

# **Aging in Prison and the Social Mirror: Reflections and Insights on Care and Justice**

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## **ABSTRACT**

In the era of COVID-19, there is a growing awareness of what was once an “unseen problem” of the crisis of a rapidly growing population of the aged, sick, and dying who are behind lock and key. This article provides a global overview of the aging prison population as well as an in-depth analysis of select and salient existing community and policy responses to justice-involved older adults. Moving towards a more solution-focused and visionary approach to imagine an ideal society that would address social determinants of health, justice disparities, and the current “aging in prison” crisis is discussed. Based on three decades of research, practice research, and wisdom, a global shift from a competition and conflict societal approach to a caring justice model is proposed. Select programs of promising global practices that governmental and non-governmental organizations may use to guide their response to their populations that directly target the crisis of justice-involved older people, their families, and communities are presented. A reflective analysis applied to the aging prison population has relevance for other global communities grappling with similar complex issues regarding societal ills, poor health and early mortality, homelessness, unemployment, community violence, natural and human-made disaster, and mass incarceration of people of all ages.

**Keywords:** prison, prisoners, criminal justice, well-being, human rights, social justice, elder justice policy, compassionate care

## El envejecimiento en la prisión y el espejo social: Reflexiones y perspectivas sobre el cuidado y la justicia

### RESUMEN

En la era de COVID-19, existe una creciente conciencia de lo que alguna vez fue un "problema invisible" de la crisis de una población en rápido crecimiento de ancianos, enfermos y moribundos que están bajo llave. Este artículo proporciona una descripción general del envejecimiento de la población carcelaria, así como un análisis en profundidad de las respuestas políticas y comunitarias existentes seleccionadas y destacadas para los adultos mayores involucrados en la justicia. Se analiza el avance hacia un enfoque más visionario y centrado en soluciones para imaginar una sociedad ideal que aborde los determinantes sociales de la salud, las disparidades en la justicia y la actual crisis del "envejecimiento en prisión". Sobre la base de tres décadas de investigación, investigación práctica y sabiduría, se propone un cambio global de un enfoque social de competencia y conflicto a un modelo de justicia solidaria. Se presentan programas selectos de prácticas globales prometedoras que las organizaciones gubernamentales y no gubernamentales pueden utilizar para orientar su respuesta a sus poblaciones que se dirigen directamente a la crisis de las personas mayores involucradas en la justicia, sus familias y comunidades. Un análisis reflexivo aplicado al envejecimiento de la población carcelaria tiene relevancia para otras comunidades globales que luchan con problemas complejos similares con respecto a enfermedades sociales, mala salud y mortalidad temprana, falta de vivienda, desempleo, violencia comunitaria, desastres naturales y provocados por el hombre y encarcelamiento masivo de personas de todas las edades.

*Palabras clave:* prisión, presos, justicia penal, bienestar, derechos humanos, justicia social, política de justicia para personas mayores, atención compasiva

## 在监狱中老去和社会镜像：关于 护理和正义的反思和见解

### 摘要

新冠肺炎（COVID-19）期间，监狱中快速增加的老龄、生病及死亡人口—这一曾是“看不见的问题”—得到越来越多的

关注。本文从全球层面概述了监狱中的老龄人口，并深入分析了针对涉及刑事司法的老年人的、最佳的现有社区响应和政策响应。朝更聚焦于解决方案和前瞻性的方法发展，设想一个能应对“卫生差异和司法差异的社会决定因素”的理想社会，并探讨了当前的“在监狱中老去”危机。基于三十年的研究、实践研究和智慧，提出了一个从竞争和冲突的社会模式转变为一个关爱的正义模式的全球转型。展现了关于有希望的全球实践的最佳计划，政府和非政府组织能通过这些实践指导其对各自人口的响应，并且这些实践直接针对涉及刑事司法的老年人及其家庭和社区。对监狱老年人口使用的反思性分析对其他面临相似复杂问题的全球社区具有相关性，这些问题包括社会问题、身体虚弱和早期死亡、无家可归、失业、社区暴力、自然和人为灾害、以及各年龄段的大规模监禁。

关键词：监狱，囚犯，刑事司法，福祉，人权，社会正义，老年正义政策，人文关怀

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*We cannot solve our problems with the same level of thinking that created them.*

—Albert Einstein

There is a growing awareness of what was once an “unseen problem”: the crisis of a rapidly growing population of the aged, sick, and dying with special needs, who are behind lock and key. In the United States, the growth of the incarcerated aging population is alarming because prisons were not built to adapt to their unique needs. These prisons often lack the trained staff and medical resources that would make them qualified long-term health care facilities. This may include any type of restorative and rehabilitative health care services, as well as skilled nursing care, to assist aging prisoners with their activities of daily

living. This think piece is guided by the meaning behind Einstein’s quote: “*We cannot solve our problems with the same level of thinking that created them.*” It has the objective to take readers through the mountainous territory that led to the current critical point of the “aging-in-prison” crisis, confounded by the coronavirus inside prisons and in communities across the world. We invite readers to examine the miscellany of meanings that can be gleaned from this situation and assume multiple perspectives of seeing the world through the eyes of an older adult in prison, as well as the observer self as an actor in society.

Engaging various viewpoints and based on empirical evidence, we bring knowledge and wisdom of multiple key stakeholders and create a montage of the longitudinal and holistic psychosocial, structural portraits of members of the aging prison population. The data presented in this article comes from the Hartford Prison Study (HPS). The study was conducted in September 2010 in a northeastern state prison system, which consisted of fourteen prisons in which adults aged 50 and older may be housed. This study used a cross-sectional correlational design and self-administered mailed surveys. Of the approximately 25,000 adults housed in this state correctional facility in January 2010, approximately 7% ( $n=1,750$ ) were aged 50 and older, of which 1,700 male and 50 were female. Information to create the sampling frame included the state numbers, prison location, and demographic information, such as age and gender. Invitations were mailed to all 1,750 potential older adults. A total of 677 surveys were returned and a 40% response rate was achieved. This estimate falls within the higher range of expected mail response rates, which are 20-40% for prison populations. A series of descriptive and advanced statistical and modeling methods have been used to analyze the research studies published on the Hartford Prison Study (Maschi et al., 2015).

This national and international recognition of cruel prison conditions has been reflected through many outlets, such as increased media coverage as well as increased attention in academic and professional newspapers

and group conversations (Maschi & Kaye, 2018; New York Times, 2017). The images of diverse older adults, such as those shown here, together with their unique and collective life stories, before, during, and after prison, has brought local and global recognition of this fast-growing “silver tsunami” (Bartels & Naslund, 2013). Some of the issues that members of the older generation struggle with, particularly minority groups, are linked to early life cumulative disadvantages such as health and mental health problems, social isolation and inequality, toxic stress, prejudice, and lack of access to quality education, and community services (Maschi et al., 2013). Furthermore, the experiences of prolonged imprisonment significantly exacerbate these cumulative disadvantages (Maschi et al., 2011; Maschi et al., 2014; Maschi et al., 2015).

During the COVID-19 pandemic, we analyze the incarceration and community contexts of the current aging population of the global environment, from serving time in prison to post-prison release and community reintegration, as we contend with the global public health and public safety crises. During these crises, we see similar trajectories in communities that are hardest hit by the pandemic, including, but not limited to, predominantly Black and Latino communities in inner cities and rural areas (Benfer et al., 2020).

The paper is structured as follows: it begins with a brief global overview of the problem, followed by a more in-depth analysis of salient existing community and policy responses to

justice-involved older adults. Next, we shift our thinking to a more solution-focused and visionary approach to imagine an ideal society that would address the social determinants of health and justice disparities and the current “aging in prison” crisis. Based on our three decades of research, practice research, and wisdom, we propose a global shift from a competition and conflict societal approach to a caring justice partnership (CJP) model. Next, we provide examples of existing policies and programs that are or could be integrated into society. We also present select programs of promising global practices that governmental and non-governmental organizations can use to guide their response to their populations that directly target the crisis of justice-involved older people and their families and communities. This reflective analysis applied to the aging in prison also has relevance for other global communities grappling with similar complex issues regarding societal ills, poor health and early mortality, homelessness, unemployment, community violence, natural and human-made disaster, and mass incarceration of people of all ages.

## **A Portrait of Older Adults in Prison**

**O**lder adults in prison have different pathways and timelines to and through prison. Some older adults may enter prison later in life. Others will return to prison one or more times for similar crimes or for parole violations, especially if they have mental health or substance abuse prob-

lems and lack access to necessary community reentry services (Baillargeon et al., 2009; Harding et al., 2017; Maschi, Morrisey, & Leigey, 2013).

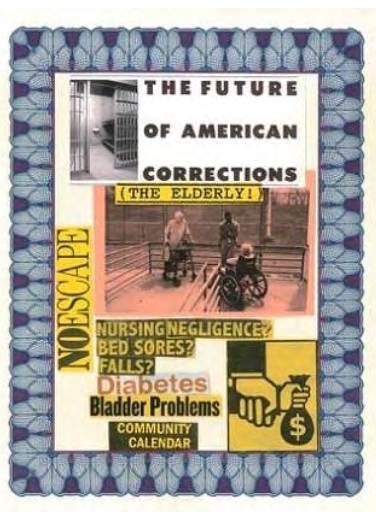
We have classified incarcerated older adults with long-term or life sentences into three distinct groups: 1) the life course (prison) older adults, 2) acute and chronic recidivists, and 3) late-onset offenders (Maschi, Gibson, Zgoba, et al., 2011). In order to determine incarceration and criminal offense patterns, this article uses a modified version of Goetting’s (1984) incarcerated older adult typography, a notable design for older prisoners’ sentencing histories. This includes four sub-populations. Those are: 1) young short-term first offenders; 2) old timers; 3) career criminals; and 4) older offenders. Young short-term first-time offenders are juveniles or adults who have been incarcerated prior to older age and released prior to older age. The old timers are adult inmates who serve for 20 or more years and grow old while in prison. Career criminals are recidivists (not including old timers) who serve two or more prison terms for varying lengths of time, sometimes for older adults. Older offenders will first be imprisoned during older adulthood (Aday, 2003; Goetting, 1984; Maschi, Gibson, Zgoba, et al., 2011).

While older adults and the serious and terminally ill are considered a special needs population in prison (UNODC, 2009), at opposite ends of the age spectrum, there are imprisoned younger age groups who have different developmental needs as they age in and

out of prison. For example, individuals who were incarcerated at a younger age, especially between ages of 18 to 24 years, enter prison during a critical developmental stage from late adolescence to early adulthood and must adapt to a highly stressful prison environment (West & Sabol, 2008). As incarcerated individuals reach older age in prison, their increased frailty often plagues them prematurely with more age-related, severe health and mental health issues, including increased risk for dementia (Maschi & Aday, 2014; Maschi et al., 2012; Shimkus 2004).

As for anomalies in health statuses, people aging in prison often have an accelerated aging process. In other words, the average incarcerated individual might experience accelerated decrements in their health equivalent to adults living in the community who are 15 years older (Codd, 2013; HRW, 2012; Maschi et al., 2012). The accelerated aging process is corroborated by evidence

from international prison studies. They show that older incarcerated adults have significantly higher rates of physical and mental health decline compared to older adults' counterparts in the community (Dai & Yu, 2011; HRW, 2012). This rapid decline of incarcerated older adults' health has been attributed mainly to their high-risk personal histories, chronic health conditions, poor health practices, such as poor diets and smoking, alcohol and substance abuse, coupled with the stressful conditions of prison confinement, such as prolonged exposure to overcrowding, social isolation and deprivation, sedentary lifestyle and poor nutrition, and prison violence (Maschi et al., 2011; Stojkovic, 2007; UNODC, 2009; Williams et al., 2012). These collective personal, social, and environmental risk factors significantly increase the likelihood of the early onset of severe physical and mental illnesses, including dementia among older adults in prison (Maschi et al., 2011; Maschi et al., 2012; Williams et al., 2012).



*Figure 1.* Worst Place on Earth, The Future of American Corrections: A Collage made by Ojore (created while he was incarcerated)

Below are two quotes of a prison hospice volunteer that exemplify the portrait of older adults in prison:

*“The apathy of the guards toward dying inmates was unconscionable. We had one inmate about 30 years old whose wife and two small children were permitted a special visit because he was near death. As shift change approached, a nurse entered the room, and the family had to stand outside of the door. A female guard yelled to the nurse, ‘Isn’t he dead yet? I don’t want to have to stay late to do the paperwork.’ The two little girls were sobbing in no time.”*

—Joseph, a 57-year-old incarcerated man.

*“We also had an inmate turn 100 years old there. He was completely bed-ridden. He eventually passed away. I was left wondering how society was being served by that. In the six months that I worked there, 6-7 inmates passed away. Hepatitis and diabetes cases abounded, with many amputations.”*

—Joseph, a 57-year-old incarcerated man.

### **Towards a Caring Justice Approach: Re-Calibrating the Fabric of Compassion and Justice Throughout Society**

*“Our human compassion binds us the one to the other—not in pity or patronizingly, but as human*

*beings who have learnt how to turn our common suffering into hope for the future.”*

—Nelson Mandela

*“True peace is not merely the absence of war; it is the presence of justice.”*

—Jane Addams



Older adults in prison shared their care experiences with us before and during imprisonment, and in anticipation of release. In these accounts, they shared the characteristics of treatment that fall below or above the level of good enough “care.” Descriptions of their experiences obtained from families, societies, and prisons depicted circumstances that were often below acceptable standards of quality care and respect. Typically, there was a skewed display of power, violence and coercion, excessive use of force, intentional and unintentional negligence, dishonesty, deception, bullying tactics, narcissistic self-centeredness, arrogance, and recklessness from others. Several older adults shared that sometimes they felt degraded, oppressed, guilty, powerless, fearful, and shamed by formal and informal caregivers (Maschi & Morgen, 2020).

Readers should remember that listening to or hearing about trauma can have a detrimental effect on listeners. For example, the mere fact of watching television and the negative news stories makes us secondary witnesses to traumatic experiences such as pandemic COVID-19, domestic violence, street crime, and terrorism. Because of a mixture of negative interactions in different social environments (e.g., family home, culture, or service settings), certain criminal activities are activated and driven by strong emotions such as hatred, vengeance, rejection, or strong dogmatic values, cognitive distortions, or grandiose delusions. Hence, perhaps the fundamental core problems of complex injustice and bondage are the unidentified “dis-ease” of “lovesickness.” And as the LGBT elders in jail told us, the cure is unconditional love and compassion from a loving person or people. The unconditional dimension of being welcomed despite who we are or what we did may be the cure. To better address these issues, having a nurturing atmosphere (as opposed to an unhealthy and punitive prison environment) will help in rehabilitating imprisoned older adults eligible for prison release. When it comes to parole consideration, many older adults are denied parole based on their history of violent criminal offense and may be expected to spend their lives in prison (Goetting, 1984; Maschi et al., 2013). As these are sensitive parole decisions, citizens should weigh in their views on how we could create a fair playing field among us by balancing care and justice for all concerned.

The “uncaring” behaviors that humans have conducted with each other and with their environments have reached epic proportions both in and out of prison. This old interpretation of our current social and environmental issues has gone its way. Therefore, we present a new way of understanding the same old problem and suggest a caring justice partnership (CJP) paradigm to tackle problems of care and justice. The foundation CJP model is one in which compassion and justice values are woven across the fabric of society and embedded in the individual, family, community, and the globe. We define the caring justice partnership paradigm as a regular philosophical practice or way of life intended to encourage personal and relational growth. Based on state-of-the-art physical and social sciences—physics, philosophy, psychology, and social work—we argue that we can address issues such as the aging in prison crisis if we shift from a problem-based focus to a solution-based focus. We explain how to use caring justice at the personal and collective levels and transform the world from within (Maschi & Morgen, 2020).

On the positive side, the older adults’ accounts identified qualities of compassionate caregivers who helped them turn their lives around, such as valuing their dignity and life potential. When it comes to peer guidance, our research indicates the incarcerated older adults had a significant therapeutic effect on incarcerated younger individuals. When describing their experiences of compassionate informal and formal caregivers from the community or pris-



ons, older adults reported that such individuals or agencies emanated unconditional love, dignity, worthiness, and respect. *“The staff there gave me genuine love and caring and respect. I walked out of there feeling at home and loved and worthy.”* Authenticity, empathy, kindness, and unconditional love were other central values of compassionate caregivers (Maschi & Morgen, 2020).

Based on over a decade of our research on aging people in prison and service providers, the truthfulness and honesty that incarcerated elderly felt from compassionate caregivers laid the foundation for formal and informal therapeutic work relationships. Our data also showed that there was an experiential, emotional connection, that is, older adults viewed these providers as empathetic, caring, and non-judgmental and felt like they were receiving unconditional love. For example, one older adult with serious mental illness shared that he did not begin to retake his psychotropic medication until he had a compassionate psychiatrist. *“I had a compassionate psychiatrist who did not judge me and made me feel loved and safe even in prison.”* It also became a pivotal moment for him to turn around his life, stop getting into fights, and take part in programs. Another quality of these caregivers is that they were communication skilled. They used verbal and non-verbal activities to build relationships with older adults (e.g., responding to them with dignity and respect, using active listening). Furthermore, such caregivers also had realistic, reliable, and solution-focused qualities. The older adults described them as hav-

ing responsibility and resourcefulness. Their helpful advice ranged from personal growth therapy to recommendations or lobbying for medications, programs, or resources they needed. In the expansion of their positive attitude and general well-being, being in the presence of a “loving” or caring person and learning to love and care about oneself was crucial in encouraging elderly incarcerated to change their lives (Maschi & Morgen, 2020).

Our community-based participatory research model has three general prompts. How can we co-construct communities for the welfare and well-being of all ages? What are the barriers and facilitators to the creation of a culture rooted in ideals of love, compassion, justice, and equality for all? What are the approaches suggested to remove barriers and promote the overall well-being of individuals, families, organizations, and communities? Communities can refer to the Co-constructing Community model for further guidance with this (Maschi & Koskinen, 2015).

## **Conceptualizing and Embodying Compassion and Justice**

**W**e propose recognizing the fundamental ethical values of compassion and justice, expressed by all individuals within a society. Compassion and justice as core concepts are specific, but complementary “patterns” of a caring partnership approach to justice. When we connect these two principles, compassion and

justice, they carry unique strengths and promote the equilibrium of love, equality, and accountability.

First, there are multiple conceptualizations of compassion. A commonality among these definitions is the recognition, interpretation, and response to suffering in a nonjudgmental way (Gilbert, 2009). In eastern traditions, Buddhist teachings on compassion provide a way of interbeing that honors all living beings and demonstrates concern for alleviating the suffering of others. In other words, a compassionate person, family, party, organization, or society holds these principles at the heart of their work and purpose (Kordowicz, 2019). In the west, Paul Gilbert, the pioneer of compassion-focused therapy, clarifies that being compassionate includes opening oneself and others to suffering in a non-defensive and non-judgmental manner, a desire, and actions to relieve suffering (Gilbert, 2009).

Second, it is necessary to affirm justice in the framework of compassion, particularly as it relates to public safety, protection, and the foundation of essential human needs (Maschi et al., 2016). To understand the relationship between care and justice, we need to examine the history and significance of the concept of justice. The legal definition of justice in contemporary times has many variations inside itself. Justice in the United States is often defined as consistency of being just, impartial, or equitable, and being in conformity with reality, fact, or purpose and/or “maintenance or administration of what is just, by the impartial adjustment of

conflicting claims or the assignment of merited rewards or punishments” (Merriam-Webster, 2020).

On one hand, justice as a concept has been synonymous with fact, reason, equilibrium, order, harmony, rule, morality, ethics, fairness, equity, equality, law, faith, and justice across history, diverse cultures, and disciplines (Maschi et al., 2015; Maschi, Viola, & Koskinen, 2015). On the other hand, justice also often applies to opposites such as inequality, anarchy, the immorality of crime, differences, and negative behavior (LaLlave & Gutheil, 2012). Historically, the “injustices” of justice have been apparent, such as during the emergence of industrialization in the early 20<sup>th</sup> century, when the social aspects of justice and equality was of paramount importance, and the pursuit of “social and distributive justice” was advanced in social science disciplines. Procedural justice tried to understand the procedures and consequences in the analysis and application of the law and to strengthen the legal mechanisms that could ensure equality and fairness (Rawls & Kelly, 2003; Wakefield, 1988).

The caring justice global movement’s goal is to change negative individual attitudes and behaviors into compassionate care for those at times of crisis and loss, including caretaking for the aging, seriously ill, and dying. These types of compassionate community models actively promote, facilitate, endorse, and celebrate care for one another during life’s most testing moments and experiences. It uses an approach to community engagement and development, which seeks to connect, empow-

er, and encourage “ordinary people to help ordinary people.” A growing component of the model also emerges as the result of public discussions and community engagement from the grassroots. The development emphasis was on building community capacity through the creation and support of social networks, including peer and community support, particularly volunteers, with and for people of all ages. Applying this type of model to adult prisons, local communities, and policy practices at the local, national, and global levels will help to promote a more compassionate response to the criminal justice system, especially for the elderly, disabled, and dying in prison (Bunce, 2018). A kinder and gentler justice response has a higher probability of being more humane to the frail, sick, and dying compared to a punitive and retributive approach that we currently have. Policymakers must work together with other stakeholders to develop solutions for a more compassionate response at the local, national, and global levels.

After over a decade of research on trauma and the criminal justice systems with diverse age groups, we have found that many older adults face challenges in the physical, mental, financial, social, and spiritual realms (Maschi & Leibowitz, 2018). These studies have shown that older adults in prison who use coping mechanisms that address those areas, will have better health relative to those who do not (Maschi, Dennis, Gibson, et al., 2011).

In our research, the coping resources older adults used fell within

one or more of the following domains: root, physical, cognitive, emotional, social, spiritual, participatory, and multi-dimensional. While some older adults described their coping practices of well-being, other older adults felt appreciation for being able to meet their basic needs in prison. “*At least I have a cot.*” Additionally, some older adults used physical coping resources, such as exercise or taking medication—“*I work out to relieve stress*” and “*I became a jogger and sprinter at 56 years old.*” The older adults seemed to feel a sense of safety, security, and strength in reducing stress and increasing coping resilience using root and physical practices. Additionally, some older adults in prison also reported using cognitive coping strategies such as finding peace inside; making healthy decisions; reading books or other written materials; and playing games or mental exercises, such as puzzles. One incarcerated older adult found optimism and inner peace by meditating—“*I try to think positively and try to meditate and read a great deal to take my mind off worries.*” Yet others have described emotional coping, often in the context of prison program offerings. Such activities included supportive emotional counseling and anger, and stress management. Certain activities that evoked emotional wellness included listening to music, writing/journaling, or engaging in play and pleasurable experiences. Social coping consisted of interactions with family, friends, peers in prison, and program participation. When it comes to spirituality, it was considered an internal and external expression of coping. Some fo-

cused on their inner connection with “God” and attended a religious service, while others thought of spirituality as praying and being of service to others. One older adult shared, “*I Pray to God and go to church regularly here.*” Another older person practiced his spirituality by attending “*religious services, offer my prayers, and try as much as I can to be faithful to my oaths as a Muslim.*” Participatory coping was described as self-empowerment and leadership. Several older adults were active in positions of leadership, taking classes or vocational training for personal advancement, coaching, running a book club, or activism in jail. Some activities were multidimensional and tapped multiple coping domains, such as art-making, music-making, and yoga. One older adult noted, “*I do yoga, doctor, I do yoga*” (Maschi & Morgen, 2020).

Various theories such as the life course perspective, stress process, and cumulative disadvantage theories complement the interdisciplinary and community-based approach to social determinants of health. They highlight how important and traumatic personal or historical life events impact the health and well-being of older adults in prison, society, and the interaction between them. They also emphasize the resilience or protective factors, such as internal and external coping mechanisms and services, which are essential to the development and maintenance of health and well-being and smooth transitions (Agnew, 1989; Elder, 1974, 2003; Laub & Sampson, 1993; Norris, 1992; Pearlin & Skaff, 1996; Sampson & Laub, 2003). Understanding that world-

view of individuals and cultural groups influences how people make sense of health and well-being until the end of life (Maschi & Baer, 2013).

After all, these findings are validated by our body of research on trauma, coping, and well-being among older adults in prison (Maschi et al., 2015; Maschi, Viola, & Morgen, 2013). Our studies also have shown that older people who were engaged in biopsychosocial structural/spiritual coping activities, especially to reduce stress-related symptoms while in prison, reported higher levels of physical and mental well-being relative to those who did not. Indeed, our research indicates that older adults with a more positive view of themselves and others were less likely to report a history of recurrence and disciplinary offenses in prison compared to their counterparts who registered lower levels of coping skills. Such findings are consistent with empirical evidence that coping resources can buffer the adverse effects of traumatic life experiences on individuals’ well-being (Maschi et al., 2015; Maschi, Dennis, Gibson, et al., 2011; Maschi, Viola, & Morgen, 2013).

### **The Gift of Life: Incarcerated Older Adults’ Practices on Empowerment and Self-Care**

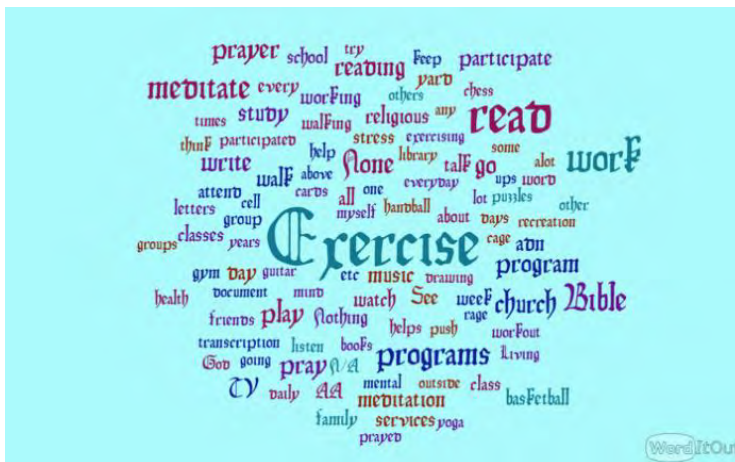
**I**n this segment, we demonstrate that, under the challenging conditions of confinement, older adults engage in naturally occurring self-care and empowerment activities that promote their health and well-being. Many participants mentioned interest in our studies to share their insights and expe-

periences because they wanted to give the gift of life to others selflessly. We discuss self-care and empowerment behaviors that have been shown in quantitative and qualitative studies to enhance individual health, well-being, and healthy behaviors (Maschi & Morgen, 2020).

Maybe no one knows better than incarcerated older adults do about the value and preciousness of “life,” particularly those with long term sentences. What do they tell us about life?

*“Live life to the fullest. Love yourself more than love can love. You*

*and you are all you need. You are beyond self-esteem; you are the ‘esteemed’ self. Choose to thrive despite the condition. Find a higher purpose and follow it upward. Be creative within confinement. Be the person in prison who sings. Be the person in the community who listens and sings back. Be the radiant glow and smell, and the single flower that happily grows in through a sidewalk crack. Let your sunshine and power your train in the positive light. Life is good.”* (Maschi & Morgen, 2020)



*Figure 2.* Word Cloud of Coping Resilience Activities  
(Created from <https://worditout.com/>)

The *Accepting the Gift of Life*, a self-love-empowerment program, consists of various activities that older adults described and encouraged as beneficial to managing challenging conditions, such as stress in the prison environment or after their release. Contemplative practices may include meditation, yoga, creative arts, and

reiki self-treatment, among other activities. They also promoted the implementation of organizational and community-level interventions. Such interventions are widespread may include everything from housing, health care, civic engagement, and trauma and community healing (Maschi & Morgen, 2020).

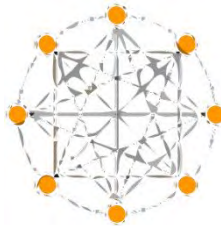
## Trauma Healing Programs, Self, Organizations, and Communities

Ultimately, older adults in prison report that biopsychosocial/structural/spiritual practices are a self-empowered prescription to living a long, happy, and healthy life despite their conditions. Our wise elders have urged us to a new way of approaching the gift of life. Humankind has always tested the human spirit. Yet the human spirit continuously ascends like the phoenix who rises from the fiery ashes of hatred and pain. Perhaps it is time to embark on a new way of “testing” diversity and difference with heart-centered actions grounded in un-

conditional love and acceptance. Let us see how high the human spirit will usher in a caring justice world filled with peace, justice, honesty, and balance. We are humanity, and we thrive on expansion and growth. Let us see how high and long the phoenix can fly after it had the taste of swimming in waters of love. Now, that would be a new way of responding to the same old problem.

In the spirit of Einstein, “*We can't solve our problems with the same level of thinking that created them,*” we call for inspired action to implement a “New Age of Caring Justice” strategy and replace the Old Age of despair, apathy, and carelessness. The strategies that are described in the article are suggestive of a more caring and just

Table 1. Inspirations for Collective Decision-Making and Policymaking



“Laws alone will fall short of their positive and therapeutic intentions unless they are fueled by the spirit of compassion in the entire population.”

—Tina Maschi & Adriana Kaye

“Science deals mainly with facts; religion deals mainly with values. The two are not rivals.” —Martin Luther King

“Justice that love gives is a surrender, justice that law gives is a punishment.”

—Mahatma Gandhi

“Our task must be to free ourselves ... by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty.”

—Albert Einstein

approach to collaborating and empowering people in prison or service uses and service providers. Basing the system more on compassion, as opposed to punishment and retribution, will not only assist in healthier and safer organizations and communities, but will empower individuals with the knowledge and skills to incorporate a daily affirmative life practice, such as the Gift of Life Program suggests.

A caring justice approach has the potential of liberating individuals and communities to consider replacing cruel and unusual punishment by mercy, compassion, unconditional love, transparency (truth), and accountability. Our old paradigm dies a good death with a fresh impetus and a new way of thinking. Ushering in a caring justice consciousness should direct the reform of the criminal justice system and help us prevent human-made public safety disasters, such as our prison systems. It can also help to take steps to provide emergency assistance to the aged, disabled, and dying in jail, as well as to members and groups of their families. A caring justice approach also suggests that “care”-ful analysis be conducted before responding. A holistic review will also encourage all key stakeholders in identifying the problems and crafting solutions collectively. In other words, a comprehensive analysis means that impulsive actions can be replaced with inspired actions. Table 1 offers several examples of motivating quotes indicative of what it might feel like to engage in motivated acts, as opposed to “knee jerk and impulsive reactions,” taken

with only partial consideration of all the complexities of a question.

Currently, in the wake of COVID-19, we are at a crossroads where public concern is mounting. We can redefine this crisis as an opportunity to reinvent ourselves and our relationships with our families and communities.

### **Promising Compassionate Policies and Laws**

If a CJP model was adopted, existing promising laws and practices might be practiced in some of these critical policies that directly target the older prison population. In some countries, compassionate policies and regulations can evidence some of the UN guidelines that affect aging prisoners. The United States, for example, has federal and state laws, mostly relating to incarcerated care as well as re-entry due to compulsory parole, detention, or medical or compassionate release policies (Chiu, 2010).

Since 2009, geriatric release requirements in the United States have included one of the following criteria: minimum age (generally aged 55 and older), physical or mental health status, and minimum sentencing and criminal risk clauses at low levels (Chiu, 2010). For details of the criterion for geriatric release, please see Maschi et al., (2016). Nevertheless, obstacles to their successful implementation have been established in the United States and other countries, even for elderly, infirm, and severely ill older adults in custody.

Consequently, rights of older persons to dignity and respect are diminished, even when dying. These hurdles include poor law design (e.g., narrow eligibility criteria), enforcement procedures (e.g., bureaucracy within the system), and legislators' "inability" to remedy the situation because of public pressure (Chiu, 2010).

A recent study (Maschi et al., 2016) analyzed the laws of humane and geriatric release in the United States using methods of content analysis. Using inductive and deductive analysis strategies, we found 47 identified federal and state laws by searching the LexisNexis legal database and using the following search terms "compassionate release," "medical parole," "geriatric prison release," "elderly and seriously ill." Therefore, of the possible 52 federal and state corrections systems—50 states, Washington D.C., and Federal Corrections—there were 47 laws for incarcerated people or their families to petition for early release based on advanced age or health. We identified six major categories of these laws: (1) physical/mental health; (2) age; (3) pathway to release decision; (4) post-release support; (5) nature of the crime (personal and criminal justice history); and (6) stage of review (Maschi et al., 2016). The federal government also has called for the reform of compassionate and geriatric release laws, given that many incarcerated people have not been released based on their current provisions (USDOJ, 2015). For instance, U.S. federal laws and policies, such as the Americans with Disability Act and Compassionate Release Laws, could be more actively used to

improve conditions of confinement for older adults in prison. As of 2020, all U.S. states have such laws in place.

For parole, two policy areas that have gained considerable attention are clemency and compassionate and geriatric release laws (USDOJ, 2015). Clemency is a policy issue that has received recognition during the Obama administration and has also impacted the legal protection of older adults in prison (Shear, 2016). Clemency generally refers to an act of mercy in which a public official, such as a governor or president, has the power to reduce the harshness of the sentence or imprisonment of inmates (Shear, 2016). For example, a *New York Times* article documents Obama's "merciful" record at the federal level in which he granted 78 pardons and 153 commutations to incarcerated people. They primarily received long term sentences for drug convictions during the 1980s tough on crime era.

As illustrated in the artwork (see Figure 3), we must use multiple modalities to inform the general public of these concepts, especially the core ideas of compassion, mercy, and forgiveness, for people of all ages in order to visualize a kinder and more peaceful world.

### **In the Wake of the Coronavirus (COVID-19)**

**T**he aging in prison epidemic reached a critical point with the emergence and spread of the Coronavirus and even more death occurring in prisons. There is a plethora of news with reports that older adults





*Figure 3.* Graffiti for Mental and Public Spaces

and individuals with a compromised immune system are more vulnerable, especially those confined in prisons, in which proximity with each other significantly increases the risk of spreading the disease. For example, in March 2020 the American Civil Liberties Union (ACLU) sent a letter to both the United States Department of Justice (DOJ) and Bureau of Prisons (BOP) urging the facilities to protect the welfare of all incarcerated individuals, while also strongly recommending the early release of older adult offenders and those with chronic health conditions (ACLU, 2020). Furthermore, numerous states have seen jail releases for those offenders who are non-violent, medically unwell, and over the age of 60 (Prison Policy Initiative, 2020).

As health, social, cultural, and political systems seem to be in disarray, many people have lost their sense of stability. Countries and regions around the globe are currently having their people in “lockdown” and fearing for their

own, their families, and communities. The current discourse in the press and social media is about spreading fear and the need to isolate each other. In other words, the concepts of isolation and incarceration become evident for those without justice involvement, yet who are prisoners of the pandemic.

As we move through the birth of the “caring justice partnership” era, we should embrace interbeing and interconnectedness as ways to bring light to the shadows of internal prisons. As exemplified by so many resilient older adults in prison, they practiced detached observation of their emotions and behaviors related to fear, shame, hatred, and violence, which allowed them to move into unconditional love, recovery, and transformation. Such a multidimensional process happens at mental, emotional, physical, social, and spiritual levels both individually and collectively.

Together, we have the ability to create a caring justice world that rec-

ognizes the divinity in one another. It starts at the individual level, by working through self-love and self-forgiveness, and then by spreading love and kindness to others. The older adults in prison taught us so much. By releasing ourselves, we will release them. The term corona also refers to the halo of the sun. Let us welcome the sunshine. Once we release the old, sick, and dying, we are making our way to embrace our humanness fully. When love is in the lead, compassionate and just policies will flow with ease, and communities will be healthier, happier, and safer.

### **Final Reflection**

**T**his issue of aging in prison was not created by one party alone that is aging in prison, but by us all. Together we can identify the root of the problem and solutions to why people of all ages are not safe in their communities or their prisons. Are we solving the problem by locking it out of sight in the deep recesses of the prisons of our minds? We encourage the readers to ask themselves and then others: How did we get here? Is this the situation we would want for our family members or for other people's family members with a loved one who was a victim of a crime and a perpetrator? Is this the kind of shared humanity that we want our children to inher-

it or how we wanted to be treated as grandparents? Can we envision alternative strategies to reinforce personal accountability with compassionate care for those victimized and who committed offenses? Are there other ways to work together to forge new solutions that foster intergenerational family and community justice for all?

Communities must deliberate on the costs and benefits of our approach to matters of care and justice. We recommend a community forum held in local communities that uses basic questions. How can we co-construct community that promotes health and safety for people of all ages and their communities? What are some of the strengths and challenges of getting there? What would be the ideal situation? How can we forge a path together to get there? First, visualize, then you can realize. That is the altruistic imagination and its infinite wisdom. Do it with love, then the policies and will of the people will follow. Our wise elders have never let us down. Even though many people have vilified older adults in prison, they still care and yet figured out a way to get their message out, even when it was against the odds. We encourage our readers to consider accepting the gift of life that wise older adults in prison selflessly have shared with us, and we now share with you.

*“To forgive is to set a prisoner free and discover that the prisoner was you.”*

—Lewis B. Smedes

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