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THE AGING EXPERIENCE OF ELDERLY OFFENDERS

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A thesis submitted in partial fulfillment

of the requirements for the degree of

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Abstract

This qualitative case study investigates and analyzes the aging experience of elderly offenders. Six factors which were examined are the perceptions of aging, the prison environment, peer relationships, family relationships, health and death, and religion. Three frameworks within which the study was conducted includes the concept of aging, Goffman's (1961) model of total institution, and the symbolic interaction theory.

Face-to-face interviews were conducted with elderly offenders. Participants were between 50 and 64 years of age, and had served over 10 years in Canadian Federal prisons. They all began their sentences in maximum security institutions.

This research contributes to the literature on elderly offenders, and the understanding of aging in a total institution, especially in the areas of perceptions of aging, health and death, and peer and family relationships. The study concludes with several recommendations intended to better prepare prisons for a projected rise in the elderly inmate population.

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CHAPTER 1

Introduction

The criminal justice literature often refers to elderly people as a forgotten minority, both as victims and offenders. Sociologically, elderly offenders are regarded as a double minority because they tend to be a low priority for attention and resources (McShane and Williams, 1990). For example, most programs offered in prison are usually designed to meet the needs of a younger inmate population and not older inmates. Furthermore, the pace in a prison setting is often too fast and loud, and the physical conditions and structure of institutions are usually designed to house young offenders (Aday, 1994b; McShane & Williams, 1990; Vito & Wilson, 1985).

While the number of elderly offenders is on the rise, researchers (Aday, 1994a; Aday, 1994b; McShane & Williams, 1990; Rosefield, 1993; Vito & Wilson, 1985) indicate that there is a trend toward an aged inmate population. Consequently, studies about elderly offenders have expanded especially in areas describing their physical, psychological, emotional, and social characteristics, their criminal behaviour, identity in prison, particular medical care services, the need for special programs, and social policy development (Aday, 1994b; Booth, 1989; Gallagher, 1990; Goetting, 1992; Kratcoski, 1990; McShane & Williams, 1990; Rosefield, 1993). An increase in older prisoners suggests that correctional departments will be faced with unique and costly problems in the upcoming years (Aday,1994b; Rosefield, 1993; Roth, 1992). The need for special educational, recreational, vocational and rehabilitation programs will have to be

examined, correctional staff members will require special training to better understand the social and emotional needs of geriatric inmates, and acquire new skills to identify the dynamics of death, dying, and depression (Aday, 1994b; Aday & Rosefield, 1992; Booth, 1989; McShane & Williams, 1990; Vega & Silverman, 1988; Vito & Wilson, 1985).

In order to develop the knowledge required for the future, researchers (Aday, 1994a; Fry, 1988; Gallagher, 1990; Goetting, 1983; Kratcoski & Pownall, 1989; McShane & Williams, 1990) have expressed the need for additional studies which holistically describe elderly offenders in a prison environment. The present study is in response to this need. Using a conceptual framework on aging (McPherson, 1990), Goffman's (1961) model of total institution, and the symbolic interaction theory (Charon, 1985), this study focused on the social world of elderly offenders. More specifically, it examined elderly inmates' aging experience in a total institution.

This qualitative research was conducted in a minimum and medium Canadian Federal prison. Using the case study method face-to-face interviews with elderly offenders were conducted. Based on dominant themes in the literature, information was gathered on six aspects of inmates' experience: perceptions of aging in a total institution, prison environment, peer relationships, family relationships, health and death, and the importance of religion. The process of data analysis was based upon McCracken's (1988) method of inquiry and the discovery of analytic categories in qualitative research.

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The Purpose of the Study

The purpose of this study was to investigate and analyze the aging experience of elderly offenders, having served at least 5 consecutive years in a Canadian Federal prison. Factors which were seen to affect this experience included perceptions of aging, the prison environment, peer relationships, family relationships, health and death, and religion.

Conceptual Definitions

Federal Inmate: For the purpose of this study, a federal inmate is an individual who is serving a prison sentence for more than 2 years and is the responsibility of the federal government (Adelberg & Currie, 1993). Three types of federal prisons are minimum, medium, and maximum security.

Elderly Inmate: For the present study, an elderly inmate is any person who has served at least 5 consecutive years in a Canadian Federal prison, and who is 50 years of age and older. Presently, researchers have not been able to agree upon what constitutes the term elderly inmate, however, several studies (Aday, 1994b; Colsher, Wallace, Loeffelholz & Sales, 1992; Koenig, 1995; McShane & Williams, 1990) have used chronological age (50 years and older) to define an elderly inmate. In his study, Aday (1994b) explains that researchers and correctional staff have difficulties agreeing on a definition of elderly inmate because offenders in their 50s display physical appearances 10 years older than their current age, and their declining health may result in them becoming "elderly" before their time.

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Theoretical Framework

Three frameworks were used in this study. First, an aging conceptual framework incorporating chronological, biological, psychological and social aging was applied. Second, Goffman's (1961) model of total institution which characterizes the inmate world was employed. Finally, the symbolic interaction theory (Charon, 1985) which identifies the interaction between elderly inmates and the prison environment was also used.

Aging

Aging is a broad concept that includes chronological, biological, psychological, and social changes occurring throughout peoples lives. The structural and behavioural changes, as well as the adaptations that occur throughout the life cycle constitute the aging process (McPherson, 1990).

According to researchers (Cox, 1996; Hooyman & Kiyak, 1996; Schaie & Willis, 1986), chronological aging is the number of years that have elapsed since an individual's time of birth. For example, a 65-year-old person is chronologically older than a 40-year-old. Hooyman & Kiyak (1996) note that chronological age is not necessarily related to an individual's biological, psychological or social age. Chronological aging is an index that has minimum significance in itself, and what is important are the changes people experience over time (Birren and Cunningham, 1985).

Biological aging is described by McPherson (1990) as the internal and external changes that take place in an organism, which influences behaviour and longevity.

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Researchers (Cox, 1996; McPherson, 1990; Novak, 1997, Schaie & Willis, 1986) indicate that one effect of this process is the state of being old, wherein genetic and environmentally induced changes take place in the muscular, skeletal, reproductive, neural, and sensory processes. The authors claim that the rate of internal biological changes such as cardiovascular and respiratory systems influence the life expectancy of individuals. Furthermore, McPherson (1990) notes that the type of lifestyle, degree of depression or stress elderly people experience may slow or accelerate biological aging.

Psychological aging is characterized by researchers (Birren & Schaie, 1990; Cox, 1996; McPherson, 1990; Novak, 1997) as the changes that take place in personality, cognition, psychomotor skills, learning, memory, motivation, and creativity. According to McPherson (1990), this type of aging involves interaction between cognitive and behavioural changes within each individual and certain environmental factors that may affect their psychological state. For example, McPherson explains that a decline in vision and memory could lead an individual to abandon a lifelong interest in reading. Consequently, it may dramatically alter the individual's leisure lifestyle and lead to boredom, depression, and a deteriorating quality of life.

Social aging is characterized as regular patterns of behaviour such as values, beliefs, responsibilities, and expected rights in people or groups while interacting with others, within a specific social system (Hooyman & Kiyak, 1996; McPherson, 1990). Additionally, McPherson (1990) indicates that social aging varies within and between cultures, and involves shared interaction between the social system and aging

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individuals. In later years, social aging involves a loss of social roles such as employee, spouse, or parent. It is the process by which individuals will experience role transitions such as widowhood, retirement, or a loss of independence (Marshall, 1981). The loss of social roles does not suggest elderly individuals abandon all social roles. For example, a recent widow may still be a mother, aunt, sister, or employee. Adopting new roles such as political leader, volunteer, grandparent, or teacher can replace those that have been lost (McPherson, 1990; O'Rand, 1990).

Thus, aging may be summarized as a dynamic process which includes biological, psychological and social change, and adaptation throughout the life cycle (McPherson, 1990). Although the aging process may not be fully understood, McPherson indicates that there is a common understanding that it is inevitable, universal, irreversible, and complex. Furthermore, individuals and age cohorts experience different types and rates of aging, and genetic, physical, psychological, environmental, and social elements are directly and indirectly related.

<u>Total Institution</u>

A total institution is characterized by Goffman (1961) as a place of residence and work, where a large number of individuals are cut off from "free" society for a considerable period of time. Together they lead an enclosed conventional regulated way of life. In prison, inmates are required to wear the same uniforms, follow precise schedules, surrounded by steel bars fastened on windows to prevent them from escaping, and locks which are fixed on cell doors to limit their mobility. Additionally,

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visits from individuals living in the community are regulated and limited.

In the 1950s Goffman (1961) engaged in a one-year study, doing field work at St. Elizabeth's Hospital, in Washington, D.C., a Federal institution where three quarters of the patients were inmates, from the District of Columbia. The objective of Goffman's study was to investigate the social world of hospital inmates, as it is subjectively experienced by them. It was Goffman's belief that any group of people develop some type of symbolic lifestyle, though it is often difficult for researchers to get close and investigate their social world. In obtaining ethnographic data, he focused on inmates' social life by allowing them to describe and define their own situation as inmate patients.

In his work, Goffman (1961) outlines five types of total institutions, two of which are described as homes for the sick and physically challenged. A third type, is organized to serve and protect communities such as prisons, concentration camps and P.O.W. camps. Fourth, are institutions established to pursue some worklike task such as army barracks, boarding schools and work camps. Finally, there are those institutions constructed as retreats from the rest of the world, including monasteries, convents, and other cloisters.

In reviewing the various types of total institutions in Western societies, people may find that some are more enclosed than others. According to Goffman (1961), their encompassing character is symbolized by the barrier to communicate with the outside and lose the right to depart the institution, often physically reinforced through locked doors, barbed wire fences, high walls, bars on windows, cliffs, water, forests or moors.

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Goffman (1961) describes total institutions as all life activities being operated in the same place and under the same officials. Individuals must conduct their daily activities with the company of others, all of whom are ordered to do the same thing together, and are treated by officials in a similar way. Goffman claims that each day is filled with scheduled and prearranged activities, and when one activity is finishing the next one is beginning. These activities are specifically controlled by conventional rules and regulations enforced by officials, designed and implemented to fulfill the standard goals of total institutions.

In total institutions, Goffman (1961) explains that inmates' social world is assumed by authorities. For example, a prison defines the inmate's relationship with other people and their identity as a person. Goffman argues that total institutions systematically (but not always intentionally) manipulate individual' world so that they come to redefine their self or reject the characteristics of their self which were used before entering prison. For example, an inmate may redefine the self through the registration process. Goffman indicates that inmates are stripped of their privacy, personal possessions and usual 'outside' appearances, thus suffering from a personal defacement. Additionally, inmates experience isolation, feelings of self-extinction, degradations, humiliations, and profanations of the self. While their outside identities are being stripped away, institutional machinery is used to give them a new identity through the process of coding. Goffman points out that over time inmates' self-judgements are replaced by new ones, and any positive self-judgements inmates choose usually depend

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on the authorities, and what actions they want to support. Inmates who obey passively become rewarded with praise and approval, so a positive self-judgement which becomes more and more dependent on officials is connected to obedience (Goffman, 1961).

According to Goffman (1961), the whole process of inmates redefining themselves in the prison environment is dependent upon three factors: first, isolation from significant others and reference groups outside the institution; second, total control of the individual's physical environment by a few powerful officials; finally, constant interaction within a social world whose attitude and perspective of the self is assumed.

Goffman's (1961) model of total institution can be summarized as the re-making of the inmate self (Ignatieff, 1983). According to Ignatieff (1983), the self is detached from its connection to the outside world and is fixed on ultimate things such as the emptying of pockets, and the surrender of street clothes replaced by inmates' uniforms. Ignatieff notes that experiences such as these create self mortification (shame, embarrassment, dehumanization) which can lead to self-extinction.

In analyzing Goffman's model on total institutions, Ignatieff (1983) claims that "Goffman's work is not about life inside as such, but about what a life cut to the bone tells us we cannot live without. . . it is an implicit reflection on human needs" (p. 96). For example, an institution is 'total' because it meets inmates' basic needs such as shelter, food, clothing and warmth. Ignatieff argues that regardless of satisfying their basic needs as human beings, inmates never receive what they require as a person. That is,

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presenting their selves to others as they please with clothes of their choice, speaking when and how they want, being able to withdraw from certain social roles that life demands, being able to trust others, and count on people to believe who they are.

Finally, Ignatieff (1983) claims that Goffman (1961) perceives everyone as being outside the walls, that our selves are not our own secure property, they are vulnerable and relational. He states that, "our selves dwell in the pattern of social control and we need to feel the solid buildings of the world at our backs to feel the boundaries of our identity at all" (Ignatieff, 1983, p. 97). It is only by pushing against these walls, and feeling the cracks, bumps and holes that we can send out the filament of selfhood.

Symbolic Interaction Theory

According to Charon (1985), the symbolic interaction theory focuses on the nature of interaction, and the dynamic social activities that take place between individuals. Charon briefly summarizes four concepts that characterize the symbolic interaction theory. First, he notes that focusing on the interaction itself as an element of study, the symbolic interactionist creates an active image of an individual and rejects the image of passive, determined organism. Charon claims interaction is people acting in relation to each other by taking each other into account through observation, interpretation, and reaction. Accordingly, a more dynamic and active individual develops rather than one person simply responding to another.

According to Charon (1985), the second factor is related to the first. That is, people are perceived as acting in the *present*, and being influenced by what is

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happening *now*, not by the past. The author demonstrates that what people do during a situation is primarily based upon what is presently going on in that situation, not what people bring to the situation from their past, not their position in the social structure, and not an attitude they were taught years ago. Past actions are entered into the present situation by how people recall and apply them at hand (Charon, 1985).

Third, Charon (1985) describes interaction as what is occurring between people, and within an individual. People act according to the way they define their world, and the situation they are in. He suggests that while a definition may be influenced through interaction with others, it is also the result of an individual's own definition.

Finally, Charon (1985) indicates that the symbolic interaction theory describes people as being unpredictable and active, and are 'free' to some extent in what they do. For example, people define the world they act in and part of that definition is their own. Defining one's world involves making conscious choices, directing their self accordingly, assessing their actions and those of others, and redirecting their self.

The four central factors describing the symbolic interaction perspective are integrated in the following concepts: symbol, self, and mind which will be examined next.

Symbol

Symbols may be described as social objects which are defined according to their use (Charon, 1985). That is, symbols represent whatever people want them to be. They can be physical natural objects such as a car, a house, or a flower, people's past and future, their self, ideas or perspectives. Blumer (1969) argues that people act toward

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social objects on the basis of meanings (words) they give them. Words are symbols, they help people communicate and interpret each other's actions, and define the world they live in.

According to Charon (1985) and Hewitt (1979), symbols are social. Symbols are defined in interaction and not in nature. Hewitt indicates that people make symbols and agree on what they stand for. For example, when a symbol is given in a situation such as a wink, the respondent's attention is focused on the wink and what it represents. It would be appropriate to say that the respondent has an impulse to react in some way. Hewitt notes that how the respondent perceives the wink will depend on the relationship he or she has with the individual.

Symbols are meaningful (Charon, 1985). People know what the symbols represent if they 'mean' something to the user, and if the user understands their relationship. Charon (1985) explains that symbols involve an understanding not just a simple response to their presence. For example, a flag is a symbol for a nation, it is a coloured cloth that usually invokes patriotic feelings. On the other hand, disrespect to a flag can provoke violent responses. Furthermore, a symbol may represent any object, method of conduct, or words which people act toward. Whatever the symbol stands for comprises its meaning (Charon, 1985).

Mead (1934) claims that symbols are meaningful to both the users and respondents. He argues that what is essential to communication is that symbols should cause a reaction in one's self and the other individual. Symbols are significant (Charon,

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1985). People use symbols to give off meaning which they believe will make sense to the respondent. Symbols are not an individual act, they are by their very nature, social and meaningful to more than one individual. For example, crying can be symbolic, especially coming from a child. At first, young children do not know how to use symbols to communicate with parents. When they cry the parents perceive the act as important, and will interpret and respond to it. Hence, because symbols are meaningful to actors they may be used purposively to give off meaning to respondents (Charon, 1985).

Ritzer (1992) indicates that gestures may become symbols when they arouse a response from the individual to which the gesture was directed. Gestures are not ideally suited because it is not easy for people to see or hear their own physical gestures. Consequently, Ritzer notes that the set of vocal actions that are most likely to become influential symbols is language.

Mead (1934) argues that language is a symbol which answers to a meaning expressed by the first individual, and which also calls out for a meaning in the second individual. When an action reaches that situation it becomes 'language'. In turn, it is characterized as a significant symbol that signifies a particular meaning (Mead, 1934).

Researchers (Blumer, 1969; Charon, 1985; Hewitt, 1979; Mead, 1934; Ritzer, 1992) claim that language is an important part of interaction. It is a significant symbol because it can be produced at will, and can represent a part of reality that no other symbol can do. For example, Charon (1985) explains that the words car or truck will elicit the same mental image in the individual saying the word as it does in the person to

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whom it is directed. Consequently, words are used to describe how people feel, understand, analyze, observe, and they interpret the action displayed between individuals.

The Self

The concept "self" is recognized by Charon (1985) as a major element of symbolic interaction. It is a social object because like everything else it's socially defined. Blumer (1969) argues that the significance of the self as an object should not be understated. That is, people can act toward themselves as they act toward other individuals. For example, if we sometimes direct other people, we can also direct our self. If we judge other people, we can judge our self. Thus, people achieve selfhood at the point they first begin to act toward themselves in the same fashion they act toward others (Blumer, 1969).

According to Charon (1985), people perceive the self as interacting with others. Individuals come to realize that the self is a separate object because through interaction they are pointed out and defined. For example, "You are Jane", "You are a motivated person", "You are a girl", "You are a student". In essence, Jane is an object like a chair or a door, and like all objects it takes interaction to point out to Jane that she is a separate object, and gives an understanding of herself. Charon indicates that the self as a social object develops in childhood through interaction with family members and social networks, and continuously changes in different situations.

The concept self may be regarded as a social process that contains two phases,

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and although they cannot be identified as having any concrete sense, they are essential in understanding the symbolic interaction theory. Researchers (Blumer, 1969; Charon, 1985; Hewitt, 1979; Mead, 1934; Ritzer, 1992) indicate that the first phase of the self is the "I", which constitutes the individual as a 'subject'. The "I" emphasizes peoples' immediate, spontaneous and impulsive acts. Mead (1934) claims that in most situations we can act, but exactly how we will perform this act will depend on the experience which precedes it. Consequently, Charon (1985) notes that whatever type of impulse is used toward an action, individuals are aware of the environment and the objects to which this action has been directed.

The second phase of the self is described by researchers (Blumer, 1969; Charon, 1985; Hewitt, 1979; Mead, 1934; Ritzer, 1992) as the "Me", which constitutes the 'object' of the self. According to Charon (1985), it is also called the social self. That is, through interaction the 'me' is able to direct, judge, identify and analyze others' actions. Furthermore, people become aware of their response toward actions, they can hold back acts of aggression, and act according to a set of morals previously learned.

The Mind

Charon (1985) describes the mind as the integration of the self and symbols. He states that, "the mind is *action,* action uses *symbols* and directs these symbols toward the *self*" (p. 88). The mind actively communicates with the self through the use of symbols. Charon maintains that in social interaction people define and give meaning to actors' words as they talk, and interpret their actions and intentions. This is referred to

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as engaging in "mind activity". Thus, while people are in a conversation their actions, intents, motives, characters, words, and talents are all revealed to the self and assessed by actors in the conversation. For example, during a conversation some people may be concerned about what others think about them; wondering what they do for a living, if they are married or not; how old they are, and even how to control or escape the conversation. They may escape the social situation by thinking about last night's party or tomorrow's plans. Charon explains that whenever people are alone or interacting with others they engage in a conversation with their own self. A conversation that people may not be aware of, but nevertheless it occurs.

It is important that the mind not be confused with the brain because they are not the same. According to Charon (1985), the brain has the capacity to store and manipulate a large amount of symbols that are necessary for minds, however, brains do not make up the mind. The mind is made up of the use of symbols that are made possible through the learning of symbols, and the development of self. These agents are created through interaction with others (Charon, 1985).

Thus, the significance of symbolic interaction may be summarized as people experiencing shared meanings during interaction. It's usually concerned with definition, the present, and individuals as active participants in society. Charon (1985) notes that society is made up of people influencing each other during the interaction process, as patterns develop and change constantly over time. The symbolic interaction theory treats humans as being actively involved within society, and not so much the product of

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society.

In reviewing the relationship between the symbolic interaction theory and Goffman's model on total institution, there is evidence to suggest that individuals have less autonomy in certain situations. That is, the concept of symbolic interaction that describes people as being 'free' to some extent in what they do and how they define the world they live in, differs in a prison setting. According to Goffman, authorities prescribe inmates' social world by controlling among other things, their relationships with other individuals and their identity. Furthermore, Goffman notes that inmates' daily activities are prearranged and specifically controlled by conventional regulations enforced by officials in total institutions. Thus, unlike people living outside a total institution, inmates do not have the autonomy to make conscious choices and/or direct and redirect their self accordingly, to define the world they act in.

The following chapter is a review of the literature describing elderly offenders in a prison environment.

CHAPTER 2

Literature Review

This chapter summarizes a review of the literature on the aging experience of

elderly offenders. Factors described are perceptions of aging, prison environment, peer

relationships, family relationships, health and death, and religion. But first, some basic

facts about Canada's correctional institutions are presented to allow the reader some

background information on Canada's prisons.

Basic Facts on Corrections Canada

The total adult population (18 years of age and older) of Canada in 1992 was

20.6 million. The average daily count of adults imprisoned in Canada was 31,709, and

the rate of adult imprisonment was 154 per 100,000 of the adult population (The

Correctional Service of Canada, 1993).

According to The Correctional Service of Canada (1993), there are a total of 60

federal, and 161 provincial and territorial correctional facilities. This includes three types

of correctional institutions: minimum, medium, and maximum security. First, minimum

security institutions house offenders who pose a limited risk to the safety of the

community. In these institutions offenders' freedom of movement, association and

privileges are restricted minimally. The perimeter of the institution is defined but not

directly controlled. Arms are not retained in minimum institutions. Second, medium

security institutions house offenders who pose a risk to the safety of the community.

Offenders' freedom of movement, association and privileges are regulated and generally

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supervised. The perimeter of the institution is well defined, secure and controlled. Arms are retained in medium institutions, but are not deployed within the perimeter. Finally, maximum security institutions house offenders who pose a serious risk to the community, staff and other offenders. Offenders' movement, association and privileges are strictly regulated and directly supervised. The perimeter of the institution is well defined, highly secure and controlled. Arms are retained in maximum security institutions and may be deployed within the perimeter.

Work-Related Programs

The Correctional Service of Canada (1993) report that correctional programs provide offenders with opportunities to practice good working habits comparable to those in the private sector, including problem solving, critical thinking, punctuality, interacting with others, being respectful to people's opinions and feelings, and dealing with authority figures.

The most recognized correctional program is CORCAN. The Correctional Service of Canada (1993) indicates that this program provides offenders with training and work experience that is closely related to private sector environments. They note that there are 32 institutions across Canada that offer CORCAN programs, employing approximately 1,800 offenders. Training in the manufacturing of industrial products and services is available for offenders, including office furniture, textiles, racking, printing, and agricultural commodities. Products and services are distributed to federal, provincial and municipal governments, as well as non-profit organizations. Furthermore, CORCAN

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offers a variety of community-based short term job placement programs which allow

offenders to practice their personal, social and job skills (The Correctional Service of

Canada, 1993).

The Correctional Service of Canada (1993) report that federal offenders are paid

between $5.25 and $6.90 per day in an institution, depending on their job performance.

Offenders who are willing to work but cannot due to reasons beyond their control such

as medical problems or shortage of work, are paid $1.60 (base rate) per day. Offenders

who refuse to work and participate in correctional programs are not paid.

Educational Services

The administration of standardized testing for newly admitted offenders indicates

that the average level of education is grade eight (Correctional Service of Canada,

1993). Approximately 63 percent of new offenders obtained a grade eight level in math

and language. Approximately 43 percent of offenders available for work and education

participated full-time, part-time, or through correspondence in educational programs.

According to the Correctional Service of Canada (1993), all minimum, medium and

maximum security institutions offer educational programs such as Adult Basic Education

(Grade 8-10), Secondary Education, Vocational, College, and University programs.

Vocational programs such as small engine repairs, plumbing and welding provide

offenders with training skills relevant to employment opportunities available in the

community.

In 1990, the Correctional Service of Canada made Adult Basic Education a

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priority program (Correctional Service of Canada, 1993). For example, offenders seeking employment within institutions require a prerequisite of grade 10. In 1992-93 the Correctional Service of Canada (1993) reported that there was an increase over the previous fiscal year, of offenders enrolled in grade 8 and 10 programs. Other programs available for offenders include Living Skills Programming, Cognitive Skills Training Programming, Substance Abuse Intervention, The Offender Substance Abuse Pre-Release Program (OSAPP), Sex Offender Treatment Programs, and Family Violence Programs. Inmates 65 years of age and older receive an old age pension, and have no restrictions on educational services.

Perceptions of Aging

According to researchers (Guppy, 1995; McPherson, 1990; National Advisory Council on Aging, 1995; Reker, 1995), chronological age is a universal factor used in every society to determine an individual's age-appropriate behaviour and social age. McPherson (1990) indicates that chronological age structures are available in most social institutions, serving to locate people and determine their status in the social structure. Once the location is found it will determine when and how individuals will participate in certain institutions. For example, Stackhouse (1988) notes that age serves as a criterion to enter and exit the educational system. In the labor force, codified norms are based on chronological age to determine when people retire, and when they are eligible to receive pension benefits. In social participation, codified laws based on chronological age determine when people can vote, drive a vehicle, drink in public

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establishments, and be charged with a criminal offence as an adult. Evidently, chronological age does have a significant impact on people's lifestyles and life chances.

The procedure whereby age defines social roles, location, norms, expectations and interpersonal relationships is characterized by researchers as "age grading" (McPherson, 1990; O'Rand, 1990; Streib, 1985). McPherson (1990) explains that age grades are present within societies and particular institutions such as prisons. They provide individuals with a cultural definition of expected roles, rights, behaviours, and responsibilities at specific times in their lives. McPherson indicates that age grades are used as a basis for self-identification and for assigning positions within society and institutions. For example, while there is no law that prevents an individual from being appointed president of a company, individuals under 40 years of age may be considered too young no matter how qualified they may be. In a prison setting, the use of age grades among inmates may determine who gains more respect, wisdom, health status, and self-perceived age.

After conducting a thorough literature review on the perceptions of aging in a prison setting, studies (Hendricks & Burkhead, 1978; Reed & Glamser, 1979; Wiltz, 1973) report that elderly offenders find chronological age as having little importance after they have exceeded young adulthood. A study conducted by Reed and Glamser (1979), investigating inmates' perceptions of aging in a total institution found that although there is a consensus among inmates and correctional staff that older inmates are those over mid-forties, offenders who are able to maintain their physical and mental

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ability can avoid being labeled 'older prisoner'. When the authors asked participants how they felt compared to people their own age living outside prison, 15 out of 19 participants felt younger. Only 1 person felt older than his chronological age. Reed and Glamser (1979) found that because inmates have little exposure to heavy industries, heavy drinking, or heavy labor in prison, the aging process may be retarded for some offenders.

Earlier studies (Hendricks & Burkhead, 1978; Wiltz, 1973) conducted on self-perceived age using a sample of inmates 60 years of age and older, in three federal prisons indicated that most adult offenders believed health status was the best predictor of self-perceived age. The authors found that chronological age and length of incarceration had no relationship with self-perceived age. They concluded that as subjects' health decreased, so did the likelihood that inmates would perceive themselves as feeling older than their chronological age. Both studies suggested that health issues determined how 'old' elderly offenders feel, and not necessarily the fact that they are seniors, and in prison (Hendricks & Burkhead, 1978; Wiltz, 1973).

Contrary to some studies, Gillespie and Galliher (1972) found that elderly inmates felt bitter and resentful toward prison life because it made them age faster than normal. The authors argue that offenders in their 60s and 70s often felt that prison did not preserve them, and caused them to deteriorate physically and mentally. In their study, some inmates revealed that prison life had made them age faster because they suffered from anxiety, from being incarcerated with inmates that were "trouble-makers".

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Furthermore, Gillespie and Galliher (1972) reported that offenders could not foresee a future in "free" society while being in prison, and if released from prison they would be too old to get a job. Participants agreed that the definition of growing old in a penitentiary is related to their age.

Perceptions of aging may differ among inmates depending on if they are incarcerated in a minimum, medium, or maximum security prison. Differences may also exist between offenders serving time in a Canadian or an American prison.

<u>Prison Environment</u>

Being elderly and in prison may be very difficult for offenders because they not only have to cope with the aging process, they must learn to survive in a harsh environment. According to researchers (Aday, 1994b; Johnston, 1991; Moore, 1989; Painter, 1991; Rosefield, 1993), the physical structure of an institution may create significant problems for elderly inmates. In his study, Aday (1994b) reports that older frail offenders find it too cold and damp inside prison, and that problems result from stairs and the long walking distance to the cafeteria. He notes that inmates with limited mobility often find it too stressful to deal with on a daily basis, and would rather withdraw into isolation.

Arriving in prison for the first time may be very disturbing to elderly inmates. According to Williams (1989), new elderly offenders are more withdrawn from the rest of the inmate population, and spend most of their time sleeping, watching television, and performing solitary activities. In these circumstances, Aday (1994a) argues that elderly

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first time offenders should be integrated differently into the prison setting and kept from repeat offenders. First time offenders are more likely than repeat offenders to be anxious, fearful, depressed and suicidal.

The anxiety that exists in a prison environment may be related to several factors. According to researchers (Carroll, 1982; Cohen, Cole, & Bailey, 1976; Conrad, 1982; Toch, 1976), one of the most stressful characteristics of a prison environment is the wide spread of violence offenders encounter on a daily basis. Conrad (1982) found that most of the violence in prison settings is a result of large size institutions, ethnic differences, inadequately trained staff, perceived inequalities within the prison system, and shortsighted administrators. Similarly, in Vega and Silverman's (1988) study elderly offenders reported experiencing high levels of tension due to the violence they witnessed in prison. The authors indicated that the participants gave the impression of a non stressful life by using denial or avoidance as defense measures.

Over the years, researchers (Aday, 1994a; Aday & Rosefield, 1992; Rosefield, 1993; Vega & Silverman, 1988; Vito & Wilson, 1985) have been studying the types of programs available for elderly offenders. They agree that more emphasis must be placed on developing and implementing newer programs and resources for elderly inmates to increase the participation rate in programs. A study conducted by Aday and Rosefield (1992) suggests that wellness programs need to be created which aim to keep older inmates alert and active, for example gardening, ceramics, woodworking, walking, low impact exercises, prison support services, and other recreational activities which

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may improve aging in prison.

According to Vega and Silverman (1988), the abnormal nature of a prison environment may be symbolized by regimentation, depersonalization, confinement and sexual deprivation. They indicate that more attention and resources should be devoted to programs dealing with elderly offenders' emotional and psychological well being, social isolation, and denying behaviour. Furthermore, Vega and Silverman (1988) argue that special institutions should be designed to house elderly offenders, and provide specialized programs to meet their needs. It was suggested by Vito and Wilson (1985) that the location of programs be physically accessible to elderly offenders, and that they should be encouraged to participate. That is, by providing separate classes for elderly offenders who feel they are slower paced learners it may relieve some embarrassment and frustration, and make them feel more comfortable (Vito & Wilson, 1985).

Policy and program implications may also include specific suggestions to house elderly offenders in a separate building or unit of the institution. Researchers (Aday, 1984; Aday, 1994a; Aday, 1994b; Goetting, 1983; McCarthy, 1980; Moore, 1989; Roth, 1992; Walsh, 1989; Williams, 1989) who investigated age-segregation found that elderly offenders prefer to be housed with people their own age. In his study, Aday (1994a) reported that most of the participants would rather live together for safety, apart from younger, violent inmates, and as a support network. Consistent with Aday's findings is Moore's (1989) study on the impact of prison environments on older inmates. Moore suggests that a policy for age segregation and physical improvements to the prison

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environment could make a positive impact on older inmates' welfare. He also points out that age-segregated housing units for elderly inmates should be designed for personal safety. For example, one-storey living units should be used to accommodate elderly offenders suffering from chronic illnesses; rooms should have doors to provide them with more security and privacy; space should be available near housing units for certain health care needs; and heavy security measures could be reduced for older inmates who are generally not violent or aggressive.

On the contrary, Vito and Wilson (1985) argue that age segregation should not imply complete segregation and isolation from the general inmate population. They indicate that unless older inmates choose to be placed in an age-segregated unit, or suffer from physical, social or psychological problems associated with security risks, then they should be allowed to live with the general inmate population. Furthermore, they claim that housing units for elderly offenders should be secure but accessible. Drafts and dampness should be kept to a minimal since it can aggravate the physical condition of elderly offenders, and bathroom facilities should be designed to safely accommodate physically handicapped inmates. Vito and Wilson (1985) further recommend that stairs should be minimal for distances reaching the cafeteria, library, canteen, and recreation room. To make these facilities more accessible for elderly inmates, ramps could replace some stairs. While these changes could face many barriers and budget limitations, researchers (Aday, 1994b; Goetting, 1983; Moore, 1989; Rosefield, 1993; Roth, 1992; Vito & Wilson, 1985) agree that correctional systems need

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to provide housing units and implement specialized programs for elderly offenders. If these needs are neglected, elderly offenders may remain a forgotten minority.

<u>Peer Relationships</u>

Throughout all stages in the life course we are a part of a social network through which we get involved with individuals, groups and organizations (McPherson, 1990; Novak, 1988; Stone, 1988; Wellman & Hall, 1986). According to Stone (1988), this network usually consists of a permanent group (the family), and a transitory extended group (friends, coworkers) which differs in size as we age, and pass through different stages in our life cycle. The size and structure of our social network is influenced by factors such as education, ethnicity, income, social economic status, health, type of occupation, personality, place of residence, extended family, religious and cultural beliefs, and the social roles we occupy (McPherson, 1990).

In examining the social network perspective, researchers (Lieberman, 1990; McPherson, 1990; Novak, 1988; Stone, 1988; Wellman & Hall, 1986) argue that individuals' social world consists of an extending and contracting circle of "nodes" (individuals, groups, agencies or formal organizations) connected together by informal social bonds and formal relations. The authors indicate that if the social network is strong and long-standing core groups of family, friends, and neighbours will provide a social setting for the distribution and exchange of social support across the life course.

In prison, inmates make up their own social network that serve a variety of functions, one of which is social support. Studies (Aday, 1994a; Goetting, 1983;

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McShane & Williams, 1990; Wooden & Parker, 1980) found that the extent of interaction patterns in prison settings are used as methods of coping with the environment. Aday (1994a) explains that visiting and sharing among older inmates is an important coping mechanism. When Aday asked elderly inmates if they talked to one another about sensitive topics, approximately half of the sample admitted that they had shared intimate conversations with one or two other confidants. Topics of discussion included family relationships, financial situation, health, illness, things they are happy about, politics, relatives who have died, and their feelings about being bored. Aday found that they were less likely to discuss their feelings of loneliness, religion, and shame. Several sex offenders indicated having a stigma attached to the sexual offenses they committed, therefore, avoided talking about them. Additionally, the author reported that elderly inmates living in smaller housing units had close relationships which served as an important support mechanism. Offenders claimed that they had one special confidant they could talk to about their personal life.

In support of Aday's (1994a) findings is Gallagher's (1990) study, indicating that elderly offenders had good social networks. Gallagher reported that most participants had several friends in prison, and were likely to have a confidant they could talk to about personal things. Some participants said that prison staff members often served as a confidant.

On the contrary, some researchers (Reed & Glamser, 1979; Vega & Silverman, 1988; Wiegand & Burger, 1979) have described elderly offenders as loners, claiming

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that they do not like to join social groups. In Reed and Glamser's (1979) study, they reported that two-thirds of the sample took part in voluntary organizations such as American legion and Alcoholics Anonymous. They claimed that friendships based on trust were a sign of danger and personal weakness, and therefore were unusual. These findings were consistent with Vega and Silverman's (1988) study, indicating that elderly offenders do have friends in prison, however, that most have concerns about mistrust and reservations regarding these relationships. The majority of participants reported having good relationships with correctional officers and other prison staff members.

According to McPherson (1990), older individuals are often characterized as being useless because retirement devalues them economically and socially. Views such as these may result in the internalization of a negative self-image, causing them to lose interest and motivation, and feel helpless. However, for those individuals aging inside a prison experiences may differ. Goetting (1983) claims that elderly individuals have more of an active work role and less of a devalued status than those people living in the community. They may experience career roles that are comparable with their functional abilities at different stages in their life. The author also notes that aging offenders may receive a respectable old age income in addition to their salary. In a correctional institution it's the younger inmates that are economically underprivileged.

It appears that respect for older inmates is important and often obtained from younger offenders. Studies (Aday & Webster, 1979; and Wiltz, 1973) revealed that elderly offenders receive respect from younger inmates because of the experience and

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wisdom they have accumulated over the years of being incarcerated. Wiltz (1973) claims that the prison status hierarchy is based partially on "seniority". Recently admitted inmates occupy the lowest place in prison, and elderly offenders (with long experience) initiate and hold leadership roles. Wiltz notes that leadership roles tend to be obtained by elderly offenders who have served many years in prison because they are more familiar with the prison environment than inmates who have been incarcerated for a short period of time. Additionally, the type of crime elderly inmates committed may also provide them with leadership roles.

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Family Relationships

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For many elderly offenders living behind bars, maintaining close relationships with family members and friends may be difficult. Studies (Goetting, 1983; Moore, 1989; Reed & Glamser, 1979; Roth, 1992; Vega & Silverman, 1988;) conducted on incarceration, and its effects on family life indicated that the number of visits from relatives and friends decreased because interaction was limited due to highly structured and monitored visits. In their study, Vega & Silverman (1988) tested and interviewed 40 inmates ages 63 to 80 years of age to determine the degree to which they perceived the prison environment as stressful. Questions regarding relationships with family and friends were administered to the participants. The authors found that 57 percent of elderly offenders did not receive visits from relatives. However, 90 percent of the respondents did admit that they kept in contact with family members by phone and writing letters. It was reported that several family ties no longer existed, or were reduced

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for older inmates through death, illness, and distance. Vega and Silverman (1988) reported that 60 percent of the sample mentioned their family members were upset with their imprisonment, and 80 percent of the sample stated that they had a significant amount of friends that stood by them even though they were in prison. Few participants (10 percent) had friends who visited them in prison on a regular basis. The majority (93 percent) of the sample stated that they developed friendships within the institution.

Contrary to what some researchers have reported (Goetting, 1983; Moore, 1989; Reed & Glamser, 1979; Vega & Silverman, 1988), McCarthy (1980) found that two thirds of her sample of elderly inmates described their relationship with family members as very close before incarceration, and two thirds reported that family relations remained the same after incarceration. Only 8 percent stated that their relationship with family members had totally eroded since their present conviction. Furthermore, she found that 44 percent of the sample received a visit, and approximately 70 percent said they had received a letter from a relative in the past month. Finally, McCarthy reported that only one fourth of her sample claimed the maintenance of the family role to be a problem in prison. Consistent with McCarthy's findings are those of Wooden and Parker (1980). They found that 9 out of 12 elderly inmates maintained close contact and ongoing relationships with spouses and other relatives.

In other studies, researchers (Aday, 1994a; Carlson & Cervera, 1991; Gallagher, 1990; Goetting, 1983; Vega & Silverman, 1988; Williams, 1989) found that inmates' most common methods of contact with relatives and friends are by telephone

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and writing letters. In his study, Aday (1994a) indicated that 11 out of 13 elderly offenders felt the telephone was the best method of keeping in contact with their family members. Only 2 inmates admitted to never receiving visits, letters, or phone calls from their family. In her study, Gallagher (1990) found that older inmates received more phone calls, letters, and visits from family and friends than younger inmates. She also reported that elderly offenders were 3 times more likely to select a staff member as a confidant, than were younger inmates. This could be due to the similarity with staff in terms of their age, work and history (Gallagher, 1990).

In a study conducted by Aday (1994a) elderly offenders were asked if it was difficult to maintain close relationships with family and friends living in the community. Offenders claimed that visits from friends and family were often reduced due to education, the geographical location of the prison, financial difficulties, health problems, and crimes committed against family members. For example, some inmates indicated that not being able to read or write reduced the activity of writing letters. The geographical location of the prison made it difficult for family and friends to travel several hundred miles to visit elderly offenders. Others reported they had committed crimes against family members and communication was reduced to none. Overall, Aday found that most elderly offenders were very satisfied with their family relationships. They seemed to be a very important source of support for this group of elderly offenders.

Health and Death

Inmates growing old in prison may find it difficult to deal with the deterioration of

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their health. Studies (Aday, 1994a; Booth, 1989; Colsher, Wallace, Loeffelholz & Sales, 1992; Gallagher, 1990; Goetting, 1983; McCarthy, 1983; Roth, 1992) report that some elderly inmates suffer from multiple chronic health problems such as heart disease, diabetes, high blood pressure, shingles, Parkinson's disease, arthritis, asthma, stroke and other illnesses. In her study, McCarthy (1983) found that 67 out of 248 elderly offenders between 55 and 64 years of age, described their physical body as "poor and going downhill"; 82 out of 248 elderly offenders between the ages of 65 and 69, rated themselves in poor health; 91 out of 248 aging offenders between the ages of 70 and 75, referred to their health as being poor; and 110 out of 248 elderly offenders age 75 years and over, described their physical health as poor. McCarthy argues that as inmates' age increases, their health decreases.

Elderly inmates' concerns regarding the health care system in prison was investigated by several researchers (Aday, 1994a; Gallagher, 1990; McCarthy, 1983; Roth, 1992; Vito & Wilson, 1985). Offenders indicated that their needs were not being met. In her study, Roth (1992) reported that out of 5,131 prisoners 55 years and older, two-thirds in medium and maximum security prisons, and 43 percent of those in minimum security felt their health was worse after they entered into the institution. Fifty-nine percent of the inmates rated the health care system as excellent. The author notes that participants who claimed their physical health was excellent, believed that daily activities such as religious assemblies and educational seminars contributed to their positive health (Kratcoski Study in Roth, 1992).

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In her study, Gallagher (1990) found that older inmates visited the institution's health clinic on an average of 8.7 visits per month. Inmates were asked to rate the quality of health care they received in prison. Scores indicated that 56 percent of elderly inmates rated the health care services as good or excellent, compared to 32 percent of the younger inmates. Among others, the most common complaints were accessibility of health care, absence of night coverage, difficulty making an appointment with a doctor, dentist or optometrist, acceptability of the health care (attitudes related to the medical staff), and being stereotyped as "pill-seekers". Gallagher reported that participants described some medical staff members as being unsympathetic. Inmates claimed that obtaining medication such as aspirin for headaches, vitamins and orthopedic shoes was also a problem. When Gallagher asked participants for suggestions on how to improve the health care system in prison, they stated that better health screening, better communication with staff members, more staffing hours, upgraded physiotherapy facilities, and councillors would be required.

Health concerns among elderly offenders may often create anxiety. A study conducted by Aday (1994a) revealed that the majority of elderly offenders' health was poor when compared to others their age. They also indicated that their condition had worsened over the last two years. According to Aday, several inmates feared reaching a point when they could no longer take care of themselves, and had to depend on somebody else to look after them. For example, one offender stated that, "he would hate to have to depend on somebody, if he wasn't able to get around".

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Another fear of growing old behind bars may be the possibility of dying in prison. In his study, Aday (1994a) asked elderly offenders to describe their fear of dying in prison. One 65-year-old inmate who had already suffered from three heart attacks stated, "dying in prison would have a negative impact on my children and grandchildren. I would like to die a free man. That's why I won't go up for parole, I want to be a free man when I go out of here" (p. 87). Another inmate revealed his personal fears relating to how dead people are treated in prison. "I've seen a few die here and I wouldn't want to. . . This idea of handcuffing the corpse when they take them out of here is not for me" (Aday, 1994a, p. 87).

Coping with the death of family members on the 'outside' may be difficult for elderly offenders. In Aday's (1994a) study, participants were asked how they coped with the death of a loved one, and reported that they received support from other inmates. Approximately half of the participants reported talking to other inmates about family members who had died. The author found that participants turned toward religion such as Bible reading, or informal prayer to escape thoughts of dying in prison, while others denied the issue.

Religion

Although there may not be any scientific evidence to prove that religious beliefs keep individuals out of prisons, studies (Ainlay & Smith, 1984; Koenig, Kvale & Ferrel, 1988a; Koenig, Meador, Shelp, Goli, Cohen, Blazer & Depasquale, 1992; McPherson, 1990; Young & Dowling, 1987) report that religion plays a symbolic and functional role in

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many societies. For example, religion provides a sense of security, social groups, and a social role for elderly individuals. Religion also acts as a coping mechanism for those grieving over the death of a loved one.

In both his studies, Koenig (1988, 1992) found a positive relationship between religiosity and adjustment of elderly people living in the community, and hospitalization due to medical illness. Whether religion plays a role in the adjustment of elderly offenders to prison life, however, is completely unknown (Koenig, 1995). Similar to Koenig's research is a study conducted by Peck (1988), who found that strong religious beliefs were positively related to prison adaptation, and provided inmates with a sense of hope. This was particularly true for elderly offenders who were serving life sentences without the possibility of parole. Peck indicates that additional research on religion as a coping method for elderly inmates is required. Until now, Koenig (1995) argues that no studies have investigated the religious history, beliefs and activities of elderly inmates, or explored their relationship to forensic factors and adaptation to prison.

In his study Koenig (1995) examined several religious characteristics of elderly offenders: religious affiliation, religious background, current beliefs, behaviours (private and public activities), experience, motivation, and coping style. Religious factors were related to forensic factors and current emotional health. Among several findings, Koenig reported that out of 106 elderly offenders, 50 years of age and older, a high proportion held conservative Christian beliefs, with 82.3 percent having a belief in a personal God. Only 6 percent of elderly offenders did not believe in God or a higher power. Attendance

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at chapel services or any other religious services were also investigated. The author found that 37 percent of the offenders attended services at least once a week, and 13 percent attended more than once per week. Private religious activities such as prayer, meditation or Bible study were more common than public religious participation. Koenig indicated that 51 percent of the sample were involved in private religious activities at least once a day, and 19 percent several times per day.

Other studies (Aday, 1994a; Koenig, Meador, Shelp, Goli, Cohen, Blazer & Depasquale, 1992; Pressman, Lyons, Larson & Strain, 1990) reported that religion helps offenders deal with pains of imprisonment. In Aday's (1994a) study, the majority of elderly offenders admitted to participating in informal prayer and Bible reading rather than formal activities offered in prison. Participants who claimed that religion did not play an important role in their lives fell into two categories. One group reported that religion was never an important factor. The second, claimed that they had drifted away from religion. For example, one inmate stated that, "I have drifted away from God and religion . . . At one time I knew that if I died I would be with the Lord, but not now" (Aday, 1994a, p. 88).

Consistent with Aday's (1994a) findings are Koenig's (1992; 1995) and Pressman et al. (1990) results. In his study, Koenig found that 16 percent of adult offenders admitted turning toward religion to help them cope with stress in prison. When participants were asked to rate on a visual analogue scale from 0 to 10 if religion helped them cope, 40 percent reported an 8 or higher and 32 percent chose a 10. The same

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visual analogue scale was administered by Koenig et al. (1992) to 850 subjects in prison, and 21 percent rated religion a 10 as a coping method. Similarly, Pressman found that religious beliefs helped elderly offenders cope with depression and anxiety.

Additional results recorded by Koenig (1995) suggest that older inmates who have a strong belief in God, and attend religious services tend to experience fewer depressive symptoms. Elderly inmates with high depression scores did not have a religious affiliation. Furthermore, Koenig claimed that inmates who engage in religious activities complain less about their physical health symptoms. These findings indicate that religion may be a resource to help older inmates cope with prison life.

If religious factors do help elderly offenders adjust to prison life, and perhaps reduce depression and management problems, then Koenig (1995) suggests that religious resources should be made available to inmates, giving them an opportunity to practice their faith, and perhaps enhance rehabilitation to prevent recidivism. Koenig, mentions that elderly offenders should be encouraged to form prayer study groups among their peers, and that correctional authorities should approve outside speakers into the institutions to discuss religion with inmates.

This chapter has provided a review of the literature of elderly offenders aging in a total institution. The studies presented findings which were similar and/or contradictory to each other, for different reasons. Among others, the sample size used in most studies varied which may have caused contradicting data; it may have been difficult for researchers to draw a representative sample of the elderly inmate population to insure

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the validity of the results; the type of interviewing skills researchers' possessed may have affected the outcome of the participants' responses; and individual differences may have contributed to contrasting findings.

The researcher will use the literature provided to analyze the findings. The following chapter will describe the methodology used in this study.

CHAPTER 3

Methodology

Researchers (Booth, 1989; Colsher, Wallace, Loeffelholz & Sales, 1992; Goetting, 1983; McShane & Williams, 1990) have reported that most studies available on elderly offenders tend to be consumed with methodological limitations. That is, samples are not usually large because elderly inmates represent a small group in prison, and the selection process is done in ways which prevent generalization (Goetting, 1983). Among other limitations are a lack of a model or theory that specifically describes elderly people in prison, and lack of social support to conduct research on this topic. In this sense elderly offenders are identified as the "forgotten minority".

A trend toward an aged inmate population, lack of information describing elderly people in prison, methodological limitations of existing studies, the perceived need to develop special policies, programs, and facilities for geriatric inmates has sparked researchers (Aday, 1994b; Booth, 1989; Goetting, 1983; Koenig, 1995; McShane & Williams, 1990; Rosefield, 1993; Roth, 1992; Vega & Silverman, 1988) to seek more information on this topic. This study was conducted in response to the need for additional information on elderly offenders.

Research Design

The qualitative case study design was chosen to conduct this research. The decision to use this type of design was based upon the researcher's interest of insight, discovery, and interpretation of the aging experience of elderly offenders, rather than

hypothesis testing (Merriam, 1988). The participants' interpretation of aging in a total

institution makes up the case unit of analysis in this study. According to Merriam (1988),

the nature of a qualitative case study design is to examine specific phenomena such as

a program, an event, a person, a process, an institution, or a social group. Yin (1984)

notes that the case study has been a common research strategy in sociology,

psychology, political studies, and planning. He defines a case study as, "an empirical

inquiry that investigates a contemporary phenomenon within its real life context . . .when

the boundaries between phenomenon and context are not clearly evident . . .and in

which multiple sources of evidence are used" (Yin, 1984, p. 23). Yin claims that this

definition distinguishes case studies from other types of research designs such as

experimental, history, and surveys because it seeks holistic description and explanation.

Merriam (1988) indicates that the case study does not insist on any one particular

method of data collection or data analysis. While any and all types of methods to collect

data, from documentation to interviewing can be used in case studies, certain

techniques such as interviewing are more popular.

Interviews are essential sources of case study information (Yin, 1984). They

allow researchers to ask participants about the facts of a situation, and opinions about

certain events. Yin claims that participants' opinions about certain experiences could be

used and become a foundation for further investigation. According to McCracken (1988),

the process of conducting interviews can take researchers into the mental world of

participants, to look at their categories and logic by which they perceive the world.

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The case study design is described by researchers (Merriam, 1988; Stake, 1981; Wilson, 1979) using four essential characteristics. First, 'particularistic', suggests that case studies focus on particular situations involving individuals, social groups, and programs. Second, the 'descriptive' feature refers to the finish product of a case which is a literal description of the phenomenon being investigated. According to Wilson (1979), rather than reporting the findings in numerical data, case studies are usually qualitative. For example, literary techniques used to describe and elicit images, and analyze situations. Case studies can present a documentation of events, quotes, and samples. Third, 'heuristic' indicates that case studies can bring new meaning to a phenomenon under study, extend the reader's experience, or confirm what is already known. Stake (1981) notes that unknown relationships and variables can emerge from case studies, and lead to a rethinking of the phenomenon being investigated. The fourth and final characteristic is that case studies rely on 'inductive reasoning'. Merriam (1988) explains that generalizations, concepts, or hypotheses develop from an examination of the data which is grounded in the context itself. For example, researchers may have a tentative hypothesis at the beginning of the study, but it may change as the investigation continues. Merriam characterizes qualitative case study as the unfolding of new relationships, ideas, and understanding.

Taking this concept one step further, Stake (1981) argues that knowledge learned from case study is different from other research information in four significant ways. First, case study knowledge is more concrete because the data resonates with

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our own experience, it's more pragmatic and concrete. Second, it's more contextual because our experiences are connected to context. This type of knowledge is set apart from the abstract. Third, readers are able to bring to case studies their own interpretations, experiences and understanding, which may lead to generalizations when new data is added to the old data. Finally, Stake argues that case study knowledge allows the reader to have some kind of population in mind while generalizing. Thus, the reader is able to participate in developing generalizations to reference populations.

According to researchers (McCracken, 1988; Merriam, 1988; Strauss & Corbin, 1990), the primary instrument for collecting and analyzing the data is the researcher. Merriam (1988) indicates that the data is mediated through the researcher rather than through a static inventory, questionnaire, or computer. Functioning as the instrument, the researcher is able to respond to the situation by expanding opportunities for gathering and developing meaningful information. However, Merriam notes that the researcher as a human instrument is fallible like any other research instrument. Mistakes are made, personal biases interfere, and opportunities are missed. Thus, McCracken (1988) claims that a researcher conducting an interview should allow the participant to tell his or her side of the story in his or her own terms. He also mentions that it is important for the researcher to have some control over the interview because qualitative data can become extremely excessive. McCracken explains that a researcher who does not learn how to control the data may become too overwhelmed and drown before realizing it.

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Research Setting

The present study was conducted in two Canadian Federal institutions, one minimum and one medium security prison. The confidentiality of participants is important, therefore the names of the institutions will not be revealed in this thesis. A brief description of both institutions is given.

Programs

Both institutions are program focused establishments. That is, offenders have the opportunity to develop and demonstrate pro-social values by participating in programs such as Cognitive Skills, Anger and Emotions Management, Living Without Violence, Substance Abuse Program, Anger Management, Stress Management, Alcohol and Drug Education, Community Integration, Assertive Communication, among others. Employment and independent living programs are also available (Corrections Canada).

Education

An education centre is available in both institutions. Educational instructors teach courses such as English as a Second Language (ESL), Science, Math, and Computers. Offenders are encouraged to enroll in secondary and post-secondary courses (Corrections Canada).

Health Care Services

Health care services are offered at both institutions, on a regular basis. Among other medical staff members, registered nurses, physicians, and dentists are available (Corrections Canada).

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Social and Cultural Resources

The social and cultural area of both institutions is active in different programs. They include hobbies and repair projects for community organizations, employment and independent living programs. Self help groups such as Alcoholics Anonymous and Narcotics Anonymous are available. Additionally, most of the inmates' spiritual needs are met by providing one-on-one counselling, having interdenominational worship services and groups on site provided by different chaplains (Corrections Canada).

Both institutions are an open correctional environment that requires and promotes trust, independence, and responsibility for day-to-day living.

Sample

Once the research setting and unit of analysis was identified, the researcher selected the sample. The research sample was selected to give readers an opportunity to look at ideal characters and logic of a particular subculture. It was not chosen for the purposes of generalizing to a larger population.

The proposed sample for this study consisted of 7 male participants, however, the sample was reduced to 4 participants. Due to a number of circumstances which were beyond the investigator's control, the sample was restricted to those inmates wanting to participate, who did not have any other obligations (work, scheduled meetings), or visitors, at the time of the scheduled interviews. Those who participated in the study ranged from 50 to 64 years of age, and were incarcerated over five consecutive years in a federal institution for different criminal offenses. Participants were

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incarcerated in either a minimum or medium security prison.

According to Merriam (1988), there are two basic types of sampling to choose from, probability and nonprobability. Although both types have been used in case study research, nonprobability sampling is the preferred method when conducting qualitative case studies. Briefly, Merriam describes probability sampling as being able to specify for each unit of the population the probability that will be included in the sample. She notes that it allows the researcher to generalize the results of the study from the sample that was drawn from a population. Nonprobability sampling is described as not being able to estimate the probability that each unit of the population has of being included in the sample, and no guarantee that every unit has some chance of being included (Merriam, 1988). Nonprobability sampling was used in this study because the researcher was interested in qualitative research such as discovering experiences, their implications, and the relationships between the experiences.

McCracken (1988) explains that the purpose of qualitative research is to be able to investigate cultural categories and assumptions according to how they construe the world. He claims that the number and kinds of people which hold these categories and assumptions is not the critical issue. It is the categories and assumptions themselves that matter. Hendricks (1996) and Merriam (1988) indicate that its validation lies in understanding, meaningfulness, and interpretations given by participants, involved in a particular situation.

Merriam (1988) and Yin (1984) note that a unit of analysis for a qualitative case

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study can be made up of one or more individuals, events or entities being studied. According to McCracken (1988) researchers should select participants based on the principle that "less is more". He argues that it is more important to work longer with a few participants than more superficially with many of them.

<div align="center">Obtaining Consent</div>

Before conducting the study, the researcher had to obtain consent from Lakehead University Ethics Advisory Committee. Once approved, the researcher proceeded to follow a specific process to select a sample and gather the data.

It took approximately 8 months for the researcher to obtain and secure the necessary consent to collect the data in two Canadian Federal institutions. A research proposal was first submitted to the Correctional Research and Development, Correctional Service of Canada, and following their approval the proposal was submitted to the Regional Research Committee who authorized the study to be conducted. The Regional Research Committee contacted administrative officials at two institutions to make the necessary arrangements for the study to be conducted. Each institution assigned a case management officer to confirm dates and times with the researcher so interviews could be conducted with the participants.

Copies of the "Agreement to Participate", also called Consent form A, were sent to the case management officers to be distributed among elderly offenders, 50 years of age and older, and who had served at least five consecutive years in prison. Consent form A (Appendix A) clearly explains the purpose of the study, length of interviews, that

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interviews would be tape-recorded, and that names would remain confidential. It also states that cooperating in the study would not affect inmates eligibility for parole, and that they could refuse to answer questions or withdraw from the interview at anytime. Elderly offenders who were interested in participating in the study read, signed and dated the form. The forms were collected by the case management officers and returned to the researcher.

A second form, called "Written Consent" form B (Appendix B) was administered to each participant by the researcher immediately before interviews were conducted. Form B clearly indicates the purpose of the study, length of interviews, that participants would be tape-recorded, their names would remain confidential, and that they could withdraw from the study at anytime. The researcher clearly explained to each participant the process of the study, and asked them to sign form B if they wanted to continue participating in the study.

Data Collection

Interviews were conducted at two institutions. The researcher tape-recorded each interview which lasted approximately 60 minutes. During the interviews, the researcher made written notes as a second method of data collection. The length of interviews allowed participants some time to reconstitute their experience and put it into context for the researcher. The researcher began by obtaining basic background information from the participants, using close-ended questions, followed by open-ended questions (Appendix C). As the researcher was concerned about the potential for mistrust which

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could affect the quality of the data, participants were given a set of questions to follow as the researcher interviewed them. Providing participants with the questions may have helped them alleviate any uncomfortable feelings.

<u>Interpreting and Analyzing the Data</u>

Once data was collected, the researcher transcribed the tapes into a verbatim text for the process of analysis. According to McCracken (1988), the object of analysis is to discover the relationships, categories, and assumptions that explain the participant's view of the world in general. Researchers (McCracken, 1988; Merriam, 1988; Miles & Huberman, 1984; Seidman, 1991) claim that the process of analysis is combining and reducing the data to what is of importance and interest. Seidmen (1991) indicates that it is very important that the researcher reduces the data inductively rather than deductively. For example, the researcher cannot approach the data with a hypothesis to test or with a theory developed in another context to which he or she would like to match the data.

According to Seidman (1991) the transcripts must be handled with an open mind, looking for what is important and of interest in the text. McCracken (1988) claims that the text must be reduced with a sense of what the literature says ought to be there, a sense of how the research topic being studied is composed in his or her experience, and a glance at what took place while the interviews were being conducted.

McCracken's (1988) five stages of data analysis were used as a guide to analyze the data in this study. In the first stage of analysis, the researcher had to read the

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transcripts with a careful eye, refusing to make any assumptions and understandings of the text. Attention had to be placed on the 'intensive' relations of the text, and the meanings enclosed within its range of implication. This was achieved by using the conclusions of literature review as templates to search out the systematic properties of the text. No attention was placed on the texts' 'extensive' relations, that is, relationships that were apparent between texts. According to McCracken, in this stage, the researcher must sort out the important text from irrelevant text, and pay no attention to how the important material will be prepared.

The second stage of analysis consisted of three steps. Similar to the first stage of analysis, the researcher continued to create each observation. The observation was extended beyond its original form until its meanings and possibilities were more fully created. Once this was completed, observations were linked back to the transcripts. Each observation was scanned to see if there was a relationship or similarity in itself. When this step was completed, the observations were examined by relating one to the other. McCracken (1988) indicates that in this stage a sure eye must be kept open for logical, similar, opposing and contradicting relations.

In the third stage of the analytical process, observations were created in relation to other observations. According to McCracken (1988), the idea is to focus away from the main body of the transcripts. The object of analysis is the observations and the text from which they were developed. By this time, the researcher was able to speculate in a more organized context, and notice patterns and themes forming from the text. During

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this process general properties of the data unfolded, and common patterns of the interview became visible.

By the fourth stage, passages were surrounded by comments which generated additional comments of their own. The researcher was able to sort out the general themes, and was not concerned with the main points of the interview or their relationship to one another. McCracken (1988) claims that an investigator should work to exclude and include general themes. Once the themes had been identified, the researcher decided how they would be interrelated. Some themes were redundant, therefore, the best formulation was chosen and the rest were eliminated. The remaining themes were organized hierarchically. At this point, McCracken indicates that the researcher should notice one or two themes that are the primary factors, and that a set of residual themes would remain. He explains that residual themes are very important pieces for the researcher's argument, and should not be excluded.

In the final stage themes were taken from each interview and combined together in the thesis. Through the process of transformation, cultural categories from the interviews were revealed and became analytic categories. At this time, the researcher discussed the general properties of thought and action within the group being studied. In this stage, McCracken (1988) claims that the researcher describes the world as it appears from a specific analytic perspective. After having possessed full conceptual properties, the researcher's observations became the conclusions.

This chapter described the methodology used to collect data for the study.

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Factors which were discussed included the type of research design, the research setting, the sample, obtaining consent, data collection, and analyzing the data. The following chapter discusses the research findings after the data was analyzed. The main themes are perceptions of aging, prison environment, peer relationships, family relationships, health and death, and religion.

CHAPTER 4

Research Findings

Before discussing the results of the study a brief description about each participant will be given. The first participant is characterized as being 50 years old, and has been incarcerated for 19 years. Before being transferred to the current institution he served part of his sentence in a maximum security penitentiary. The participant reported having 3 children and 1 grandchild living outside Canada. He has one sister and both parents are deceased. He indicated keeping in contact with his children by telephone and letters because of the long distance between them. However, he did mention that his children did visit him a couple of times, and that his sister visited him once a year. The participant reported that he was interested in reading history books and working with computers.

The second participant is described as being 60 years of age, and has been incarcerated for almost 30 years. He also stated serving part of his sentence in a maximum security prison. He indicated being married once, then was divorced, and after his divorce he had a common-law relationship which ended in separation. He reported having 2 sons, 2 sisters (him being the oldest sibling), and his parents, whom were still living. The participant's family members lived in other provinces, therefore, he did not receive many visits from them. He mentioned keeping in contact with them by telephone and letters. His interests included writing poetry and working with leather.

The third participant is described as being 53 years of age, and began serving his

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sentence in the early 1960s. He reported being in and out of prison, and is serving a total of 34 years. Similar to other participants, he mentioned having spent part of his sentence in maximum and high medium security prisons. He reported having 8 sisters, 2 brothers, his mother who was still living, and his father was deceased. At one time he was married, then divorce, and was involved in a common-law relationship. He indicated having 1 son, 1 daughter and step-grandchildren. His common-law wife visits him periodically, his siblings and mother try to visit once a year. The participant mentioned keeping in contact with his children and other family members by telephone and letters. Areas of interest include reading, working with leather, taking courses, and exercising.

The final participant is characterized as being 64 years old, and has been incarcerated for 10 years. He mentioned beginning his sentence in a maximum security prison before being transferred to the current institution. He reported being married several times, and divorced all his spouses. His family members include 2 sons and 1 daughter whom do not live in Canada. He also has 2 sisters (1 is deceased) and 1 brother living in Canada. The participant indicated that he keeps in contact with his children by telephone, and that they rarely visit. He also mentioned receiving visits from his sister and brother each year. His areas of interest included watching documentaries, biographies, and exercising.

Perceptions of Aging

Participants were asked to describe their perceptions of aging in a total institution, and whether prison life had made them age faster or slower. They reported

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that aging in prison was a slow process because it offered them advantages over the lifestyle they had before being incarcerated. Participants reported that it removed them from the temptations of alcohol, drugs, prostitution, and gambling. They strongly believed that prison life had preserved them in several ways such as offering regular meals, a place to sleep, and opportunities to keep physically and mentally active through sports programs, work, and trades. A lifestyle, they reported not being familiar with on the outside. Participants described what prison life had done for them:

Participant:

> I think from being in prison you're away from a lot of things like alcohol, and stuff like that. It preserves you that way, you take better care of yourself, more conscious of your health, you get exercise, more time than you would outside. So, I think that tends to help keep you a little younger.

Participant:

> I don't know how I would have lasted [outside] . . . I'd have drunk myself to death, that's for sure. I'd have killed myself through drinking, abusing drugs . . . I had to start over when I came in [prison]. I was in rough shape, very rough shape.

Participant:

> I would have died out there. I'm ok now. Not that it was a good thing coming to jail, it helped me. I did not age in jail. I [feel] better now. Even my sister told me [he looked healthier].

Participant:

> I think prison has helped me a lot. It hasn't always been a positive experience to me, but I certainly don't see it as negative. I think it's given me more strength, more determination to carry on, see things through, and motivation to develop myself and make something out of myself. Try to be a better human being. It hasn't aged me emotionally or physically, you know, prison gives you the will to survive, and the will to overcome. I think

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this is what prison has done for me.

Participants agreed that they had an unhealthy lifestyle before being incarcerated, and believed that if they would have continued that way it would have caused them to age faster than normal. Being in prison has taught them to take better care of themselves, preserve their health, and feel younger. Inconsistent with Gillespie and Galliher's (1972) findings, participants in this study reported that prison life had preserved them, and made them age slower than normal. Offenders indicated that in prison they have better eating habits, exercise regularly, and are removed from temptations of drugs, alcohol, and gambling.

Participants were asked if they experienced many pressures in prison. They explained that pressures existed, however, they were not similar to those experienced by elderly people living in the community. For example, participants indicated that worrying about finances, unemployment, and health problems were not major strains for them in prison. They strongly supported the notion that these types of pressures tend to generate plenty of stress for older people living in the community. One participant made this point by comparing an elderly offender to a factory worker living in the community:

> If someone came in here [prison], and they were doing twenty-five years . . they got out when they were sixty-five . . . and didn't have medical problems, they would look and feel younger, and be mentally younger. They would be in better health then somebody working in a factory for twenty-five years [age sixty-five]. You got guys in here, they have no stress. Stress puts people to age.

The term stress was perceived by participants as the primary factor of growing old, faster. They indicated that elderly people living in the community frequently experience

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stress due to financial difficulties, unemployment, working conditions, and competition

for resources. In prison, participants reported that these types of factors were not

notably stressful for them. This may suggest that the stress level for some elderly

offenders is lower than older people living in the community. Comparable to Reed and

Glamser's (1979) study, these findings may indicate that having little exposure to heavy

industries and heavy labor in prison slows down the aging process.

According to researchers (Cox, 1996; McPherson, 1990; Novak, 1988), the term

aging is a broad concept which can be defined using concepts such as chronological,

biological, psychological, and social aging. When participants were asked to define

'aging' in a total institution, mixed feelings were evident. For example, one offender

characterized it as having health problems:

> Getting older [aging], I don't really think it involves maturity because you
> usually mature by the time you're in mid-twenties. After that, it's what you
> do with it [maturity]. It's the measurement of time. It's also a health
> situation. Sometimes they [elderly people] come up with diabetes or
> rheumatism, bone problems, muscular, lung and heart problems. These
> [illnesses] can affect your motor skills.

The respondent believed that staying active, eating a well balanced diet, and keeping a

positive attitude prevented particular illnesses. Another participant described wisdom as

being a part of aging:

> I think aging is maturing, and gaining more wisdom. Prisons can be a
> learning experience if one chooses to learn from it. There's some [inmates]
> that do, and the one's that do, I think, can bust [obtain] a whole lot of
> knowledge. Get to know people, talk and try to understand them. We can
> share experiences as well, but it depends on how we apply ourselves. We
> [can] learn from others' mistakes of yesterday and make sure they don't
> happen tomorrow. We can learn from others' mistakes as well. That's

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another area that's been good to me. I've been in a long time, I've seen lots of guys come back. I've heard everything about why they're back. But in prison, you only hear one side of the story. That's a learning experience. This is where you gain wisdom, you become wise, you become aware . . . wisdom is a never-ending process.

The participant strongly believed that as people grow older they mature and gain more wisdom. He explained that long term elderly offenders tend to have more wisdom because they have more experience living in prison, and that younger inmates could obtain knowledge from older inmates. However, many young offenders do not take the time to listen, and would rather risk doing things on their own.

Overall, participants perceived the term aging as being associated with physical, psychological and social health. Wisdom was also identified as a concept of aging, which may indicate that as people grow older they tend to have a greater understanding about different situations because of past experiences. For example, one participant reported that long term elderly offenders tend to be wiser than younger inmates because they have remained a part of the prison subculture for a longer period of time, and have learnt to adapt to the setting through experience. Consistent with other studies (Hendricks & Burkhead, 1978; Wiltz, 1973), participants in this study indicated that chronological aging was not an important element in the definition of aging because people are only as old as they feel.

When participants were asked to state their age and describe how old they felt, none reported feeling their chronological age. Three participants consented to feeling younger than their age, while one participant admitted feeling older than his age:

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Participant:

> I feel forty, and when I look at these other guys [inmates] that are in their 40s, I feel younger then they do. I'm more active than them. I don't have mornings when you get up and you really feel old, like everybody else talks about. I get up, and I roll . . .

Participant:

> I feel young, maybe 50. I see other guys [inmates] that are younger than me and they walk around like they're half dead. I keep physically active.

Participant:

> I feel 45. Others say I look 45 or 50, and I want to keep feeling this way. I keep as active as I possibly can. I'm on the go every day, cleaning buildings, putting away supplies, and cleaning washrooms.

Participant:

> [Physically], I feel 80, with the pain [every day]. When I get up in the morning, (after sleeping for 8 hours), I could be more tired half an hour later than when I went to bed. I can do something for 20-30 minutes and then that's it, I have to go lie down. To me, that's old. I'm on full medical. They don't allow me to work while I'm on medication. I could blackout at anytime.

Although the participant suffered from physical health strains he did indicate feeling mentally younger than his age. Since working was not an option for this participant, he reported staying active by taking short walks, reading books, articles, and working on the computer. Similar to other researchers (Hendricks & Burkhead, 1978; Wiltz, 1973), this study indicates that health status was the best predictor of self-perceived age.

Participants were asked what type of advice they would give elderly inmates about aging in a total institution. They reported that participating in hobbies and exercise programs were important, as well as keeping a positive attitude, having an open mind,

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and planning for their future. One participant stated:

> Plans for the future are important. You can't come in here [prison], think old, expect to leave, and get on with your life. By the time you get out, you'll be burnt. Everyone has a future. If you intend to have any kind of future at all, keep yourself in the best possible condition [physically] so you can appreciate it when you get older. There are many negative people in here, don't let them grind you down. All the worrying and being sick about it [being in prison] isn't gonna do anything. So, get on with your life.

The participant believed that planning for the future, and not dwelling on 'being in prison' is another method of trying to stay younger and coping with the prison environment. On the other hand, one participant reported finding it difficult to plan for his future because of the serious decline in his health. He reported that taking medication on a daily basis, and not being able to work on machinery, or participate in certain craft trades gave him a disadvantage to find employment if he was released from prison. The participant noted that it probably would not make a difference if he were living in prison or in the community, he still would have had his physical illnesses.

Generally, participants believed that they were aging slower in prison than if they had been in the community. In fact, they strongly believed that if they would have maintained the lifestyle they had before being incarcerated they would have died. They pointed out that being physically and mentally active were key factors for remaining healthy in prison. Every participant seemed to have coined the term 'aging' according to their health status, including factors such as chronological, physical, psychological and social aging. However, chronological aging was not considered an important factor in defining aging. Participants indicated that planning for the future was meaningful

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because it helped them to cope with prison life, and remain healthy.

Prison Environment

While the literature describes the prison environment as being rigid, controlling, restricted, harsh, depriving, depersonalizing, and strict (Goffman, 1961), participants characterized it as a 'changing environment'. One participant who has served almost half his life in prison briefly commented on some of the changes he observed since the late 1960s. He reported that over the years younger inmates have been losing respect for elderly offenders, not so much because of their age, but mainly because of the drug culture that entered the institutions. Consequently, older inmates have been finding it difficult to cope with. For example, younger inmates are not respecting the same issues that elderly offenders respected years ago. The participant noted that there was more status, understanding and cohesiveness between younger and older age groups. Today, there is more tension between them. He blames the new wave of offenders for badly diminishing living conditions, and claimed that these changes were caused by a drug culture which entered the prison system in the late 1960s.

> They've [younger inmates] lost sight. Not so much because of age, but because the drug culture has created a lifestyle in prison that's really shaky compared to when I was young. All the older guys feel the same way.

Frustrated, he continued to describe the changes in the prison environment:

> . . .Then the young guys say, 'well, how come this happening'? 'That's how come this is happening, ever since the drug scene came out in the 60s, prison systems have gone down hill. As far as privileges, living conditions, respect between the guys and themselves, this is what the older guys have a hard time coping with. There was more status, cohesiveness, and

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understanding on all sides [when he served his first sentence in early 1960s].

Many years ago, elderly offenders took the time to educate younger inmates about prison life:

> If a guy did something wrong [years ago] he had a slap or something, and he learned from it. Now, if a guy does something wrong, he ends up with four knives in him. Like that was a murder in those days [1960's].

This may suggest that not only have younger inmates lost some respect for elderly offenders, but appear to use violence for problem solving. The idea of elderly offenders having social status seemed to be diminishing. In the 1970s, another culture of inmates was created, which brought an increase in drugs, murders, and recidivists.

> . . .when they [inmates] got out [prison] it took you a good year or 2 years for you to begin to cope with society from the attitude that was instilled in you . . . it instills not a hatred, but an antisocial [behaviour] in your brain. And a lot of kids [younger inmates] that became a way of life for them. They were getting out, and they were coming right back [in prison] for killing.

According to the participant, these changes have caused several problems between younger and older inmates which are still apparent today.

When asked to describe if living in a prison setting had been a positive or negative experience participants reported that it was both. They perceived prison life as positive because it taught them to cope with everyday challenges, and helped them to get along with others. It also provided them with self-help organizations such as Alcoholics Anonymous, Substance Abuse, and Cognitive Skills programs to assist with personal problems. One offender described his learning experience in prison:

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It's taught me to look into myself and gain as much insight as I can about myself. AA [Alcoholics Anonymous] has been a wonderful program. Learning how to live, understand myself and other people, and I'm still learning.

Another respondent indicated that the only positive experience he received from being incarcerated was coming to terms with his criminal past, and acknowledging that what he did was not right.

Understanding what you did [crime]. How it came about, and why you shouldn't have done that [crime]. That part and the understanding, how I messed up, that's positive. But, sitting here for nineteen years is not really positive.

He mentioned regretting his criminal actions, claiming that it was not worth putting his family through so much anguish. Feeling guilty, the participant believed that his parents died fifteen years early because of his deviant behaviour. Another participant indicated that prison life was very educational for him:

I probably got more of an education from this setting I've been living in than I would have on the street. Here [prison], I got the chance to become a licensed barber, lots of art background, lots of time to read and get educated taking university courses.

The participant noted that there are negative experiences, however, prison had given him the opportunity to become more educated, it helped him to understand human nature, and obtain different coping skills.

Describing some of their negative experiences, one participant explained that prison is a strict and controlling environment, which provides inmates with limited choices.

He states:

> I can't say, 'what am I going to eat today'? 'What am I going to do today?'
> Most of our life is controlled in prison. We [inmates] have a certain amount
> of control, like, 'what am I going to do after work?'. But, I can't say, 'I'm
> going into town to watch a movie or hockey game'.

The participant reported taking many things for granted prior to being incarcerated,

unfortunately, it wasn't until he entered prison that he recognized it.

Aging behind bars deprived the participants of several things, such as role and

identity loss, retirement plans, caregiving for their family, owning a home, privacy and

leisure time, and taking care of oneself. Most importantly, it has deprived the

participants of living with their family. For example, one participant stated:

> It's [prison] deprived me of my family. I want to see my sons, and my mom
> and dad very badly, before they die. It's deprived me of my friends, social
> life, and sexual life. I've lost my home, car, friends, and job. I don't wear
> the same clothes anymore. It's deprived me emotionally and physically. It's
> everything. Every part of our daily life in one way, shape or form.

In support of Goffman's (1961) findings, the participant described prison as adjusting to

a whole new way of life, without close friends or family. Inmates must learn to live with

strangers, adapt to new values and principles set up by correctional officials, and they

must develop a keen sense of their surroundings. Similarly, two other participants

indicated that prison life had been negative because it has kept them away from their

family. One participant reported not seeing his daughter in 9 years, and was looking

forward to visit with her.

The anxiety level that exists in a prison environment may be disturbing for elderly

offenders. Many cannot deal with troublesome encounters of violence, or upheaval from

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younger inmates. Consequently, the environment may become an area of high stress for older inmates. In this study, participants were asked if they supported the notion of elderly offenders being housed in separate units, away from the inmate population. Inconsistent with some studies (Aday, 1994b; Goetting, 1983; Moore, 1989; Rosefield, 1993; Roth, 1992), three participants opposed age-segregation, and one participant strongly agreed. Those against segregation reported that being surrounded by people who were sick would not be a healthy environment for those who were not ill. Participants believed that elderly inmates suffering from medical problems would probably lose their will to survive. Additionally, they noted that it would hasten the aging process for both sick and healthy offenders. Living with different age groups was important to maintain a positive attitude. One participant stated:

> If you put a bunch of old guys together [both healthy and with medical problems], they'll die off. Guys don't appreciate being next to someone dying of cancer. If you got stuffed in with a hundred of them, I believe you would go down hill. You have to be mixed in [with different age groups].

In support of several studies (Aday, 1994a; Aday, 1994b; Goetting, 1983; Moore, 1989; Roth, 1992), one participant argued that an institution should be built for elderly offenders. He believed that coping with prison life would be much easier for older inmates because there would be less violence, programs could be developed for older age groups, and they would receive better medical care and meals.

> They'd [correctional services] be better off to just give them [elderly inmates] a place of their own. There's enough of them [elderly offenders]. Have programs geared toward aging [activities] that they could do, instead of just warehousing them. There would be minimal violence, and they'd cope with each other better.

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Over the years, the participant reported witnessing many elderly inmates struggling with several obstacles in the prison environment because of physical limitations. For that, he strongly supports the notion of age-segregation. On the contrary, Vito and Wilson (1985) have suggested that older inmates not be completely segregated from the rest of the general inmate population, unless they chose to be placed in an age-segregated housing unit, or suffer from physical, psychological, or social problems.

According to participants, prison life is not what it use to be years ago. They strongly believed that many changes had taken place, such as the prison environment becoming more violent, and elderly offenders losing social status because younger inmates are losing their respect. One participant stated, "the old system where the older guys show younger inmates, that's passe". Furthermore, the participants agreed that the changes that have taken place in the prison setting such as diminishing conditions, has made it difficult for elderly inmates to cope with. The idea of age-segregation was discussed with the participants, and mixed feelings were reported. There are many issues surrounding age-segregation which require further investigation.

Peer Relationships

During the interviews, elderly offenders expressed that peer relationships in prison are important. Similar to Aday's (1994a) findings, this study reported that emphasis was placed on the value of visiting and sharing with older inmates, which appeared to be a form of coping with the prison environment. When participants were asked to describe their relationship with friends, they reported not being very sociable.

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Living day-to-day with the same people can often become tiresome, and so they preferred their moments of privacy. However, this did not suggest that their friendships were not meaningful.

Consistent with Aday (1994a) and Gallagher's (1990) findings, participants in this study agreed that friendships were considered an important coping mechanism. They reported belonging to a small group of close friends which consisted of four to six inmates (usually older inmates) who were trustworthy. One participant described what he meant by a close friend:

> . . . people you've known for a long time. You know, that work's good. If he says to you he's going to do something, he'll do it. If he say's he'll lend you something, he'll lend you something. That's what counts 'your word'. . . you can trust them with whatever goes down, at anytime.

Another participant explained that having a few close friends was better than trying to be everybody's friend:

> We may all live in the same place but I know who I can talk to, who I can't. I know who my friends are, who are not. There's probably more than two [friends] if I wanted to tell them something. I know it won't go anywhere.

One offender described his relationship with friends as being very good:

> . . . they all love me. . . they all love the old man . . . they all have names for me . . . [I associate] with all kinds, 30-year-old's, 40-year-old's, 50-year-old's. I'm only 'tight' [close] with 6 guys though.

Participants reported talking to their close friends about everyday occurrences, release plans, and what may be happening at other correctional institutions. Similar to Aday's (1994) findings, participants reported that it was not customary for inmates to discuss criminal offenses or family problems with each other. Private issues were usually

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discussed with family members only. Some participants seemed apprehensive about beginning any type of a relationship in prison, and that looking out for oneself is probably the safest way of serving a sentence. For example, one offender stated:

> I learnt a long time ago that it doesn't pay to get close to people in the penitentiary. There's my sister but that's personal, if it's got to do with the family or something. But beyond and above that, no one.

Another offender said:

> Guys are weary of whom they're talking to unless they've known them for years. Guys aren't really opened to friendships, cause you take a friend in here, you take his headaches too.

Similarly, another offender reported choosing not to share everything with close friends because he did not perceive himself as an 'open book':

> I want to be open with people, but you have to be careful who you're open with. There may be things I say to one [friend], but not another. I mean my personal life is my personal life. You may have the closest friend for years, but may not want to share everything. That's for me to know.

For example, he indicated not discussing his criminal past with close friends, and mentioned that it was not considered appropriate behaviour for inmates to ask each other questions about the types of crime they committed, unless they volunteered the information.

Participants indicated that they were very careful choosing their friends in prison, and that it could take years to achieve a close relationship. One offender revealed that inmates who make friends too quickly are usually a sign of weakness and danger. For example, he indicated that 'kids' (younger inmates) tend to make friends too quickly, and end up in trouble. This may suggest that long term elderly offenders are more

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experienced, patient and wiser when it comes to understanding the prison system, and forming social groups. One elderly inmate stated that, "if you manage to get older in a prison setting, then you learn how to handle different situations."

Consistent with other findings (Aday & Webster, 1979; Wiltz, 1973), participants in this study reported that the younger inmate population did respect elderly inmates, however, they felt that the amount of respect had decreased compared to 20 or 30 years ago. This could indicate that inter-generational social roles among inmates are changing. One participant described how some young offenders may respect elderly inmates:

> If older guys are having a problem, a couple of young guys will step in, help them out or see that they get their meal. If they can't carry something, they'll [younger inmates] do it. I'm aware of an older guy living two doors away from me. If this guy over here is making too much noise, and he's getting grumpy, then we'll go talk to him [younger inmate]. 'Hey, this guy's been here a lot longer, and if you're not happy with the situation, then I'd advise you to move'.

Similarly, another participant stated:

> There's a lot of respect for older people. The young inmates take care of the old timers. They always look after them. You need something . . . even when I came out of the hospital, guys were knocking [asking if he wanted help with anything]. I couldn't bend over so they came to put my shoes on . . . they look after you.

Other methods of showing respect may be providing them with financial assistance for any medication they may need, accompanying them to the medical clinic, cooking meals for them, and protecting them from violent inmates.

Participants were asked if they extended advice to younger inmates about surviving in prison. One inmate mentioned providing knowledge about surviving in a

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prison environment, as well as legal counsel for personal matters such as divorces and appeals. He indicated that inmates respect him because of his demeanor in prison, describing himself as minding his own business, being trustworthy, keeping a watchful eye, and not volunteering any information.

> I get quite a bit [of respect from younger inmates], because of the way I conduct myself and my lifestyle. If there's a big problem, they'll come and ask me, 'what should I do'. I've handled appeals and divorces for guys.

This may suggest that some elderly offenders have a high social status in prison because they are older and more experienced about different situations. Another participant had mixed feelings about providing advice to younger inmates, claiming that he preferred not to socialize with them, and that it was their responsibility to develop survival skills in prison:

> The young ones are nothing but punks. You don't even talk to them. I tell them, 'I did my own. I learnt how to do it myself [survive in prison] . . . Maybe they have more respect for us, but we have more respect among ourselves [elderly inmates] because we've been living with a guy for 10-15 years. I know what he's like. I don't know these people [younger inmates]. I don't want to be bothered with them. You should realize that in the last 10 years there's been a lot of weird people coming in . . .

The participant indicated that younger inmates may have respect for elderly offenders, however, he believed there is more respect among the older inmate population.

Overall, participants agreed that having friends in prison was very important. They reported having a small group of close friends they could talk to about some personal things. They indicated that it took them several years to make close friends, and noted that making friends too quickly was usually a sign of danger. According to participants, elderly offenders do attain respect from younger inmates, however, it was

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mentioned that the elderly inmate population tend to have more respect among themselves.

Family Relationships

Participants' marital status ranged from being divorced, single, or remarried. They all reported having children who were between 16 and 30 years of age. Two participants mentioned having grandchildren, however, only one subject said he kept in contact with his grandchild on a monthly basis. All participants reported having brothers and sisters, with whom they kept in contact. Two offenders stated that their parents were still alive.

In support of other findings (Aday, 1994a; Carlson & Cervera, 1991; Gallagher, 1990; Vega & Silverman, 1988; Williams, 1989), this group of elderly offenders stayed in contact with family members by writing letters, talking on the phone, or visits. Since privacy is often difficult to obtain in prison, inmates preferred writing letters rather than talking on the phone. It was reported by the participants that letters offered them more privacy because telephone calls were usually monitored. One participant stated:

> It was always by phone, when this was a camp. But when they turned it over to medium [security], they changed the phone system. I wasn't used to the phone system. I was used to talking openly to my sister on the phone. Now, it's monitored, and I don't think it's fair to my family. I don't think it's fair to their privacy. I was angry about it, and now I write letters.

Additionally, phone calls can sometimes be a financial burden for family members who live long distance. It was reported by participants that long distance phone calls to family members are usually collect calls paid by relatives, and are kept to a minimum because it's too expensive.

Similar to other findings (Aday, 1994a; Vega & Silverman, 1988), participants in

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this study found the geographical distance of the institution was a barrier for receiving

family visits on a regular basis. Furthermore, and consistent with Aday's (1994a) study,

participants expressed that family members could not visit them because of health

problems, limited financial resources, or were not able to travel alone. Inmates noted

that their children, sisters, brothers and/or parents lived either in another city, province,

or outside the country. Two offenders claimed that family members visited them once or

twice a year. One participant reported that he had not seen his daughter in nine years

because she lived in another country, and was too young to travel by herself. Another

elderly offender reported that his mother was admitted into a nursing home, and his

father could not afford traveling expenses to visit him. It seemed that writing letters was

the only available option left for these elderly offenders, for outside communication.

Occasionally, family members may refuse to have contact with inmates if a crime

was committed against a family member, or cannot accept that a relative is in prison

(Aday, 1994a; Vega & Silverman, 1988). Similar to other studies (Aday, 1994a; Vega &

Silverman, 1988), one participant reported he had not heard from his sister in more than

20 years because she could not accept that he was in prison:

> I have two sisters. I've kept mostly in contact with one sister. The other
> sister and I don't hit it off too well so . . . she can't accept my situation. I
> didn't want it that way, but that's the way she preferred it, so I pretty well
> went along with it.

While trying to come to terms with his sister's decision, the participant still felt distressed

but remained hopeful that one day she would change her mind.

Maintaining a close relationship with family members may be perceived as a

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coping mechanism for elderly offenders. Without some form of communication they may express feelings of depression, loneliness, or isolate themselves in their cells. In this study, participants agreed that family contact was very important to them, especially if they are serving a long-term sentence:

> . . .you mentioned family. It's very important to have family members. It's very important. Lots of inmates don't have families, they have no visits, and they're down . . . like . . . it's tough. I'm very lucky I get letters every week.

Overall, participants believed that the family was the primary source of support. They indicated that they keep in contact with most of their family, however, there was evidence that animosity existed between some participants and their relatives. Due to particular factors such as the geographical location of the institution and financial difficulties, visits from relatives tended to be reduced. Participants reported that talking on the telephone and writing letters were the most common methods of keeping in contact with their family members.

Health and Death

Elderly offenders must cope with growing old in prison, and for many that could mean trying to maintain their health. Participants described their health in terms of whether they were suffering from illnesses such as heart problems, diabetes, cancer or other diseases. Three elderly offenders reported being in good physical and mental condition, and one offender claimed his physical health was deteriorating. He reported having hip and heart problems, that bones in his back were disintegrating, and he had an injured shoulder that would not heal:

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> I take twenty-seven pills a day. I'm on full medical, and they won't allow me to work. I've been on pills for four years. I can't work with any trades, because if you're working on machinery or using any sharp objects, and you pass out . . . I could black out at any time. To do work is not even a consideration.

It was clear that the participant's physical health prevented him from participating in several sport activities and craft trades. However, he did report occasionally taking a short walk around the prison yard with a friend, and liked working with computers. The participant indicated that it was very important for elderly offenders to participate in activities because it helped them cope with day-to-day living, and not to become socially withdrawn from the rest of the inmate population.

Previously reported was the idea that remaining physically and mentally active in prison could help slow down the aging process. Activities such as working out in the gym, taking a walk around the prison yard, lifting weights, engaging in cardiovascular exercises, and practicing karate, were some of the exercises respondents enjoyed doing. For example, one participant described his daily exercise routine:

> I walk three miles in the summer time, every day, I go around here [yard] four times, that's one mile. I do it twelve times a day. One mile in the morning, one mile in the afternoon and then one at night. I go to the gym and do my pushups, my leg work, a little lifting, not too much. I walk the gym, touch my toes, and do jumping jacks.

None of the participants reported playing sports, however, they did mention that the gym provided basketball, hockey, handball and other sports. This may suggest that it would be meaningful to have more geriatric programs available to elderly offenders. Prior studies (Aday, 1994a; Aday, 1994b; Rosefield, 1993; Vito & Wilson, 1985) indicated that 'no impact' sports, literacy classes and wellness programs are essential for older

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inmates. Like any other age group, programs should try to maintain a good morale, keep elderly offenders alert, and physically active as possible.

According to Aday, (1994b) the physical structure of some institutions may make it difficult for some elderly offenders, suffering from physical ailments, to walk to the cafeteria several times a day and receive their meals. One participant explained that he had elderly friends who were ill, and had problems walking to the cafeteria. He indicated that other inmates had to bring meals to them, or if they lived in housing units they would offer to cook their meals. None of the participants reported having problems walking to the cafeteria because they lived in housing units, equipped with facilities to prepare their own meals. Participants agreed that living in housing units improved their diets because they bought their food and cooked their own meals. One offender who was diagnosed with high cholesterol stated:

> Last summer they [medical staff] discovered through a blood test that my cholesterol was high . . . so they put me on cholesterol pills that I take everyday . . . I eat porridge every morning. I get up and make my own. I eat all the fruit I can get. I buy things off the canteen [store], like salmon and tuna. I'll make casseroles, macaroni, things like that.

For these participants, living in housing units has allowed them to monitor their diets more closely, buy and prepare their food, and feel more responsible for their own health.

Offenders were asked to describe the health care services provided at the institutions. Generally, the participants reported that the facilities were adequate, and the medical staff treated them well. However, this did not go without feelings of frustration experienced by one participant. He claimed that it was sometimes difficult to buy non-prescription medicine from the canteen because it was not always available.

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The participant explained that a medical staff member had diagnosed him with a bad viral infection, and advised him to buy a certain type of medicine that should have been available at the canteen. The participant reported that the medication was not available, and therefore obtained medicine elsewhere:

> . . . well, they're supposed to have it [medicine] on the canteen so you can buy your own. They didn't have it, so I went around and saw guys that are on medication, and bummed antibiotics to treat myself. If you need antibiotics, you get through it somehow.

Similar to Gallagher's findings (1990), the participant claimed that it was difficult making a dental or doctor's appointment, and described it as a screening process:

> . . . I don't go there unless I get a really bad cold or something, cause it's a waste of time. The health care is so minimal. It's not worth the aggravation to ask for anything. If I broke a tooth, I could wait three months before seeing a dentist. You'd go see the nurse and she has to say, 'ok, you can see a dentist'. Then you wait a month, then you go back to see the nurse, and you make an appointment to see the dentist . . . It's [like] a screening process to discourage you [from going to the clinic], or finally to the point where you're transferred to a different institution.

Other participants did mention that the health services were slow, but satisfactory:

> I use it [medical services] every month. I get treated very well, and I treat them well. There's days I've gone over there, and I've had to wait 45 minutes, but I understand that. You have to learn to wait for things. Some people they have a hard time doing this, you can tell by their body language.

Another participant rated the health care system as 'A-1', reporting that when he had an operation the medical staff took good care of him.

Finally, there was evidence to suggest that ageism may exist in prison. For example, one participant claimed that elderly inmates tend to be stereotyped by certain medical staff members, referring to them as "old cranks":

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> Unfortunately we have some guys here that are pretty sick, and they're [medical staff] just jerking them around. The older we are, the more 'he's just a crank'. The young guy who's standing there arguing and arguing end up in the hole with security. The older guy will say, 'it's like beating a dead horse' and walk away. He's not getting treated. In a way the health care feels justified by keeping the costs down.

Further investigation is required regarding the notion of ageism in a prison setting.

Generally, participants reported being in good health. One participant indicated having chronic illnesses which prevented him from performing certain tasks. They all agreed that remaining physically and mentally active, and maintaining a good diet could slow down the aging process. Living in housing units allowed them to monitor their diets more closely, and feel more independent. Mixed feelings existed regarding the health care system; participants described it as either excellent, satisfactory, and unsatisfactory. Additionally, There was evidence to suggest that ageism may exist in prison.

A topic that has not been extensively investigated by researchers is death in prison (Aday, 1994a). The fear of growing old and dying in prison may be very difficult for elderly offenders serving long sentences. Participants revealed that they occasionally thought about dying in prison because they often saw it happen around them. Consistent with Aday's (1994a) findings, participants reported that the concept of dying did not worry them as much as the thought of dying in prison. After experiencing the loss of close friends, participants claimed it was an awful place to die. For example, one elderly offender characterized dying in prison as having no dignity:

> You don't want it [dying] to happen in here, because you have no dignity here. There are guys who stay in their cells, sick, no medical care, can't

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get out of bed, people don't even know they're in there [cell]. Nobody checks on them, and they die. When you see stuff like that, you know what you're up against in this setting.

Another participant stated:

I don't want to die in prison. I've said that over the phone to my family, my sister, I've said it to other people in here. It's the most horrible place to go [die].

These fervent feelings expressed by these participants may suggest that there is a stigma associated with dying in prison. That is, it may leave a negative impact on family members, or leave the impression that there is no integrity dying in prison.

The notion of elderly offenders having to cope with the death of close friends and family members on the outside can be very difficult, especially for inmates who cannot pay their final respects. This was expressed by one participant who could not attend his parents' funeral:

My mother and father died [while being incarcerated]. All's they [staff] did was call me downstairs, they handed me the phone and my sister said, 'she died'. I was allowed to talk for three minutes, and then I left. The same thing happened with my father.

When asked how he coped with the death of his parents, he stated, "I went to my cell and mourned in my own way and that was the end of it." He did not admit to using other coping mechanisms to deal with the death of loved ones. When a close friend dies in prison or in the community (that most inmates know), participants explained that inmates will pay their respects by having a memorial service in prison. One participant described it as a coping mechanism:

If someone died on the street that lots know [inmates], we'll hold a service here. We collect money to send flowers, and communicate on the phone

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to let others know. Guys will get up and give eulogies. It makes you feel a little better, because you express what you feel about someone when they pass away . . . it's a way to cope.

Compatible with Aday's (1994a) findings, participants in this study reported seeking support from their friends regarding the deaths of loved ones, and/or turning to religion or informal prayer.

The concept of dying in prison was somewhat disturbing for the participants. They believed that there was no dignity dying in prison, and that it could leave a negative impression on their relatives. Coping with the death of loved ones included grieving alone, talking to close friends, attending a memorial service in prison, and engaging in informal prayers.

Religion

For some people religion may play a major role in their lives. That is, religion may provide a sense of security, social roles, and serve as a coping mechanism for people grieving over the death of a loved one. For others, religion may not be a priority, which was evident for the participants in this study.

Offenders were asked if they belonged to any particular religious denomination, and if they practiced religion on a regular basis. They reported belonging to the Protestant or Roman Catholic denomination, yet seldom attended church services offered at the institutions. One offender revealed that he quit going to church when the minister (who had been there for years) was transferred to a different institution. He reported not feeling comfortable with the new minister because he did not approve of his ministerial ways. Similarly, another elderly offender mentioned that he did not participate

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in church services offered at the present institution, and that prior to being transferred he did attend church occasionally. The participant stated, "it depends on the institution, and on the minister's attitude . . . what he's doing. I've never been here". His reason for refusing to attend church services was because of certain social groups that associate with the church.

> I've never been here [church services], partly because of the social group that interacts with the church. We don't want to associate with these kinds of people. When I see what's happening in that area, it makes me shy away. It doesn't mean you're not interested [in religion], or you don't care, or you don't believe.

Instead participants preferred practicing religion in their own unique way, such as working with their trades. One participant enjoyed designing and working with leather. He characterized his work as drawing religious sceneries on leather products such as purses, belts or wallets:

> I did a Bible cover for a woman once, I put [drew] some scrolls, scriptures and a nativity scene, and they couldn't believe it. So, when you're working with that kind of stuff [religious scenes], you have to think about what you're working with.

Another inmate admitted being a member of Alcoholics Anonymous (AA) for several years, and claimed that he had a spiritual belief. He noted that AA had provided him the opportunity to discuss his beliefs more openly. He stated, "I'm an AA member, I have been for a number of years, and I have a spiritual belief . . . I believe in God". The participant revealed that by attending AA meetings religion had become a more important factor in his life. None of the participants reported being affiliated with any religious groups available in prison, however, some participants admitted engaging in

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informal prayer. One offender claimed that praying by himself, in his cell, was a type of coping mechanism.

Basically, religion did not play a major role in the participants' lives, however, it was reported that they believed in a spiritual being. For different reasons, participants admitted why they did not attend church services in prison, and preferred to practice religion in their own way. Consistent with other findings (Aday, 1994a; Koenig, 1995; Pressman, 1990), participants reported turning toward religion to help them cope with prison life.

Additional Themes

This section will briefly examine two additional themes, release plans and identity in prison, discovered in the discourse of the study.

Release Plans

Expressing some optimism of being released from prison, participants described their concerns about re-entering the community. One common concern voiced by the participants was the lack of suitable employment. They believed that it would be very difficult for them to find employment because of their criminal record and age. One participant understood the difficulties he may encounter outside prison, but claimed he would not give up:

> I'm going to need time to get use to things. Getting a job is not going to be easy. I'd rather be out there than in here no matter how hard it is. . . I put myself in here and I have to get myself out. I'm doing it little by little. . . Never give up, no matter how hard it gets.

One participant who was looking forward to his release in the future was experiencing

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some concern about his ability to care for his family, pay the bills, and other personal matters. He indicated that his plans were to continue with the craft trade he was working with in prison:

> Like at my age, I know I can't go out and get a job . . . that's why I'm involved with my leather. I started 2 years ago with about four hundred dollars, and now I have almost six thousand dollars wrapped up in tools and leather patterns. My books are between seven and eight hundred dollars. I'm intending to use this when I go out.

By making plans for his future the participant felt more confident about himself. Another participant looking forward to his release seemed very concerned about how he would pay for the medication he required everyday. He noted that finding employment would be very difficult because of his poor health, criminal record, and age:

> If you're 50 years of age, and you've done 20 years in the federal penitentiary, nobody wants to hire you. Even if I was in perfect health, they wouldn't hire me. I wouldn't hire anyone who's been in the penitentiary when I can hire someone that hasn't [been in prison]. . . Who's going to pay it [medication]? I have no money, and I have to take the medication.

He could not rely on family members for financial support:

> Rely on your family, my brother-in-law just retired. They just saved for their retirement, and it didn't include me in it, and they shouldn't. My kids, they all live [in another country]. . . The idea of family taking care of family is eliminated to . . . I'm better off here, it's a terrible thing to say.

The participant suggested that if he did not receive some type of financial support (if he's released on parole), he would rather remain in prison where his basic needs are being met. Although he did not like that option, he claimed that it would be better than living on the streets.

It can be very difficult for elderly offenders returning to the community after being

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incarcerated for many years. Financial support, unemployment, inability to work, and medical problems are just a few concerns these participants expressed. To help elderly inmates be reintegrated into the community, there may be a need to develop aftercare or release support programs.

Identity in Prison

Entering into a prison setting may cause a loss of identity for individuals. That is, offenders are stripped of their personal possessions such as clothes and shoes, which are replaced with prison uniforms. The loss of personal property may prevent inmates from revealing their outside image in prison, thus replacing it with a new one (Goffman, 1961). In this study, participants were asked if they experienced a loss of identity in prison. One participant reported that the prison system's intention seemed to be replacing individuals' outside identity with an institutional image. Regardless, he strongly believed that losing one's identity is only a concept, and that having enough confidence and being able to cope in the prison environment can help preserve part of one's identity.

> It seems like everything is geared to do that [stripping away of an inmate's outside identity] . . . I think the whole idea of losing [one's] identity is mostly your own idea. You never really lose your identity. If you start to lose confidence then you will feel your identity going. But, you always remain 'you', and some people can't cope with that, and it really does a number [effects] on them.

When asked if he had lost a part of his identity, the participant answered:

> Well sure. If you're strong, out going, extroverted type of person this isn't the setting for you, and you really have to tone down. If you don't they'll [prison system] tone it down for you . . . As far as I'm concerned, I keep my business skills here [through his trade], it's not nearly on the same

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scale [as the business he had outside]. I have to do my accounting, ordering [supplies for the shop], I have to provide a service [teaching inmates about the trade] and live up to any obligations that I say.

By choosing a craft trade he was familiar with before being incarcerated, the participant was able to use business skills he previously learnt before entering prison. These business skills were a part of his identity he kept in prison. Another participant reported feeling a loss of identity when he was first arrested:

When you're first arrested, that's when it [identity] all goes. In the County jail. Cause by the time you get to the federal penitentiary it's all happened [your outside identity is gone].

Nevertheless, when the participant entered prison he mentioned being fortunate because he immediately belonged to a social group he was familiar with from the outside.

The people I knew on the street were also in the penitentiary, so I walked into a sweet situation, most people don't. You know, most people walk in and they don't know anybody . . . I knew at least 10 people . . . everybody belongs to a different group.

The participant was able to keep a part of his identity by being accepted into a circle of friends he knew before being incarcerated. Another participant who was trying to describe how he felt entering an institution almost 30 years ago, could remember having no individuality:

I can remember coming into this situation and looking like everybody else. I had the same green pants, shoes, socks, shirt, I ate the same food. I listened to the radio and watched the same shows, everything was the same for everybody. We had to shower at the same time as everybody else. There was no individualization.

He explained that many long term offenders have lost their outside identity after entering

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an institution, and is very difficult to regain it. He reported that some inmates have desperately tried to keep their outside identity, and discovered that it was not accepted by the inmate subculture.

> . . . [entering the institution], they [inmates] don't have the same friends anymore. It's a whole new situation. Some [inmates] try to promote an image, they know it all . . . they're tough. But, inside [within themselves] there's a shell there . . . There are people that try to regain their outside identity. Some try to hold on to it. They're tough out there, and they try to be tough in here, but they get knocked down. There's no bullshit. It's the older people, long term people that keep these institutions together. We have to set the example.

Similar to Goffman's (1961) findings, participants in this study have felt a sense of depersonalization when they entered the institution. For example, participants indicated experiencing a loss of identity during the registration process, giving up their personal possessions, and substituting their outside clothing for institutional uniforms. A willingness for inmates to keep their outside identity may suggest that they want to protect themselves against depersonalization, or predatory offenders. Regardless, participants reported that inmates have to distinguish which part of their identity to leave behind, and which part to keep when they enter the prison system.

In summary, several similarities were found among cases. First, all participants felt that being incarcerated, keeping physically and mentally active, and a good diet decelerated the aging process. They reported that close peer relationships with other inmates was important in helping them cope or reduce stress and anxiety. Participants agreed that their immediate family acted as their sole support unit. The probability of dying in prison was disturbing to participants because they believed the environment

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was demeaning. Participants felt a sense of depersonalization, such as the loss of identity due to the removal of their personal possessions during the admission process. There also appeared to exist similar struggles or tensions within participants in choosing an appropriate identity in prison. That is, the difficulty to choose between an 'outside' or 'inside' identity. Participants noted several changes that took place in the prison environment, over the years of being incarcerated. Among others, they include diminishing conditions, less respect for older inmates, and the drug culture. In regards to religion, participants agreed that it was not an important factor in their lives. They did not attend church services on a regular basis. Finally, participants showed concern about being released from prison. Among other things, they commented on their ability to work, find employment, and medical problems.

Besides similarities, differences were noted in factors such as perceived health, prison environment, religion, and release plans. For example, some participants reported being in good health, while others did not. Furthermore, for different reasons such as ageist remarks and problems making appointments with medical staff members, the participants rated health services ranging from satisfactory to unsatisfactory. Opinions varied in regards to the issue of age-segregation. That is, for several reasons such as health problems and type of environment, most participants believed that older inmates should not be segregated from the general inmate population. On the other hand, one participant strongly believed in age-segregation because elderly offenders would have less stress, and programs could be developed to meet their needs more effectively. In addition to the similarities participants mentioned about the issue of

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religion, they also reported different reasons for not attending church services. For example, some disagreed with ministerial practices and the types of social groups who attended these religious services. Finally, participants described different plans they had if released from prison. They included spending more time with their families and finding employment.

The following chapter will discuss the conclusion of this study, including recommendations and limitations which developed from the research findings.

CHAPTER 5

Conclusion

This qualitative study investigated 6 factors describing the aging experience of elderly offenders. By entering into the participants' living environment the researcher was able to glimpse into the lifeworld of aging offenders, and by conducting interviews the researcher experienced first hand how the participants saw the world themselves.

The findings from this exploratory study support some of the previous research conducted on aging offenders. In terms of their perceptions of aging in a total institution, the participants felt the aging process was slower in prison than in the community. They believed that the term 'aging' was related to physical, psychological, and social health, and that chronological aging was not an important factor in the definition of 'aging'. Participants agreed that health status was the best predictor of self-perceived age. This may indicate that health factors such as physical and psychological well-being plays a major role in determining how 'old' elderly offenders feel, and not necessarily the fact that they are elderly, and in prison.

The prison environment was described by participants as 'changing' (since the 1960s). There was less respect for elderly inmates, an increase in violence, drugs, and diminishing quality of life. Prison life was perceived as being both negative and positive experience for participants, suggesting that it has taught them how to cope with everyday challenges. The concept of age-segregation was discussed, and mixed feelings surfaced between participants. This issue has left an avenue wide open for future researchers to investigate.

Peer relationships described by each participant appeared to be strong. The size and structure of their social networks seemed to be influenced by factors such as trust, respect, social status, social roles they occupy, personality, and the number of years an inmate has served. Interaction patterns with close friends in prison may be perceived as a coping mechanism for this study's participants. Participants reported obtaining respect from younger inmates, however, they believed there was more respect exchanged among the elderly inmate population. Participants mentioned providing younger inmates with advice about surviving in prison, including personal issues such as divorces and appeals. It seems that long term elderly offenders set the example for younger offenders because they have accumulated experience and wisdom over the years of being incarcerated.

Generally, the participants believed that family was their primary source of support. There was evidence of weak and non-existent family ties. This may reflect certain barriers such as financial difficulties, geographical location, and the unresolved feelings about type of crime committed, which decreased contact with certain family members. Contact was mainly acquired through telephone and writing letters.

Most of the data collected on the health status of participants indicated that they were in good health. There was evidence of one participant suffering from chronic illnesses. Participants agreed that maintaining a balanced diet and exercising were key factors to staying healthy. Living in housing units allowed participants to monitor their health more closely. This may reflect the notion that they bought their food, and cooked their own meals. Overall, the health care facilities were rated as satisfactory.

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The concept of dying in prison seemed to be disturbing for the participants. It's a topic they rarely discussed with their friends. They believed that a stigma was associated with dying in prison and that it had no dignity. Methods of coping with the death of loved ones included attending a memorial service in prison, talking to friends, and engaging in informal prayers.

Religion did not play a major role in the participants' lives. Although they claimed to belong to a denomination and believed in a spiritual being. Participants indicated that they rarely attended church services in prison because they refused to interact with certain social groups that went to church. This may indicate that there are discrepancies between certain social groups based on social status, the type of crime inmates commit, and identity. Participants preferred practicing religion in their own way. They admitted turning toward religion as a coping mechanism for the death of a loved one.

There were expressions of optimism about being released from prison in the future. They were concerned about their employability because of reluctance to hire an individual with a criminal record, their age, and possessing the proper skills were all common concerns voiced by participants. It was reported that seeking financial assistance from family members, if they are released, was not an option for the participants. This may suggest that aftercare and/or release support programs are required for elderly offenders being released into the community.

Participants' characterized their outside identity as being partially replaced by an institutional one. They reported not having any individuality, losing some of their identity during the registration process, living in a controlled environment, some rules were

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described as being rigid, and feelings of deprivation were experienced. Findings also indicated that losing one's identity is just a concept. One participant argued that inmates can maintain their identity in prison if they have confidence and the ability to cope with the environment.

Overall, the participants appeared to have adjusted well to prison life. Being in prison for so many years seemed to have given each participant a different perspective on their life, in general, compared to the lifestyle they had before being incarcerated. Consequently, they were able to bring to the study their own aging experience in a total institution. Furthermore, the data provides the reader with ideal characters or logic about the subculture of elderly offenders living behind bars.

The symbolic interaction theory contributed to the process of analysis in several ways, such as using symbols to give meaning and access to participants' social world. Offenders described their lifestyle, social relationships, institutional symbols, and method of conduct in a prison setting. Consequently, the researcher was able to understand, analyze and interpret the elderly offenders' world.

The case study approach presented in this research has raised several recommendations:

1. Elderly offenders, correctional workers and the other staff members may benefit from workshops which addresses the experience of aging behind bars. For example, it may be beneficial to sensitize correctional workers to the psychological, social, and biological needs of elderly people. Coping with a major life transition such as aging may require coping strategies, therefore, it is recommended that programs for

offenders be developed to address this issue.

2. Further study is required to investigate the effect that death has on the elderly offender population, and their coping strategies.

3. Further investigation is recommended to study how effective current release, or community reintegration programs are with the elderly offender population. Offenders could also benefit from learning about the transitions, social roles, and social networks in preparation for their release. For example, providing older inmates with adequate community health, housing and financial resources.

4. Further investigation in regards to age-segregation among elderly offenders is needed. The issue of housing elderly offenders in a separate building or unit away from the general inmate population appears to be a significant factor of well-being for elderly offenders.

5. Further research on the identity role, status and power of elderly offenders in a total institution is necessary to understand the nature, and process of aging in prison.

This case study has suggested a need for additional research regarding elderly offenders in Canadian Federal prisons. For example, qualitative research is necessary to illustrate, support, or challenge theoretical assumptions, and to explain causal links in real life decisions that may be too complex for experimental techniques. There is a need for a nationwide survey of a random sample of inmates, comparing elderly offenders with other age groups while controlling for relevant variables. A longitudinal study is required to document the health status of elderly inmates, and their medical needs. Additionally, a comparative study should be conducted with elderly individuals both living

inside and outside of prison. This would give a comprehensive profile of the older inmate, and examine the aging process in a prison setting.

In addition to the recommendations outlined above, there is a need to mention the limitations of this study. First, the length of interviews were restricted by the institution because of participants' daily schedule. The researcher also felt that participants were often hurried to describe their experiences. Allowing more time to conduct the interviews would have provided more suggestions about certain themes such as release plans. Second, because of the time constraints participants could not speak openly about their personal feelings. Consequently, this made it difficult for the researcher to obtain desired information. Finally, the attrition rate was high. Several participants withdrew from the study because they had to work, or were visiting with family members, which resulted in a smaller than expected sample. Thus, an attempt to replicate the findings of this study should be made in minimum, medium, and maximum security prisons, using a large number of elderly inmates.

While the elderly inmate population may constitute a small minority in federal prisons, the need to recognize them as a special group has been documented. A future trend toward an aged inmate population has inspired researchers to investigate different avenues surrounding elderly offenders. This study has contributed to the understanding of elderly inmates in a total institution. Correctional systems will be challenged with specific issues regarding elderly inmates, thus, the question of developing appropriate social policies for elderly offenders deserves recognition. After all, prisons, like other social institutions must prepare for the rising population of elderly individuals.

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Appendices

Appendix A - Agreement to Participate Form

Appendix B - Consent Form

Appendix C - Questions

Appendix A

Agreement To Participate Form

Thank you for considering to participate in this study. Please read the following statements carefully.

Purpose of the Study
As a graduate student, and to fulfill the requirements of my degree, I need your help by means of sharing with me your aging experiences in prison.

The purpose of this study is to investigate the aging experiences of adult offenders, 50 years of age and older.

Research Method
This study involves a tape-recorded face-to-face interview of approximately 60 minutes. Participants should expect personal questions to be asked.

Confidentiality
Your participation in this study is voluntary, however, with your contribution it may help others understand aging experiences of adult offenders. If you decide to participate in this study your identity will remain confidential. Your name will not be used on any transcriptions. Also, if you participate in this study it will not affect your eligibility for parole. You may end the interview at any time or refuse to answer any questions that you may feel uncomfortable with. However, you should understand that full participation is anticipated and required for this research to be successful.

To participate, please complete the bottom portion of this form, and return it to the appointed person.

Sincerely,
L. Gosselin

I _____(Please PRINT your name clearly) have read the above statements and agree to participate in this study. I understand my identity will remain anonymous at all times.

_____
Signature of Participant

_____
Date: month/day/year

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Appendix B

Written Consent Form

Purpose of the Research
The purpose of this study is to investigate the aging experience of adult offenders, 50 years of age and over.

I (please PRINT your name clearly)_____ have been asked to participate in a study that involves providing information (by means of interview) about my life as an adult offender. I understand that the interviewer will be analyzing the information I provide in order to develop a better understanding of the aging experience of adult offenders.

The interview process has clearly been explained to me, and I have been assured that my name will not be used in written materials or oral presentations. I have further been advised that the information I provide will be tape-recorded and then transcribed for analysis. Furthermore, that my participation in this study will not affect my eligibility for parole.

I am aware that I may withdraw from the interview at any time and/or refuse to answer any questions which may make me uncomfortable.

I (please PRINT your name clearly)_____ have read the above statements and agree to be interviewed under the conditions stated above.

_____
Signature of Participant

_____
Date: month/day/year

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Research Questions

<u>Family Background</u>
1. Have you kept in contact with any family members since you've been incarcerated? If so, who have you kept in contact with?

2. How have you kept in contact with them? For example, writing letters, telephone, and/or visits.

3. If you have not kept in contact with any family members since you've been incarcerated can you explain to me why?

4. Can you describe the relationship you have with different family members?

5. Would you say that the relationship has changed since you've been incarcerated? If so, how has it changed?

6. Are you married, divorced, single, or live in a common-law relationship? If you have a spouse, do you keep in contact on a regular basis?

7. Do you have any children? How many? Do you keep in touch with them?

8. Do they live within the geographical area of the institution?

9. Do you have any grandchildren? How many? Do you keep in touch with them?

<u>Perceptions of Aging</u>
1. How old are you?

2. How old do you feel right now?

3. Do you believe prison life has not had an effect on how you've aged? Explain.

4. Do you agree with the statement, "You are only as old as you feel"? Explain.

5. Can you describe to me if prison has made you grow old faster or slower?

6. Can you define the term "aging"?

7. Do you believe that you would have aged differently if you were living on the outside?

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8. Have you ever received any information by others (prison staff members, health care staff) on how to stay healthy in prison?

Health and Death
1. Can you describe your health condition?

2. Are you suffering from any chronic illnesses such as heart problems, diabetes, emphysema, cancer, or any other medical problems?

3. If so, do you feel your health is getting worse because of prison life?

4. If you're not suffering from any medical problems do you believe it's because you are in prison? For example, removing you from temptations such as alcohol, drugs, and/or gambling.

5. Do you believe that illness is just a part of growing older? Explain.

6. Are you an active person, for example, exercising regularly?

7. If so, do you think exercising contributes to a healthier life, by helping you stay younger?

8. What type of activities are offered in prison, and do you participate in any of them?

9. Since you've been incarcerated have you used the health services provided in prison? If so, how would you rate them?

10. Do you think about death? Do you ever think that you may die in prison?

11. Are you afraid of dying in prison?

12. Have you ever experienced close friends dying in prison? If so, how did it make you feel?

13. Have you experienced losing a family member or close friend in the community while you've been incarcerated? How did you cope with it?

14. What are some of the methods you have used to cope with the death of a loved, or a close friend in prison?

Religion
1. Would you say you're a religious person? Explain.

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2. If so, have you become more religious since you've been incarcerated?

3. If no, were you religious before entering prison?

4. Does prison offer church services, and/or prayer groups? Do you attend any of them?

5. Have you turned toward religion as a coping mechanism? For example, grieving the death of a loved one, or surviving in prison?

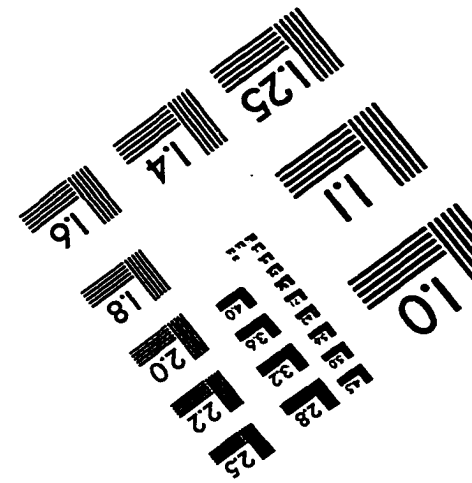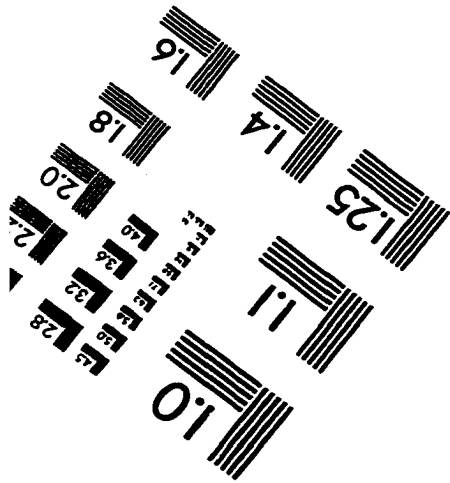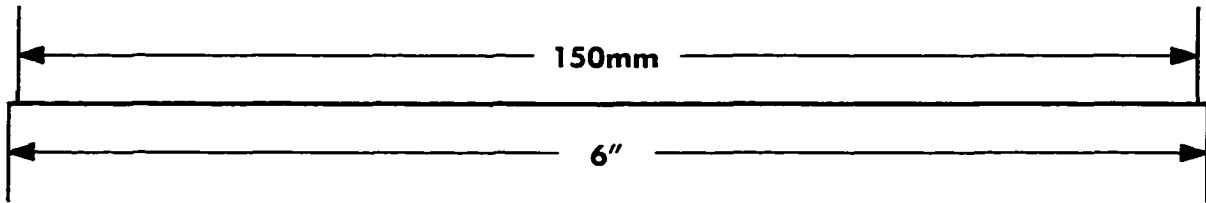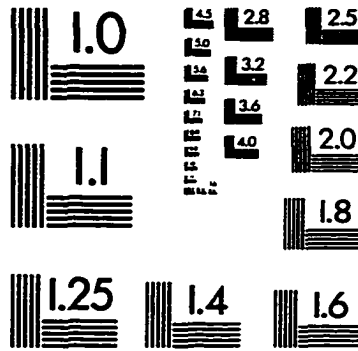6. Does religion play any other roles in your life?
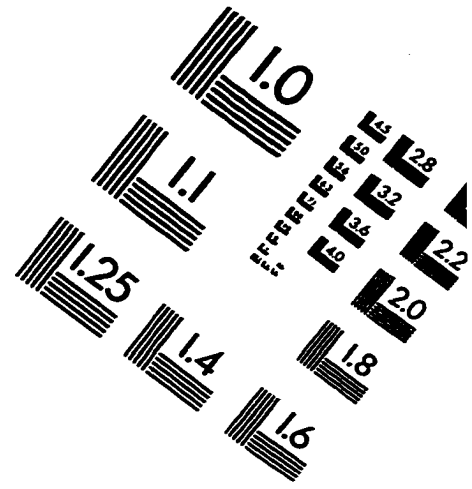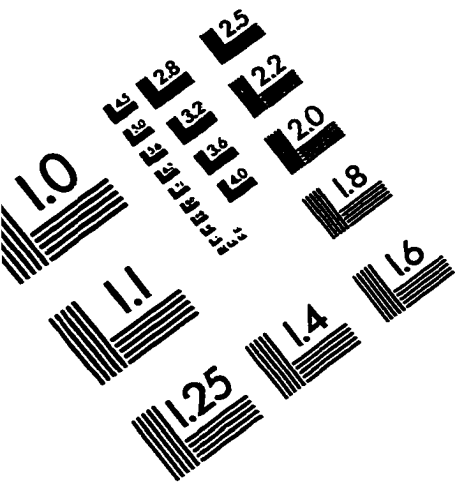
Peer Relationships
1. Can you describe your relationship with friends in prison? How important are they to you?

2. What kind of things do you talk about with your friends?

3. Are there any personal things you will not discuss with friends in prison? Why?

4. Is there anyone you can trust in prison? A confidant?

5. What age group do you associate with more often? Why?

6. Have you ever had problems with younger inmates disrespecting you? Explain.

7. Would you say that older inmates have more respect in prison than younger inmates? Explain.

8. Can you describe if there is a difference between the friends you had on the outside, compared to those in prison?

Prison Environment
1. How long have you been incarcerated?

2. Can you describe the prison environment?

3. Has living in prison been a negative or positive experience, or both? Explain.

4. Compare the prison environment to where you lived before being incarcerated.

5. For some older people prison may be a better place for them to live in. For example, they have meals, a place to sleep, and medical facilities. Do you feel this way? Explain.

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6. Have you learnt to cope with the prison environment? If so, how?

7. Do you just worry about one day at a time?

8. Do you have any fears about living in prison?

9. Do you expect to receive parole soon? If so, what are your plans for the future?

10. What type of lifestyle do you think you'll have?

11. Do you have any concerns if you do receive parole, such as finding a job?

12. Is there anything else you would like to add about the aging experience in prison?

IMAGE EVALUATION
TEST TARGET (QA-3)

1.0

1.1

1.25   1.4   1.6

1.0   2.8   2.5

3.2   2.2

3.6

4.0   2.0

1.8

1.1

1.25   1.4   1.6

|← 150mm →|

|← 6" →|