# A Literature Review: Factors that Influence the Psychological Well-Being of Older Inmates

# In the U.S. Prison System

# Molly F. Prues

# Concordia University Chicago

# A Literature Review: Factors that Influence the Psychological Well-Being of Older Inmates in the U.S. Prison System

# Even though the United States accounts for only 5% of the world’s population, it is responsible for 25% of the world’s incarcerated population (Osbourne Association, 2014). Over the last forty years, the U.S. criminal justice system has adopted stiffer and more stringent sentencing guidelines driven primarily by the “war on drugs” and “tough on crime” policies. This has lead to longer sentences for those convicted of crimes, especially violent crime.

Coupled with the fact that the U.S. population is living longer, the older prison population is growing at a disproportionate rate compared to the general prison population (Human Rights Watch, 2012). Since the 1980s, the older prison population has increased more than 1300% (Maschi et al., 2015).

The aging of the prison population provides an opportunity for the field of gerontology to apply a multidisciplinary lens to address the complex of needs of individuals as they age in prison. Gerontologists, social policymakers, criminal justice professionals, health care professionals, and sociologists all provide unique perspectives that can help to make the experience of a lifetime behind bars more tolerable and humane, as well as help contain the exorbitant cost of incarcerating aging individuals.

Older adults in prison have unique social and developmental needs that result from cumulative exposure to risk factors over the life course and compounded by prison conditions that accelerate aging (Maschi, Viola, & Sun, 2013). Coping with the idea of life, and in some circumstances even death, in prison is difficult for many inmates. Older inmates typically face similar challenges of aging that non-incarcerated individuals do. However, inmates have more difficulty coping with aging due to the rigidity of life within the correctional system.

One of the greatest challenges in addressing the needs of the older prisoner is defining the age at which a prisoner is considered “old” or “geriatric”. In many societies, individuals are considered older at 65 – an age when individuals become eligible for pension or social security benefits (Maschi, Viola, & Sun, 2013). However, older adults in the prison system experience accelerated aging and often possess the health characteristics of someone 10-15 years older, (Williams et al., 2012). Many states use age 50 to characterize what constitutes an older inmate (Aday & Krabill, 2011).

While there is not a wide body of longstanding research about the psychological needs of the older prison population in the U.S., more recent research has emerged to illuminate the psychosocial needs of aging inmates. This paper examines the existing body of research on the factors that influence the psychological well-being of older inmates in the U.S. Prison system. There is an opportunity to incorporate the findings of the current research to further develop programming and services to aide older inmates in maintaining health and well-being is later life within the prison system.

Factors that Influence Psychological Well-Being in Older Inmates

Upon examination of the literature, several themes emerge with regard to the factors that affect the health and well-being of older individuals in prison. Certain lifelong psychosocial influences, such as trauma and victimization, create challenges to developing the coping strategies needed in prison for older inmates. Similarly, the culture of ageism within the correction system, both implied and expressed, can greatly effect the day-to-day lives of older inmates and have a negative effect on psychological well-being. As one might expect, gender has also been found to play a role in the experience of aging within the prison system. Finally, research has linked the practice of religiousness/spirituality to helping older adults in prison maintain or achieve greater psychological and emotional well-being.

## Trauma

To date, there has been minimal investigation into older adult prisoners’ experience of trauma before and during prison life. Upon examination, Aday (2003) found that the collective profile of “aging prisoners” reveals a group that has commonly experienced lifetime histories of cumulative disadvantage based upon personal characteristics, such as race/ethnicity, disabilities, and substance abuse; as well as social structure factors, such as poverty, family problems, and unsafe neighborhoods. In line with cumulative disadvantage theory, individuals who experience one or more difficult periods of chaos or change over the course of a lifetime, combined with the stressful conditions of prison confinement, are at heightened risk of adverse mental well-being (Maschi et al., 2013b).

In a more recent study, Maschi et al. (2015) explored the relationship between cumulative trauma and stressful life events, coping resources, and well-being among older adults in prison. To better understand the current state of the health and mental status of older inmates, Maschi et al. (2015) noted that is important to understand the life course pathways that led them to prison. Maschi et al. (2015) found that the prisoners who participated in the study commonly reported traumatic events in earlier life, such as being a victim and/or witness to violence, as well as chronic family separation and loss. While this study might be limited by the self-report measures and the subjective nature of the accounts of traumatic events that may have occurred decades earlier, the evidence presented suggests that age-specific trauma-informed care approaches are an especially important area to explore for older prisoners.

## Ageism

Ageism is a term defined by Robert Butler in 1969 as the “discrimination against person on the basis of chronological age, ultimately depriving them of power and influence” (Robert Butler, 1969 as cited in Goetting, 1985). Society, as evidenced by the lack of concern for the incarcerated population, might not even consider or care that older inmates are victims of ageist attitudes and beliefs. One of the first to examine the experiences of aging prisoners, Goetting (1985) explored the parallel between prison society and the society at large in terms of ageist attitudes. With regards to the relationships among the different age groups of inmates at that time, Goetting (1985) noted that older inmates were accorded prestige and deference. Interestingly, Goetting (1985) found that implied ageism was expressed within the formal institutional structure. The prison recreational and vocational programming catered primarily to the young and able-bodied inmates (Goetting, 1985).

Thirty years later, the higher status of older inmates within the prison hierarchy has shifted due to the proliferation of gangs (Kerbs, 2000 as cited in Snyder, et al., 2009). As a result of the fear of being victimized by stronger, younger prisoners, older inmates avoid participation in activities and are therefore at greater risk of isolation (Snyder, et al., 2009). It is well established that social connections play an important role in the well-being of older adults and the same is true for older inmates as well.

Unfortunately, little progress has been made to adapt prison programming to the needs of the older adult inmates. Due to the fact that older adult inmates comprise a smaller percentage of the overall prison population, they are often overlooked in terms of special programming needs (Snyder, et al., 2009). Sadly, Kerbs (2000) found that correctional staff frequently denied older inmates access to the programs that have been designed for younger inmates (as cited in Snyder, et al., 2009). The continued lack of access to the educational, recreational, and rehabilitation programming within the formal organizational structure of prison life, has a detrimental effect on the psychological well-being of older adult inmates.

*Gender*

While the vast majority of prisoners are men, the overall rate of increase of women in prison in recent years has been phenomenal (Aday & Krabill, 2011). Since women constitute a minority of the overall prison population, a gender lens has been used very little to understand the experiences of female prisoners, regardless of age. With regard to aging female inmates, Leigey and Hodge (2012) note: “Perhaps no other group has been overlooked by either researchers or correctional administrators as older female inmates”(p. 290).

Previous research on the mental health of older female inmates revealed that worry, fear, and depression are common issues (Leigey & Hodge, 2012) . Research has found that women’s greatest fears in prison are: losing touch with their social connections outside of prison, the victimization by younger inmates, and dying in prison (Krabill & Aday, 2011). Kratcoski and Babb (1990) reported that worry and depression was the most prevalent health issue among older female inmates (as cited in Leigey & Hodge, 2012).

In a national sample of the prison population, Leigey and Hodge (2012) investigated specific gender differences in the physical and mental health of the older inmate population. The findings of this study showed overwhelmingly that compared to their male counterparts, older female inmates reported significantly higher numbers of chronic physical health conditions and mental health issues (Leigey & Hodge, 2012). Further, the findings revealed that older female inmates were “worse in physical and mental health than the older male inmates prior to incarceration, as evidenced by lifetime measures, and this disparity continued after incarceration” (Leigey & Hodge, 2012, p. 303). As the study suggests, this may be in part due to the fact that in general, older females face greater impediments to successful aging than older males (Unger et al., 1999 as cited in Leigey & Hodge, 2012). Another factor explaining the gender differences in mental health of older inmates may be the victimization a great number of female inmates experience prior to incarceration (Leigey & Hodge, 2012). Finally, the study suggests that the nature of the offense for which the individual is serving has implications in the individual’s mental health (Leigey & Hodge, 2012). Men are likely to be incarcerated for violent offenses, whereas women are likely to be incarcerated for a drug offense that often leads to significant mental health issues (Leigey & Hodge, 2012). Despite the critical findings of gender differences in the mental health of the older prison population, it could not be determined to what extent incarceration exacerbated these conditions (Leigey & Hodge, 2012). Despite this limitation, the findings point to the need for gender-specific programming and policies directed toward the physical and mental health of older female inmates.

## Spirituality

In the first of its kind, Koenig (1995) conducted a study to examine the religious characteristics of older inmates and the relationship between religious practice and depression. Nearly one-third of respondents reported that religious coping was the most important factor to maintaining mental health (Koenig, 1995). The findings of this study suggests that religion is a resource which older inmates use to help adapt to prison life (Koenig, 1995).

Building on Koenig’s (1995) research, Allen et al. (2008) conducted a study to understand the relationship between religiousness/spirituality and anxiety, depression, and a desire for hastened death within a sample of older male state inmates. Measuring dimensions of religiousness/ spirituality including daily spiritual experiences, forgiveness, positive religious coping, and feelings of abandonment, Allen et al. (2008) found that those older inmates having greater spiritual experiences experienced less depression and less of a desire for hastened death. Further the study found that the relation between religiousness/spirituality depended largely on whether individuals felt connected with or abandoned by a Higher Power (Allen et al., 2008). Despite the fact that this study was relatively small in size and limited to men, it calls for the further examination of the relationship between mental health among older inmates and increased daily spiritual practices and feelings of closeness to a Higher Power.

In a study focusing solely on religion in the lives of older women serving life in prison, Aday, Krabill and Deaton-Owens (2014) found that, without question, older female “lifers” consider their faith to be at the heart of their lives in prison. Participants expressed the notion that religion “infuses the present with meaning and the future with a sense of hope (Aday, Krabill, & Deaton-Owens, 2014 p.252). In addition, Aday, Krabill and Deaton-Owens (2014) found that older female inmates use religion to counteract the emotional distress that can accompany the separation from loved ones, the loss of autonomy, and the inevitable losses of aging experienced during incarceration.

*Conclusion*

After review of the current research, there is mounting evidence of the high human, social, and economic costs of the aging prisoner crisis, and as a collective, gerontology has a unique opportunity to interdisciplinary professionals in rallying behind this issue (Maschi, Viola, & Sun, 2013). As the presented research shows, there are certain factors that influence the psychological well-being of individuals aging within the prison system. Further research is surely needed and will likely aide in the development of practical applications that will enhance the lives of older adults in prison. It is my hope that greater consideration is given to this seemingly forgotten population of inmates.

# References

# Aday, R. H. (2003). *Aging prisoners: Crisis in American corrections*. Penn State Press.

# Aday, R. H., & Krabill, J. J. (2011). *Women aging in prison: A neglected population in the correctional system*. Boulder, CO: Lynne Rienner Publishers.

Aday, R. H., Krabill, J. J., & Deaton-Owens, D. (2014). Religion in the lives of older women serving life in prison. *Journal of women & aging*, *26*(3), 238-256.

Allen, R. S., Phillips, L. L., Roff, L. L., Cavanaugh, R., & Day, L. (2008). Religiousness/spirituality and mental health among older male inmates. *The Gerontologist*, *48*(5), 692-697.

Goetting, A. (1985). Racism, sexism, and ageism in the prison community. *Fed. Probation*, *49*, 10.

Human Rights Watch. (2012). *Old behind bars.* Retrieved October 1st, 2012, from <http://www.hrw.org/sites/default/files/reports/usprisons0112webwcover_0.pdf>.

Koenig, H. G. (1995). Religion and older men in prison. *International Journal of Geriatric Psychiatry*, *10*(3), 219-230.

Leigey, M. E., & Hodge, J. P. (2012). Gray matters: Gender differences in the physical and mental health of older inmates. *Women & Criminal Justice*, *22*(4), 289-308.

Maschi, T., Viola, D., & Sun, F. (2013). The high cost of the international aging prisoner crisis: well being as the common denominator for action. *The Gerontologist*, *53*(4), 543-554.

Maschi, T., Viola, D., & Morgen, K. (2013b). Unraveling trauma and stress, coping resources, and mental well-being among older adults in prison: Empirical evidence linking theory and practice. *The Gerontologist*, gnt069.

Maschi, T., Viola, D., Morgen, K., & Koskinen, L. (2015). Trauma, stress, grief, loss, and separation among older adults in prison: the protective role of coping resources on physical and mental well-being. *Journal of Crime and Justice*, *38*(1), 113-136.

# Osborne Association. (2014). The high costs of low risk: The crisis of America’s aging prison population. *New York: Osborne Association*.

Snyder, C., van Wormer, K., Chadha, J., & Jaggers, J. W. (2009). Older adult inmates: The challenge for social work. *Social Work*, *54*(2), 117-124.

Williams, B. A., Goodwin, J. S., Baillargeon, J., Ahalt, C., & Walter, L. C. (2012). Addressing the aging crisis in US criminal justice health care. *Journal of the American Geriatrics Society*, *60*(6), 1150-1156.