



Captive bodies, prison geographies, and the somatic carceral condition

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Abstract

Putting research and reflection on prison experience into conversation with the subfields of carceral and health geography, we discuss the “somatic carceral condition” as a visceral, bodily effect of prisonization. In doing so, we call for increased reliance on data derived from somatic experience as well as autoethnographic insight on imprisonment. More broadly, we argue, an embrace of somatic data used to tell the story of marginalization and captivity experienced in prison and across the carceral continuum can help advance the discipline of geography theoretically, methodologically, and in terms of contributing to praxis-based interventions.

Keywords

autoethnography, carceral geography, health geography, prison, somatic

I Scaling the carceral in geography

The somatic carceral condition is an embodied ontology, a way of being in the world that is indistinguishable from the very conditions of confinement that inculcated it in the body, regardless of how long it has been since the time of incarceration. The “soma”—Greek word for body and being—of the formerly incarcerated person maintains their captivity at the scale of the cellular, with every job interview, school enrollment form, and application for housing becoming a site of carcerality: a corporeal reminder of state-sanctioned captivity. To wake up from a deep sleep uncertain about whether you are free or back in prison; to feel the chronic pain in your back and the aching in your limbs, the headaches and stomach cramping as you try to navigate free society with an amorphous sense of anger, resentment, appreciation, and deference each represent how the carceral state of being ensures that even upon release, everywhere becomes an extension

of the penitentiary vis-à-vis the somatic sphere. The somatic carceral condition constitutes a life spent negotiating prisonization, a place where the conditions of codified confinement defy existing theorization.

In forwarding scholarly understanding of the carceral in geography, [Gill et al. \(2018\)](#) write of conceptually expanding the “total institution”—a term borrowed from [Goffman \(1961\)](#)—of the prison into evermore units and scales of analysis. Theirs is a carceral geography that innovatively extends beyond the prison gates, combining, as [Gill et al. \(2018: 184\)](#) put it, “supra-, sub-, inter-, intra- and extra-institutional imaginaries and perspectives.” Writing

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of “mutations” and foregrounding “meta-institutional dynamics,” they propose a “new critical epistemology of carceral spaces” through a reliance on the concept of circuitry (*ibid.*). Even in tracing the myriad circuits of capital and confinement across “more-than-institutional landscapes” and material spaces—from immigrant detention centers, public housing complexes, and plantations, to hyper-ghettos, camps, whole neighborhoods, and across community networks (Bonds, 2019; Loyd et al., 2013; Gill, 2016; Jefferson, 2015; McKittrick, 2011; Shabazz, 2015; Wacquant, 2009; Story, 2019; Martin et al., 2020; Massaro, 2020)—the primary “circuits” with which we are concerned in this paper have yet to be developed within conversations about the carceral; namely, the nervous, neural, circulatory, cardiovascular, and endocrine systems that comprise the somatic sphere.

Inclusion of the somatic sphere in the development of carceral geographies as a critical subfield has been tacitly hinted at, but not yet developed head on. In their strengthening “the link between the carceral and the prison,” Moran et al. (2018: 671) have gestured toward the “vectors and considerations which bear on the nature and quality of carcerality,” while calling outright for work that discusses a continuum of carceral “conditions” (*ibid.*: 677). Stopping short of focusing on the body as more than a metaphor, they point out that carceral geographic scholarship has been “characterized by unprecedented fluidity between forms of confinement, be they state-sanctioned, quasi-legal, ad-hoc, illicit, spatially fixed, mobile, embodied or imagined” (Moran et al., 2018: 668). It is here that we insert our experiential intervention and critical contribution to the advancement of carceral geography.

In reiterating the geographical truism that “the carceral will always relate to some kind of space... at any scale,” Moran et al. (2018: 679) include “the body” on a list of potential sites of exploration. In earlier work, Moran (2012: 313) acknowledges that prison scholars have indeed incorporated “consideration of the in-carcerated body into their work,” but look to interdisciplinary theories of “embodiment” to do so. “Embodiment,” we point out, eludes what we offer in this paper on the somatic carceral condition. However, embodiment, to continue with Moran’s

reading of Butcher (2012), “relates to the spatiality of bodies and the affective and performative aspects of living in and making spaces and places,” we hone in on the body as a site of somatic experience and visceral assemblage, which disrupts the mind/body and symbolic/material dualisms perpetuated across western philosophy and the social sciences (Kinkaid, 2020; Longhurst, 1997). For us, more than a site of embodied performativity and affect *a la* the work of Merleau-Ponty, Elias, and Butler, the “somatic” speaks to the effect and material manifestations of carcerality in ways that have been glossed over by scholars who, for example, have theorized gender and the Bordivian concept of habitus more than the immutability of aging, disability, disease, and death (Gilleard and Higgs, 2014).

While performance and the related concept of emotion is a conceptually rich terrain for understanding the body’s mutually constitutive role in society and the making of place (Davidson and Milligan, 2004), and notwithstanding Ahmed’s (2004: 26) assertion that “emotions do things, and work to align individuals with collectives – or bodily space with social space,” such concepts applied to the carceral run the risk of burying the physical trauma of prisonization deeper into a theoretical void. We therefore propose an acknowledgement of the somatic carceral condition in terms of its material effects for incarcerated and formerly incarcerated people—a condition that is likewise experienced across repressive spaces. Furthermore and beyond the scope of this paper, we point out that our conceptualization of the effects of prisonization at the scale of the somatic can add to the literature on other carceral spaces and spheres of violence, or what Pain (2019) calls “chronic urban trauma.” Scaling down to the soma offers support to, for example, studies of the emotional and psychophysical effects of aversive racism (Bloch, 2022a), understandings of Black place-making and the Black geographical imagination (Shabazz, 2015; Hawthorne, 2019; Winston, 2023), and displacement by gentrification that occurs in the register of the affective, implicit, psychic, and interpersonal (Atkinson, 2015; Bloch and Meyer, 2023; Davidson, 2009; Kern, 2012; Linz, 2021). Centering the somatic allows scholars to map intangibles not represented in quantitative data on

exclusion, including stigma and shame. In short, we hope to advance a new source of qualitative data that has long been relegated to the fringes of social-scientific analysis.

Similar to the reach of such racializing, punitive state practices coupled with economically extractive and coercive policing, the carceral is said to extend beyond the prison, accompanying formerly incarcerated people across already hostile landscapes. Such a perspective prompts Peck (2003: 226) to point out that “the critical research on race and urban restructuring in the USA is beginning to talk in terms of an emergent process of ‘carceralization’, suggesting perhaps that the prison system can be understood as one of the epicentral institutions of these neo-liberalized times” (see also Martin, 2021). This accompaniment of the carceral into so-called free society comes in the form of subcontracted surveillance technologies such as wearable geo-tagging hardware, including apps and monitors used to streamline immigrant enforcement (Boyce, 2016; Coleman and Stuesse, 2016). The body of the (ex) prisoner in a neoliberal context becomes, at best, a mannequin around which the reach of the carceral is draped, allowing detention to act as an accessory of stigmatization and continued confinement. As Wacquant (2009: 111–114) puts it, because “imprisonment is first and foremost about restraining bodies, [and] the sense of self... one cannot separate the body, the social and penal state, and urban marginality: they have to be grasped and explained together, in their mutual imbrications.” Centering the depths of the body is key for our present intervention, which we expand in the next section.

First, while we acknowledge the relevance of expanding the notion of the carceral into evermore socio-spatial spheres, we see a significant need to better include the lived experiences of prisoners in these conversations. As we see it, some of the prevalent and forward-thinking perspectives in carceral geography tend to move beyond admittedly difficult to access “inmates,” thereby unwittingly reifying the invisibility of those, mostly men, kept hidden behind prison walls or dispersed upon release to the margins of society. Such critical work in this vein provides much needed discussions about collateral effects and the strains of “secondary

prisonization” put on women (Comfort, 2003), the health of children and parents (Aiello and McCorkel, 2018; Reizabal et al., 2021), and on community support systems (Massaro, 2020). Such a focus on “secondary” prisonization alone, however, runs the risk of disembodiment of the everyday navigation of rampant racial codes and *reglas* (entrenched social rules of prison life), immediate state violence, the sights, sounds, smells, and general squalor of incarceration particularly in places experiencing mass imprisonment like the United States, and ultimately the direct emotional “terror of the racially stigmatized third place... of the prison” (Mbembe, 2019: 34).

Therefore, we argue, a focus on the lived experience of the prisoner—any one of the millions of people in the United States alone who have been cordoned in prison spaces—must be maintained as the subfield expands into and across “diffuse institutions” (Moran et al., 2018: 800). While Hamlin and Speer (2018: 799) in their commentary on Moran et al. (2018) caution against “strict typological categorizations of particular spaces,” we argue that it is an abstraction of the concept of the carceral that possess a greater risk of “de-politicizing geographical analyses of incarceration.” They argue that “by positing a spectrum of carceral spaces, a continuum approach allows carceral geographers to think expansively about carcerality while maintaining the prison itself as the apotheosis of carceral power” (ibid.: 800). Further, Hamlin and Speer (2018: 801) rightly point out that “how we conceptualize the carceral is, at its root, a political decision,” but run contra to our conceptualization in highlighting how “an over-emphasis on the individual and relative aspects of incarceration could depoliticize the increasingly necessary contributions of carceral geographers,” and that to exclude non-prison spaces “risks myopic analyses that overlook the broader operations of carceral power.”

Similarly, Boyce et al. (2023: 17) foreground the community “as operative units of analysis” that bear the brunt of financial and emotional toll and stress related to incarceration and policing. We know, firsthand and as seen from both sides of the prison gates, the degree to which incarceration is extractive and experienced by loved ones and care providers

across a range of institutions and spaces. But, we also assert that it is indeed a political decision to extend the concept of the carceral away from those who have been and continue to be held captive in its enclosed spaces and who live with the firsthand trauma housed in their soma even after release. Far from a “myopic” analysis, we see such focus on and care for imprisoned and formerly incarcerated individuals as a matter of bringing into focus those who seem to be rendered invisible by the diffusion of “the carceral.”

Such political, conceptual, and scalar movements away from “the individual” to “the community”—as it is for Massaro (2020) who asserts a “feminist geographic understanding of carceral policy... extending well beyond the prison walls”—is a gesture we also support in so far as it centers the prisoner both inside and outside the prison gates, which includes female parolees (Malcome et al. 2019). Further, we agree with Moran et al. (2018: 680) that “regardless of the nature of the prison itself, society as a whole suffers from its sheer presence,” which includes violence and dispossession wrought by the carceral state across time and space. We have personally experienced such dispossession as the children of imprisoned and jailed mothers and fathers, and later as imprisoned and jailed adults watching the dispossession of our loved ones on the outside as a direct result of our being arrested, tried, and held captive on the inside. Nevertheless, as carceral geographers, we maintain a focus, first and foremost, on incarcerated and formerly incarcerated bodies as sites of analysis.

Ultimately, however, rather than dissuade other critical carceral scholars from broadening out the concept of the carceral, or debating what constitutes the carceral with scholars who have never been subjected to its most “complete and austere” conditions of imprisonment (Foucault, 2005: 231), we argue for increased awareness and integration of a somatic carceral condition, which could be informed by formerly incarcerated scholars in geography. Scholars who bear the somatic data of the carceral experience would be hard pressed to find a better starting point than their own bodily manifestation of prisonization for investigating carceral geographies. While our personal and research experience is with U.S. prisons—spaces replete with uniquely racializing and draconian conditions of confinement—we

do not want to draw a distinction between “hard” prisons in places like the U.S. and Guatemala (Fontes, 2018) and “softer” progressive prisons in places like Norway and Finland that emphasize rehabilitation and reintegration to free society through “de-carcerative” practices (Moran and Keinänen, 2012; Shammas, 2014). Rather, we see all forms of state-sanctioned coercive confinement and cordoning as contributing to what Sykes (1958) calls the “pains of imprisonment” and, ultimately, what we call the somatic carceral condition.

II Prisonization and the carceral body

Over 80 years ago, and three decades before the start of a period in the United States known as mass incarceration, Clemmer (1940) identified the “atomized world of prison life” and its system of self-governing and institutionalized socialization among prisoners, which he termed “prisonization.” Prisoners undergo prisonization by adapting to and adopting the formal and informal norms, mores, and customs of prison life, allowing for the creation of what Sykes (1958/2007) identified as prison subcultures, later known as “cars” within institutions across California and later Arizona and elsewhere (Bloch and Olivares-Pelayo, 2023). In contemporary prison parlance, strict adherence to the norms of prisonization is known as “the politics” or “reglas” (Skarbek, 2014), which comprises a general “convict code” of fervently enforced rules, ethics, and responsibilities (Trammell, 2012), including with whom one can bunk, eat, exercise, trade, play cards, buy and sell contraband, and even fraternize, as well as the spaces one can inhabit on a daily basis, including cells, handball courts, mess halls, day room tables, and barbers’ chairs. Yet another layer of socio-spatially contingent norms in all higher security U.S. prisons is determined by the dominating “racial code,” which specifies appropriate inter- as well as intra-group social interaction and activity, rituals of cleanliness, exercise, and worship, as well as the mobilization of “misconduct and/or violence in defense of one’s racial group” (Infante et al., 2023: 6).

The so-called racial code, more than any other aspect of the *reglas*, regulates life in U.S. prisons in particular (Bloch and Olivares-Pelayo, 2023; Lopez-Aguado, 2018; Weide, 2022), with carceral contingent racialization determining one’s “race” (Bloch

and Olivares-Pelayo, 2021), thereby delimiting the use of particular spaces and social interactions based on what “car,” racial clique, or gang-affiliated STG (Security Threat Group) a prisoner is compelled to join or with which he is assigned. As Bloch and Olivares-Pelayo (2021) point out, being compelled to select one's race at intake is the first and perhaps most consequential and potentially transformative step toward full prisonization. As Walker (2022) reveals in his own ethnography of time spent behind bars, it is only the pursuit of inter-racial “creature comfort” as an expression of mutual aid, emotional need, and desire for some semblance of personal agency that allows for disruption of the racial code as governed by top-down racial segregation and bottom-up socio-spatial sorting alike.

The relentless and violently enforced institutional and social surveillance of behavior and cordoned racial identity in what Wacquant (2005: 128) calls “the main machine for ‘race making,’” combined with the general pains of state-sanctioned captivity, creates an all-encompassing atmosphere of torment. That pervasive feeling produces a visible embodied prison identity and performance of machismo, deference, outsized respect, humility, demonstration of the appropriate salutary head nod, requisite eye contact, deliberate gait, and intimidating posture, each of which constitute a “system of durable and transposable dispositions,” or what Caputo-Levine (2013: 169) calls the “carceral habitus” (see also Page and Goodman, 2020). For Lopez-Aguado (2016), such internalization of prisonization, complete with a demonstrable and imbodyed post-prison sense of self, is but one aspect of “incarceration’s collateral consequences.” Adding to this, based on Wahidin and Tate’s (2005: 63) reading of Butler (1990) and Foucault (2005), the carceral body becomes “a political field: power relations have an immediate hold upon it; they invest it, mark it, train it, and its construction emits socially defining norms.” One result of such embodiment and performance of prisonization is the invisible somatic response that wreaks havoc throughout the body’s organic systems. Such internal processes of prisonization and the racial code add flesh to a “necropolitics” of prison (Mbembe, 2019), which McKittrick (2011: 955) theorizes as “sites that

house the slow death of inmates, racial violence, and the spatial management of race.”

We have seen and felt firsthand how experiences of imprisonment can alter the very being of the incarcerated and formerly incarcerated person, down to their neurophysiological state, similar to soldiers returning from war zones with PTSD, or what federal policy makers are now calling “post-traumatic prison disorder” (Weill-Greenberg, 2023) based on previous research into “post-incarceration syndrome” (Liem and Kunst, 2013; Piper and Berle, 2019; Quandt and Jones, 2021). The somatic carceral condition that manifests the “pains of imprisonment,” to use Sykes’ (1958/2017) oft-cited concept, is held at the level of the cell, in ways that are not “embodied” so much as they are integral to the very function of the body. Therefore, prisonization should not be understood as eliciting an “embodied” carceral experience alone or narrowly conceptualized as part of the social “performance” of the prisoner; rather, we understand prisonization as inducing the trauma that produces somatic responses. Such responses are not limited to what Grassian (2006) has identified as the psychiatric effects of solitary confinement or “enduring stigma” experienced only after release (Schnittker and John, 2007), but a condition that is experienced to some degree by each of the more than 600,000 people released from prisons and jails every year in the U.S. alone. The distinction between “embodied” and somatic experiences puts our expansion of the carceral into conversation with health geography, which, as Kearns and Moon (2002: 613) argue has long remained “relatively disembodied,” and notwithstanding what Parr and Butler (1999: 2) identify as the “strands of human geographical inquiry which have encountered the often limited, painful, confused, restricted and segregated mind and body.” Simandan (2010, 1292) has likewise argued for increased interest in the “body-in-context as a fundamental unit of medical geographical analysis.” Addressing the accumulation of stress in the body known as allostatic load, Simandan (2010) writes that “the broader environments we live through, and leave behind, shape our bodies, and therefore bodies constitute incredibly rich research sites where one can detect the legacy of exploitation and exclusion they had, at some past time, withstood.”

Health geographers have concerned themselves with fears of medical determinism, and as Rosenberg (2017: 833) puts it, “falling into the neoliberal trap of focusing on the middle class and middle-class values, thereby losing sight of those who are truly in need and have the fewest resources to effect change to their health, lives and the places where they live.” So too have medical geographers tended to “reduce the body to a system,” mapping the distribution of health care, health outcomes, and medical intervention (Rosenberg, 2016), whereas “health” according to Kearns (1995: 256) “speaks of wholeness and it is the body that is the site of such wholeness.” Moving beyond the fact that prisons are spaces that provide inadequate health care and treatment (Watson et al., 2004), as seen most recently in the context of the COVID-19 crisis (Hawks et al., 2020), we focus on the body as the site of illness and wholeness on a level not represented in statistics on inmate population morbidity. Therefore, and more than two decades after first being expressed in this journal in the context of the AIDS crisis, we heed Kearns’ (1996: 128) call for a health geography that addresses “the population, health and society nexus.” For Kearns (1996: 129), “one measure of progress in human geography is surely the steps made towards revealing more humane geographies in which the diversity of health and suffering is acknowledged through work at a range of scales of resolution,” and we offer the scale of the somatic and the context of the carceral—that is, the cell and the cellular—as our contribution.

III The somatic carceral condition

Moving beyond the concepts of corporeality and embodiment (for a review, see Butcher, 2011; Simonson, 2013), which in the context of this paper speak to the performance of a carceral habitus, we put forward the concept of a somatic carceral condition. The concept of a somatic carceral condition elicits the deeply embedded trauma of prisonization found in the sinew, circuitry, and cells of the formerly incarcerated self. In doing so, we move from understanding the carceral condition as occurring at the scale of the cell (Turner and Knight, 2020), to that of the cellular. Carceral geographers

have called for a focus on the body (Moran, 2012; Moran et al., 2018) and the inscription of prison life (Moran, 2012, 2016), but we hone in on the endocrine system and related production of glucocorticoids and other stress hormones that comprise the somatic sphere, which reveal the visceral torment of confinement and thereby play a pivotal role in understanding the carceral.

Focus on the somatic provides a hitherto overlooked scale at which geographers could examine the reach of the prison, thereby centering the cellular composition of the body and its relationship to mental health and well-being as a unit of analysis. In order to more fine grain our spatial approach, we rely on the work of scholars in the behavioral and medical sciences who have more comfortably conducted research on the somatic, putting those findings into conversation with criminological understandings of the emotional experience of prison life (Crewe et al., 2014). However, geographers have embraced a political understanding of the space of the body (Mountz, 2018), as well as sought to “understand more fully the complex intersections between health, illness, place and space” (Parr, 2002), while not limiting their understanding of the body to “a site invaded by a disease with a specific etiology” (Dorn and Laws, 1994), it is prison scholars specifically who have acknowledged that “the destruction of the psyche is no less fearful than bodily affliction” (Crewe (2012: 510).

The rare mention of the somatic in geography, however, has not come from medical geographers or prison scholars, but those geographers looking at memory systems. It is Drozdowski et al. (2016: 451) who point out that “the experiencing body becomes the site of conflict and postmemory, where memory and reverberations of a violent past and loss are embedded in somatic modes of being” in their reading of the literature on story-telling about “conflict-scapes.” For Hayes-Conroy (2018: 1298), the somatic as a source of data and site for building solidarity in the context of conflict is key as it places “emphasis on person-to-person connections that acknowledge corporeal needs, feelings, and experiences.” But it is Bloch’s (2022c) application of the somatic in relation to the trauma of displacement that directly informs to our usage in this present paper.

For Bloch (2022c), based in part on a reading of Rothschild (2000) who identifies how “the body remembers” as a psychophysical experience of navigating trauma-induced “somatic markers,” recognition of the somatic centers methods that “prioritize personal experience over broadly hewn concepts learned later in life, resonating with more grounded theory than the pervasive scholarly attraction to abstract theorization based on select interview data and outsized structural processes revealed in quantitative data” (Bloch, 2022c: 710).

Somatic illness, in the mainstream medical understanding of it, signifies ailments for which there is no discernable physical basis. Somatic illness is prevalent in children and adults who have experienced extreme trauma, though conditions related to the somatic continue to be shrouded in societal stigma, dismissed as “psychosomatic.” Like the highly gendered afflictions of Epstein-Barr, fibromyalgia, chronic fatigue syndrome, insomnia, depression, and anxiety, “Somatic Symptom Disorder” (SDD) is listed in the DSM-5 and includes diagnoses including “excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns” (APA, 2013). In the context of the apparent mainstream medical skepticism of soma-related disorders, there has been medical research in prison settings that shows SSD manifesting in the cardiopulmonary system, along the gastrointestinal tract, and presenting as generalized pain (Ifeagwazi et al., 2020). Similarly, as Fullilove (2001) has shown, the consequences of dispossession experienced by Black people living in urban settings undergoing urban renewal reveal health symptoms that align with what has been categorized as SSD, including trauma-related mental disorders, and a range of chronic health conditions and morbidities that disproportionately present in carceral contexts as well (Massoglia and Pridemore, 2015). As Massoglia (2008) has shown, people who have been incarcerated are more likely to suffer from illnesses associated with stress, but are not shown to be disproportionately afflicted with ailments unrelated to stress or infectious disease. That daily, unrelenting, pervasive stress in a carceral context can be thought of as “distress,” or what Cohen and Williamson (1991: 5) distinguish as stress experienced in conditions in which “imposed demands are perceived to exceed

ability to cope.” What is clear is that somatic conditions disproportionately effect those whose experiences with ill health have traditionally been ignored if not outright dismissed by mainstream medicine due in part to gender, race, and class identity factors.

For incarcerated and formerly incarcerated people alike, prisonization presents as stress in the form of observable paranoia, hypervigilance, neurasthenia, aggression, and other masculinist “behavioral traits” that are the result and expressions of traumatic experiences stored deep in the somatic. Put another way, somatic ailments in free society can be said to manifest as and be disregarded for its “feminine traits,” whereas in a carceral context, equally difficult to diagnose somatic afflictions can be attributed to a state-exacted biopolitics of masculinity (see also Rosenberg and Oswin, 2015). In progressive health literatures, somatic illness has been recognized as part of how, to quote van der Kolk (2014: 261), “the body keeps the score” given how, for example, the physical structures of the brain’s amygdala and hippocampus are where “emotional memories are stored forever.” Building on and situating the relatively recent findings that chronic stress has long term consequences for physiologic in addition to psychological health (Geronimus, 2023; McEwen, 1998), as well as the recent popularity of van der Kolk’s (2014) thesis that traumatic stress “rewires the brain,” Bloch (2022c: 710) points out that traumatic displacement, like incarceration and reentry, “can trigger psychological stress responses, leading to posttraumatic stress disorder... in addition to the production of stress hormones such as cortisol and serotonin,” all of which are somatic symptom disorders that affect comorbidities, memory function, and behavior.

While the so-called “somatic turn in the social sciences” was identified by Turner in 1984 (Turner, 1984), the turn towards wider acknowledgement of the somatic in the broader “health conscious” society is evident in how it entered popular discourse in just the past few decades (see also Asker, 2023). What was long relegated to the realm of new-age curiosity and “Eastern” approaches to well-being beginning in the late 1960s started to accompany major trends in homeopathic and ayurvedic medicine, as well as yoga, acupuncture, meditation, chiropractic care,

naturopathic medicine, and even macrobiotic diets for more health-conscious, upper middle-class communities across the United States by the 1990s. Once a profitable market for holistic living in the U.S. began to grow as exemplified by the public offering of Whole Foods in 1992 and best-selling “self-help” books that same year, including Sarno’s *Healing Back Pain: The Mind-Body Connection*, did the somatic and other “alternative” approaches begin to be seen by health care providers and the general population alike as something to consider more seriously when treating difficult to identify ailments. But it was the rise in Post-Traumatic Stress Disorder (PTSD) diagnoses and treatments after the 1991 Gulf War in addition to PTSD being included in the International Classification of Diseases (ICD) in 1992 that brought the somatic to the attention of health researchers who observed how cognitive behavioral therapy was proving successful for addressing problems that were going unseen given conventional diagnostics. It was also in 1992 that research began to be published in peer reviewed journals that made the case for not just the mind-body connection, but that “illness has a social course” (Ware and Kleinman, 1992).

As Ware and Kleinman (1992: 558) argue, those interested in the mind-body connection and general well-being should look beyond the “psychosomatic,” which carries the baggage of psychoanalytical tropes, and toward the “socio-somatic” in which an understanding of social circumstances and spatial context can be gleaned from ethnographic research alongside mainstream medical diagnosis. Socio-somatic approaches became far more widespread as part of osteopathic medicine by 1989 when Doctors of Osteopathic Medicine, or DOs, were granted the right to practice medicine at the level of MDs in all 50 states. Soon after, geographers such as Kearns (1993) were calling for a “reformed medical geography” able to address “personal well-being and the collective experience of place by communities,” while Moss (1999) was soon after making explicit “connections between the mind, body, space, and place within research on chronic illness.” Still others were distinguishing between “mental health” and “mental healthcare” (see Parr, 1999; Philo, 1997) to open up and advance the subfield of medical geography. More

recently and in this journal, Smyth (2005) has recognized such whole body and mind approaches to health being addressed and accessed throughout established “therapeutic networks” that exist alongside and increasingly in tandem with mainstream biomedical infrastructures of care. The takeaway is that “illness is not simply the ‘natural’ unfolding of an exclusively biological process, [therefore] to assert that the course of illness is social as well as biological is to make the broader claim that somatic processes should always be studied in relation to social context” (Ware and Kleinman, 1992: 558).

Now that discussions of the soma have entered the mainstream world of “western medicine,” and as the social origins of stress-related illness receive more attention (Geronimus, 2023), including in the burgeoning identification of “post-incarceration syndrome” (Liem and Kunst, 2013; Van Willigenburg, 2020), somatic conditions are being looked at as a legitimate space for human health. Taking such a view, Massoglia (2008: 68) frames life in prison itself as a form of “exposure,” arguing that “the key mechanism linking incarceration and health is differential exposure to stressors as a result of the prison experience.” Put simply, “the stress of prison life may fundamentally damage the body,” (ibid.) through what researchers have identified as accelerated cellular aging, or what neuroendocrinologists first identified in 1993 as “allostatic load” (McEwen and Stellar, 1993). In recent biosocial research, allostatic load has been directly linked to morbidities ranging from childhood dental caries and elevated rates of breast cancer as a result of racial inequality, to hypertension due to exposure to neighborhood poverty and gastrointestinal and organ disease linked to community marginalization, poverty, and racial inequality effecting Black women in particular (Geronimus et al., 2006; Ehrlich et al., 2022; Conradt et al., 2020; Obeng-Gyasi et al., 2021; Park et al., 2022). Such somatic outcomes, we argue, are inherent to the nature of “custody,” which itself is a condition that removes agency and a sense of self as part of immobility, incapacitation, and state ownership of the body.

Through this lens of ownership, seemingly self-harmful acts of resistance such as drug use, fighting, tattoos, gang membership, and even literal escape (Fontes, 2022) become legitimate forms of resistance

and legible forms of identity construction. So too are exercise, reading, education, prayer, and seeking community all healthier acts of maintaining some semblance of self. However, we remain skeptical that prisons can be transformed as therapeutic spaces, or, as [Crewe and Levins \(2020\)](#) put it, act as a space of reinvention in which the prisoner may have the opportunity to construct a “new self,” thereby preventing somatic exposure to ill health as therapeutics improve overall well-being and reduce recidivism. We do see value in the recent literature that seeks to understand carceral “escapism” ([Jewkes et al., 2020](#); see also [McGeachan, 2019](#); [Moran and Turner, 2019](#)), just as we acknowledge the role that productive distractions play in helping to “pass the time” ([Moran, 2012](#)), but recognizing moments of hope, resilience, and even redemption found in the context of state-sanctioned captivity elude our attention as we focus on the daily reality of suffering associated with institutionalized cordoning in any form. In fact, we believe it is holding trauma up as a lens, not a story of redemption, that best serves the carceral geography literature. It is that trauma stored in the somatic sphere that can elicit more insightful and critical conceptualizations of the carceral.

IV Opening up the discipline to somatic carceral data

To date, and relative to representation within the disciplines of sociology and critical criminology, few geographers have written on personal experience with incarceration (c.f. [Bloch and Olivares-Pelayo, 2021](#)). This is due at least in part to the skepticism within orthodox social scientific regarding personally held qualitative data, as well do to the exclusion of formerly incarcerated people from academic programs because of structural barriers that precede the application process. The result is a subfield that lacks experiential data and grounded specificity. This is certainly not particular to carceral geography, as a lack of representation of people from marginalized communities is rife across the academy, including, to an albeit lesser extent, in the study of gangs and homelessness ([Bloch, 2022b](#)). One of the ways to increase experiential data and embodied specificity is to build upon the most reflexive of qualitative

methodologies and strategically embrace autoethnography in the discipline of geography.

Autoethnography as an explicitly named method and methodology is underutilized in geography relative to other humanistic and social sciences where scholars have turned to the reflexive “I” for decades (see [Hayano, 1979](#); [Reed-Danahay, 1997](#)). This is surprising given the work feminist geographers have done to center positionality, reflexivity, and other “auto” approaches to geographical inquiry ([England, 1994](#); [Katz, 1994](#); [Moss and Besio, 2019](#); [Rose, 1997](#)). Enlisting personally held data for use in more critical urban research, [Bloch \(2019, 2020; Bloch and Meyer, 2023\)](#) has delineated autoethnography as literally “the writing (graphy) about culture (ethno) from the perspective of personal experience and as mediated by the self (auto)” as a means of tapping into and relying on the somatic as an archive of stored, trauma-induced data. For yet other geographers who have advocated for centering the experiential self in research, autoethnography helps elicit a “knowledgeable perspective on the metropolis from the margins that is emotionally invested, grounded in place, saturated with local specificity, the ebb and flow of daily life, and what is going on behind the scenes” ([Butz, 2010](#): 152).

For [Butz and Besio \(2009](#): 1665), “autoethnographers are scholars who focus intensely on their own life circumstances as a way to understand larger social or cultural phenomena, and who often use personal narrative writing as a representational strategy that incorporates affect and emotion into their analyses.” But it has been outside geography that scholars have pointed to autoethnography’s power to place and elucidate the socio-somatic. For [Bochner and Ellis \(2016\)](#), autoethnographic approaches have the capacity to bring careful attention to “human suffering, injustice, trauma, subjectivity, feeling, and loss” in a way that “shows struggle, passion, embodied life, and the collaborative creation of sense-making in situations in which people have to cope with dire circumstances and loss of meaning,” as well as encourage reflexivity when processing and disseminating experiential and somatically held data.

In the criminological research, which is historically tied more closely to studies of the prison vis-à-vis the specialization of penology, self-described “convict

autoethnographers” advocate for conducting research on prisons “from the inside,” elaborating on how autoethnography can shed light on prisonization, including “the passion engendered by the experience of incarceration, which can add colour, context, and contour both to objective and subjective findings” (Newbold et al., 2014: 441). However, for our present call advancing carceral geography, we look to Ferrell (2018: 147) for whom autoethnography is “a way of living in and knowing the world.” As Ferrell (ibid.) reminds us, it is insiders and those who have inhabited the margins who “embody constellation of situated knowledge” and “an ability to read, reference, and make sense of particular situations that mostly remain opaque to those outside them.”

In geography, it was primarily white-identifying feminist scholars who opened the discipline up to reflexive practices, critical positionality, and theories of the self in social-scientific research. While geography remains a “white discipline” (Pulido, 2002) and therefore less diverse in terms of class, race, and researchers’ experience with prison life relative to the fields of criminology and sociology, we believe that proactively bringing formerly incarcerated people into the conversation about prison spaces can diversify the discipline and radically contribute to the subfield of carceral geography at a scale that is commensurate with the human experience of actual imprisonment. We already have such models with the scholarly work being done by self-described “convict criminologists” (see Ross, 2012) as well as carceral sociologists whose writing on prison and prisonization articulates the nuances of captivity, including the debilitating nightmares and sleep deprivation of “doing time” (Walker, 2022). Formerly incarcerated scholars are likewise better able to eschew neat scholarly conceptualizations and opaque theoretical approaches to incarceration (Ortiz et al., 2022; Shanahan, 2022), while still speaking to the complexity of reentry: an experience Bolden (2020: 157) describes as “overwhelming in the sense that I felt like I somehow had been kept alive without breathing for years, and was just now taking my first breath... [but] to say that I was ‘free’ would be a misnomer.”

In addition to the academic and abolitionist work that continues to scale out and challenge manifestations of the carceral across institutions, environments, and

practices in otherwise “free society” (Boyce, 2021; Gilmore, 2007, 2022, 2023; Hamlin, 2023; Jefferson, 2020; Ybarra, 2021), carceral geography would be strengthened by looking even closer at the bodies that carry the carceral inside of them and across space at the scale of the somatic. This adjustment in scalar approach necessitates the inclusion of formerly imprisoned bodies into a discipline that has hitherto theorized them secondhand and from afar. Finally, reckoning with the somatic carceral condition helps us map intangibles such as stigma, sadness, shame, and rage that accompany present and past confinement, and it may help us find and define the invisible boundaries and borders of the carceral state. Such work by carceral geographers can add needed social-scientific context to future federally funded research on depression, suicidality, recitivism, antisocial behavior, and generalized morbidity linked to post-traumatic prison disorder and post-incarceration syndrome.

Finally, we encourage continued work theorizing the somatic carceral condition both inside and outside of the prison gates. For example, we call on scholars to elaborate on the still-incarcerated body as a site of protest and transgression by further exploring the corporality of smuggling contraband, using drugs, receiving tattoos, and other practices that defy the imposition of legal custody by the state. We also look to scholars to highlight the everyday contestation and agentic practices of hunger strikes, spiritual and educational attainment, fist fights and riots, sex and intimacy, as well as the myriad interpersonal dramas associated with navigating the unrelenting enforcement of top-down regulations and bottom-up *reglas* alike.

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