recognized that Ashley Smith’s behaviour and experiences may not be representative of the most common forms of mental illness, or that most forms of mental illness do not require institutionalization (Wahl et al, 2002; Sieff, 2003). These portrayals of mental illness perpetuate stereotypical understandings of mental illness that are rooted in medicalization.

A 2007 report entitled “It’s Your Job To Save Me” was the first to claim that Ashley’s death was not a suicide. Hired as an external psychologist by the Correctional Service of Canada, Margo Rivera argued that Ashley’s death was accidental and not due to pathology. In 2009, the *Telegraph-Journal* was the first newspaper of the four under review to publish excerpts from the original report. According to the article, Rivera (referred to as “the psychologist”) states:

Smith’s frequent self-injuring—often by choking herself—[served] as bids to attract attention. It was “a means of drawing staff into her cell to alleviate the boredom, loneliness and desperation” of her prolonged isolation, the psychologist later wrote. “This behaviour was Ms. Smith’s way of adapting to the extremely

difficult and increasingly desperate reality of her life in segregation.” (Linke, 5 December 2009, A.1).

In October 2010 the *Globe and Mail* was the second paper to publicize this report, emphasizing Rivera’s conclusion that “Ashley Smith’s death was not a suicide, but rather an accident, and that no one intended Ashley Smith to die—least of all Ashley Smith herself” (Makin, 20 October 2010). The *Toronto Star* and *National Post* each publish articles discussing Rivera’s report in November 2010:

Dr. Margo Rivera concluded Smith never intended to kill herself and that she was counting on prison staff to save her (Zlomislic, *Toronto Star*, 2 November 2010, A.2).

The hearing will commence under the shadow of new allegations that the teenager’s death was an accident—not a deliberate suicide. A newly released report written by a psychologist hired by the Correctional Service of Canada said Smith’s use of ligatures did not constitute a suicide attempt, but was likely done out of boredom (Anonymous, *National Post*, 1 November 2010, A.4).

This new view of Ashley Smith’s death as accidental, resulting from self-harming behaviours, calls into question the relationship between her death and mental illness. Although self-harm is typically accepted as a characteristic of individual pathology (Thomas et al., 2006), a number of social science researchers (Doty et al., 2011; Failler, 2008; Gordon, 2010; Hannah-Moffat, 2010; Kilty, 2006; Power & Brown, 2010) describe these behaviours as coping mechanisms. As maintained by Doty et al (2011), self-injury is more focused towards living. Reflective of this research, Rivera’s report suggests that Ashley Smith used self-harm strategically to garner human contact and alleviate boredom and loneliness. From this perspective, it is inaccurate to directly link Ashley Smith’s self-harming to pathology.

After publishing the articles that discussed Rivera’s report, all four newspapers largely moved away from medicalized rhetoric that connected Ashley’s death to her

mental illness and began to discuss environmental factors. This change was most evident when all four newspapers stopped referring to Ashley Smith's death as a 'suicide'. In ceasing to refer to Ashley Smith's death as a suicide, journalists began recognizing that perhaps it was Ashley's intolerable environment and not her 'sickness' that resulted in her death.

"Simply focusing on the minutes and hours before her death is not enough," [Mr. Falconer] said. "We need to look at her treatment over the entire 11 ½ months she was incarcerated including the 17 transfers, repeated misuse of segregation and the withholding of basic health services." Falconer said extracts from an internal report filed in court show that 19-year-old Smith became increasingly depressed as a result of her inhumane treatment while incarcerated. "Ashley Smith's use of ligatures and other methods of self-harm did not constitute suicide attempts," psychologist Margo Rivera said in an extract from the report. "These behaviours met her need for increasing stimulation in an environment that was lacking in even the most basic sensation and stimulation" (Bundale, *Telegraph-Journal*, 1 November 2010, A.1).

The lawyers argued that those months were instrumental in shaping Smith's state of mind before her death, because she was shunted 17 times to facilities and institutions in five different provinces in what they called a failure of the prison system. Throughout her incarceration, Smith was also kept shackled and in segregation (Nguyen & Chai, *National Post*, 13 November 2011, A.11).

At the time of her death, Ms. Smith had endured months of being forcibly medicated, isolated and transferred from one prison to another. She choked herself to death with a strip of cloth inside a segregation cell at Kitchener, Ont.'s, Grand Valley Institution in October, 2007 (Makin, *Globe and Mail*, 1 March 2011, A.6).

The tapes in question reportedly show Smith being restrained by federal prison staff with duct tape and being forcibly injected with tranquilizers while strapped to a metal gurney for nearly 12 hours without food or water. Smith, 19, later strangled herself in a segregation cell at Kitchener's Grand Valley Institution in 2007 (Zlomislic, *Toronto Star*, 28 April 2011, A.12).

This shift away from medicalization is also reflected in the discussion of anti-segregation advocacy that was found in some of the later liberal newspaper articles. In these articles, the use of prolonged segregation is understood as a factor that either causes mental illness

or increases its symptoms. In a *Telegraph-Journal* article, Rob Linke provides the best example of this news discussion in his quote of New Democrat Party Member of

Parliament, Ron Davies:

Davies calls Ashley Smith a "poster child" for the issue of long-term segregation. Although even critics of the practice are reluctant to describe its use as a form of mental torture, Davies says society ought to own up to it. "I mean what do you call it when you put somebody in a darkened cell with no window and deprive them of all human contact for 23 hours a day?" he asks. "When you look at the range of psychological impacts—I'm reading from a document here—it's poor concentration, distortions of sensation, hypersensitivity to noises and smells, disorientation of time and space, depersonalization, hallucinations, paranoid ideas, fear of impending death, panic attack," says Davies, quoting from documents given to him by Sharon Shalev of the Mannheim Centre for Criminology at the London School of Economics. "I don't know, but that sounds like torture to me" (5 December 2009, A.1).

News articles from the *Toronto Star* also critique segregation by recognizing that self-harming behaviours may be related to coping while in segregation.

Another expert report commissioned by the Correctional Service notes a direct relationship between segregation, illegal transfers and the escalation of self-harming behaviour, particularly in female inmates. Many who are confined to segregation view attempts at self-harm as their only opportunity to interact with another human being—in this case, a correctional officer [sic] tasked with removing a ligature (Zlomislic, *Toronto Star*, 2 November 2010, A.2).

On the other hand, the *Globe and Mail* and *National Post* do not engage in any discussion on the effects of prolonged segregation. Although these newspapers do acknowledge that Ashley Smith died in a segregation cell, readers of the *Globe and Mail* and *National Post* are not provided with information that would have enabled them to understand the impact of segregation on her behaviour, information that was made available to readers of the liberal newspapers. For example, in a *National Post* news article, Linda Nguyen and Carmen Chai recognize that Ashley Smith spent a longer period of time in segregation

than prison policies allow, but do not elaborate upon whether prolonged segregation may have affected Ashley's behaviour (13 November 2010, A.11).

The non-medicalized discussions of Ashley Smith suggest that Ashley's behaviours and death were not solely a result of pathology, but were exacerbated by an intolerable prison environment. In the next section, I explore depictions that question the validity of even applying mental illness labels to Ashley.

Was She Sick, or Incurable While Incarcerated?

In this final section on labeling Ashley Smith as mentally ill I discuss an 'alternative' depiction of her story. In these stories, journalists question whether Ashley Smith should be labeled as mentally ill. These alternative perspectives only appear in the liberal and centrist newspapers (*Telegraph-Journal*, *Toronto Star*, *Globe and Mail*), and appear infrequently. However, they are worthy of analysis because they indicate that Ashley's story may be more complicated than was typically depicted.

The *Telegraph-Journal*, a local New Brunswick newspaper, was the first newspaper to publish this different perspective. They raised the question as to whether Ashley Smith was mentally ill before her imprisonment. Reid Southwick writes that Ashley Smith was a "happy and stable young girl before her imprisonment" (26 November 2007, A.1). In another *Telegraph-Journal* article, a quote from Bernard Richard challenges "any one of us to spend that kind of time—two or three years—in that kind of facility and I'd be willing to bet that we'd have our rough days as well" (McHardie, 21 November 2007, A.1). Rob Linke, from the *Telegraph-Journal* writes: "Smith's mental health was tested many times but she was not found mentally ill" (Linke,

24 October 2008, A.1). In the *Globe and Mail*, an article entitled “How Prison Only Made Her Worse” Peter Cheney writes that:

On the streets of east-end Moncton, Ms. Smith had a reputation as a bit of a tough character. "She hung out with guys who caused trouble," a former schoolmate said. "She wasn't a girlie-girl, playing with Barbies." Her family saw a softer side, a girl who liked to read, paint and paddle a kayak (8 December 2007, A.1).

By writing that Ashley Smith was not officially labeled mentally ill prior to or while incarcerated, journalists from these newspapers problematize the assumption that Ashley's mistreatment was because she was mentally ill. These few stories disclose that Ashley Smith was not provided with a psychological assessment during her time in federal custody. These articles indicate that while she was incarcerated, Ashley Smith was labeled as 'difficult to manage' and a 'problem inmate'. Prison officials responded to her not as a mentally ill prisoner, but as a resistant prisoner.

Unfortunately, rather than pursuing this new angle of the mistreatment of a prisoner labeled 'difficult to manage', the journalists of each of these articles argued that not diagnosing Ashley as mentally ill was the problem. In doing so, they diminish the argument that Ashley's behaviours might have been intentionally resistant and/or coping behaviours in an intolerable situation. In doing so, they minimized the potential of these stories to offer a different side of Ashley's story.

[Ashley Smith] was by all accounts a troubled young woman, but was jail the answer (Cheney, *Globe and Mail*, 8 December 2007, A.1)?

Smith was the emotionally disturbed 19-year-old inmate from Moncton whose death on Oct. 19, 2007 in the Grand Valley Institution for Women resulted in charges of criminal negligence causing death against three guards and a supervisor, as well as the firing of two prison managers (Linke, *Telegraph-Journal*, 24 October 2008, A.1).

Smith, who suffered from a mental illness, was not [given a choice] (Southwick, *Telegraph-Journal*, 26 November 2007, A.1).

To think [Ashley Smith, an] already challenged young person lived through this and ended up acting up "and then being charged and charged again, perhaps over 50 times, institutional charges" (McHardie, *Telegraph-Journal*, 21 November 2007, A.1).

There is one news article published in the *Toronto Star* that directly challenges labeling Ashley Smith as mentally ill. Rosie DiManno describes Ashley Smith as being “incorrigible while incarcerated” (9 March 2009, A.2) and maintains that it was because her resistant attitude “needed crushing” (March 2009, A.2) that she met punitive responses. DiManno depicted her as someone who was frequently combative and refused to passively accept prison authority. In this article, DiManno claims that Ashley was an “iconoclast” (9 March 2009, A.2) and challenged the notion that her behaviour was the result of a mental illness.

In page after page of analysis, [Ashley Smith] is described as defiant, combative, unyielding to rules, refusing to conform: an obstinate and powerful personality, the proverbial square peg being forced to fit into a round hole, a juvenile iconoclast who fought tooth and nail in hanging on to a personality others deemed “oppositional” and “narcissistic” and “disrespectful”.

But the more she resisted, the further she was restricted and punished, caught in a crazy Catch-22 that had disaster written all over it.

However disturbed, rebellious, as an adolescent, Ashley Smith was sane. It was the adults—screws and jailers and clipboard clods—who made her crazy (DiManno, 9 March 2009, A.2).

This narrative presents Ashley Smith as a woman who was defiant, aggressive and vocal. Unlike the journalists before, DiManno does not deflect this image of Ashley Smith with mental illness labels. This alternative depiction of Ashley Smith as resistant supports the analysis that labeling Ashley Smith as ‘disturbed’ is subjective and rooted in medicalization.

Although this ‘alternative’ story is only published once and only appears in the *Toronto Star*, the fact that it exists signals that Ashley’s story may be more complex than was presented in the other news articles. This alternative story that introduced Ashley as intentionally resistant prods readers to consider the repercussions of resistance for women in carceral spaces.

In the next section I discuss more mainstream liberal depictions of Ashley Smith that minimize her ‘prisoner’ label through gendered mental illness stereotypes. These depictions bring portrayals of Ashley back to stereotypical mental illness labels through their emphasis of vulnerability, while they simultaneously move away from portraying her as a ‘resistant’ (and potentially dangerous) prisoner.

Dangerousness versus Vulnerability: Problematizing Ashley Smith as a Prisoner

Although words typically associated with a ‘prisoner’ label did not surface in the topic modeling results of this thesis, this label is used in the story of Ashley Smith. Topic modeling is about word networking rather than word frequency. As such, newspapers may use a word regularly (e.g., ‘prisoner’), but if this word does not connect to other words flagged as significant, it is not added to the sparse matrix created by the algorithm. This means that ‘prisoner’ did not appear in the eight-topic model result because it did not consistently match up with other words to constitute a topic, or its connection to Ashley Smith was too small to model. For example, news articles from the *National Post* frequently labeled Ashley Smith as a prisoner. However, these articles only account for 8.5% of the total collection so this connection is too small to be recognized by MALLET.

In the next section I explore how liberal and centrist newspapers challenge Ashley's 'prisoner' label through the use of mental illness stereotypes.

Ashley Smith was not a 'Hardened Criminal'

According to the literature, stereotypes associated with mental illness labels vary depending on gender. Mentally ill men are typically associated with violence and dangerousness, whereas mentally ill women tend to be portrayed as vulnerable and dependent. As such, it is not surprising that Ashley Smith's vulnerability is emphasized, even though the picture presented of her was often not one of vulnerability. Some of the behaviours displayed by Ashley Smith (e.g., spitting, cursing, aggressiveness) are typically associated with masculinity and dangerousness. Even some of the charges against Ashley—most of which were laid in an institutional setting—are typically associated with violence and dangerousness: uttering threats, assault with a weapon, assaulting a peace officer and possession of a prohibited weapon (Cheney, 21 November 2007, A.1). Despite these behaviours and charges, readers are prompted to conceptualize Ashley Smith through the rhetoric of vulnerability associated with her mental illness: “vulnerable, lonely, utterly miserable 19-year-old girl” (Blatchford, 20 May 2011, A.7); “[...] people like Ms. Smith, unseen, utterly powerless and vulnerable” (Anonymous, 18 May 2011, A.22). News articles about Ashley Smith minimize details that associate her with dangerousness and violence by focusing on the fact that she was a mentally ill woman. Although this lop-sided depiction of a feminized Ashley Smith provides an ideal

platform to invoke public sympathy, under this rubric of vulnerability Ashley Smith's behaviours are linked to pathology rather than intention and resistance.

Feminist researchers Chesler (1972) and Rosenfield (1982) maintain that when women transgress gender expectations, medical practitioners often explain their behaviour as a symptom of 'illness'. Shaw and Proctor (2005) contend that when women are resistant to oppressive patriarchal authority, this resistance is pathologized as irrational and deviant. This pathologizing of gender role transgression is not limited to mental health professionals. Most liberal and centrist news articles written about Ashley Smith reduce her 'negative' behaviour to a sign that she was "an extremely troubled woman" (Linke, 20 May 2008, A.1). These depictions diminish the possibility of understanding Ashley's actions outside the stereotypical rubric of female pathology. In emphasizing Ashley Smith's vulnerability, mainstream news articles from the *Toronto Star*, *Telegraph-Journal* and *Globe and Mail* eliminate the possibility of discussion of the issue of punishing women who dissent from patriarchal authority.

However, the media's use of images of vulnerability is not entirely negative. Liberal and centrist (*Toronto Star*, *Telegraph-Journal*, *Globe and Mail*) newspapers used Ashley's vulnerability as a platform to highlight Ashley's humanity and to challenge typical 'prisoner' labels. Given Ashley Smith's aggressive behaviours and that she was incarcerated at the time of her death, it is expected that newspapers would use typical 'prisoner' labels. According to modified labeling theories, these 'prisoner' labels emphasize an individual's potential for dangerousness and would legitimize punitive actions taken against him/her by prison officials. Counter to this expectation, liberal and centrist news articles that refer to Ashley Smith as a 'prisoner' typically challenge the

validity of applying this label to her. Acknowledging that Ashley was a person *and* a prisoner has the potential to direct attention to the processes and practices that create criminality, and to facilitate recognition of the political construction of crime and criminal behaviours.

Unfortunately, these liberal and centrist news articles on Ashley Smith dispute her ‘prisoner’ label by maintaining a dichotomous relationship between Ashley and ‘other’ prisoners. In this dichotomy, ‘offender first’ language is considered acceptable for incarcerated individuals who are not mentally ill. Offender first language emphasizes the ‘offender’ label over any other characteristic of the individual—the primary identity ascribed to the person is that of ‘offender’. Prison reform advocates, such as Shoshana Pollack (2007), maintain that ‘offender first’ language perpetuates the notion of a reified ‘offender’ identity. This ‘offender first’ language legitimizes biological determination theories that argue that ‘offenders’ are biologically different from ‘law-abiding people’. Frequently, liberal and centrist news articles draw on this distinction in their coverage of Ashley Smith reminding readers that Ashley was not your ‘typical hardened criminal’. As stated in an article that appeared in the *Globe and Mail*: “Ashley Smith was not a killer or a hardened criminal; she was a mentally ill 19-year-old with personality disorders” (Anonymous, 10 March 2009, A.16). With the exception of the *National Post*, this depiction of Ashley Smith is consistent across time and all newspapers:

What follows are just some of the measures to which [Ashley Smith] was subjected while in one form of custody or another in this country—and all of this, you must bear in mind, was done not *to some hardened violent criminal, but to a mentally disturbed girl* (emphasis added, Blatchford, *Globe and Mail*, 2 April 2011, A.2).

[Even though Ashley Smith's] behaviour was rooted in conditions over which she had little, if any, control, the justice system treated her as a delinquent (Anonymous, *Telegraph-Journal*, 19 May 2011, A.8).

I was literally in tears. They were tears of sadness, anger and frustration over how this very troubled, desperately ill young Canadian was treated like a criminal when she needed care (Heard, *Toronto Star*, 9 May 2011, A.12).

This dichotomy is also accomplished by showcasing quotes from Ashley Smith's mother—"She was treated like a criminal, not a girl who needed help" (Thanh Ha, 3 March 2009, A.1)—and non-CSC professionals—"[Dr. Beaudry] said that she was treated as if she were a dangerous individual with little or no actual evidence that she was" (Makin, 3 November 2010, A.4). These portrayals of Ashley Smith solidify a dichotomy between Ashley Smith and other 'prisoners', with the implication that the harsh punishments Ashley Smith experienced would be legitimate measures for prisoners who are not mentally ill.

Different from the other three newspapers, the *National Post* challenges these depictions of Ashley Smith by maintaining Ashley's 'prisoner' label. While the other newspapers emphasize Ashley's 'mental health' label, the *National Post* focuses upon her 'prisoner label'. Consistently throughout the articles, readers of the *National Post* are reminded that Ashley was a prisoner/inmate.

Corrections Services of Canada yesterday fired four employees at the Grand Valley Institute for Women in Kitchener after an internal investigation into the death of inmate Ashley Smith (Anonymous, 17 January 2008, A.5).

The inmate died in hospital of what Waterloo Regional Police called self-initiated asphyxiation after being found unconscious in her cell at the Grand Valley Institution in Kitchener, Ont. last October (Huber, 24 October 2008, A.10).

Criminal charges have been withdrawn against four guards at the Grand Valley Institute for Women in Kitchener, in relation to the suffocation death of a 19-year-old female prisoner, the Crown attorney's office said yesterday (Crawford, 9

December 2008, A.9).

Smith, originally from Moncton, N.B., was the youngest prisoner at the institution [...] (Adam, 22 January 2010, A.5).

The articles provide no depictions that separate Ashley Smith's experience from that of 'other' prisoners. Unlike the other newspapers, news articles from the *National Post* typically label Ashley Smith as a prisoner first, rather than as mentally ill. However, these news articles did discuss mental illness issues—such as the suggestions for reform found in Sapers' report—and implied that these details are relevant to Ashley's story because she was a woman prisoner. According to feminist literature (see Chapter 1), depicting all incarcerated women as mentally ill effectively pathologizes women's deviance and 'problem' behaviours. Women prisoners are presented as individuals who are 'sick' and in need of 'treatment'. Under this pathology rubric, resistant women prisoners are discredited and silenced. As such, these conservative depictions of Ashley Smith as a prisoner coincide with traditional assumptions of female prisoner pathology.

There is one news article that was published in the *Telegraph-Journal* that contradicts all of the depictions of women prisoners who are not mentally ill. Reid Southwick's article entitled, "Woman calls herself 'Grand Valley success story'; Prison Former [sic] inmate shows alternative view of federal women's center where Moncton teen died" (26 November 2007, A.1), presents a different type of woman prisoner: the 'model inmate'. In this article, Southwick interviews a former prisoner (Carol Andrews) who served time in Grand Valley Institution for Women—the prison where Ashley died. In this narrative, Andrews is constructed as the ideal inmate and success story. Her experiences of 'successful' incarceration are juxtaposed against

Ashley Smith's "tragic" (Southwick, 26 November 2007, A.1) experiences. Southwick writes:

[Carol Andrews'] experience at Grand Valley was so dramatically different than Smith's, they could have been in different prisons. And in many ways they were (26 November 2007, A.1).

Counter to previous feminist literature, this story of a 'model inmate' suggests that incarceration will actually 'help' some women and that it is the 'difficult' women who experience harsh punishments. According to Andrews, "[t]he treatment I received at Grand Valley was very humane [...] And I knew that as long as I stayed on track and remained focused, I would be treated fairly" (Southwick, 26 November 2007, A.1). This depiction of the 'model inmate' affirms the view that crime is a result of willful 'choice'. This 'choice' philosophy, which serves as the basis for prison cognitive-behavioural programs (Pollack, 2004), rests on the foundational assumption that one consciously chooses to engage in criminal behaviour and that criminality is a result of poor decision-making and irrationality. Instrumental in the 'tough on crime' approach, this conceptualization of criminality has been critiqued by penal researchers as androcentric and monolithic (Gorman, 2001; Hannah-Moffat & Shaw, 2000). Additionally, as maintained by Pollack (2004):

[...] the obvious decontextualization of offenders from their social environment renders structural and interpersonal inequalities invisible, thereby individualizing and psychologizing criminal behaviour (p. 695).

In constructing Andrews as a 'model inmate', Southwick maintains that the prison system works for those women who are capable of choosing to live a 'crime free' life. Quoting Andrews, Southwick writes: "You can decide to change your life, or you can stay in the same pattern that will follow you for the rest of your life" (26 November 2007,

A.1). Many feminist criminologists argue that this philosophy of ‘choice’ ignores the power dynamics in criminal definitions and law enforcement. Maintaining that crime is a choice fails to consider the complexities of criminality and the influences of structural oppression and marginalization.

In opposition to the ‘model inmate’, Southwick depicts mentally ill prisoners, like Ashley Smith, as incapable of control and choice. He writes that:

Andrews, convicted of second-degree murder, was *presented with a choice* to make Grand Valley a turning point in her life. Smith, *who suffered from a mental illness*, was not” (emphasis added, 26 November 2007, A.1).

He implies that the conditions and/or practices present in women’s prisons are only problematic for mentally ill prisoners. In writing this ‘success’ story of Carol Andrews, and juxtaposing her experiences with those of Ashley Smith, Southwick presents a simplistic model of choice and reintegration. This story also perpetuates the misconception that mentally ill people are dysfunctional and incapable of personal choice and control.

Although this ‘model inmate’ depiction is only discussed in one news article, it may indicate a shift away from traditional and contemporary understandings of women prisoners. The dichotomy between ‘bad’ prisoners and ‘mentally ill’ prisoners is being complicated by the addition of a new ‘model inmate’ stereotype. This ‘model inmate’ depiction could be classified as positive since it challenges portrayals from conservative news articles that suggest that all woman prisoners are pathological and require medical ‘treatment’. However, it maintains problematic assumptions about women prisoners who are mentally ill, implying that they are incapable of agency. This depiction also challenges the misconceptions reflected in ‘offender first’ language, which imply that

criminalized individuals are incapable of change. Unfortunately, this argument is based upon portraying criminality as a 'choice' and change as compliance, failing to recognize the sociopolitical factors and power dynamics underlying criminal law creation and enforcement. As such, this 'model inmate' depiction in Ashley Smith's story perpetuates both traditional and contemporary understandings of female criminality and corrections.

Conclusion

This critical reading analysis of four mainstream Canadian newspapers (*Globe and Mail*, *Toronto Star*, *Telegraph-Journal* and *National Post*) revealed that depictions of mental illness in the coverage of Ashley Smith's case changed over time and newspaper political affiliation. Over time, descriptions of Ashley moved away from stereotypical medical models of mental illness to focus on the potential influence of environmental factors. Later news articles, from all four newspapers, published opinions from mental health and prison reform advocates more often than opinions from traditional medical experts or doctors. Mainstream news media's acceptance of the perspectives of non-medical mental health professionals in later news articles may explain why depictions from these news articles tended to stay away from medicalized models of mental illness. Contemporary mental health advocacy has helped diminish some negative stereotypes of mental illness in media depictions by challenging pathology arguments and directing attention to the impact of harsh prison environments on people's mental and emotional health.

The location of the reporting newspaper also affected which details and topics of Ashley Smith's story were emphasized. Although both liberal papers (*Toronto Star*, *Telegraph-Journal*) emphasized reports that addressed mental health reform issues, the

'localness' of Ashley Smith's story more directly affected the targets for these reforms. The *Telegraph-Journal* focused on reports commissioned by New Brunswick (Richard's report) and the *Toronto Star* covered issues found at the federal level (Sapers' report). This difference in reporting also appeared in articles that covered the different policy revisions and suggestions for change. Where the *Telegraph-Journal* stressed the importance of updating provincial institutions and funding local mental health programs, the *Toronto Star* emphasized the need to increase funding to federal institutions (e.g., prison) and revise national mental health policies.

Gendered mental illness stereotypes discussed by modified labeling theorists were reflected in the news coverage on Ashley Smith. However, the stereotypes used varied depending on the political affiliation of the newspaper. Liberal and centrist newspapers (*Toronto Star*, *Telegraph-Journal*, *Globe and Mail*) tended to align with stereotypes that portrayed mentally ill women as vulnerable. On the other hand, the conservative newspaper (*National Post*) presented a less sympathetic portrayal of Ashley Smith by using negative mental illness terminology and emphasizing Ashley's 'prisoner' label. Mental illness labeling in the media is more complex than researchers previously discussed. Using topic modeling, I applied quantitative data to modified labeling theory. This thesis contributes to modified labeling theories by lending support to their main theoretical assertion that mental illness labels are socially constructed and affected by many sociopolitical factors, through an interdisciplinary mixed methodology that considered the influence of news coverage timing, newspaper location and political affiliation on the depictions of mental illness stereotypes in mainstream news media.

Chapter 5: Conclusion

My objective in writing this thesis was to uncover patterns of mental illness labeling and stereotypes in mainstream newspaper depictions of Ashley Smith. To accomplish this goal, I analyzed digital news articles from four Canadian newspapers (*Toronto Star*, *Telegraph-Journal*, *Globe and Mail*, *National Post*) published between October 18, 2007 and October 1, 2011. I approached this topic differently than previous researchers by using a mixed methods approach, which merged a relatively new computerized quantitative method with more traditional labeling theories and qualitative methods. In using this approach, I discovered three variables that influenced newspaper depictions of traditional mental illness stereotypes in the story of Ashley Smith: the timing of news coverage, newspaper political affiliation and circulation/location. I found that each of these variables connected to specific stereotypes found in previous mental health and labeling literature, which is indicative of the complexity of mental illness depictions in newspaper articles.

Over the course of researching and writing this thesis my thoughts on newspaper depictions of Ashley Smith changed. In the beginning of this research, I hypothesized that newspaper coverage on Ashley Smith would be blatantly negative, overtly sexist and would focus on her as mentally ill, employing pejorative stereotypes in the portrayal of mental illness. However, topic modeling the articles showed that the news coverage actually focused on positive outcomes from Ashley's story, including social justice and human rights issues such as prison reform and anti-segregation advocacy. Counter to my expectations, topic modeling also revealed that these topics carried more weight in the

newspaper articles than mental illness. Problematic themes, such as discussions of female prisoners and negative mental illness labels that jumped out at me when I critically read the articles, I expected to be heavily weighted topics in topic modeling. However, the topics found in Ashley's story were actually more nuanced and implicit. As such, topic modeling provided me with a deeper understanding of researcher subjectivity. Topic modeling provides researchers with a 'check and balance' tool for qualitative findings.

As I was writing this thesis I came across a slogan that aptly reflects my experiences in academic research: Outside of your comfort zone is where the magic happens. By not being afraid to work with a quantitative research method that was outside of my discipline I was able to gain a more complex understanding of the relationship between data analysis and researcher expectations.

Appendix

Figure 1: Topic Model Result (3 defined topics)

| | | |
|---|----------|--|
| 0 | 16.66667 | smith prison death correctional cell guards federal segregation service women canada grand valley staff died pate day ms oct |
| 1 | 16.66667 | smith inquest coroner ashley family death porter ontario prison court dr falconer time lawyer videos ms lawyers custody public |
| 2 | 16.66667 | mental system health youth ashley sapers tilocblob report brunswick year ill treatment mentally public government richard services federal justice |

Figure 2: Topic Model Result (8 defined topics)

| | | |
|---|---------|---|
| 0 | 0.18877 | mental health people ashley illness court mentally ill |
| 1 | 0.20742 | pate smith prison service women segregation cell died |
| 2 | 0.14001 | ms smith cell guards youth time neck video |
| 3 | 0.39693 | prison federal sapers smith system report health mental |
| 4 | 0.23423 | inquest coroner porter dr smith videos death lawyers |
| 5 | 0.25556 | smith guards death union grand valley criminal charged |
| 6 | 0.60841 | smith prison ashley death family correctional institution staff |
| 7 | 0.12041 | youth richard tx brunswick centre government child miramichi |

Figure 3: Topic Model Result (25 defined topics)

| | | |
|----|---------|---|
| 0 | 0.73473 | smith death ashley prison time years spent |
| 1 | 0.08657 | lawsuit report family falconer suicide million julian |
| 2 | 0.31877 | years don people issue day person time |
| 3 | 0.12486 | pate women prisoners prison officials rights canadian |
| 4 | 0.02994 | grievance box policy gratton process filed respect |
| 5 | 0.07123 | porter inquest dr coroner Carlisle lawyers proceedings |
| 6 | 0.23897 | breathing report system guards force youth managers |
| 7 | 0.03946 | health mental court brien judge courts saint |
| 8 | 0.08269 | prison loan van service confinement segregation peter |
| 9 | 0.10043 | coroner public office death inquests inquiry inquest |
| 10 | 0.10242 | ms mr csc minor apparently spent bars |
| 11 | 0.02583 | bad menon isn addressing guards zimbaro world |
| 12 | 0.15598 | youth richard services centre child report brunswick |
| 13 | 0.30212 | sapers federal report health system correctional mental |
| 14 | 0.23702 | criminal guards death charged negligence supervisor charges |
| 15 | 0.05289 | union godin guards officers president members managers |
| 16 | 0.30487 | mental system ashley justice ill mentally treatment |
| 17 | 0.09383 | family ashley coralee daughter mother star lawyer |
| 18 | 0.07736 | smith cell video guards neck nurse door |
| 19 | 0.06901 | public media exhibits lawyers access made videos |
| 20 | 0.06207 | tx pate records information documents files privacy |
| 21 | 0.26424 | inquest coroner family porter falconer lawyer court |
| 22 | 0.05107 | young andrews story social children human feel |
| 23 | 1.12387 | smith prison death cell correctional federal staff |
| 24 | 0.06781 | mp ill crime liberal commons murphy don |

Figure 4: Eight-Topic Model with Defined Labels

| TOPIC # | General Topic/Theme | | |
|---------|----------------------------------|---|---|
| 0 | Mental Health | 0 | 0.18877 mental health people ashley illness court mentally ill |
| 1 | Advocacy | 1 | 0.20742 pate smith prison service women segregation cell died |
| 2 | Details of death | 2 | 0.14001 ms smith cell guards youth time neck video |
| 3 | Saper's Report (Federal) | 3 | 0.39693 prison federal sapers smith system report health mental |
| 4 | Inquest details | 4 | 0.23423 inquest coroner porter dr smith videos death lawyers |
| 5 | Legal Responses | 5 | 0.25556 smith guards death union grand valley criminal charged |
| 6 | Prison experiences | 6 | 0.60841 smith prison ashley death family correctional institution staff |
| 7 | Richard's Report (Provincial-NB) | 7 | 0.12041 youth richard tx brunswick centre government child miramichi |

Figure 5: Eight-Topic Model Result

```

0      0.18877 mental health people ashley illness court mentally ill
1      0.20742 pate smith prison service women segregation cell died
2      0.14001 ms smith cell guards youth time neck video
3      0.39693 prison federal sapers smith system report health mental
4      0.23423 inquest coroner porter dr smith videos death lawyers
5      0.25556 smith guards death union grand valley criminal charged
6      0.60841 smith prison ashley death family correctional institution staff
7      0.12041 youth richard tx brunswick centre government child miramichi

```

Figure 6: Eight-Topic Result with Labels

| TOPIC # | General Topic/Theme | | |
|---------|----------------------------------|---|---|
| 0 | Mental Health | 0 | 0.18877 mental health people ashley illness court mentally ill |
| 1 | Advocacy | 1 | 0.20742 pate smith prison service women segregation cell died |
| 2 | Details of death | 2 | 0.14001 ms smith cell guards youth time neck video |
| 3 | Saper's Report (Federal) | 3 | 0.39693 prison federal sapers smith system report health mental |
| 4 | Inquest details | 4 | 0.23423 inquest coroner porter dr smith videos death lawyers |
| 5 | Legal Responses | 5 | 0.25556 smith guards death union grand valley criminal charged |
| 6 | Prison experiences | 6 | 0.60841 smith prison ashley death family correctional institution staff |
| 7 | Richard's Report (Provincial-NB) | 7 | 0.12041 youth richard tx brunswick centre government child miramichi |

Figure 7: Distribution of the Total Collected News Articles

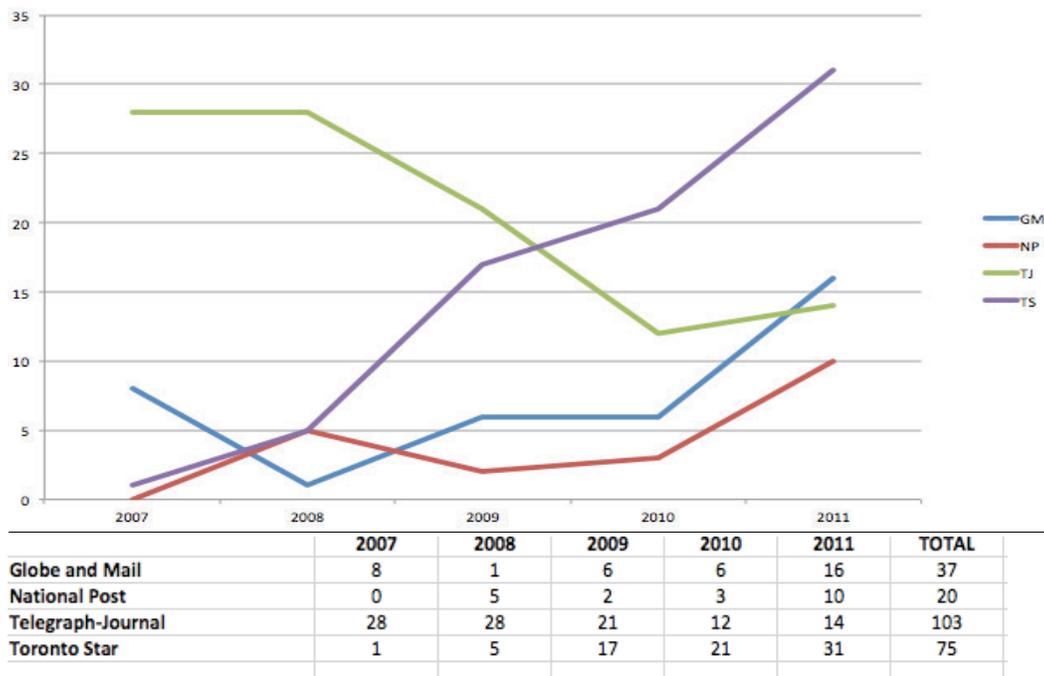


Figure 8: Topic Weight Over Time

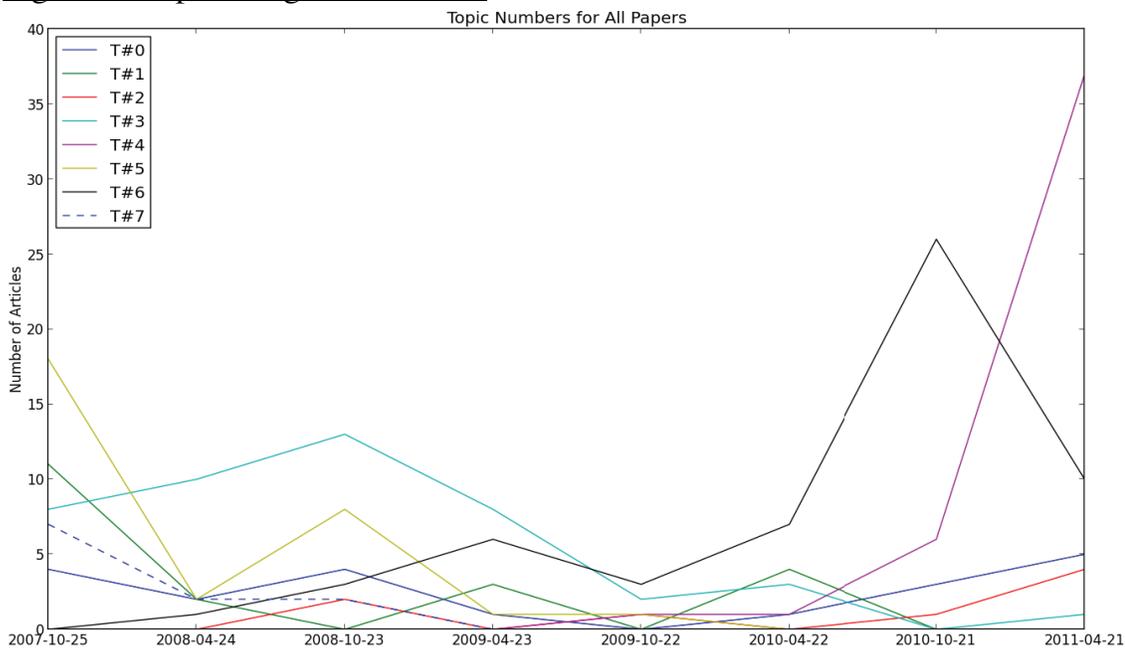
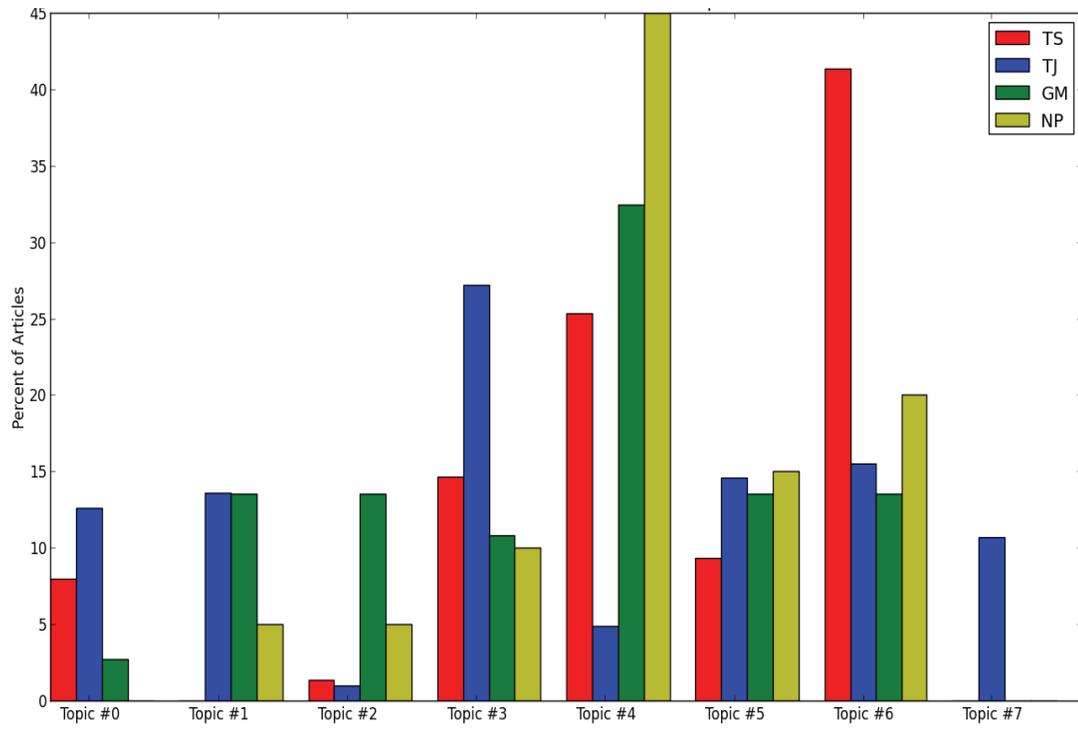


Figure 9: The Percent of Articles Most Related to Topics



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