# Aging While Incarcerated: A Qualitative Study of Geriatric Prisoners in America

by

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A thesis submitted to the faculty of Wesleyan University in partial fulfillment of the requirements for the Degree of Bachelor of Arts with Departmental Honors in Psychology

# **Abstract**

The purpose of this study was to gather subjective accounts of the experience of aging while incarcerated. All subjects were male inmates over the age of 60 who had been incarcerated for a minimum of 15 years. A total of 9 subjects were interviewed from 2 different prisons. Older inmates at one of the institutions were segregated from the general population, while inmates of all ages were integrated at the other.

Unstructured, qualitative interviews were conducted and analyzed for common themes. Findings revealed that all inmates spoke of persistent hope, regret and loss, and distinct transformations in self. Older inmates from the integrated institution reported high levels of fear and victimization, whereas the segregated inmates did not. Overall, this study revealed that further research is needed to understand the various psychological implications of growing old in prison.

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## Acknowledgements

This project began four years ago when, in a first year initiative class entitled Aging and the Elderly, I watched a documentary on aging in America which included a brief, five minute segment on America's aging prisoners. I asked my professor, Jason Wolfe, if he would lend me the video so I could watch it again and share my newfound curiosity with my family. Three years later, the Wesleyan Psychology Department, along with the Davenport Committee and a score of supportive family members, mentors and friends, gave me the opportunity and confidence to pursue my curiosity and cultivate it into my first full length study. I would like to acknowledge all those who helped make my senior honors thesis in psychology possible.

I could not have reached this point if it had not been for the infallible support of my family. My mother's sense of humor kept me sane during even the most stressful times, and my father took time off from his hectic work schedule to keep me company on a week-long visit to one of the institutions. My brother Matthew was generous enough to share his one bedroom apartment with his little sister in June to facilitate travel to one of my institutions. Living and spending time with my big brother was inspiring, and a lot of the theoretical work in this project is owed to our early conversations.

My thesis advisor, Rachel Russell, is everything I could have asked for and more in an advisor, mentor, professor and friend. Rachel is such a dedicated person, that she agreed to advise my thesis despite the fact that she no longer works for Wesleyan University. She held my hand through the stressful times inherent in a

project of this magnitude, giving me confidence when I needed it most. Rachel pushed me to think harder and go further with this paper than I thought I could.

Rachel, in short, made this thesis possible with her ever-calming wisdom and advice.

Many other people have contributed to this project in immeasurable ways. I would like to extend my gratitude to Matt Kurtz, Hersh Kozlov, Robert Levey and the Golaszewski family. I thank my roommates, past and present, who let me talk to them at length about my ideas and plans, never stopping me though they had theses of their own to think about. I need to offer endless gratitude to Zachary LeClair who went above and beyond the call of duty and sat with me for hours, editing and revising my thesis days before it was due. Zach supported me and this thesis since day one, and for that, I thank you.

Most importantly, I thank the 34 prisoners who volunteered for this study, with a special thanks to the nine I interviewed. I conducted this study in order to give this unique, unheard population a voice, and through the nine interviewees, I believe that I achieved that goal.

To everyone who has supported me, all of the professors, friends, and family members along the way, thank you. This is as much yours as it is mine, for you have all had a tremendous impact on me.

#### Introduction

Geriatric inmates are the fastest growing demographic in United States prisons. The number of inmates aged 55 and older in federal and state prisons has increased 33 percent from 2000 to 2005 (Aging Inmates Clogging Nation's Prisons, 2007). By 2010, it is projected that one third of all United States inmates will be over the age of 50 (Neeley, Addison & Craig-Moreland, 1997). Prisoners who committed crimes earlier in their lives are now going through the aging process in rapidly increasing numbers. In 2001, the United States had 35 million people over the age of 65. The baby boomer generation, born between 1946 and 1964, make up 76 million people in America or roughly one third of the population. In 2010, the first baby boomers will turn 65, thus accounting for the projected increase in senior citizens (Aday, 2003).

America is dramatically graying in the 21<sup>st</sup> century, and the prison system is experiencing this change as well. Because of the increased medical and mental health problems associated with aging, older inmates require more health care. Incarcerating an elderly inmate is estimated to be nearly three times more expensive than incarcerating a younger inmate (Aday, 2003). While there is research available on the psychological and physical stresses of aging in general, little information exists on the unique psychological experience of aging while incarcerated. The literature shows that aged prisoners' mental and physical health are in poorer condition compared to younger prisoners. Additionally, the literature shows that aged prisoners' mental and physical health are in poorer condition compared to similarly aged community members. However, little research examines why this is the case. We know that this

population is suffering, and we know that aging in prison must be particularly difficult, but research has not been conducted to specifically ask individuals about this experience.

To understand the complexities of the psychological experience of aging while incarcerated, we must first examine the existing research on this growing population and assess how best to focus our efforts for future study. The majority of work has been dedicated to establishing the increased rates of health problems in the geriatric inmate population. There have been few studies accounting for these increased rates of illness, though scientists have posited that poor health care within the institution and an inmate's prior lifestyle may be responsible. An inmate's diminished health is a relevant factor to the experience of aging while incarcerated, but it is likely not the only area worthy of exploration. Very little is known about geriatric inmates apart from higher rates of medical and mental pathologies and increasing population statistics. These men are interesting subjects of study in their own right because they are marginalized and silenced. Subsequently, a qualitative interview study that allows inmates to speak freely of their subjective experience is a necessary step to focus future research. By interviewing older inmates, we can begin to illuminate how best to design prison systems that will care for the elderly in the future. We can also investigate how long-term incarceration affects an individual as well as broader issues such as mortality and the persistence of hope in the bleakest of circumstances.

#### Literature Review

#### Medical Health Problems

An increase in health problems is associated with normal aging, but geriatric prisoners experience more health problems than the general population. Medical problems, such as chronic illness, are common in later life. More than 80% of persons aged 65 and over have at least one chronic illness, and multiple ailments are frequent (National Center for Health Statistics, 1993). An incarcerated person's health is notably worse than that of a community senior citizen's or of a younger inmate's. A scoping study of older prisoners, published in the UK in 2003, discovered that enough evidence exists to confirm that all prisoners, regardless of age, are in poorer health than the general population and that they use medical services more frequently as well (Howse, 2003). It is thus not surprising that senior citizens, who are already prone to increased rates of illness, suffer more health problems when incarcerated than their civilian counterparts. In fact, more than 80% of prisoners over the age of 60 reported longstanding illness or disability (Howse, 2003). One study found that as many as 10 percent of prisoners over the age of 60 were functionally disabled in activities of daily living, which included acts of cleaning oneself, eating, walking etc. (Fazel, S., Hope, T., O'Donnell, I., & Jacoby, R., 2001).

Most experts agree that in prison, 50, instead of 65, is an appropriate age to define an inmate as elderly (Fazel et. al 2001; Erger, J., Berger, R., 2002; Aday, 2003). This is due to increased health problems and the notably different environment in prison. The majority of inmates at most institutions are younger. Because of the physical demands of prison life, qualities such as strength, endurance and health are

especially necessary to successfully fend for oneself. Thus, as inmates age and their physical health begins to suffer, the decline in health is much more noticeable in the prison environment.

Declining health takes on a particular salience within a prison environment because it removes inmates from activities of daily living and leaves them vulnerable to the abuses of their younger, healthier peers. In prison, 50 is thus accepted as geriatric because of poorer health. Additionally, the average age of an inmate in prison is 38 years old (http://www.bop.gov/news/quick.jsp#2). In a community of younger individuals, a 50-year-old is more cognizant of his age than he would be in the free world. While we know that an inmate has the health of a community member approximately 15 years his elder, the contributing factors to this rapid aging process are still debated.

Researchers present different theories to explain the rapid physical aging that occurs in prison. Some suggest that increased health problems are a result of an inmate's prior lifestyle. Many inmates arrive in prison after a life of substance abuse, poor diet, deficient medical care, and risky sex, which make them highly susceptible to early aging (Aday, 2003; Erger, J., Berger, R., 2002; A.P., 2007). Perhaps older inmates are arriving in prison in poorer health than the general population.

Another theory suggests that the prison environment itself causes increased medical problems. One study states that the "prison health care system is not really geared up to meet the long term care needs which are associated with the kinds of chronic health problem and disabling disease that tend to develop in later life" (Howse, 2003, p. 28). Prisons may not yet be capable of dealing with the rapidly

increasing geriatric populations, and thus poor health care may be the cause of increased health problems.

Prisoners may be entering the system in worse health as a result of a reckless lifestyle. Another possibility is that conditions within the prison contribute to rapid aging and declined health. Although they disagree in their explanations of causality, both theories agree that the aged prisoner suffers more health problems than the average prisoner and the average geriatric civilian. Because vulnerability is preyed upon in prison, medical problems can play a significant role in determining social status among other prisoners. A decline in status, coupled with the physical effects of poor health, influence an inmate's psychological well being. As health problems become more prevalent, older inmates are reminded of their own mortality. Increased rates of medical illness are thus related to the mental health problems older inmates suffer.

#### Mental Health Problems

The mental health of a geriatric inmate is also notably worse than that of younger prisoners and of similarly aged community senior citizens. One study of 95 male inmates over the age of 50 found that depression and anxiety disorders were more prevalent in the older prison community than among men in a similar free-world sample (Aday, 2003). Another study, conducted in England's penal system, found that more than half of older prisoners had psychiatric diagnoses, the most common of these were depression and personality disorders. Despite this number of diagnoses, these men were not receiving treatment. This study also found that only

12% of males in prison suffering from depression were currently in treatment. When prisoners were compared to a similar sample of community members, researchers found the prisoners to have higher rates of psychiatric morbidity (Fazel, S., et. al., 2001).

A comprehensive literature review done in 1984 noted the rapid deterioration of health, both mental and physical, that inmates experience in prison during their terms. Researchers offered a theory for poorer health in geriatric inmates: younger inmates may be harassing their older peers, thus contributing to poorer health. The researchers suggested that younger, violent prisoners harass and potentially harm their older peers, thus leading to a more anxious and depressed older prisoner (Rubinstein, 1984). A depressed and anxious prisoner would have difficulty getting the necessary rest and comfort needed to stay healthy. This begs the question of whether or not geriatric inmates should be separated from the younger, general population in prisons in order to protect them from unnecessary stressors and bullies.

This study interviewed inmates from two institutions, one in which older prisoners are integrated, the other where they are separated. The two populations of inmates spoke quite differently about their interactions with their younger peers.

Researchers debate whether or not geriatric inmates should be separated from the younger population. One argument posits that it is beneficial to both older and younger inmates to keep the population integrated, but this study suggests otherwise.

Segregation vs. Integration of Older and Younger Inmates

The literature differs on whether or not geriatric inmates benefit from living away from their younger peers. Penal institutions also vary on whether they decide to integrate older inmates into the general population or segregate them. It wasn't until the 1970s when rates of senior citizens behind bars began to increase noticeably that the United States started to recognize the special needs of geriatric prisoners and thus created special units for the elderly and infirm (Aday, 2003). By 2002, half of prisons in the United States had age or health segregated facilities for inmates (Yortson & Taylor, 2006). Though older inmates generally report preferring age-specific facilities away from younger inmates (Aday, 2003; Howse, 2003), there can also be positive aspects to integration that researchers point out.

The prison system as a whole may benefit from integration as older inmates provide stability, social order and control to the rest of the prison (Rubinstein, 1984; Yortson & Taylor, 2006; Aday, 2003; Howse, 2003). Because older prisoners are less likely to "act out" or participate in unruly behavior, they may serve as appropriate models of prison behavior for new, younger inmates (Belkin, 2005; Howse, 2003). Additionally, older inmates could suffer from age discrimination if segregated to separate facilities. Being moved to an older prisoners unit could heighten an inmate's sense of inadequacy. For example, the move might parallel the often difficult transition of a free-world senior citizen from independent living to a nursing home (Fattah & Sacco, 1989; Howse, 2003). Older prisoners may have adjusted to life in the general population and be adverse to change.

#### Limitations of Current Research & Theoretical Framework

It is worth noting that the amount of research on aging prisoners is severely limited. In the past five years, very few psychological studies have been published regarding this population. Additionally, the bulk of the literature I found consisted of multidisciplinary approaches of study with less emphasis on psychological reports from older prisoners. So far, researchers have been primarily interested in the sociological, criminological and anthropological implications of having more senior citizens behind bars. Individual accounts of subjective experiences have not been explored.

Scientists have posited potential reasons for this dearth of research. One study suggested that researchers have neglected this population because of the societal view that prisoners deserve their suffering (Duggleby, 2005). Thus, an overall bias against prisoners may contribute to the lack of scientific research on this unique population. Additionally, many noted that the idea of a debilitated, old man does not fit with the societal construct of "criminal." When one imagines a prisoner, the image of an old man is not what one envisions. For most, the word "prisoner" evokes the image of a young man capable of inflicting harm, which therefore justifies his imprisonment. Geriatric men do not seem outwardly threatening or dangerous because we associate old age with frailty and poor health, rather than virility and violence. Thus, the idea of an old man in prison seems harsh and cruel because his imprisonment is not overtly justified. There is a strong disconnect and sadness associated with imagining an old man in a harsh prison environment. Some theorize that this accounts for the sparse research. (McMahon, 2003; Rubinstein, 1984; Fazel et. al, 2001)

I was initially interested in pursuing this line of research precisely because of the conflicting images of an old man and a prisoner. The idea of a senior citizen in prison is uncomfortable, unpredictable and incongruous. After seeing a documentary entitled Aging in America (Fanlight Productions, 2003) which featured a brief segment on aging prisoners, I realized that I had never thought about an old man being incarcerated. What captured me most was the idea of a man serving a life sentence for a crime committed in his early life. I struggled with the concept that a person in his twenties could make a mistake which would effectively remove him from society for the rest of his life.

The existing literature shows that incarceration leads to increased health problems, but there are further areas of study that demand exploration. For example, how does an inmate with a long sentence cope with the dehumanization and increased stress induced by a prison environment? Does hope remain for prisoners with long sentences in later life; and if it does, how is it maintained? How do issues of comfort, safety and limited freedom factor in to an older inmate's daily life? How much bullying do older inmates experience? Has life in prison become easier or harder with experience and age? As a population, what themes emerge from descriptions of their experience and coping? Because so little research exists on this unique population, the logical starting point is to ask those who best know the experience from "the inside." Individual interviews of geriatric inmates are necessary to provide information about the experience of aging while incarcerated in order to guide and design future research.

#### Methods

Interview design

I designed the interview questionnaire after conducting a review of existing literature and determining potential key areas of discussion. As a test run for my design, I then arranged to meet with an inmate, aged 63, at a prison in the northwest with whom I came into contact through a mutual friend. I decided to use this inmate as an informant to my research and not as a subject. I made this decision for two reasons: I did not have the cooperation of his institution, and he did not fit the demographic of a typical prisoner. This man, whom we will refer to as KG, had formerly been an upper class lawyer, and he is adamant that he did not commit the crime he was convicted of. He has had an unusual amount of support from friends from high school, college, law school and his community, who all attested to his innocence. Due to his higher education and the bizarre set of circumstances surrounding his situation, I decided that KG would be best used as an inside resource to issues plaguing older prisoners. At the time of the interview, KG had been incarcerated for 17 years and will be paroled in March 2009. With KG's assistance, I created a 20 question open interview guide (Appendix A) to facilitate and expedite the interviewing process.

After determining which American prisons had particularly high geriatric communities, I contacted six institutions on the east coast. I submitted to each an initial literature review and outline of my intended project, and requested access to prisoners over the age of 60. Two institutions accepted my proposal, a prison in the

Southeast which I will refer to as Andersen and a prison in the Northeast which I will refer to as Lessing<sup>1</sup>.

The protocol at each prison was the same. In order to be eligible for participation, volunteers had to have been in prison at least 10 years and be over the age of 60. These criteria were selected in order to find participants who had undergone a change of status from younger to older inmate over the years in prison. The literature varied on what age group was considered geriatric in prison. Most stated that 50 years old was considered senior, so I attempted to find inmates who entered prison before they were considered geriatric and became a senior citizen during their incarceration.

Weeks before I arrived at each prison, I mailed flyers advertising my study (Appendix B). The flyers invited participants over the age of sixty to discuss their experience of aging in prison. The flyer was posted to the general population at Lessing, but only to a specific camp of inmates at Andersen who officials deemed appropriate for the study.

On my first day at each prison, I administered a questionnaire that included a consent form, the *Clinical Assessment Scale for the Elderly* (CASE; Reynolds, 2001), the *Quality of Life Inventory* (QLI; Frisch, 1994) as well as a one page questionnaire asking for key demographics such as age, race, crime committed, number of years on term, and number of years on term served. I also asked about previous incarcerations and number of family visits per annum. At Lessing, 14 people volunteered for the study. At Andersen, 20 people volunteered for the study. I attempted to gather quantitative data regarding the experience of aging in prison, however, the absence of

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<sup>&</sup>lt;sup>1</sup> Names of institutions have been changed in order to maintain confidentiality

measures relevant to the unique experience of incarceration combined with the high rates of illiteracy within prisons produced irrelevant and unreliable data. However, administering these questionnaires to a larger sample of prisoners did prove useful when selecting inmates to interview.

After all surveys were completed, I selected five people to be interviewed from Lessing and four people from Andersen (Appendix C contains brief bios of each prisoner interviewed). In making my selections, I attempted to choose the oldest prisoners who were incarcerated for the longest time, and those who I thought would be able to thoughtfully participate in a one to two hour interview. Given the limited number of interviews, I also sought diversity among my interviewees in terms of race, crime committed, previous incarcerations and number of family visits<sup>2</sup>.

Two interviews were conducted per day at each prison during my visits. At Lessing, the assistant superintendent was present in the room with the inmates and me, but she was immersed in work at the far end of the room. Given that lack of privacy is standard and accepted in the prison environment, her presence did not appear to disrupt the interview process. At Andersen, interviews occurred in a room that was attached to a guard's station. No one was in the same physical space with me and the interviewee for prolonged periods of time, but people frequently walked through the room. Privacy was therefore not complete, but no one person was consistently observing the interview. Interviews were recorded at Andersen, but not at Lessing due to security measures and protocols. When interviews were recorded,

<sup>2</sup>For the purposes of this study, I used "convenience sampling" in order to facilitate productive and fruitful interviews. The data obtained is shaped by this selection process, as the men interviewed differed slightly from the rest of the population in their literacy and ability to reflect on their experiences in prison.

written and oral consent were obtained prior to recording. After completing the interviews at each institution, I transcribed the recorded transcripts or created approximate transcripts from my interview notes. I then coded the interviews for common, reoccurring themes within and between the two institutions.

#### The Institutions

The two institutions in which I did the bulk of my research were quite different. Andersen, located in the South, is a 5,000 person maximum security state penitentiary. The inmates are responsible for keeping the 18,000 acre plantation in pristine condition<sup>3</sup>. The facility includes the main, maximum-security prison as well as several smaller "camps" with varying security levels. The men I interviewed in Andersen were part of what is described as the most "lenient" of all the camps. Only people who have been "trustees<sup>4</sup>" for several years without incident are permitted to live at this facility. The camp is therefore comprised mainly of men over the age of 50. New inmates, by nature of the system, start in the general population and must graduate to the more relaxed camps. Good behavior over time is the only way to elevate one's status; therefore, I interviewed some of the best behaved and oldest prisoners at this institution. These older inmates, however, were still capable of physical labor; otherwise they would have been transferred to a sick camp. In the trustee camp, all of the men work full time in various places throughout the institution, but the men eat their meals together and live under one roof.

<sup>3</sup> Citation and reference for facts about each prison have been omitted for confidentiality

<sup>&</sup>lt;sup>4</sup> Trustees have the lowest level of security at the prison and subsequently the most freedom.

Lessing, located in the Northeast, is a 1000 person, minimum-medium security prison for inmates with medical needs. Lessing has its own on-site dialysis center, as well as physical therapy and rehabilitation, and more access to doctors and nurses than the average prison. In order to be admitted to Lessing, inmates must have at least one medical concern which requires a higher level of care than a standard institution can provide. At Lessing, the older and younger inmates are fully integrated. The housing situation is dormitory styled: prisoners live with one to five roommates in a smaller, enclosed room. Roommate assignments are not based on age or medical status. Thus, older inmates and younger inmates often live together with varying degrees of closeness. Though the average age at this institution is much higher than the rest of the states' prisons (due to the medical needs of its inmates)<sup>5</sup>, there are still many young inmates mixed with the old.

#### Interview Process

Throughout my work at each prison, I was aware of how my person influenced the relationship and exchange of information between interviewer and interviewee. I am a female in my early 20s, and I was interviewing men at all-male institutions. Many of my subjects had no visitors, which meant that I was among the first non-prison employed women that they had seen since their incarceration. Many noted that being able to sit down and talk with someone who was not affiliated with the prison was refreshing. It was my sense that being able to talk with a young

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<sup>&</sup>lt;sup>5</sup> Lessing's average age is 44 years old. The average age of incarcerated individuals in the state is 35 years old (citation omitted to maintain institution's confidentiality).

woman was a unique break from their daily routine, which made the experience rewarding.

I was also keenly aware of my age and appearance. Many asked me how old I was and laughed upon hearing my response. In most cases, my subjects had been incarcerated for more years than I had been alive. Additionally, I am a relatively small woman, who is white, educated, and was raised in the northeast. I had never been in a prison before this research began. My appearance, age and gender combined make me a unique person for these men to speak with, and likely influenced the type of information exchange that took place. I suspect that I was not a threatening person with whom to speak. Many noted that speaking to an educated individual helped crystallize and illuminate their experiences of aging in prison, and all thanked me for the opportunity after the interview.

It is important to also note that because I am an undergraduate researcher with limited resources, it seemed as though prisoners did not view me as someone who could neither facilitate their release nor cause trouble for them. My age and lack of official status (no degree, no job, and thus no influence) meant that I was not someone who could potentially help these people get out of jail, so inmates did not seem to advocate for their release. This lead to an open flow of information, as I had no agenda, and these men quickly realized who I was and what I could or could not do for them.

It is possible, however, that being a young female inhibited the flow of certain kinds of information. These men may have been censoring their more graphic language in an effort to be polite in front of a female. I noted that one prisoner

occasionally tried to communicate with me using euphemisms, but he soon abandoned his efforts when I failed to understand the meaning of his phrases. It is likely that these men exercised some degree of censorship in talking to a young female. However, it was not my sense that major incidences or feelings were suppressed in an effort to maintain propriety.

I was initially very surprised by the nature of the interviews and by my subjects' dispositions at each location. In order to enter each institution, I had to go through strict security measures. I was escorted everywhere by guards, and at Andersen, I was even taken on a tour of the premises which included the site where dogs are bred with wolves to create especially vicious attack dogs. I was thus primed to be interviewing in an aggressive atmosphere with individuals who would feel threatening to me; however, this was not the case. I regarded most of my subjects as grandfatherly, sympathetic characters first, and as convicted criminals second. The one exception to this impression was when a subject committed an offense so heinous that the criminality of the individual superseded his age, health problems and seemingly courteous disposition. However, this study revealed common experiences across all inmates that I interviewed. The following section describes the stories these men told and the themes that emerged from the interviews

## Results & Analysis

Generally, I found that the prisoners I interviewed from Lessing described living in fear of victimization from other inmates to a much greater extent than the prisoners from Andersen. This fear was a result of various instances of abuse and intimidation. Comparatively, prisoners from Andersen who have been separated from the general, younger population, felt more comfortable and protected in their environment. Thus, both groups supported that age-segregation creates a safer environment for older inmates. The two different samples of prisoners also shared many overlapping themes and similar reflections. Both institutions' prisoners discussed the emotional and psychological changes they have undergone during their incarceration, as well as the regret and loss they have experienced throughout the years. Curiously, most inmates interviewed talked at length about hope for the future, despite the bleakness of their situations. We will first discuss the differences that emerged between the two samples of inmates interviewed.

#### Victimization in Integration

Henry Avery<sup>6</sup>, an inmate at Lessing, described particularly upsetting episodes of victimization. This 80-year-old prisoner, who looked more like a kindly frail grandfather than a man convicted of murder, explained that his young roommate (in his thirties) urinates on his face towel, hides his ID card, and lies on his bed when he's not around. He also reported that his roommate cusses at him and calls him names because of his various health afflictions. Avery explained that he has a deep

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<sup>&</sup>lt;sup>6</sup> Names have been changed for confidentiality.

cough, and uses a urine bottle in the room because of bladder control problems. "Well he doesn't like all that too much," Avery commented.

Avery hypothesized that his many noticeable health ailments were the cause of his harassment. He also reported that he does not have bad relationships with other inmates. He explained, "I get along with everybody else, but not him...I told him he's the most deceitful, mean person I'd ever met and I traveled the world." Avery, who is too frail to defend himself, finds that he is helpless against the abuse of his younger, more physically fit roommate. Because snitching in prison is considered one of the worst offenses among the inmates, Avery says he can do nothing but take the abuse from his roommate.

Another Lessing prisoner, Michael Hodges, also described feeling threatened and unsafe in his living situation. Hodges appeared much older than his 63 years of age. He is wheelchair-bound and suffers from obesity among other health conditions. Of prison life, Hodges explained:

Stress is always high. You're always scared. Continually. I'm scared I'm gonna get robbed, beat, threatened. I'm scared that when you lay down to take a nap I'll get beat up...I don't sleep. I only cat nap. I'm scared something's gonna happen when I'm asleep. I'm afraid of getting a beating...I won't shower alone.

Hodges, however, has found ways to help combat his fears. He benefits from having friends and trusted roommates, noting that one of the four people he shares a room with is always around to keep their "stuff" safe.

Avery, on the other hand, lives alone in a double with his aggressor, and is not afforded the safety found in numbers. Yet Hodges offered that his stress levels weren't always so elevated and exist only because of the influx of younger, more dangerous inmates:

When I first came in, it wasn't like that. It was real restful here. But then they got more lifers and younger people in here with [us older prisoners] and it's different. Real stressful now. On the outside, I wouldn't be scared all the time like this. And most of the older guys, we hang together. We all feel it. We all know it.

As these men grow older in a living environment where the average age continues to hover around 38 years, they become increasingly isolated by their newfound minority status. Thus, for Hodges and Avery, living in prison has become more difficult over the years as a result of their increasing age and health problems.

Due to their integrated living environment, Hodges and Avery both experience difficulties in later life in prison that were not present before. For these older, less capable prisoners, the younger inmates in prison are constant sources of stress and fear that were not there when they first entered jail. Though these older men are convicted rapists and murderers, I did not see them as threatening or powerful individuals. Instead, I viewed them as helpless victims. Throughout the interviewing process, I found myself sympathizing with these older prisoners, which was startling given their criminal records. I saw them as victims which necessitated suspending my knowledge of their own criminal histories. Hearing how younger inmates terrorized their older peers evoked my concern and sympathy. For instance,

one Lessing inmate told of a young inmate nicknamed "Buck" who picks on the older prisoners, "especially the bed ridden guys. He'll say things like 'I could kill you and you couldn't do anything to stop me." These stories were quite troubling to me. It seemed as though geriatric inmates experienced more victimization than the average prisoner because of their physical vulnerability.

As an inmate ages in prison, he becomes increasingly defenseless to his peers and thus loses status among other prisoners. Younger prisoners appear to react to and take advantage of older prisoners' weaknesses. Perhaps this is in response to younger inmates' own fear of aging and the inevitability of their own loss of status. Status and vulnerability seem to be inextricably tied at Lessing. Once an inmate loses the ability to defend himself, he becomes the subject of bullying and intimidation.

Even 63-year-old Bert Garrison, who has been in and out of prison since he was eight years old, explains how the younger inmates prove problematic now that he's older. He discussed his relationship with the older inmates when he was a younger prisoner and how the new generation of younger inmates fails to show the same levels of respect as he once did: "You don't disrespect an old person for wanting quiet...These guys, they irritate you. If you picked on an older guy back in the day, and he'd been around for a while and had connections, he went for the shank." Garrison is not afraid of the younger inmates because he is a seasoned veteran of the prison system, and he does not feel vulnerable. His life-long experience in jail makes him more capable of defending himself, even with his diminished strength. He spoke of knowing how to "cause harm" to others. Though he does not fear the younger inmates, he does describe a constant level of "irritation" due to the

behavior of the younger, disrespectful peers in his institution.

Because Lessing is reserved for inmates with special medical needs, I was expecting a less anxious, fearful group of prisoners. My image of a medical prison, was a hospital-like setting with sick inmates being taken care of by doctors and nurses. I assumed all prisoners would have equal status, as everyone would be incapacitated to some extent. The environment at Lessing troubled my assumptions because the older, ill men were not being protected; instead they were being victimized and tormented by their younger and perhaps more capable peers.

I also had assumed that in this medical prison, most of the inmates would be geriatric and thus grouped together. I was therefore surprised to find the descriptions of victimization and fear that most of my interviewees discussed, as I had not anticipated the impact of younger inmates in a sick prison. On further reflection, however, it makes sense that these older, less healthy inmates would have more fear given their living environments and close proximity to younger inmates with moderate health problems. In a system where the weak prey upon the weaker, it is logical that unhealthy, younger inmates who get transferred from other institutions to the medical prison would revel in the opportunity to go from oppressed to oppressor. Their victims, unhealthy old men, suffer most in this institution that believes it to be beneficial to keep the old men and young men integrated. As a high ranking official at the prison explained, keeping older and younger men together helps keep the older prisoners feeling young. In reality, it appeared that integrating the older and younger men kept the older prisoners feeling scared and threatened. The data gathered at

Lessing, compared to the information gained from Andersen, suggests that agesegregated facilities may be a safer approach to housing America's geriatric prisoners

# Safety in Segregation

I was initially expecting the geriatric prisoners at Andersen to describe instances of abuse and fear much more drastic than those from Lessing. Andersen is notorious for formerly being one of the most violent institutions in America. In the past, Andersen experienced many widely publicized riots, demonstrations and prison murders. Most of the inmates have life sentences, therefore nearly 70% of Andersen's inmates will die in prison. The institution thus has a particularly large geriatric community, as well as an on-premises cemetery, hospital and hospice.

I was expecting to hear stories of fear and abuse comparable to Lessing, but the inmates interviewed described very low levels of stress, fear or victimization as a result of other inmates. My study was advertised only to inmates who had perfect records in prison for a minimum of 15 years. Subsequently, the men I interviewed were older and better behaved than the general population. They were also living in an environment separate from young new prisoners and older prisoners who still aggress and attack.

Additionally, because this prison had a particularly violent reputation when most of the older inmates I interviewed were first arriving, many of today's younger inmates exhibited great respect and admiration for their older, more seasoned peers. Dewey Clark, a 65-year-old inmate who has been in prison for the past 35 years offered that:

Some of [the younger prisoners] like to run their mouths every once and a while, but really, when they realize that most of us have been through here in the hard knocks that we had, they pretty well leave you alone...you don't go around pushing on the older people here because you'll end up in some serious trouble...older people here really know how to handle themselves.

Due to the younger inmates' knowledge of Andersen's past and the inferred experience of those living in the institution at that time, older Andersen inmates are feared and venerated by their younger peers.

Daniel Taylor, a 65-year-old inmate who has been incarcerated for the past 30 years, described the daily violence of his earlier years in prison: "I laid in my bed one night and watched a man get stabbed to death right in front of my face." When asked how he dealt with witnessing such a traumatic event, Taylor responded that he spent a lot of time "wondering what caused it and if anybody could be that crazy to try to do that to me in here. If I could do something to cause them to want to harm me in that way." Taylor survived the brutal years at Andersen, and is now more comfortable and secure in his environment, especially because he is separated from the younger, aggressive inmates of the general population. None of the Andersen prisoners reported current fear or victimization as a result of the younger inmates. Instead, many described good relationships with their younger peers, and spoke positively of how the two groups interacted socially.

Stanley Harris, aged 66, has been incarcerated for 40 years and spoke of the relationship between younger and older inmates. He explained:

A lot of the younger guys that are around a lot of older convicts, and they see the role setting that the older convicts have, not doing some stupid things and not getting involved in nothing stupid, and they follow that. A lot of old prisoners is a lot of role models for younger convicts because the simple reason, this is the norm in reference to how they must follow the patterns to how they gonna do their time. This is what keeps the tension down.

Harris also offers advice for the younger inmates and explained that his younger peers give him a "lot of respect." Taylor agreed that the older inmates "set an example for these younger guys. These younger guys look at 'em and think, well if he changed I guess I can too." At Andersen, older prisoners are good role models and positive influences for the younger inmates because older inmates have learned that good behavior is rewarded with more liberties.

Thomas Jones, who has been in jail for the past 31 years and is 72 years old, believes that because older prisoners serve as good models to their younger peers, geriatric inmates are integral to maintain order in prison. He noted that older men influence "the little crack heads, and they finally realize that it's better on me to do like the old prisoners do because I won't get my head busted that much." Jones explained that "you ain't gonna get no older inmate to come out and do something stupid," thus the younger inmates learn from their older peers how best to survive in prison. Jones suggested that if older inmates were not present in the prison system, "you'd have a riot the next day because they [younger prisoners] don't care about themselves." Though the two populations are separated during the evening, they are

still given opportunities to interact during the work day, which is when the older prisoners influence the younger, more aggressive men.

Because the older prisoners in Andersen have the respect of their younger peers, and because they live separately from them, they appear to be much less stressed, anxious and fearful. None of the older Andersen interviewees described current fear comparable to their early years in the general population. Many of them even called their current living situation a "children's home" and described it as much better than living with the younger inmates. Thomas Jones suggested that it is easier to be an old inmate versus a young one. He offered, "they don't mess with you, even security don't mess with you too bad. But if you was a younger inmate, you'd be at main prison…as far as being able to live, to exist we'll say, it's not too bad [being an older inmate]."

It thus appears beneficial for geriatric inmates to be separated away from the general, younger population of prisoners. Andersen inmates described low levels of stress and discrimination in contrast to Lessing where older inmates frequently described instances of fear and victimization. Both groups of prisoners expressed fatigue associated with old age, however, the prisoners at Lessing complained of noise levels and name calling from their younger peers which prevented them from getting their necessary rest. Andersen inmates reported similar fatigue, but the lack of rest was due to a busy schedule, not harassment. Though the Lessing officials claim that housing different age groups together benefits the elderly, this interview process suggested otherwise.

# **Transformation**

Though the different prison environments produced unique experiences for each inmate interviewed, there were also many common themes associated with growing old in prison. One of the most striking and widely discussed experiences was how each inmate had transformed over his years of incarceration. Nearly every prisoner I spoke with recognized a distinct change in self from the time he committed the crime to the present. Additionally, many inmates stated that being incarcerated had a positive effect on them, as imprisonment served as a direct agent of their change.

Dewey Clark spoke of his unique transformation over his 35 year incarceration at Andersen. He explained that before he went to prison, he was riding with a motorcycle gang and living a life of drug use, sexual promiscuity and excessive alcohol consumption. When he arrived in prison, he was able to do "the exact same thing I was doing on the street...I [also] dealt drugs for a long time here." After 15 years in prison, however, Clark found himself in a life or death situation when one of his drug deals went wrong. He realized that if he did not give up his illegal enterprise, he would either have to kill someone or be killed. Not wanting to receive the death penalty for killing someone in prison, Clark decided to quit. He reported that he "just backed down...I decided the consequences wasn't worth it so I quit everything illegal. I went to hobby craft stuff to make money." Clark explained that before this situation, he "wasn't weighing the consequences. If I do something I have the chance of getting the death penalty, so I'm gonna change. I made a conscious decision to change." As Clark grew older, he also grew more mature and

<sup>&</sup>lt;sup>7</sup> hobby crafts are arts and crafts that the prisoners are able to make and sell to the public

less impulsive. Before incarceration, Clark did not pause to consider the consequences of his actions. In prison, however, the repercussions of continuing criminal activities were more salient, which caused Clark to reflect on his impulsive conduct. With his life at stake, Clark recognized that he had to make a decision: either to continue his criminal activities and risk the death penalty or to live according to the rules set up in prison. Realizing that he was not ready to lose his life, Clark chose to abandon all illegal activity. Now, Clark has had a clean record for the past 20 years, but he will most likely never get out of prison, as he has a life sentence and is not eligible for parole<sup>8</sup>.

Clark, however, illustrated the frustrations long-term prisoners experience when they undergo a change. Clark reported a reformation of behavior and thought processes, but he has a life-sentence without parole and will therefore remain in prison for the rest of his life. He acknowledged that prison "was probably good for me. Because I was wild...if it hadn't been for sitting here and coming into the reality that that wasn't the way to do....I may have never woke up to that." When asked why he changed from this kind of behavior, where he "did everything for the fun and enjoyment," he responded that "I like me a whole lot better than I used... You feel better about yourself... even if I do stay here until I die, I'll still have been a better person, and that's a self thing, I guess." Clark's newfound morality has lead to increased self esteem and a new sense of self worth. Clark acknowledged, though, that "it's weird because if you do change, you have no voice. But you've made a change, and it can be a little disheartening in the long run." The external relevance of Clark's change is minimal, because it has no impact on the terms of his

<sup>8</sup> Clark was convicted of one count of murder.

imprisonment. Clark's change was thus self-motivated with no extrinsic rewards. It was surprising to find that reformation occurs even where there is no hope of redemption.

Throughout the interview, Clark came across as wise, kind though tough, and extremely articulate. He was frustrated with the system for illuminating his wrongs, giving him time to fix them, but then refusing to give him a second chance. Clark accepted that he committed a crime 35 years ago, but now, at age 63, he explained that he is not the same "careless" person he was in his twenties. The change that Clark described was echoed among many of the other inmates interviewed as well.

Other inmates described the transformations they have undergone in prison, either due to the institution's rehabilitative programs, the ample time to reflect on one's life, or the maturation that accompanies age. Daniel Taylor from Andersen had been an alcoholic prior to incarceration. Though alcohol was available to him in prison, he chose sobriety because, "[alcohol] wasn't getting me anywhere, didn't get me anywhere but right here. I've changed my life a lot, a whole lot since then." When asked to describe these changes, Taylor replied:

I'm more settled down than when I was 25, 30 years old. I've learned an awful lot about life in general and what it takes to survive and what it takes to make a go of it...learned how to live here take care of myself, respect others and how they feel...I used to think it was all about me and what I wanted to do, and I don't think that anymore.

Taylor's sobriety, coupled with time to reflect on his life, allowed him to gain insight on his life prior to incarceration which in turn caused his transformation. Taylor, like Clark, also acknowledged that prison has been a positive, life saving experience for him:

If I hadn't wound up in prison...I would probably never have settled down and quit drinking...I probably would have winded up dead somewhere. Shot stabbed or killed by a jealous husband or something <chuckles> Ya know? That's the kind of life I was leading at the time.

Even though prison saved his life, as he noted, it has also taken away his freedom.

Taylor is serving a life sentence for first degree murder, a crime he committed while intoxicated. Now, not only does Taylor choose to abstain from drinking and all other available criminal activities in prison, but he also tries to deter "tragedies" from happening on the outside:

One of the main things that I started doing when I came to prison is I would take names out of the newspaper for people arrested for DWI and I would take their address out of the newspaper and start writing them and telling them about my life on the street and alcohol and what it caused me to wind up doing and how I winded up in here.

Though he no longer does this because addresses are harder to find and postage is too expensive for a prisoner's wages, he explained that it was rewarding for him to try to make a difference in others' lives. Taylor seeks to live a fulfilling life within prison by trying to prevent others from making the same mistakes that led to his incarceration.

Michael Hodges from Lessing also reported a distinct change in his thoughts and actions since his incarceration. Like his peers, this 63-year-old reported newfound selflessness and concern for others. Hodges commented:

I've mellowed out a lot. I think before I act now, I don't jump into things like I did. I've got more respect for other people. I used to just do for me, I was first. It's not like that anymore. Now I'm second. I do for others. I just respect and think about others a lot more.

Hodges, who is serving time on a rape charge, notes that the change he has experienced occurred for several reasons. He elaborated, "first, the crime. It took me a while to figure out what I did wrong. I knew it was illegal but I didn't get why it was wrong. Now I get it... It hit me while I was in here...and I changed." Hodges also cited religion as a source of his newfound morality and hope for the future. He explained, "I learned to better myself from it. Religion and friends, they keep me going." And lastly, Hodges, in his later years, realizes that "I'm older. There's more to lose. It's not life that I fear, but I could lose my daughters and granddaughter. I've got respect now, more than ever, and I enjoy it and I give it back." Hodges noted that before prison, he was reckless, fearless and selfish which ultimately led to his crime. However, he is proud to have served time and reformed. He stated that prison "is the best thing that ever happened to me...I saw how I hurt people and I feel bad ever since. I think about it every night, everyone I hurt... I don't forgive myself. It's something I'll always live with."

The transformation that Hodges reported is also backed up with action.

Hodges chairs the Activities Committee which works to keep the older inmates active

and engaged by hosting various events. Since he realized the error of his ways, he has worked hard to better himself, and as a result has newfound self respect and happiness. He reported severe depression before his incarceration, which he said he has since conquered.

A less fortunate inmate is Steven Samuels, age 63, also from Lessing.

Samuels, convicted of several counts of child molestation, described how he truly wants to change. However, he has not been able to complete a rehabilitative sex offenders class, a necessary requirement to be eligible for parole. Prison seemed to have been a positive, transformative environment for many of the inmates interviewed, and I often found myself sympathizing with older men who described themselves as distinctly different from who they were prior to incarceration. Steven Samuels, however, did not elicit this same sympathy in me.

Samuels wheel-chaired into our interview and looked much older than his 63 years, perhaps because he has suffered from obesity and sleep apnea for most of his life. Samuels first described himself as changed because he informed me that when he first entered jail:

I did not consider myself guilty of a crime, but now I do. Quite guilty. It's a good thing I got put in here. I've learned there's a way to deal with this. I can control it. If I hadn't gotten to prison, I woulda kept on committing crimes out there.

He did not differ from his peers in his confession that prison was positive; however, while many of the prisoners referred to their crimes as horrible mistakes, Samuels

called his crime "an addiction." He reported that, since being in prison, he has learned that he can "turn it off and on. I didn't have that ability before."

Though Samuels reported that prison had changed him, various comments from our interview suggested that his reported change was not a change of criminal intention, desire or behavior, but rather an acknowledgement of his "addiction." Samuels reported that his attraction to young men stemmed from the pleasure he takes in helping those less capable than he. Though he is trying to reject and stifle his sexual desire for young boys, he still seemed to be attracted to helplessness in others. When asked about his friends in prison, he responded:

There's a guy, he's blind and mentally retarded on an 11-year-old's level. I care about people who are less capable than me. That's why I like kids, but damned if I couldn't have dealt with it in a different way. But that's how I deal. I'm close to people and I help them.

Samuels, even in an environment where everyone is over the age of 18, has managed to find the one person who is most like a young boy. He also told me that he used to pass his time in prison by sending "kids, kids I don't even know birthday cards. Friends' kids and such. I know I'll never meet them. Never meet them as kids anyway, they'll be all grown up when I get out of here."

Throughout the interview, it became clear that his feelings for children have not changed, and that even though he now acknowledges them as wrong and inappropriate, they continue to exist. Samuels remains quite interested in engaging with children, and seems to be unable to separate his attention from sexual intent. He stated on many occasions that he has ruined people's lives, including his own noting

that one of the most upsetting realizations was that he will "never be alone with a kid again...they used to be important in my world." Samuels feels as though he's lost "so much," and though he acknowledged that he was "doing it to myself," he still seems to waver in his ability to prevent further loss. He expressed sorrow for many actions: "I'm sorry I ruined my family" but at this point, he more or less has given up on everything. "My goals – they're all gone...I don't expect to get released or paroled...I don't see myself getting out."

Samuels was a notable exception from the rest of the prisoners interviewed. This could be because of the pathological nature of his crime; Samuels was the only child molester interviewed in the study. Additionally, he has not been able to complete the mandatory sex offenders program needed to be considered for parole. He explained that he is too depressed to finish anything he starts, thus he has accepted the likelihood that he will die in jail. Though Samuels acknowledged that prison has been good for him, he still has not changed enough to fare well in society. The change that occurred was an acknowledgement of his problem, but prison has not cured him of his sexual desire for children. Instead, it has made him aware of the problematic nature of his attraction. He would not want to "ruin more lives," but while the other prisoners interviewed called their crimes life-changing mistakes, Samuels' crime was the result of a deeper seated "addiction." His ability to rehabilitate is questionable, especially given his age and health conditions. Samuels has seemingly given up on being released. Subsequently, his description of his experience in prison was profoundly different from that of his more optimistic peers.

#### Regret and Loss

All of the inmates interviewed expressed a profound sense of regret and loss. Regardless of the conditions of their institution or the nature of their crime, most interviewees articulated grave remorse, not only for the crime they committed that led to their incarcerations, but also for the pain they caused to their victims and their victims' families. Many also reported the deaths of family members over the years and losing contact with loved ones as being one of the most difficult aspects of their incarceration. Others mourned the loss of their independence, freedom and agency.

Many inmates noted the number of family members that had passed away over the years of their incarceration and the difficulty associated with not being able to support their loved ones over the years. Stanley Harris from Andersen lamented:

I've lost so much over the years. My mother died. My father died, I lost my sister, my brother, a lot of my family members, and ya know, not being there for them and being incarcerated in here and seeing what the system has done in terms of keeping me here.

All of the inmates discussed having lost someone important to them during their incarceration and spoke of the pain of not being able to attend the funerals because of prison policies. Though Bert Garrison from Lessing understands that it would be an overwhelming and impossible amount of paperwork and security precautions to allow prisoners to attend funerals and wakes of family members, he still noted that morning alone "hurts." As an outside observer and listener, I sympathized with Garrison and the other inmates. To be prevented from attending a loved one's funeral, and to have to mourn without others who loved this person seems impossibly difficult.

Others discussed the hardship of missing key family events. Richard Allen who has been incarcerated for 21 years at Lessing and is 69 years old told me:

I missed so much: grandkids growing up, I missed the best days of their lives. My daughter's wedding, my grandson's first day of college. My grandkids, my daughter's graduation. And she says to me, pap-pap, you missed it. You missed it all.

As Allen told me this, he shook his head and looked down at the table. The regret and pain were visible on his face. He continued:

My kids and grandkids, I can tell from their letters their hurting. They want their father, their grandfather. 21 years I've been out of their lives. They visit but when they leave I can see the hurt in their eyes. They want to take me with them.

Allens' struggle to stay connected to his family despite his incarceration has helped keep him hopeful and safe in prison. Even though his loss and separation from his loved ones has been a source of sorrow and regret, it is also the strength of his relationship with them that has helped keep him resilient. He noted his "tremendous support" and that his family is "waiting for me...that's the way we were raised." His relationship with his family helped keep him connected to the world outside of prison, thus he has been able to maintain hope for a future that does not include incarceration.

Thomas Jones from Andersen misses having control and agency. He noted that the hardest part of incarceration for him was having all of his daily decision decided for you. He elaborated:

When you sleep, when you eat, when you get up, when you go to bed – it's all decided by somebody else. That's where a lot of people that leave here, they can't make good decisions. It's just like, whatever you do, if you don't practice it, you get idle and forget how to do it.

Bert Garrison from Lessing shared Jones' feelings of frustration at the lack of control. He explained that being in prison "made me appreciate what I had before I came to jail, and realize what I lost when I came to jail. I had my own spaces. I liked to see people I knew and associated with." The loss of freedom and agency in decision-making proved difficult for many of the inmates.

Many inmates noted that this lack of control was the direct cause of institutionalization<sup>9</sup> and loss of hope. Though the people I spoke to, for the most part, had not succumbed to institutionalization, they said that it is a struggle to maintain a sense of self in a system that intentionally strips them of their identity. As Clark noted, "even though I committed a crime, I'm still a human being." The men who volunteered for the study still strive for a sense of self within the dehumanizing, identity-stripping confines of prison.

Stanley Harris finds the general loss of his freedom to be the most difficult reality to cope with. "The purpose of life is to be able to provide, to help, to have the convenience that you think that you work for, ya know? To be able to enjoy. And you can't do that [here]." Harris, who was convicted for one count of manslaughter and sentenced to life in prison, describes his crime as a "horrible mistake," one that he takes responsibility for and one that he understands. Harris struggles with his realization that his life has been wasted. He said:

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<sup>&</sup>lt;sup>9</sup> Institutionalization refers to the process of inmates submitting to the control of the prison system.

Forty years of my life I could have had a job and been retired and secure, but then I spent 40 years in a prison, for nothing! I don't have nothing to show for 40 years other than two boxes in my dormitory. It's true. I ain't got nothing...it's a total waste...I'm very ashamed.

The overwhelming feeling of loss and regret was dominant in all of the interviews. Interestingly, inmates who spoke at length about their close family connections were also the ones who seemed to experience the most loss and regret. Being away from family members was the most difficult aspect of imprisonment for inmates whose families remained in contact. Though these inmates lamented the loss of their family, they were also the inmates who expressed the most fervent hope for the future. Having close family ties strengthens an inmate's optimism, as it makes prison a harder reality in which to exist.

#### *Futility and Hope*

Although many of the men I spoke with had sentences so long that the likelihood of them ever leaving prison was bleak, I was surprised to find that nearly everyone I spoke with maintained some semblance of hope for their future. The men in Andersen were all serving life sentences without parole and are told regularly by their warden that more than half of the people in his prison will die serving their sentence. Even these men maintain goals and aspirations for when they leave jail. Several men described elaborate "if I get out" scenarios which ranged from owning a hot peanut stand to writing a self defense book to founding an orphanage. These men

kept their minds occupied with an idealized "other" world, a future reality, in order to cope with the bleakness of their actual existence.

Even though these men had elaborate life plans for their second chance in society, they also recognized their own mortality. Their increasing age served as a daily reminder of the reality of prison. Inmates noted that when their peers passed away or were moved to a hospice, it reminded them that their own time was limited. Nonetheless, hope and optimism reigned in this population of condemned men, despite their understanding that they will likely die in prison.

Daniel Taylor, who has a life sentence in Andersen, is still hopeful that he will be released. He explained, "I got papers in the court now trying to get out...I have no desire to be here the rest of my life." If he gets out of prison, he plans to try to get a job working with his son and also to work as a motivational speaker, persuading young people in schools not to drink. Though Taylor describes how great it would be to work with his son and give back to his community, this 65-year-old man also commented, "I just hope and pray to get out of here some day and go home. I got kids and grandkids at home and I'd like to spend some of my life with them, whatever life I've got left." Taylor recognizes the limits of his life, and though he spent much of his 30 years in prison imagining his life when he got out, he realizes that at this point, there simply would not be many years remaining to accomplish the plans he has dreamed of in prison.

Taylor spoke of his fear of dying in prison as he sees his friends and peers growing older and frailer. His friends' deaths serve as reality checks on his dreams for the future. He explained:

A lot of my friends here have died of different diseases...I wonder if it's ever gonna happen to me...just fade away like they have? But even if I had them problems, if I was on the street I could take care of myself and get better medical care. I could work and help pay my way through the rest of my life. I can still work, but how many years more will that be?

Taylor cited a specific friend's illness as a particularly salient reminder of his own age and health:

He used to be the strongest man in the penitentiary, now he's down to skin and bones...they gave him about six months to live. He's not as old as me...it might go through my mind how much longer do you have because you see so many of your friends going out of here and going to live in the hospital.

And yet Taylor's optimism and perseverance remain tenacious. He noted, "You got some old people here that uh, really don't care about doing anything. They done got to the point where they just about to give up. I'm not the give up type of person."

Unlike some of his peers, Taylor refuses to become complacent in prison because he still has his medical health. He believes that if he is released from prison, he would still be able to make a decent life for himself on the outside. He is, however, aware that his years are limited, and as his health and the health of his fellow inmates decline, Taylor grows increasingly aware of his reality.

Thomas Jones explained that there are two types of hope: "useless hope" and "hope." Jones has a plan for when he gets out that includes writing a self defense book. He explained that half of the book's proceeds would go to charity and half towards his cost of living. His main goal, however, is to get out, but he recognizes

that "the bad part is there's no getting out of here in this state." So when I asked him if he had useless hope or hope, he responded:

Oh, six of one half a dozen of the other. About half and half. You always have a hope that something will happen even though there is no hope that it will happen, ya know? It's hard to just completely give up ya know? Man has an instinct to survive and if you give up that's not surviving, that's just throwing everything to the wind...and I won't do that.

Jones survives because of his hope, he explained, but he recognized that part of his hope is the "useless" kind. He acknowledges that he may never get out, but he needs to believe that he might in order to survive in the interim.

Every one of the inmates interviewed touched upon this unique relationship between futility and hope. Jones' concept of "useless hope" demonstrates his knowledge of reality, while he maintains optimism for a better future. Though these two concepts seem logically contradictory, it is possible psychologically to maintain hope in even the bleakest of situations. In fact, it appeared that individuals who learned to negotiate the relationship between hope and futility in prison fared better than their peers who surrendered to the reality of a life sentence. Though the idea of "useless hope" may seem illogical, for inmates such as Jones, it is the only way to survive in prison.

#### **Limitations and Conclusions**

It is important to note that the two institutions in which this research was conducted were unique in many regards. No two prisons in America are identical in procedure, inmate demographic and security level. Because states have different sentencing laws, state penitentiaries necessarily vary across the country and have different types of programs, policies and facilities. The two institutions I visited each have unique qualities which influenced the data I collected.

Andersen is distinctive because of its history of violence and its subsequent reformation in recent years. Inmates interviewed from Andersen lived through riots and murders, but they now live in relative peace as a result of administration and policy changes. The prisoners from Andersen were likely affected by their transforming institution. Lessing is specifically a medical prison which differentiates it from the majority of institutions across America. Inmates at Lessing usually begin their incarceration in one of the other state institutions and are transferred to Lessing when health problems arise. Thus, prisoners in Lessing have undergone a change in both institution and health status, which influenced the data obtained from these men. Overall, the Lessing prisoners seemed to be in poorer health than the inmates from Andersen, which could account for some of the differences that were noted between the institutions.

Additionally, the inmates who volunteered for this study are a specific group of prisoners, and thus may not represent older prisoners as a population. The men interviewed were interested in talking about their experience in prison. We do not

know what qualities prevented other inmates from volunteering for this study.

Furthermore, this study was not advertised to inmates with violent records or severe medical problems. Future research could attempt to assess the more general geriatric inmate population, instead of just those who participated in this particular study.

The inmates at each of these prisons were undoubtedly affected by the specificities of their respective institutions. I was struck by the vulnerability that the Lessing inmates exhibited compared to the confidence of the Andersen inmates. I suspect that there were several factors that contributed to this notable disparity. Because Lessing is a medical facility, the older inmates interviewed at Lessing were in poorer physical health than interviewed inmates from Andersen, which left them physically vulnerable to their peers. Additionally, Lessing inmates were housed with younger peers in rooms containing as few as two people. Andersen, in contrast, housed people together not only by age, but also by behavior. Older individuals at Andersen benefited from a sense of a group identity of well behaved, older men, whereas Lessing's older inmates had no collective group identity and were forced to fend for themselves. When left to their individual, depleted resources, Lessing individuals became subject to victimization from younger, more capable peers. Further research regarding age segregated facilities needs to be conducted more specifically so as to eliminate possible confounding variables that could have accounted for the differences noted between Andersen and Lessing inmates.

However, it is interesting to note that even in these different facilities, several common themes emerged among the nine inmates interviewed. Many inmates discussed how prison was critical in their transformation. Inmates noted that prison

awakened them to the consequences of their actions. Through incarceration, inmates learned the error of their ways. Surprisingly, this newfound knowledge of morality changed nothing for inmates with sentences so long that release is unlikely. Without the ability to apply their reformed selves to society, inmates are left only to reflect on their previous, criminal ways. Compared to their former selves, inmates begin to feel better about their newfound morality. Inmates therefore expressed a great deal of pride in their reformation. When individuals are incarcerated for prolonged periods of time, they inevitably lose many valued aspects of their lives. When everything is stripped away from an individual, his freedom, his family, and his relationships, all that is left is his sense of self. Inmates who spoke of their transformations also noted that they had more self esteem and self worth. Future research should investigate whether this transformation is the result of an inmate's age, his time served or the severity of his consequences. It would be interesting to compare inmates who enter the system in their twenties and are presently in their forties to inmates who enter the system in their forties and are presently in their sixties. It would also be worth researching if inmates with strong family connections are more likely to report a transformation upon entering prison compared to inmates with limited family involvement. Policy makers may want to consider what aspects make incarceration most successful in terms of rehabilitation and reformation.

One of the most surprising findings of this research was that most all interviewees spoke of hope. In interviewing geriatric individuals with very long sentences, which included life imprisonment, I did not anticipate evidence of optimism and positive attitudes. I was struck by individuals' descriptions of elaborate

"if I get out" plans. Despite the fact that there was little chance that these plans would be realized, inmates still described these scenarios with genuine investment. Further research should investigate inmates' ability to cope and remain optimistic in even the most futile circumstances. It would be interesting to investigate if prisoners' coping mechanisms are comparable to those utilized by others in such dire situations as individuals in hospice care, parents of children with terminal illnesses, cancer patients, etc. Perhaps if similarities exist, aspects of this positive psychology could be applied to the more general population.

As the number of geriatric inmates in America continues to rise, the need for research on this population is becoming increasingly relevant. This study served as a starting point for further research, but there are still many areas left unexplored. Through a deeper exploration of the unique experience of aging while incarcerated, we can begin to better understand how best to learn from this marginalized population.

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#### Appendix A

#### **Interview Guide**

What lead you to being in Prison? How did you wind up here?

How long have you been in here?

Have you met outside people since arriving here? How typical is this?

When you first came, how did you compare to other people your age? How were you different?

What were your coping mechanisms when you first entered the institution? What are your coping mechanisms now?

What concerns do you have about your safety?

How do you stay safe? How much of your energy/thoughts/behaviors are organized around keeping safe?

When do you feel safest and what makes you feel safe?

What types of daily stressors do you encounter, both physical and mental?

Who were you before you entered prison? Who are you now? Morally, economically, health wise, etc.

What do you wish people knew about the experience of prisoners that they don't already?

How is age defined in prison – who is young and who is old? What is the determinant?

What is the ideal age, in your opinion?

How has being in prison changed your sense of yourself? How has it changed who you are?

What'd you imagine your life would be like if this didn't happen?

Do you still have hopes and goals for yourself post prison? How do you plan to achieve them?

What role do older inmates play in the prisoner hierarchy?

How do you keep hope or optimism alive?

What is the length of your sentence? How do/did you tackle this? Day by day or bigger picture?

Are you the neglected American population?

What were your stereotypes or ideas about prisoners when you were younger? Do you think that you represent most people's ideas of what a prisoner is?

Recruitment Flyer:

# Volunteer for Research!

Undergraduate psychology Researcher, Elissa Kozlov, is looking for subjects over the age of 60 to discuss their experience of aging in prison.

Participation includes completion of forms asking about daily life experiences (about 45minutes) and the possibility of a 1-2 hour interview.

## Appendix C

### Profile of Andersen Inmates

Name	Stanley Harris	Thomas Jones Daniel Taylor		Dewey Clark				
Institution	Andersen	Andersen	Andersen	Andersen				
Age	66	72	65	63				
_	B	30 H 34	380.5	100				
Race	Black	White	White	White				
Marital Status	single	Divorced	divorced	divorced				
Crime for	Sirigie	Divorced	divorced	uivoiceu				
which inmate								
is currently		first degree	second degree	murder &				
incarcerated	murder	murder	murder	simple escape				
Length of	1.76	1.76	P.C.	l'ifa a O a a a a				
sentence number of	Life	Life	life	life + 2 years				
years served								
on current								
sentence	40 years	31 years	30 years	35 years				
previous								
incarcerations	none	None	none	yes				
number of	.,							
visits	4/year	None	none	4-6/year				
_								
number of	0/22 2 2 16	4 / + 1	4 /	0. 5/m = m4k				
phone calls	3/month	1/month	1/month	3-5/month				

## Profile of Lessing Inmates

Name	Henry Avery	Michael Hodges	Richard Allen	Bert Garrison	Steven Samuels
Nume	Avery	Houges	Allon	Carrison	Carridois
Institution	Laurel	Laurel	Laurel	Laurel	Laurel
					200.0.
Age	80	65	69	63	63
Ago	- 00	- 00	- 00	- 00	- 00
Race	White	White	Black	White	White
			Didok		
Marital Status	widowed	divorced	divorced	single	single
	Widowod	aivoicoa	rape &	onigio	rape &
Crime for which inmate			Involuntary deviate		involuntary deviate
is currently	arson,	rape of a	sexual		sexual
incarcerated	murder	minor	intercourse	rape	intercourse
Length of	3 life	10 to 20	24-60	12.5-25	
sentence	sentences	years	years	years	26 years
number of					
years served on current				25 years &	15 years &
sentence	36.5 years	12 years	21 years	3 months	10 months
previous					
incarcerations	yes	no	yes	yes	yes
number of					
visits	1/year	none	2-3/year	none	1/year
number of					18-
phone calls	3/month	1/month	none	2/year	20/month