

# Determining responsibility: A media analysis of the death of Ashley Smith

## “PROBLEMATIC BEHAVIOURS”

The death of Ashley Smith in 2007 while she was incarcerated in the Grand Valley Institution for Women has raised concerns over the use of segregation policies and the treatment of inmates with mental health concerns. Smith’s experiences with the criminal justice system, which saw her transferred 17 times across eight facilities in an 11-month timeframe, resulted in instability and behaviours that Correctional Service Canada (CSC) classified as problematic or acting out. These behaviours caused prison staff and officials to engage in segregation and psychiatric intervention as punitive measures when dealing with Smith. The use of psychiatric measures as punishment or a form of control plays into a larger “psy-carceral complex” in which the CSC uses medicalization and punishment in the form of isolation and sedation (Kilty, 2014). In the case of Ashley Smith’s homicide, these narratives maintain underlying tones of accountability that shifts blame from the CSC to Smith’s behaviours and her mental health status.

The use of psy-carceral discourses in the media representation of Ashley Smith seemed to construct Smith as both “mad” and “bad.” Newspaper coverage in both the New Brunswick *Telegraph-Journal* and *The Globe and Mail* used mental health diagnoses when describing Smith’s behaviour during her incarceration. Most commonly, the newspaper reports used a diagnosis of borderline personality disorder. However, Smith did not receive a complete psychological assessment and did not receive a mental health diagnosis, even though she was prescribed psychotropic medications in order to sedate and control her (Kilty, 2014). In the article “Ashley Smith a ‘Large Tyrannical Child,’ Psychiatrist Tells Inquest”

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(Perkel, 2013b), which was published in the *Telegraph-Journal*, the reporter quotes a prison psychiatrist’s testimony during the coroner’s inquest. The use of testimony by a prison psychiatrist suggests that Smith had a formal diagnosis. At no time does the article recognize the lack of a formal assessment of Smith; instead, it allows the reader to assume that Smith was assessed as having borderline personality disorder. Given the lack of a formal diagnosis and treatment plan, the use of sedatives in Smith’s case suggests a reliance on medicalization as a form of control in the prison system. “For Smith, psychotropic medication became an instrument of punishment that diminished her ability to resist carceral control” (Kilty, 2014, p. 244).

## CONTROL AND PUNISH

The use of segregation is another element of the psy-carceral discourses that sought to control and punish Smith. In the Grand Valley Institution, segregation included 23 hours a day in solitary confinement. The labelling of Smith as “acting out,” having “behavioural problems,” or being “abusive” justified the use of segregation as a method of punishment. The prison staff’s use of segregation for Smith further impaired her health and well-being. In her call for an end to segregation policies, Joane Martel states that “segregation is most often lived in overwhelming solitude, which is generally experienced as rejection or abandonment, as a form of dehumanization, as a total invisibility or a general lack of acknowledgement of their existence” (2000, p. 130). By not addressing the CSC’s use of segregation as a method of

treatment or punishment, there is a lack of accountability for the policies that contributed to Smith’s death.

Representation of Smith’s presumed mental health status in newspaper articles covering her death was largely problematic. By reducing Smith to a label, or to actions and behaviours associated with a label, the newspaper coverage worked to dehumanize Smith. This is seen through the use of statements such as “she would be making progress and then she would have to self-destruct” (Perkel, 2013a) and she was “a large, tyrannical child who can’t tolerate limits” (Jones, 2013). As Butler notes, “violence against those who are already not quite living, that is, living in a state of suspension between life and death, leaves a mark that is no mark” (2004, p. 36). The use of treatment in Smith’s case continued to mark her as a body that was not quite living. In separate articles, Perkel and Jones both note that treatment plans for Smith were created that included withdrawing heat and giving her the silent treatment as a form of punishment if she misbehaved. This degrading method of treatment does not seek to encourage positive responses to successes but rather focuses on punitive measures. These methods suggest a willingness to inflict punishment on a body that is marked for violence because the mark will not be seen. Smith’s involvement with the CSC resulted in her body being marked for acts of violence that would not be taken up, because she was not thought of as fully living by the prison staff.

## A BODY NOT QUITE LIVING

This essay has sought to draw connections between the media’s representation of Ashley Smith’s death and forms of accountability, along with the marking of Smith’s body as not deserving of pub-

The death of Ashley Smith, page 10

# The death of Ashley Smith continued from page 9

lic grief. While many of the articles written attempt to uncover the issues in Smith's incarceration and death, the reporters fail to address Correctional Service Canada's responsibility in Smith's death as they exercised psycharceral discourses as methods of punishment and control. The problems associated with some of the word choices in recounting Smith's behaviour and her presumed mental health further contribute to the "mad" or "bad" dialogue of criminalized women. Historically, "the idea that women could be both mad and bad was almost incomprehensible. The tiny percentage of women who came to be labelled as insane criminals therefore provoked a great deal of curiosity, bewilderment and scorn" (Kendall, 2000, p. 85). Whether intentional or not, the media's representation of Smith constructed her as both "mad" and "bad." This has resulted in a misrepresentation of accountability for Smith's death, with responsibility being placed on Smith herself instead of on the CSC's policies and mandates that were directly related to her death. The use of segregation, medication, and mental health treatment plans as methods of control further displaced Smith in a system that was supposed to focus on rehabilitation instead of retribution. 🍁

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