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Abstract
Drawing on conceptualizations of a loss of personal power versus empowerment, criminalized women in Canada engage two seemingly opposed discourses to explain their substance use. When feeling a loss of control/power participants constructed substance use as a disease, and when feeling in control of their substance use they described becoming substance free as based on an empowered choice to use/quit using. This article explores the connection between choice/disease discourses and correctional treatment discourses through an examination of women's narratives about identity management and negotiation related to substance use. Based on 22 life history interviews with formerly incarcerated women and four social workers who assist criminalized women as they transition from prison to the community, this research suggests that criminalized women construct a distinct drug using or 'addict' identity that they separate from their 'true' or core conceptualization of self.

Key Words addiction, choice, criminalized women, disease, drug use, identity

Tensions within Identity: Notes on How Criminalized Women Negotiate Identity through Addiction

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Introduction

"That's not the real me!"; "I'm a different person when I'm using."; "I'm an addict, but I'm also a mom."; "That's not me, it's not who I *really* am."; "I'm an addict, but I'm no junkie-whore." These are the words of formerly incarcerated women in Canada, taken from a series of ethnographic and life history interviews, which illustrate the dramatic impact substance use has on how criminalized women construct their identities. These excerpts demonstrate the importance of examining how substance use is a component of identity. More specifically, different accumulated selves come to 'make up' identity[1] and when selectively invoked by either the women or other actors in their lives, these selves or components of identity can reinforce constructive or harmful stigmatic identities in the individual's self-concept. This research describes how criminalized women construct and negotiate what they describe as their 'true identity' in light of their substance use, which they depict as creating a distinct 'addict identity' that is separate from their true self. Interestingly, participants adopted both choice and disease discourses of addiction depending on their level of control over their drug use/desistance and their felt association with their true self or addict self. This article proposes that criminalized women's experiences of substance use create *tensions within identity*, where different and potentially conflicting components of identity co-exist within the individual. While existing scholarship has examined the connection between women and substance use,[2-5] the portrayal of women and substance use in policy, media and law,[4-7] as well as the effects of substance use and criminalization on mothering,[2,8,9] there are fewer

discussions of how substance using women construct their identities.[8,10-13] Rarer still, are examinations of how substance use affects the ways in which women negotiate identity construction. Therefore, this article uses identity as the theoretical and topical lens to examine the role substance use plays in the lives of criminalized women.

Identity and the substance using self

Kenneth Gergen[14] suggests that identity was historically seen as an essence unique to each person, a component of self that was fixed and stable over time. In postmodernity, our understanding of identity shifted to presenting individuals as a composite of disparate characters, to which they are exposed by way of communication technologies and social interactions.

> As social saturation proceeds we become pastiches, imitative assemblages of each other. In memory we carry other's patterns of being with us. If the conditions are favourable, we can place these patterns into action. Each of us becomes the other, a representative, or a replacement. To put it more broadly, as the century has progressed selves have become increasingly populated with the character of others. We are not one, or a few, but like Walt Whitman, we "contain multitudes." We appear to each other as single identities, unified, of whole cloth. However, with social saturation, each of us comes to harbour a vast population of hidden potentials – to be a blues singer, a gypsy, an aristocrat, a criminal. All the selves lie latent, and under the right conditions may spring to life.[14,71].

In an environment characterized by social saturation, identity is fluid, malleable and characterized by perpetual negotiation.[14-16] Zygmunt Bauman[17] sees some attempt by individuals at ordering this postmodern fragmentation of identity, stating that we "make the world solid by making it pliable, so that identity could be built at will, but built systematically, floor by floor and brick by brick".[23] In this case, identity is highly adaptable and no component of it is *necessarily* fixed over time since we have the ability to preserve elements of our identity as long as we feel they reflect our true self.[17,18]

Identities vary by degree and can exist in tension. For example, in an effort to protect the virtuous fragments of person/selfhood, the criminalized women involved in this research often eschewed the 'addict' component of their identity by rationalizing the severity of their substance use as less serious than the archetype of the 'addict', 'junkie' or 'dope fiend'. Moore[7] suggests that addiction is a social and criminal artefact, upon which we create a substance using or addict self. To identify either as a 'substance user' or any of the idiomatic variations on that theme, (e.g. 'addict', 'crackhead', 'burnout', 'junkie') is to accept this construction as a component of one's identity. Geiger and Fischer[19 p203] contend that recovering substance users appeal to the positive components of their identity (responsibility, loyalty etc.) to help them challenge and transcend the deviant label of the 'addict', and in so doing foster a split between a good and a bad self. Distancing one's true self (virtuous) from the substance using self (wicked) is especially important, not only to manage the perceptions of others, but especially during the process of reclaiming the sober, clean, or drug-free self – something Maruna[20] calls "making good". In their efforts to construct an identity acceptable to them and to others, criminalized women invoke a number of different stigma and identity management techniques.[20-22]

Participants selectively engaged choice and disease discourses of addiction in their efforts to manage stigma and their identities as drug users. The debate about whether addiction is a choice or a disease is quite polarizing. The addiction as a disease model is accepted both in popular outpatient and support groups such as Alcohol and Narcotics Anonymous (AA/NA)[23] as well as in the biomedical sphere that prescribes medication to help the individual avoid substance use,[24] which has been widely criticized as an example of the medicalization of deviance.[24-27] Conversely, the choice model is broadly accepted in neoliberal and correctional discourses that rely on cognitive behavioural explanations and treatment options.[28-29] Neoliberal health promotion discourses stress that responsibility for the care of the self is an individual enterprise.

> Since the mid-1970s there has been a clear ideological shift away from the notion that the state should protect the health of individuals to the idea that individuals should take responsibility to protect themselves from risk. A close examination of the goals of health promotion and of its related strategies shows how the processes of risk management have, in effect, served the objective of privatising health by distributing responsibility for managing risk throughout the social body while at the same time creating new possibilities for intervention into private lives.[30,48,49]

Neoliberal emphasis on self-responsibility and choice permeates federal correctional substance use programming discourse in Canada, while community correctional reliance on AA/NA based programming emphasizes the construction of addiction as a disease. Not surprisingly, women's narratives reflect both discourses existing in tension as they invoke both in their efforts to manage stigma and negotiate identity.

Methodology: life history interviewing

This study is based on life history interviews conducted with twenty-two former women prisoners and four social workers that assist women transition from prison to the community. Participants were located through community-based agencies and halfway houses, which, in order to maintain anonymity cannot be identified; the interviews were conducted in the houses. Each woman was paid $20 for her participation, and was offered transportation or provided public transit vouchers to assist with travel costs. There were no exclusionary criteria and all the women who wished to participate were interviewed; all participants were eighteen or older and signed an informed consent form approved by Simon Fraser University's Ethics Review Board.

Most participants had been, at times, homeless, or living in a shelter or in a drug/crackhouse. At the time of the interview, 13 were living in a halfway house, 5 on their own, and 4 were homeless. Findings from this research should not be generalized to other types of substance use or to other groups of users. Consistent with the over representation of Aboriginal people in Canadian prisons,[31] nine participants identified themselves as Native, First Nations or Aboriginal and the remainder self-identified as White. Eight interviewees were incarcerated in both provincial and federal prisons, while 14 women served provincial time only, which is a maximum of two years less a day; prison sentences ranged from repeated short stays in provincial jails to a life sentence in a federal prison. The women ranged from 24 to 63 years of age and 14 (64%) were mothers; 7 of the mothers had lost primary or total custody of one or more of their children. All of the participants were prescribed psychotropic medication while incarcerated, and all had participated in some form of correctional and or community based substance use programming. These women actively used community programs for food, shelter, substance use counselling, and psychological counselling.

In order to recruit participants, I spent between 10-15 hours a week engaging in observational fieldwork in the halfway houses where the women resided and the social service employees worked. I gained entrée first by meeting with the Executive Directors and house managers, who were interested and welcomed my research, as they felt it would showcase the needs of the women they serve and thus the difficulty in their work. Five months of fieldwork allowed me to blend in with the goings-on of the agencies and the halfway houses, generate rapport with staff members and the women, and have countless casual conversations and informal meetings with staff members and the women who lived in the house and/or used the agency's services. This interaction helped to foster a detailed knowledge of and familiarity with agency and house policies, procedures, and mandates, as well as the agencies' organizational and fiscal structures and constraints.[32,33] The interviews were semi-structured, lasted between two and four and a half hours, and covered a variety of topics, including: childhood life, familial and romantic relationship history, histories of abuse, substance use, and self-harming behaviours, as well as discussions of imprisonment, reintegration, health, power, identity and resistance.

Using grounded theory[34] to guide the analytic process, I read the interview transcripts multiple times coding for emergent themes and then mapping for the relatedness of those themes. I used a series of questions to guide the analytic process: How did participants understand/define/conceptualize key concepts and themes? How did participants frame individual and state agency and responsibility with respect to key concepts/topics and themes? How and why did participants comply with or resist correctional discourses? How did participants 'make up' their identities in light of their experiences of criminalization and marginalization? In order to ensure the credibility and thus validity of this research, I engaged the constant comparative method and participated in ongoing reflexive and reflective practices, including daily fieldnotes and memos, interview debriefing through journaling, and countless informal discussions with participants about the findings as I was making sense of the data.[34,35] This article is based on the participant's discussions of their problematic substance use (illicit drugs and alcohol), that they characterise as addiction, in Canada. The following discussion examines how participants constructed their identities as substance users.

Duelling identities: the 'addict' versus the 'true' self

Most participants discussed having, at least, two distinct identities along the lines of what researchers have dubbed the 'addict' and the 'true' self.[10,13,20,36] Distancing their 'addict self' from their 'true self' is an attempt to achieve a master status that is free from a deviant label,[20,35] illustrates their desire to overcome their addiction, and reveals the use of hope in personal identity management. Identity construction is influenced by our sociality and contextual environments,[14,15,18] where labels such as prisoner, criminal, mother, alcoholic, drug addict, victim, HIV positive, or prostitute are reflexively and socially constructed. We use these labels to express our senses of

self, which are many, varied and may be in conflict with understandings of our true self. One participant discussed the division between her 'addict' and 'true' self, stating that sobriety marked a return to her true/core self: "I was only an addict for five years, so it wasn't a big part of my life. Getting clean was kind of like picking up where I left off."

Equating recovery to the reclamation of control by definition equates addiction to a loss of control that partially mitigates responsibility for behaviours the women regret or feel shame toward. This process of re-appropriating a sense of personal self-control/power was a key feature of the women's identity management strategies, as adopting the addict self as part of one's 'true' self meant accepting one's capacity for doing something they viewed as shameful. Constructing a division between the two is a protective measure that allows the individual to save face and strategically manage the stigma associated with substance use.[10,13,14,19,21,36] Participants often compartmentalized their sober and addict selves; for Joan, this separation distanced the guilt she felt for losing custody of her children and for harming her mother.

> That's not who I am really, it's who I was because of the drugs and because I was drinking. I'm not somebody who would have hurt their mother. I'm not somebody who wanted my kids to be taken from CAS [Children's Aid Society] and now they're with their father! That's not me, it's not who I really am (Joan).

Similarly, for Phoebe, this separation of selves provided an emotional sanctuary for the guilt she felt about using drugs while pregnant.

> I just look back at the things that I've done to people, what I did to my own baby, you know? She was born with crack in her system. And I look back and that was a lot of guilt and shame associated with those feelings. And I hate those feelings, with drugs. When I was in rehab I dealt with those feelings. I had to learn to forgive myself for doing those things because that was the addict in me, you know? I'm not like that now. That's not the real me (Phoebe).

Joan's comment that "I'm not somebody who would have hurt their mother; that's not me, it's not who I really am" and Phoebe's assertion that it was her addict self not her true self, who birthed a daughter with crack in her system, are discursive attempts to create a protective division between who they are when using versus non-using – and thus between their addict and true selves. By fostering this division, participants construct addiction as responsible for behaviours they view as harmful and shameful, and cast it as an unwanted interlocutor that affected their actions.

Critics may argue this discourse mitigates responsibility; rather this research shows it is more akin to the women's effort to save face[21] and make good[20] on their identity. While it is obvious that participants experienced a great deal of guilt for their substance use and for some of their actions while using drugs, this guilt does not eliminate or excuse bad behaviour (for example, like Joan harming her mother while intoxicated). At the same time, the correctional system's exclusive emphasis on individual responsibility negates the structural conditions (poverty, un/underemployment, exclusionary and discriminatory politics, and a lack of access to education, affordable housing, drug treatment, and affordable child care among others) that contribute to and even facilitate drug use.[2-4,6,7,11] My emphasis here is less on engaging in the responsibility debate – but rather to demonstrate how women discursively make sense of the tensions in identity that are rooted in their drug use.

Participants created this division through different means; for example, Phoebe was able to separate her addict from her true self after by reinforcing the message of a prison guard who singled her out as unique and unlike the other women around her:

> Lindsay [prison guard] was part of the reason I felt like I would have wanted to go straight. She really thought I was different from the other girls; that I really had hope to get off the streets. She just didn't think I was the norm, which was true, because a lot of the women have been on the streets for years and years and years. They've been in and out for so many times and for long periods of time. Myself, it was just recent – two years on cocaine and heroin and I was only on crack for five years. You know, I started late on drugs. I'm only thirty-two years old.

Phoebe attempted to mitigate the stigma associated with her drug using self, by distancing her true self from that of other drug using women;[10,13,19,36] she cites the duration of her addiction (seven years) as short in comparison to others as evidence both of the division between her true and addict self, and of the fusion of those selves in other drug using women. In so doing, Phoebe casts drug use as an interruption rather than alteration of her identity,[38] thus suggesting that identity can be maintained over time.[18,38]

Addiction was inextricably linked to participant's criminalization. For these women, shedding their addict selves was combined with their desire to shed the labels criminal or prisoner. Part of differentiating between their addict and true self is the ability to reconstruct substance use and the lifestyle associated with it in a negative light.[20,39] Jane, a young woman who had lost custody of a son and who was pregnant at the time of the interview, spoke explicitly about the difficulty of leaving behind or remaining part of the drug subculture.

> He had money and a nice condo and he could take care of me. He asked me to move in after three days. And then when I got to really know him, I fell in love with him. And I wanted to quit and then I started slowing down. You know, selling drugs, there's no talent in that, there's no school. It's kind of an idiot's way to gain power. He's poor now. Has nothing. He lives from crack house to crack house. That's what happens to all of us, in the end.

Jane's narrative reveals the difficulty many women expressed when they considered abandoning their drug-using lifestyle. While the women found living in crack houses abhorrent, they also described this life as having a certain glamour and power that they desired; expressing antipathy for this lifestyle discursively distanced them from it.[13,20,36,39] Jane described her substance use as a cycle of empowerment/disempowerment, stating that, "the most power I ever had was when I was selling drugs, because I got to do whatever I wanted". Having grown up poor, the money she earned from selling drugs provided Jane with a sense of economic power, which she lost as she became addicted to the drugs she was selling. By simultaneously reconstructing her former partner, the lifestyle she once admired, and the power associated with selling drugs in a negative light,[20,39] and sobriety as indicative of empowerment, Jane was able to create a divide between her true and addict selves and reclaim what she viewed as the positive (true) aspects of her identity.

The participants' fear of being stigmatized as "an addict" was heightened by their belief in their own ability to identify, by appearance alone, a criminalized person or drug user.

> You would never know I was a criminal. Like I was a drug user only the last couple of years before I went to jail. You wouldn't know it now to look at me; you would have known it then to look at me. I can pick a criminal out from far away. I hung around with a lot of them when I was using drugs. And I can always tell when people are on, what they're on, what they're up to – a shady character. Things like that. (Cate)

While Cate claims to be able to know who is using and who is not using, she rejects the notion that she herself could be 'found out' in this way. This claimed ability to discern a hidden identity enabled the women to be more prudent in their stigma and identity management techniques by re-constructing themselves as hyper-aware of the criminal and drug subcultures, and thus as hyper-vigilant in their attempts to shed their associations with and identities as drug users. Having been part of these subcultures, the women expressed a kind of 'status expertise',[21,37,40] which they invoked to help them reclaim/reassert their true selves.

Shedding the addict self from one's core identity is no small feat, and women employ a range of techniques in order to facilitate their reclamation and reconstruction of self. These techniques of the self[43-45] are both practical (identifying with positive core aspects of one's identity – for example, motherhood) and metaphysical (rejecting and resisting identification with 'other' addicts in order to transcend identification). Participants carried out these techniques of the self by engaging in a discursive dance between constructing addiction as either a disease or a choice; their adoption of these discourses largely depended on their feelings of personal control and empowerment.

Constructing addiction: disease or choice?

A disease is a biological or mental impairment that affects the normal functioning of an individual. While drug and alcohol addiction are commonly referred to as diseases, there is a large body of literature that problematizes the medicalization of drug/alcohol use.[24,27,43-48] Leading scholar on medicalization, Peter Conrad, describes the process for addiction more as healthicization, that is to say when "behavioural and social definitions and treatments are advanced" for a health condition, rather than as medicalization, defined as when "medical definitions and treatments are offered for previous social problems or natural events".[26 p223] Healthicization readily fits into neoliberal health and disease management discourses that are pervasive in corrections (49). This discourse requires that individual citizens manage their health, illness, and disease responsibly, for example by eating well, exercising and following the treatment orders of their addictions counsellors.[30,49] A hallmark of neoliberalism is the devolving of responsibility from the state to the individual, yet simultaneously this does not preclude ongoing or even increasing levels of correctional intervention.[30,49-51]

Every participant with a history of drug use invoked both choice and disease discourses of addiction and rejected the neoliberal construction that they simply needed to make better cognitive-behavioural choices. When actively using and invoking the addict identity, the women engaged disease discourses and described feeling powerless with respect to their drug use. When desisting from drug use the women rejected identification with their addict self, endorsed choice discourses, and suggested that their ability to reclaim their true self empowered them to choose to stop using drugs. For example, Jessica, a young woman who served time provincially for heroin possession stated:

> When you're an addict, the addiction is driving you. You're not even making your own choices. The

> addiction is making the choices for you. It controls you, your nerves, your thoughts; your body just craves the drug. In that way, addiction is a disease. Oh yeah, you're a different person when you're using. The addiction is running you. When you get clean, the drug isn't making your choices anymore. Getting clean was like finding myself again; going back to the old me.

Jessica not only references the aforementioned division of selves ("you're a different person when you're using; getting clean was like finding myself again, going back to the old me") she describes drug use as removing the user's ability to make 'good' choices, which inherently constructs drug use as a poor choice. For the women, the controlling nature of addiction and the emergence of an addict identity eclipsed their free will and affected their decision making and actions. For Cate, despite taking all three levels of the Woman Offender Substance Abuse Programming (WOSAP) offered in Canadian federal prisons for women that espouse empowerment and personal choice in combating addiction, she continued to construct addiction as a disease.

> But it was the drugs; they helped me be what it is I feel I am, superwoman. That's why I liked them so much, I felt really powerful. But I really had no control over my mind or my body; everything was about getting my next fix. It was all about making sure I had my drugs so I didn't go through withdrawal or the bad cravings. I didn't feel like I had a choice, the drugs were making my decisions.

Critics may claim that relying on disease rhetoric to explain ongoing drug use mitigates agency and is used to elicit greater compassion for the difficulty in securing treatment and discontinuing use; however, the women's narratives follow choice and disease discourses that respectively reflect their shifting feelings of power/powerlessness to their drug use and subsequently the identity with which they related to most at that time. For example, Cassie described her drug use as a disease that is a covert part of her identity that she must actively fight to suppress.

> I used to use to deal with things. But I've been clean for four years. Day by day struggle; but like they say at the meetings [AA/NA] it's not an easy thing to overcome but with proper support and proper belief in yourself it is a disease you can win. It's a daily struggle, absolutely. It's a, I named him Bob – he's a monkey. He sleeps on my back. Most of the time he's dormant, but occasionally he'll shift and wake up and that's when I'm like, 'dooing'! And if he sinks his fangs in I have to tell him to shut up. I like him to stay asleep, it's bad when he's awake!

Consistent with Cassie's narrative, AA and NA groups are based on the positivist view that addiction is a disease. In fact, admitting powerlessness is part of the AA and NA process.[23,27,44,45,47,48] Like Cassie, Kellie (who served provincial and federal prison time) and Phoebe (who served provincial prison time only) discussed feeling powerless to drugs and evoked disease discourses to explain their continued drug use.

> AA and NA, they teach you that. Like if you're a crackhead and you come down off a three-day binge and it's the day after and you're feeling like shit – then you're cursing yourself and kicking your ass. But that night, you're right back at it. It's just something you can't control. (Kellie)

> I gained my power through rehab. Knowing that I can stay away from it, that I can say no makes me feel powerful. NA and AA teaches you that. You know, the twelve steps where you have to admit that you're powerless, you know, to drugs? (Phoebe)

If addiction is a disease that intercedes on an individual's free will, the question then becomes, how do women quit using drugs? Paradoxically, while many participants felt powerless to drugs, they also described their attempts to reclaim a personal sense of power in their lives by making the choice to quit using. For example, Emma, a former dancer, explicitly made the connection between re-appropriating power and control over her life and her decision to quit using heroin and to find healthier ways coping – a strategic attempt to practice healthicization.

> I got my power back just through the realization of where I need to work on. What I want. What I don't want in my life anymore. Making the choice. Making the choice to really quit heroin. Choosing not to run to it every time something was hard; choosing to find better ways of coping with all the shit in my life. Getting healthy in my mind and my body.

Finally, Joan's narrative illustrates particularly well how participants invoked both discourses to convey their feelings of power/powerlessness with respect to substance use.

> I really thought I was just misunderstood. It's all them, it's not me! If my husband didn't beat me, if this wasn't like this, if this wasn't like that. I wanna be medicated, I wanna be numb. If I don't feel, I don't care, and if I don't care, I can survive. No Joan! Bottom line, it's your disease. You're using and it's caused chaos and it's almost like I was a magnet for chaos. That's just my disease telling me that so it can kill me. You know, that's what my disease is. You know, that's who I am when I use. That's my disease, that's not who I am in here [indicates her heart and her mind] you know? So I had to go to treatment, that was my choice, I had control over that. I don't want this anymore. Bottom line I had to make a choice. It's just the nature of addiction, like that's [jail] where it goes. You know? And unfortunately people get lost there. They don't think they have a choice anymore. So actually, jail gave me my chance to make my choice. For which I'm grateful. I'm not grateful I had to go there to get

> it, but it did open my eyes. Do I wanna keep coming back to these places? Is this what you want out of life? Some can really struggle and some can have the worst time, but it's all choice. Like when I got out of jail I figured I was clean five months, my brain's not clouded with drugs or alcohol and I'm not feeling desperate that I have to go use. So, what kind of choice are you going to make? Bottom line, yes, it's my choice. And as soon as I use that word, like I get goose bumps when I say that. As soon as I say that word, I can't deny what I'm going to do. I'm not in the white, like I'm never gonna be an angel, ever. You know, I'm gonna make mistakes, I'm gonna make bad choices. Although, they're gonna be clean choices, you know it's part of being human.

Participants, like Emma and Joan, constructed their substance use as a disease they would have to fight for the duration of their lives, which made them feel powerless towards it. Paradoxically, they also celebrated their emerging sobriety as the result of an empowered choice. To feel powerless undermines one's sense of self, making it understandable why achieving sobriety was commonly expressed as a choice – it reflected the reclamation of power and selfhood. Consequently, in order to manage their feelings of dis/empowerment participants simultaneously constructed addiction as a disease and a choice.

Discussion

Identity acts as the thread that weaves together the arguments made in this article; however, discussing identity as fixed runs the risk of essentializing it as singular, uniform and unalterable. Conversely, Gergen's[14] claim that we are all pastiches, that our identities are mere imitations of others' to which we are socially exposed, does not adequately reflect how participants in this study discussed constructing and negotiating identity. Instead, this research suggests that we should consider identity as multivariate and as an ongoing negotiation. Doing so allows us to see how certain values or beliefs remain stable over time while others evolve as a result of new experiences.

Taking the effect of substance use on identity construction as the point of entry into this research, the women in this study were adamant that elements of their selfhood remained intact over time, regardless of their identities as drug users. Therefore, while addiction and incarceration stigmatize the individual and disrupt identity management,[38,52] participants were keen to demonstrate that they do not cause a permanent change to their true self. As other scholars have argued, ex prisoners commonly reach back into their past to re centre older more positive and often mainstream constructions of self in order to discard their criminalized or drug using identities.[10,20-22,39,40] In fact, Baker[10 p864] writes that women must engage in stigma management techniques that "transform their identities to those of 'ordinary' people. This can be done by reverting to a 'true self', extending an identity present during addiction, or creating a new, emergent identity".

Maruna[20,86] contends that as part of the identity transformation process, criminalized women craft a "redemption script", beginning with "a believable story of why they are going straight." Participants described how their drug use often caused them to feel trapped in a sense of self and a lifestyle they wanted to isolate their core (true) self from.[20,39] Demonstrating an internal struggle for power,[7,14,15,18] the women worked to segregate the addict from the true self and described substance use as a "fake way to feel and act powerful" and the progression to addiction as a gradual loss of power over drug use, decision making, and sense of self. Conversely, recovery was described as an act of authentic empowerment and as reclamation of personal identity/power. The women's narratives demonstrate that identity is simultaneously fluid and fixed; sobriety led to feelings of empowerment that allowed them to alter their behaviour in accordance with the core self's politics and values.

Participants discussed these different selves through choice/disease rhetoric that emerged from their personal feelings of power/powerlessness in relation to their substance use. When the women felt powerless towards their addiction, they spoke of it as a disease and as an immutable component of their identity that constrained their ability/power to make 'good' choices. Once they achieved sobriety, their narratives shifted to focus on their decision making power and the choice they made to become sober. This finding suggests that problematic substance use creates tensions within identity, where the individual struggles with both social (recognition) and personal (reflexive) understandings of the self. There is a need for more research on this transitional phase, in order to temporally map how women's discourses shift.

At first glance, neoliberal discourses of addiction that emphasize individual choice appear to reflect a shift away from positivist explanations that essentialize addiction as a problem intrinsic to the individual. In the former, the weak will is to blame for poor health choices and in the latter the weak body is the culprit.[27,48] A consequence of reducing substance use to a choice is that this approach fails to generate the space needed for a more nuanced discussion of how the two explanations are actually related. Constructing substance use as a choice also taints our understanding of how a health

decision is made, maintaining the fiction that it is freely made, without any constraints, be they contextual (being a single parent), structural (lack of treatment availability), or environmental (living in a rural area),[26,39] and that it is a behaviour that is well within the power of the individual to alter. It is of course acknowledged that no form of treatment is foolproof. Therefore, it is the failure to seek out and follow treatment that constructs substance users as irresponsible in managing their health.[28,29]

Correctional substance abuse treatment discourses invoke the concept of healthicization[26,49] to discursively reconstruct the addicted person's refusal, avoidance, or failure to internalize treatment as negligent or irresponsible.[28,29] The effects of these judgements are not benign; indeed, federal corrections uses these labels to justify mandatory substance use programming for all federally sentenced women in Canada, whether or not they have ever had problems with addiction.[29] This fact reflects Peterson's[30] claim that neoliberalism simultaneously redistributes responsibility for health to the individual and creates "new possibilities for intervention into private lives".[48,49] Moreover, making it mandatory that women with no history of problematic drug or alcohol use participate in substance abuse programming is indicative of how women prisoners, by their nature as criminalized women, are constructed as incapable of taking responsibility for their health,[53] and as necessarily addicted.[2-7] They also assume that it is impossible to use drugs casually, for pleasure, or responsibly and without becoming addicted.[2-7]

Cognitive behavioural models based on choice rhetoric are the hallmark of federal correctional programming in Canada;[7,49-51] for example, the correctional evaluation of the Woman Offender Substance Abuse Program states that, "the overall goal of WOSAP is to empower women to make healthy lifestyle choices" and to reduce recidivism.[29 p4] Prison programs attempt to regulate how prisoners conceptualize their criminality and drug use through responsibilization discourses; like the criminal justice system more broadly these programs demand prisoners confess to any use, thoughts of use, cravings, and triggers for use.[7,28,29] By encouraging prisoners to adopt full individual responsibility for their drug use, correctional programs remove responsibility from the state-based structural factors that contribute to drug use, which only serves to blame the user.[2-7] Given that this is the discursive message offered by federal correctional programs, it is not surprising that women evoke choice discourse.

At the same time, correctional substance abuse programming messages also reflect the tension between 'selves' that participants used to make up their identity.[1] While federal prison program discourses echo the growing neoliberal shift toward healthicization that "propose[s] lifestyle and behavioural causes and interventions",[26 p223,30,49] provincial and community discourses espouse disease rhetoric regarding substance use. For example, while the AA/NA disease model is no longer fashionable in federal correctional programming, which emphasizes cognitive behavioural models that stress the 'stages of change' and the role of individual choice,[28,29] NA/AA programs continue to be referenced by provincial and community correctional mandates, mainly because they are low-cost partners that are supported by volunteerism and not-for profit agencies rather than government funds.

Given that most federally sentenced women have also served time in provincial jails or prisons and the gap between programs in federal and provincial institutions (where programs are virtually nonexistent), it is unsurprising to see the mixed messages offered to and expressed by women as they discuss their drug use. However, these mixed messages create slippage between classical and positivist rhetoric; accordingly, participant's moved back and forth between choice/disease discourses to describe their substance use. Giordano and colleagues.,[39 p1004] note that structural barriers constrain how people effect life changes and identity shifts; correctional programming discourses act as structural constraints that somewhat bind how the women discursively make up their shift in identity from being a drug user or addict to being drug-free. As a result, the women's discussions of their addict/true selves bring in both positivist and classical discourses, illustrating how the two schools of thought co-exist and are not mutually exclusive. Paradoxically, the construction of addiction as a choice is similar to the construction of addiction as a disease, insofar as both models point to an inherent individual pathology; either because of a deficient body[44,45,47] or mind,[27,48] the addiction remains a problem within the individual. At first glance, the neoliberal construction of addiction as a choice appears to move away from the disease model that inherently suggests the individual has little control over their substance use. However, the choice model similarly blames the individual by pathologizing their mind, or as Valverde[27,48] describes, it constructs a "disease of the will".

Participants demonstrated how identity is not only an ongoing negotiation, but that it is as Bauman[17 p23] claims, an assemblage of components. Subsequently, different selves may come to exist in tension or appear to be in opposition;

these tensions more accurately reflect the process of identity development and transition and therefore demonstrate that we are not mere assemblages or compilations of identity fragments as suggested by Gergen.[14] Rather we work reflexively and tirelessly to craft, anchor, polish, cement, and even perfect those senses of self we value as preeminent and paramount, both to reject components of identity from which we wish to disassociate and to try and ensure that the noteworthy components are viewed as the most prominent aspects of the self.

Conclusion

This article examines how criminalized women endorse discourses of empowerment to help them resist substance use, reconcile that their 'addict selves' are separate from their 'true selves', and examines how their efforts to do so reflect discourses of addiction as disease and choice. Participants described how addiction, while being a component of their identity, does not make up their true self, but is rather a disruption in the expression of their true self.[10,13,20,38] In fact, they described achieving sobriety as a marked return to their true/core self. However, the true self does not come out of these negative experiences unscathed; it is marked by the stigmas associated with criminalization, imprisonment, substance use, and addiction.[14,21,52] In a practical sense, the stigma associated with addiction and criminalization can affect a woman's ability to reintegrate post-incarceration (for example to find work, housing; to rebuild social and familial relationships).[20,21,40,52] Identity is altered by these stigmas, potentially forcing the individual to question the very nature of their core self.[52] Future research should examine the transition periods between key aspects of identity (like true versus addict selves), as well as correctional programming texts and curriculum in order to better understand the discourses proffered to incarcerated women and thus the tensions found in their narratives about drug use, recovery, and identity. Without the ability to do observational fieldwork inside prison, for example attending the WOSAP program and interviewing correctional staff members that facilitate the sessions, we are unable to fully document the intersection of correctional messaging and the women's negotiation of identity during that transitional phase.

We exhibit different aspects of self in diverse personal and social environments and therefore may develop conflicting constructions of self that involve seemingly opposing values, discourses and rhetoric. These conflicts may cause self-doubt and remorse when one construction opposes values held dear, threatening social recognition with the aspect of identity you wish to shed, alter, or minimize; for as Calhoun[15 p20] writes, "we face problems of recognition because socially sustained discourses about who it is possible or appropriate or valuable to be inevitably shape how we look at and constitute ourselves, with varying degrees of agonism and tension." Not all individuals have the personal or social power to constitute idealized components of identity.[15] For example, to be a woman, prisoner, drug addict, and mother implies degrees of marginalization that constrain both social and political power. The women who participated in this research held different social, economic, cultural and political positions – but were connected by their statuses as criminalized women, as mothers, and as drug users. Despite this stigmatization, each woman reflexively articulated a rejection of what they constituted as the negative aspects of these components of their identity and their ability to negotiate themselves through periods of time when they are in tension. This gave them the courage to remain hopeful, and to exercise some degree of power over their addictions, identity, and future.

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