INFORMATION TO USERS

This material was produced from a microfilm copy of the original document. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the original submitted.

The following explanation of techniques is provided to help you understand markings or patterns which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting thru an image and duplicating adjacent pages to insure you complete continuity.

2. When an image on the film is obliterated with a large round black mark, it is an indication that the photographer suspected that the copy may have moved during exposure and thus cause a blurred image. You will find a good image of the page in the adjacent frame.

3. When a map, drawing or chart, etc., was part of the material being photographed the photographer followed a definite method in "sectioning" the material. It is customary to begin photoing at the upper left hand corner of a large sheet and to continue photoing from left to right in equal sections with a small overlap. If necessary, sectioning is continued again – beginning below the first row and continuing on until complete.

4. The majority of users indicate that the textual content is of greatest value, however, a somewhat higher quality reproduction could be made from "photographs" if essential to the understanding of the dissertation. Silver prints of "photographs" may be ordered at additional charge by writing the Order Department, giving the catalog number, title, author and specific pages you wish reproduced.

5. PLEASE NOTE: Some pages may have indistinct print. Filmed as received.

University Microfilms International
300 North Zeeb Road
Ann Arbor, Michigan 48106 USA
St. John's Road, Tyler's Green
High Wycombe, Bucks, England HP10 8HR

77-7930

HAM, Joseph Neal, n.d.
THE FORGOTTEN MINORITY--AN EXPLORATION OF LONG-TERM INSTITUTIONALIZED AGED AND AGING MALE PRISON INMATES.

The University of Michigan, Ph.D., 1976
Sociology, criminology

Xerox University Microfilms, Ann Arbor, Michigan 48106

THE FORGOTTEN MINORITY--AN EXPLORATION OF LONG-TERM INSTITUTIONALIZED AGED AND AGING MALE PRISON INMATES

by

Joseph Neal Ham

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Education)
in The University of Michigan
1976

Doctoral Committee:

Professor Curtis VanVoorhees, Chairman
Assistant Professor James Carpenter
Assistant Professor William S. Dunifon
Professor Morton Gordon

The material in this project was prepared under grant number 014558 from the Law Enforcement Assistance Administration, U.S. Department of Justice. Researchers undertaking such projects under government sponsorship are encouraged to express freely their professional judgment. Therefore, points of view or opinions stated in this document do not necessarily represent the official position or policy of the U.S. Department of Justice.

DEDICATION

Over the course of this past year, I have come to believe that life without suffering may be impossible to attain. It has also become more entrenched in my mind that the written word is lasting. Further, I have realized perhaps for the first time, that I have been the recipient of two blessings--both are blessings of life--my own (I am grateful for that); the other, much more meaningful--a little boy who has funny patches sown on the knees of his jeans that don't seem to prevent holes from "just coming." Sometimes, he leaves marbles, little toy cars (of seemingly every make and model) and "beautiful rocks" in the pockets of his jeans--they often wind up in the washer or dryer along with the rest of the wash.

This little boy is found everywhere--on top of, underneath, inside of, climbing on, swinging from, running around or jumping to. He is beautiful--truth with dirt on his face, beauty with a cut on his finger, wisdom with bubblegum in his hair and the hope of the future with a frog in his pocket. When I'm busy, he is an inconsiderate, bothersome, intruding jangle of noise. When I want him to make a good impression, his brain turns to jelly or else he

becomes a savage, sadistic, jungle creature, bent on destroying the world and himself with it. His creed is: To enjoy every second of every minute of every hour of every day and to protest with noise (his only weapon) when his last minute is finished and he is packed off to bed at night.

When he smiles, tiny dimples appear under his eyes. He has, above all others, given meaning to my own life and made it of value to me. Without his joy, imagination and laughter, my blessing of life would be no blessing at all. I have come to realize how empty my hopes and dreams would be without him. He has given me the strength of a giant, the courage to look at and acknowledge my faults, inadequacies and fears. More importantly, he has helped me to accept and even like myself. He's a little boy of only seven, yet he has taught me the meaning of some very big words like humility, sacrifice and giving. He writes little notes to me on scraps of paper that say "I love you dad." It is because of this little beautiful boy that my whole life has been given new purpose and meaning.

Accordingly, I would like to dedicate this work, all that has preceded it and all that will follow, to my beautiful son Jag. It is my fondest wish that 15 or 20 years hence, Jag will review these works, feel, and perhaps even share the pride of accomplishment I do today.

Included in my dedication are my sisters, Dean and Charlene. Indeed, a very special thanks goes to my brother, John, who helped me through some very lean times, especially when I began undergraduate work. Finally a tribute to my beloved and stalwart mother who has and continues to nurture us and love us all. She has nursed us, disciplined us, laughed with us, and has beamed as only a mother could in our accomplishments. She has also shared in our sorrows. She has watched us grow and is now watching our children grow. She has suffered unknown pain and borne the burden of watching some of us die. May God forever bless her.

ACKNOWLEDGEMENTS

To the members of my doctoral committee for their guidance and contributions to my academic and professional development. Special appreciation to Mary Ernst for her typing skills and patience and Dr. Lireka P. Joseph for providing technical assistance to the project and support to me. To the people at the Institute of Gerontology, The University of Michigan who have helped me over the years. To all of the thousands of men and women serving time, in any prison, anywhere in the United States. They bare an awesome burden and are "living" examples of man's inhumanity to man. Especially, the "old timers" at Jackson Prison; they are, indeed, the co-authors of this project. For many of them, it was not an easy experience to share their lives with me. I sincerely hope, through whatever insight the project contains, they will benefit, as I have benefitted from them.

To Dr. Curtis VanVoorhees, a man who has come to mean much more to me than advisor and doctoral committee chairman, he is my friend. He knows me as I am because he wants to. He understands where I've been, accepts who I've

become and still, gently, helps me to grow. He invited me to become someone in life--myself. I shall always love him, as a dedicated educator who inspires his students, highly skilled administrator who understands human needs and more importantly, as my friend.

TABLE OF CONTENTS

		Page
DEDICATION		ii
ACKNOWLEDGEMENTS		v
LIST OF TABLES		ix
LIST OF CHARTS		xi
LIST OF FIGURES		xii
LIST OF APPENDICES		xiii
CHAPTER		
I	INTRODUCTION TO THE STUDY	1
	Purpose	1
	Problem	2
	Rationale and Hypotheses	24
	Methodology	26
	Definitions	37
	Limitations of the Study	39
	Summary	40
II	REVIEW OF THE RELATED LITERATURE	43
	Introduction	43
	Institutionalization of the Aged	67
	Effects of Long-Term Institutionalization	85
	The Penal Environment	129
	Summary	139

TABLE OF CONTENTS (Continued)

CHAPTER		Page
III	ANALYSIS OF THE DATA	151
	Introduction	151
	State Prison of Southern Michigan	152
	The Aged and Aging Inmate	192
	Procedure	220
	Findings	229
	Summary	270
IV	SUMMARY, FINDINGS, IMPLICATIONS AND RECOMMENDATIONS	273
	Summary	273
	Findings	275
	Implications and Recommendations	277
APPENDICES		287
BIBLIOGRAPHY		347

LIST OF TABLES

TABLE		Page
1	Population of the United States Aged 45 and Over, 1960 and 1985, and the Proportion with One or More Chronic Conditions, 1975-1959	48
2	Percent of Total Population Age 65 and Over, U.S. for Selected Years	65
3	Growth of U.S. Population and Percentages 65+ by Decades	66
4	Arrests by Age Group (Five-Year Periods) .	120
5	Age Variation of Sampled Group	197
6	Favorite Television Shows of Aged and Aging Cohorts in Jackson Prison	204
7	Ages of Cohort Sampled Group	205
8	Question: What in Your Opinion is the Greatest Internal Problem in America Today?	206
9	Question: What, in Your Opinion, is the Greatest External Problem Facing America Today?	207
10	Question: Tell Me About Watergate	208
11	Question: In 1976, This Country Will Be Celebrating a Very Important Event. Do You Know What It Is?	210
12	Question: Can You Tell Me About Attica? .	211
13	Question: Can You Tell Me About the Women's Liberation Movement?	212

LIST OF TABLES (Continued)

TABLE		Page
14	Comparable Institutional Dimensions	238
15	Racial Composition of Sampled Inmate Group .	243
16	Shared Characteristics of Aged and Aging Male Inmates in Jackson Prison	244
17	Total Number of Years Spent in Prison . . .	259
18	Number of Years Spent in Elementary School .	260
19	Number of Years of Secondary School	260
20	Shared Background Characteristics	261
21	The Process of Penal Dehumanization	265
22	Measures of Penal Dehumanization	266

LIST OF CHARTS

Chart		Page
1	Michigan Department of Corrections Population Increases by Facility, Sex, and Year (1965-1974)	161
2	In-Patient Trends--State Prison of Southern Michigan	169

LIST OF FIGURES

Figure		Page
1	Percent Change in Per Capita Personal Health Care Expenditures in Fiscal Year 1971 Dollars, by Two Age Groups (U.S.A., Fiscal Years 1966-1971)	75
2	Number of Persons Aged 65 and Over and Number Covered by Specified Social Insurance and Assistance Programs (1940-1969) . . .	76
3	Percent Distribution of Personal Health Care Expenditures for the Aged, by Source of Funds (U.S.A., Fiscal Years 1966-1970) .	77
4	Psychodynamic Sequence in Old-Age Dependency	91
5	The Hazardous Decade in Man's Life Cycle . .	117
6	Life Expectancy	142
7	Population Sixty-Five and Over	143

LIST OF APPENDICES

APPENDIX		Page
A	Letters to Michigan Department of Corrections	287
B	Letters from Michigan Department of Corrections	292
C	Letter and Application for Use of Human Subjects	296
D	Approval for Use of Human Subjects	299
E	Inmate Information Card	301
F	Letter of Introduction	303
G	Questionnaire	306
H	Naturalistic Model	336

CHAPTER I

INTRODUCTION TO THE STUDY

Purpose

The purpose of this study was to investigate attitudes and life styles of aged and aging inmates in a correctional institution in Jackson, Michigan, and describe the inmates as related to: (1) long-term institutionalization in a correctional (penal) environment; (2) cognitive capabilities in coping with the environment; (3) the coping strategies used by older male inmates in a congregate institutional setting and the strategies employed by the older male inmate in delineating successful and unsuccessful coping techniques; and (4) individual characteristics which determine different styles of adaptation as well as environmental or situational factors which enhance adaptive behavior.

Further, it was hoped that this study would be of value to the correctional institution, the widening field of education and the rapidly growing field of gerontology.

Problem

A man will endure the greatest pain if he has the hope that eventually the suffering will come to an end or that the future will be brighter!

Results from the 1971 White House Conference on Aging[1] and recent statistics[2] revealed that the proportion of elderly institutionalized individuals comprised five percent of the total aged universe. However, both reports continually failed to delineate and categorize the specific type of institutions and actual numbers of residents in each. Because of this dearth of data regarding demographic characteristics, elderly institutionalized male prison inmates are placed in an extremely vulnerable position resulting from the lack of accumulated data identifying them. As such, investigative and descriptive research data on aging and aged male prison inmates are deserving of high priority.

---

[1] 1971 White House Conference on Aging, Toward a National Policy on Aging, Final Report, Volume I--Background, Organization, Program; Volume II--Conference Findings and Recommendations from the Sections and Special Concerns Session (Washington, D.C.: U.S. Government Printing Office, 1971).

[2] Current Population Reports, Special Studies, Some Demographic Aspects of Aging in the United States, Growth of the Population 65 Years and Over: 1900 to 2020 (Washington, D.C.: U.S. Government Printing Office, February, 1973), pp. 1 and 27.

Although the White House Conference on Aging and subsequent programs that were a direct outgrowth of the Conference gave unprecedented visibility to the aged, they brought about only minimal advances on their behalf. These advances have benefited mostly those individuals who are visible in the aged universe. Aged male inmates are not only caught in the rapid changes of our society, but also, given the demographic dimensions and status of institutionalization, are losing their prestige. This loss has resulted from the stigma associated with penal institutionalization, the rapidity of change in the aged population as a whole, and the decline of viable social roles for them as they become old. Because of isolation from the mainstream of society, they are neither considered nor identified with the total aged population. To continually exclude aging and aged male inmate cohorts from either institutional counts or census counts of the aged universe, prejudices such statistics to be unrealistic, unfair, inconclusive, and certainly unscientific.

Background Information

> The greatest internal problem in America is that of marginal man. Who is marginal man? What characterizes him? From whence does he come? He is unaffiliated and/or disaffiliated man, alienated from the mainstream of society. He is unaligned and/or misaligned. He exists marginally on the edges and backwashes

> of the mainstream. He is likely a member of some minority group. As such he is disenfranchised and subject to greater than normal prejudice. He comes from many walks of life. He may be a racial minority institutionalized within the ghetto; a criminal institutionalized within the cold gray walls of prison; a dropout or juvenile delinquent adrift; an alcoholic or drug addict institutionalized within the confines of a hypodermic syringe; a chronically diseased patient; an institutionalized mental retardate; or a face from poverty's people. He is characterized by deficiencies or differences in sources of strength both from within himself and from his environment. The deficiencies and distortions of his roots in the environment are manifested by his long history of institutionalization in some form of ghetto, hospital or prison; his frequent loss of, or alienation from, his family, spouse, or other human resources.[3]

This concept of marginal man was in no way meant to imply that he was basically an inferior, degenerate, or subhuman being or that the characteristics apply equally to all groups, e.g., that there are no differences between minorities in ghettos and inmates in prisons. The inference, however, should be focused upon the concept most characteristic to all groups--institutionalization. According to Daniels,[4] marginal man, though

---

[3]David N. Daniels, "Marginal Man, The Tether of Tradition and Intentional Social System Therapy," Community Mental Health Journal, Vol. 3, No. 1 (Spring, 1967), p. 3.

[4]Ibid., p. 4.

institutionalized, has many strengths and assets. He often can make the most of what is immediately available. He often can endure the seemingly unendurable and maintain a sense of humor despite environmental adversity. His subculture is structured to provide necessary life satisfactions in the face of adversity through the ways open to him; ways that the mainstream may view as abnormal or unacceptable. He frequently has many hidden assets and untapped potentials. His very survival may be seen as emanating from a strength of sorts. Even his deficiencies and dissimilarities of function, his rootlessness and unstability, can be viewed as necessary adjustments to a harsh and capricious environment whose conditions often are imposed upon him by the traditions of the mainstream of society. For the sake of simplicity and for the present, this description of marginal man seems fitting in its application to aged and aging prison inmates. Their characteristics are similar, if not strikingly exact!

Certainly, all the cognitive and cognative aspects of man's nature are highly vulnerable. Their reduction and abridgment are painfully observable in persons who have been deprived for long periods. The long-term institutional resident or inmate, unless he is of exceptional strength from the beginning, has some fixed external point towards which to orient, or the institution provides

stimulation for him, may degenerate in his person to become not only "mindless," but will-less and guilt-less. This concept presents the classical picture of institutional neurosis.[5] Institutional neurosis is "the point at which the individual is adrift on a timeless stream with no beginning and no end."[6] Vail pointed out that the ultimate tragedy is not that impulse control is gone, but that impulse generation defined as the capacity to respond to the external or internal stimuli which prod the ordinary person, is so dull as to be random in its manifestations and pathetically feeble.[7]

Vail further reported that our penal system is a muddle.

> The professionals in the field are trying desperately to convert to a truly correctional, positive reinforcement model, the institutions at all levels are basically punitive; this is what society still wants and requires. Seemingly, there are as yet no better answers, but the question should be asked, 'does punishment do any good?' Discipline in the punishment sense may well be dehumanizing. It is as with

---

[5]David J. Vail, Dehumanization and Institutional Career (Springfield, Ill.: Charles C. Thomas Publisher, 1966), p. 10.

[6]Ibid., p. 11.

[7]Ibid., p. 11.

> rules: if overly harsh, inappropriately or unfairly applied, or inconsistent, devastating effects may occur. A world which is all punishment and no reward would be a narrow world, producing a narrow person![8]

Over the past decade, much impetus, both public and scientific, increasingly has been focused upon the older segment of our population. This increasing public and scientific awareness of the problems faced by our aged population, combined with the ever-increasing numbers of institutionalized aged has served, at least in part, to create an almost total shortage of skilled manpower trained and capable of dealing effectively with the specialized problems of older prison inmates. Progress in the many fields of research, service and care for the elderly male prison inmate can proceed only as rapidly as adequate data and specialized, trained personnel become available.

The related literature and research findings that were relevant to this study were intended to provide a referential and supportive framework or base for the study. A context that will affirm its significance and provide perspective to the correctional institution and the gerontological community. The literature included

---

[8] Ibid., p. 52.

books, periodicals, research reports and projects, other literature reviews and unpublished studies, some of which were inter- and intra-institutional in nature.

The generally accepted definition of elderly utilizes a standard of 65 years and older. Both social security benefits and pension plans usually start at that age. However, in terms of unemployment, workers over 45 are classified as older.[9] Every tenth American is 65 years of age or older. The 1970 census enumerators[10] counted 20,049,592 older Americans out of a total of 203,165,699 residents or roughly ten percent of the total U.S. population. In 1900, the census counted 3.1 million older Americans (four percent) out of 76 million residents, or every 25th American was elderly. Today, the under-65 population is two and a half times as large as it was in 1900, but the 65+ group is six and a half times as large. The older population is not a static body; it

---

[9]National Center for Health Statistics, Characteristics of Residents in Institutions for the Aged and Chronically Ill, United States, April-June, 1963, Public Health Service Publication No. 1000, Series 12, No. 2 (Washington, D.C.: The Center, 1965).

[10]Facts and Figures on Older Americans, An Overview for the Delegates to the White House Conference on Aging, 1971, U.S. Department of Health, Education and Welfare Publication No. (SRS) 72-20005, Number (5) (Washington, D.C.: Administration on Aging, Social and Rehabilitation Service, 1971), p. 6.

is marked by rapid "turnover." In round numbers, each day about 4,000 Americans celebrate their 65th birthday and about 3,000 aged 65 or older die, thus resulting in a net increase of about 1,000 persons. According to Herman Brotman, "planning requires attention to the 4,000 daily gain, not just the 1,000 gain and the range of individual differences--rather than the easier average."[11]

A large aged population is a new phenomenon in the United States. In this century alone, the 65+ population has grown faster than the total population and the 75+ has grown even faster.[12] According to recent census data, interest in how older people fare has intensified because of their rapidly growing numbers. In reporting population projections, the census data[13] demonstrated that concern for the large aged population will remain with us indefinitely. Additionally, the census data indicated that the number of people who were 65 and older were estimated at 3.1 million in 1900. By 1940 the number had nearly

---

[11]Herman B. Brotman, "Who Are the Aged: A Demographic View," Occasional Papers in Gerontology (Ann Arbor: The University of Michigan-Wayne State University Institute of Gerontology, November, 1968), p. 2.

[12]Ibid., p. 3.

[13]Current Population Reports, Special Studies, Some Demographic Aspects of Aging in the U.S., Growth of the Population 65 Years and Over: 1900-2020 (Washington, D.C.: U.S. Government Printing Office, February, 1973), p. 3.

tripled to 9 million. It more than doubled again to 20.3 million by 1970. In the year 2000 there is expected to be about 29 million. The people who will be over 55, 65 and 75 in the year 2000 are now living. The number is rising about three to four million every decade, or roughly 300,000 to 400,000 per year. The 20.6 million estimated persons 65+ on July 1, 1971 exceeded the July 1, 1970 figure by 390,000.

> In sheer numbers, the older (65+) population represents an enormous group, equaling the total population of all ages of our 21 smallest states. Of greater significance, however, is the extraordinary diversity; the older population is not a static body. In age alone, they vary from just 65 to more than 125; in income, health, housing, institutionalization and every other vital consideration. There is tremendous variation. The 65+ population represents a complete spectrum of characteristics and thus, of needs.[14]

In the literature, Atchley[15] pointed out that in social gerontology one constantly finds the terms "the aged or older people" being used as if they identified a single, homogeneous category of people:

---

[14] Facts and Figures on Older Americans, op. cit., p. 8.

[15] Robert C. Atchley, The Social Forces in Later Life, An Introduction to Social Gerontology (California: Wadsworth Publishing Company, 1972), p. 27.

> In reality, the older population in many ways exhibits a greater variety of personalities, life styles, and life changes than any category in society. Race, religion, social class, education, occupation, and many other social characteristics often produce differences among people that can all but completely obscure the influence of aging. A crucial methodological issue of the problem of holding these factors constant so that the impact of aging can be observed.[16]

Atchley concluded that:

> While it is good to be aware that all older people are to some extent individuals, this in no way denies the fact that people have certain characteristics and situations in common as a result of being old. While it is important to recognize this communality, it is also important to respect individual uniqueness.[17]

The concept of "total institutions" has been pointed out from time to time in the sociological literature and was an important consideration for purposes of this study since research data on institutionalization of older people were limited, for the most part, to the nursing home, state hospital, homes for the aged and like institutions.

---

[16] Ibid., p. 36.

[17] Ibid., p. 38.

Every institution captures something of the time and interest of its members and provides something of a world for them; every institution has encompassing tendencies. In reviewing the literature pertaining to different institutions in Western society, it was found that some were encompassing to a degree discontinuously greater than the ones next in line. Their encompassing or total character was symbolized by the barrier to social intercourse with the outside that was often built right into the physical plant, such as locked doors, high walls, barbed wire or cliffs. These establishments were, according to Erving Goffman,[18] closed worlds like prison, monasteries and old folks' homes where the inmates were regimented, surrounded by other inmates and unable to leave the premises. Goffman described the prison as a clear example of the total institution because of its characteristics which define it:

> . . . as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.[19]

---

[18]Erving Goffman, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates (Garden City: Doubleday, 1961), p. 4.

[19]Ibid., p. 7.

Vail's[20] interpretation of Goffman's contextual concept and relationship to the theory of total institutions was seen as "containing a world of dynamic information."[21] He pointed out that Goffman's concept included the most essential characteristics of the total institution:

1. A place of residence and work; major portions of human experiences enacted in one spot.
2. Large number of like-situated individuals; a double phrase, including both the concept of masses and that of like-situated individuals.
3. Cut off from the wider society; separation, isolation.
4. For an appreciable period of time; duration as one important force.
5. Together lead an enclosed, formally administered round of life; a triple phrase including togetherness, enclosure and formal administration.

Vail extended upon the concept pointing out other interlocking characteristics of the total institution:

1. An organized system of roles and rules.

---

[20]Vail, Dehumanization and Institutional Career, op. cit., p. 58.

[21]Ibid., p. 59.

2. An organized system of punishments and rewards involving the total life experiences of the person.

3. A rationale or doctrine of the organization, binding staff and inmates alike.

4. People--work, a Goffman term connoting man as inanimate objects.

5. Mortification.

6. Self-perpetuation.

Vail discussed the most important and descriptive characteristics of the total institution as being the place where:

> . . . typically the person's entire life, during the time of his stay, is lived in the one circumscribed setting. In advanced situations (long-term), he may loaf, eat, sleep, work and take his meager sexual and other pleasure, if any, within the confines of a single building. More usually, work, recreation and living quarters are separated by at least a few yards of ground and open sky. The totality of the experience is what counts. It contrasts with the 'normal' style of life which allows major segments of living to occur in different settings, involving different sets of people.[22]

Institutional life, particularly as it was experienced by the aged, had several meanings, four of which were important and applicable to the considerations of

---

[22] Ibid., p. 59.

this study. First, there was the meaning, or meanings, that institutionalization of the aged has for society. Second, there was the sociological meaning of institutional life. Third, was its meaning for professional and administrative personnel who run institutions. Fourth, and perhaps most important, w he meaning for residents.

All institutions are social systems with traditions and norms to which individuals are socialized and expected to adjust. According to Goffman, there were five categories of total institutions:

1. For persons incapable and harmless, e.g., homes for the blind and aged.
2. For persons incapable and socially threatening, e.g., mental institutions.
3. Those which exist to protect the community, e.g., prisons, concentration camps.
4. Those for the pursuit of technical tasks, e.g., army barracks.
5. Retreats, e.g., monasteries and convents.

Goffman concluded his definition of the total institution by stating that:

> . . . total institutions . . . are social hybrids, part residential community, part formal organization, and

> therein lies their special sociological interest. . . . These establishments are the forcing houses for changing persons in our society. Each is a natural experiment, typically harsh on what can be done to the self.[23]

Blumberg[24] concluded:

> In the behavioral fields the outcome is not so clear or successful. In correctional institutions, for example, one part of the rationale is to protect the community; this is successful enough. But it is also to 'correct' the prisoner, to change his career from wrongdoer or deviate into something more acceptable. In the latter regard, the record is so far a failure. The effect is all too often the opposite of what is intended, that is to accentuate or aggravate his career further toward wrong doing.

It is, of course, by suppressing outside distinction that an institution can build up an orientation to its own system. There is a sense then in which the harshest total institution is the most democratic, and in fact, the inmate's assurance of being treated no worse than any other of his fellows can be a source as well as deprivation.

---

[23] Ibid., p. 71.

[24] Bernard Blumberg, Aging, A Philosophy of Care (Los Angeles: University of California Western Center for Continuing Education in Administration of Health Care Facilities, n.d.), p. vii.

Inmates of institutions (at all age levels) make a variety of adaptations to institutional life. Goffman[25] described these modes as being, first, situational withdrawal. The inmate withdraws apparent attention from everything except events immediately around his body and sees these in a perspective not employed by others present. This curtailment of involvement in interactional events is best known in mental hospitals under the title of "regression." Second, there is the intransigent line, the inmate intentionally challenges the institution by flagrantly refusing to cooperate with staff. A third standard alignment in the institutional world is colonization, the sampling of the outside world provided by the establishment is taken by the inmate as the whole, and a stable, relatively contented existence is built up out of the maximum satisfactions procurable within the institution. Experience of the outside world is used as a point of reference to demonstrate the desirability of life on the inside, and the usual tension between the two worlds collapses, thwarting the motivational scheme based upon this felt discrepancy.

A fourth mode of adaptation to the institutional setting is that of conversion, the inmate appears to take

---

[25]Goffman, Asylums, op. cit., p. 83.

over the official or staff view of himself and tries to act out the role of the perfect inmate. While the colonized inmate builds as much of a free community for himself as possible by using the limited facilities available, the convict takes a more disciplined, moralistic, monochromatic line, presenting himself as someone whose institutional enthusiasm is always at the disposal of the staff.

Few inmates pursue any one of these modes of adaptations very far. In most institutions, most long-term inmates--particularly older ones--take the task of what some of them call "playing it cool." This task involves a somewhat opportunistic combination of secondary adjustments, conversions, colonization and loyalty to the inmate group, so that the inmate will have maximum chance in the particular circumstances of surviving physically and psychologically undamaged. This task is awesome for these individuals who comprise a group exemplifying the problems of the "vulnerable" years in their most extreme form.

Need

While the field of gerontology continues to mature at a very rapid pace and interest has increased in recent times about the issues of aging, the aging phenomenon and

the general needs of the aged, data and follow-up regarding the special problems of minority and institutionalized aged cohorts remain, for the most part, negligible. There are very few gerontologists engaged in the study of the institutionalized aged. Historically, the few who have engaged in such research confine their efforts to the nursing home, homes for the aged, the state hospital and other after-care facilities. Traditionally, discussion and research concerning institutionalization of older adults has been limited to one or any number of these institutions. A prime reason for our relative lack of data about older adults behind the prison walls may well be a dearth of researchers and investigators trained or even interested in such research. It has been only recent and largely because of media exposure and the pressure of consumer groups, that wide-scale interest has been focused on the grotesque, agonizing and deplorable conditions existing in the nursing home industry in America. "If there is any single institution in this country that symbolizes the tragic isolation and shameful neglect of older Americans. . .it is the substandard nursing home."[26] According to the National Council of Senior Citizens:

---

[26]Richard M. Nixon, "Nursing Homes: Symbolic of an Attitude?" United States Senate, Special Committee on Aging (Washington, D.C.: U.S. Government Printing Office, June 25, 1971), p. 30.

> The basic problem of nursing home facilities can be portrayed as that of a lonely, dependent, withdrawn environment, where one is excluded from community life, and confined to an institution remote from the mainstream of society with no recourse other than an over-burdened public agency whose monitoring functions are made difficult by the many and dispersed facilities it must monitor. An institution where countless thousands of individuals live under conditions that result in the malnutrition, dehydration, over-sedation and neglect, if not abject abuse.[27]

The crime committed by these individuals was growing old! It was a particularly frustrating irony to note that these institutionalized individuals have aged in a society that is preoccupied with the search for a longer chronological and biological life span. The very successes in economic, social, medical, and industrial progress that now permit such a large proportion of our population to reach old age, also have produced the changes that make the elderly a generally dependent group. As a result, they are robbed of their most important and traditional functions, roles and status. The indictment is not totally of the inept nursing home industry. The nursing home (as are all institutions) is only a mirrored reflection of the prevailing society.

---

[27]National Council of Senior Citizens, A Multilinked Nursing Home Ombudsman Program; A Technical Proposal (Washington, D.C.: U.S. Government Printing Office, April, 1972), p. 1.

In a report issued by the National Center for Health Statistics in 1971,[28] it was demonstrated that only five percent, or one in twenty (about one million people), of the total aged population was institutionalized in full-time custodial care facilities. In 1960,[29] only 3.8 percent of the total aged population was so institutionalized. Again, these statistics were limited to those individuals confined to nursing homes and other long-term care facilities. It is consistently an error of gross magnitude to continually discuss the demographic and institutionalization aspects of older Americans in such broad and general terms and ignore those confined to penal institutions.

To date, there has been no research materials available which deals specifically with describing the elderly male inmate and his unique problems. However, where feasible, this study utilized data and research materials found to be pertinent by other investigators who have studied the reaction of aged and aging persons to long-term institutionalization. For example, measures included those which had been derived by other investigators and

---

[28] Facts and Figures on Older Americans, op. cit., p. 6.

[29] National Center for Health Statistics, Characteristics of Residents in Institutions for the Aged and Chronically Ill (Washington, D.C.: U.S. Government Printing Office, 1965), p. 28.

which differentiated institutional older subjects who have survived from those who have not. Similarly, we utilized clinical records and self-reporting techniques from other studies.

Since the older population is not a single, homogeneous mass and their characteristics tend to vary sharply by age and environmental factors, it is desirable and even necessary that any research on institutionalization of older adults take such variables into consideration.

The exploratory nature of this study generated important, innovative and descriptive data and knowledge about the older institutionalized male prison inmate and the special problems confronting him.

While some problems of treatment in institutions were due to sheer senselessness or lack of sensitivity on the part of staff to the needs of the aged, many other more numerous and complex problems were inherent in the institutional model.

It further seemed possible that inexperienced and unqualified staff contributed to a routinization and a dehumanizing environment in which people were treated in batches, crowded, and isolated from meaningful social contacts.

One of the paradoxes of institutional living was the loneliness and isolation experienced by people who

were hardly ever alone. While the physical environment often appeared crowded and all activities took place in groups, socially and emotionally, residents were isolated. To many observers of institutional life, one of the most frustrating and degrading sights was the interminable wait for the little and big necessities of survival. This frequent negation of the humanness of the aged is based on the assumption that aged people should be allowed to wait, often unnecessarily, because they have nothing better to do anyway. This waiting and idleness was compounded by the element of captivity.

The 1971 White House Conference on Aging ushered in a whole new era of enlightenment about the status of older Americans, e.g., their quality of life, principal problems, wants and needs. The field of gerontology was virtually inundated with facts, figures and other descriptive literature totally devoted to older Americans. While these materials revealed startling and even shocking information about older Americans, even this massive effort left glaringly void the true and total picture of that minority segment of older Americans confined to institutions. This deficiency in research and study has a far-reaching deleterious effect upon the field of gerontology. Furthermore, it challenged the very creditability and validity of research methods and procedures utilized in recording and

enumerating data on institutionalized older persons. More urgently, the already tarnished and devalued status and welfare of all older people in our society is placed in even greater jeopardy.

Rationale and Hypotheses

There were few studies of the quality of life in institutions which focus on humanism. Many papers and a great deal of research have focused on the effects of institutionalization in general and point to the depressing, depersonalizing effects of institutions.[30, 31, 32] In addition, studies have included discussions of physical, social and some of the organizational characteristics of institutions serving the aged. None of these studies or research efforts specifically looked at the institutional life of the aged and aging male inmate. Perhaps Henry's[33]

---

[30]Leonard E. Gottesman, Nursing Home Research Project (Philadelphia: Philadelphia Geriatric Center, Spring, 1972).

[31]Eva Kahana, "Matching Environments to the Needs of the Aged: A Conceptual Scheme," in J. Gubrium (Ed.), Late Life: Recent Developments in the Sociology of Aging (Springfield, Ill.: Charles C. Thomas, 1975), pp. 13, 14.

[32]Boaz and Eva Kahana, Strategies of Coping in Institutional Environments (Detroit: Wayne State University Department of Sociology), p. 2.

[33]L. H. Henry, "Caring for Our Aged Poor," New Republic, No. 2943, May 22, 1971, pp. 7-22.

anthropological accounts of what he termed human obsolescence are most poignant to the subjects discussed in this research study. Henry focused on some of the ironies of dehumanizing environments as they affect the debilitated aged individual:

> In many primitive societies, the soul is imagined to leave the body at death or just prior to it--here, on the other hand, society drives out the remnants of the soul of the institutionalized old person, while it struggles to keep his body alive. Routinization, inattention, carelessness and deprivation of communications--the chance to talk, to respond, to read, to see pictures on the wall, to be called by one's name, rather than 'you,' a number, or no name at all--all are ways in which millions of once useful but now obsolete human beings are detached from their selves long before they are lowered into the grave.[34]

The penal institution is the most totalistic in its features and there are large numbers of aged and aging individuals confined to these institutions. These individuals have spent a great deal of their lives in these institutions and are, for the most part, a vast uncounted minority.

This investigative and descriptive study examined and tested several relating hypotheses, among them:

---

[34] Ibid., p. 21.

1. Is the aging factor a major variable in coping with environmental stress?

2. Do elderly prison inmates possess and manifest like characteristics as do long-term institutionalized, age and sex specific, nursing home (and other after-care facilities) residents?

3. Do unsuccessful attempts to cope with incongruous environments lead to further dehumanization of the older male inmate?

4. Is it possible to measure the degree to which the correctional institution is concerned with rehabilitation and recidivism as the ultimate therapeutic objective?

Methodology

Exclusive of a national study conducted by the National Center for Health Statistics,[35] the researcher is unaware of any comprehensive or, for that matter, general research dealing specifically with "Elderly, Institutionalized Male Prison Inmates." This study was designed to elicite background information, feelings, attitudes and to record observations of the prisoner's limited world, as he defined it. Therefore, it was necessary to deal with the information in a variety of ways. Where possible, the study also utilized and drew upon the valuable experience

---

[35]National Center for Health Statistics, Residents in Institutions for the Aged and Chronically Ill, op. cit.

gained in the samplings of similar institutionalized populations, such as the extensive work conducted and compiled on long-term institutionalized nursing home patients by Gottesman[36] and Kahana and Kahana.[37]

In this study the effects of institutional variations (dependent variables) on the individual inmate was measured in terms of their effects on the inmate's physical condition, his mental status, and his social activity patterns within the institution. These variables were selected so as to evaluate the total well being of the inmate, measure the differential impact of institutional setting characteristics on each area of functioning, and measure whether decline in one area of functioning preceded or was related to decline in other areas of functioning. These independent and dependent variables were by no means intended to be restricting nor exhaustive. Data pertaining to the variables selected for this study were obtained primarily from: (1) interviews with staff from the correctional site; (2) information and records kept by the institution; and (3) secondarily, from interviews and observations of the inmate. In addition, variables that have

---

[36]Gottesman, Nursing Home Research Project, op. cit.

[37]Khanan and Kahana, Strategies of Coping in Institutional Environments, op. cit.

been found to be pertinent by other investigators who have studied the reaction of aged and aging persons to institutionalization was considered. For example, in measuring psychological functioning, measures may include those which have been found by other investigators to differentiate institutional from noninstitutional older subjects and those which have differentiated older subjects who have survived from those who have not.

Similarly, this study, where feasible, utilized a variety of methods such as clinical records, direct observation and self-report techniques to draw its conclusions and test the hypotheses.

Sampling

While this study, by design, was investigative and descriptive in nature, these factors by no means indicate any limitations in scope. The original research was gathered from Jackson State Prison, Jackson, Michigan, which has an inmate population of 5,000. Selection of this institution was made on the basis of it being readily accessible in terms of geographical location and the availability of a large and diverse inmate population.

In the event the cooperation of the site could not have been secured, a substitution would have been made, utilizing the same large (if not larger) population size.

For purposes of this study, two volunteer samples were used. The element of randomness was extremely important and was incorporated into the selection of each individual sample. The first sample, while divided into two age groups, was considered as one sample group. That is to say, those individuals ranging in age from 45 to 54 and 55 to 64 were considered as constituting the Aging Group and were recorded as such. Those individuals whose age range was 65+ were considered and recorded as the Aged Group. Although a number of independent and dependent variables also were incorporated into the study, in order to ensure inmate comparability, there was one central variable, period or length of institutionalization. The other variables (independent) selected and incorporated into the study, were chosen with the expressed intent of reflecting the nonhomogeneity and diversity of the aged and aging population as a whole. Such variables included: social class (as perceived by the individual prior to institutionalization and as perceived by him after a period of long-term institutionalization), education, racial characteristics, religious affiliation, marital status, demographics, perceptions and outlook about recidivism and resocialization, aging, and, possibly death.

Further, it was hoped that each group Aging and Aged sample, would be comprised of 15 elements. As we

shall see later, this was not possible. However, a total of 30 elements were used from the prison site. The total universe for this study equaled 30 samples.

The choice of 30 elements was thought adequate for a workable and meaningful analysis, as well as for an overall representative description of the total elderly inmate population.

Sampling was made of each element's prison record. This sampling of the inmates' records ensured representation of long-term institutionalized inmates and exclusion of short-term institutionalized inmates. To assure the validity and creditability of data obtained from sampled material and to assess and record the effects of varying conditions on individual inmate status and social functioning as they are affected by institutionalization, data were also gathered from personal interviews and observations.

Instrumentation

The emphasis in the social sciences on method and on rigorous testing of a priori theories has led to a proliferation of "instruments," "measures," and "indices" all of which generate the kinds of data for which they originally were intended. These approaches give the illusion of purity and certainty but exact the price of passivity; in some sense, both the investigator and the sub-

ject become extensions of the instrument, which also operates as a barrier between them. Furthermore, the element of spontaneous surprise is ruled out: coerced nature can only say "yes" or "no to a priori, theoretically-based questions; it cannot suggest a new, unpredicted possibility. As a result, the risk and methodological vulnerability may be the price of discovery. As a part of the research and exploratory nature of this study, the objective was not only to report and explain the variance in already-existing data, but to generate new data out of events that had no prior cognitive status. To this end and in the naturalistic spirit that Gottesman, Gutman and Tessler[38] conducted their research on ego functions among geriatric mental patients at Ypsilanti State Hospital, this study utilized the instrumentation developed for their work. Adoptation, modification and utilization of the "naturalistic model" used in the Ypsilanti study was made for this research study.

Accordingly, adaptive behavior functioning was best studied naturalistically and subjectively; that is, in relation to those milieu with which subjects have chosen to deal or feel that they must deal. A priori, precoded tests

---

[38]Leonard E. Gottesman, David Burmann and Sydney Tessler, "A Comparative Study of Ego Functioning in Geriatric Patients," The Gerontologist, Vol. 13, No. 4 (Winter, 1973), pp. 419-421.

were not found to be relevant to the subjects participating in this study. Furthermore, since the study was descriptive and exploratory in nature, it was difficult to custom design an instrument appropriate, reliable and valid to test unknown a priori since they were not meshed with the sample's behavior priorities.

The sample's psychosocial ecology always was relevent to him; and when the inmate was observed in relation to his psychosocial "habitat," and when the regularities in that relationship were noted, then accurate inferences, concerning the adaptive program of the inmate's behavior, were made. As a first and most important step, it was necessary to determine, with the subject's help, his most relevant psychosocial ecologies. The study of the inmate's adaptive behavior functions could only begin after this preliminary work had been completed. The closed institutionalized world of the elderly male inmate, provided an ideal opportunity for the "naturalistic investigation." It was precisely in this clearly boundaried, describable and controllable milieu that the adaptive design of the inmate's behavior could most clearly be observed and recorded.

Conversely, and as an added safeguard, to assure maximum validity and optimum attainable results in data collection, a careful examination of standard instruments

was undertaken, so as to build on existing knowledge wherever possible. There were very few guidelines and instruments available in the literature on coping for conceptualization or measuring coping strategies. Previous studies[39] have used diverse definitions and did not clearly distinguish gerontological or sociological analyses from intrapsychic dynamics. Furthermore, none of the studies conducted in the past focused specifically on "Elderly, Institutionalized Prison Inmates."

One of the general orientations adopted in this study assumed that coping occurs at different levels of behavior and must be operationalized as such. Intrapsychic coping behavior must be considered separately from overt behavioral coping strategies and sociological phenomena need to be considered as distinct from individual behaviors. All of these levels must be dealt with for a comprehensive understanding of coping in an institutionalized environment. Therefore, a multi-method approach was implemented as a part of the instrumentation for measurement of major study variables.

After a review of the literature and existing instruments for measuring related long-term institutionalized variables, it was decided to use a modification of the "Pre-Admission Questionnaire, Strategies of Coping

---

[39]Gottesman, Nursing Home Research Project, op. cit.

in Institutional Environments," Elderly Care Research Center, Wayne State University.[40] The modified version of the Kahana instrument was entitled: "The Elderly Male Inmate: Strategies of Coping in a Long-Term, Institutionalized Penal Environment." This modification was discussed and shared with Dr. Eva Kahana and permission to alter the original instrument was granted.

A more detailed description of the Coping Strategies can be found in the Appendix.

Data Collection Procedures

It was originally planned to make only a total of four (4) visits to the prison site. This was not possible and a total of 60 visits was made. The first visit was used for sample recruitment, introduction, orientation to the research study and an explanation of research instruments. Subsequent visits were made for purposes of data collection, with the "naturalistic model" being administered first. All instructions and data collection procedures were given verbally and in written form with an adequate amount of time allowed for all subjects to respond and raise any questions. For every experimental subject a questionnaire was completed and answers were recorded

---

[40] Kahana and Kahana, Strategies of Coping in Institutional Environments, op. cit.

on forms designed and provided for this purpose.

The researcher personally attended all orientation sessions, administered all research instrumentation and recorded all responses. This precaution prevented ambiguity and minimized any possible threat situation when the instruments were finally administered.

The Strategies of Coping Questionnaire was calibrated to generate specific responses to theoretically-based questions. The "naturalistic model" required the elderly inmate to function as a "guide to his world." That is to say, each subject was told that the investigator was interested in the different ways that people think about their living quarters and about prison life in general. Inmate samples were asked (where prison security permitted) to tour the investigator around his "world," starting at any point of their choice. At each room or location that the inmate pointed out, he was asked a series of questions: "Tell me about this room (or place)." "How do you feel about the things that occur here?" "Do other older inmates come here?" "For what reason?" Subjects were also asked to point out their most and least favored locations and their reasons for these judgments. In summary, the inmate was asked, "Given three things you could add to your environment, what would you want?" "What three things would you get rid of?"

Finally, the subject was asked, "What frustrates you the most about your total situation?" The "naturalistic model" was randomly administered to two inmates so as to reflect diversity.

During the tour, a verbatim account was kept of questions, responses, and incidental comments. The investigator also kept track of the sequence of the tour--the order in which rooms and locations were visited. In the course of the tour, the interviewer tried to remain sensitive to the elderly inmates' covert reactions to the procedures so as not to inhibit or distort the inmate's report of his environment, as he normally sees it. These reactions have been identified and discussed in the following chapters. At the end of the tour, the elderly subject was asked to describe a typical and an atypical day; also, the kinds of events they looked forward to; the kinds of events they dreaded, and the kinds of remedies, if any, that were available to them for dealing with the troubling circumstances they named. Elderly inmates also were asked to comment about their feelings as to the mixing of ages in living quarters. All of the above questions were designed to solicit a subjective response from the subject.

A cover sheet (Appendix, p. 303) introducing the investigator, stating the intent of the study and indicat-

ing the responses were kept and maintained in total confidence, was attached to the Coping Instrument.

Treatment of Data

A numerical model was utilized to summarize objective responses. Similarly, a verbal summary was made of subjective responses. These data have been summarized, collated and critically applied to formulate a particular description of "The Forgotten Minority--The Elderly Institutionalized Male Prison Inmate."

Where applicable, data was tabulated, coded and analyzed to determine differences in subjective and objective responses. Further, where applicable, normed results of previous institutionalized studies of older individuals were examined and compared with the results obtained in this study.

Definitions

1. Age, chronological.--Age measured by number of actual years lived, exclusive of normal human gestation period.

2. Aging.--A general term used for various biological, psychological and social processes whereby an individual acquires the socially defined characteristics of old age. These characteristics consist of biological

processes whereby the organism becomes less viable and more vulnerable as chronological age increases.

3. Gerontology.--Literally, the logic of aging. A field of investigation comprised of the results from various traditional disciplines and professions directed toward understanding the processes of aging and their consequences.

4. Institution.--A housing facility organized and designed primarily to perform specific tasks or services such as personal care, mental health care, medical care, correctional and/or rehabilitational care for its residents.

5. Nursing Home.--A group housing facility which offers skilled health care plus personal care, help in getting about, cooking, household services, nursing services and assumes total responsibility for activities of daily living (ADL).

6. Old Age.--A stage of the life cycle socially defined or typified by increasing frailty and disability; much introspection and concern over the meaning of life; distinct awareness of approaching death; physical dependency; isolation, boredom and loneliness.

7. Older Person.--Conceptually, an individual in the later maturity or old age stages of the life cycle. Socially, people are usually classified as older if they are chronologically sixty-five (65) or older. Legally, there are several chronological ages which are used to define people as old, beginning as early as forty-five (45).

8. Social Gerontology.--A subfield of gerontology dealing with the developmental and group behavior of adults and with the causes and consequences of having older people in the population.

Limitations of the Study

1. The sample population was composed of a limited number of aged and aging male inmates, from one state-operated correctional institution.

2. The extreme limitations on the availability of suitable penal models, since research on older male inmates was relatively nonexistent in the U.S.

3. A reliance upon instrumentation which had never been administered to a population of older adult inmates.

4. Restrictions imposed on the study because of the institution's security requirements.

5. Limitations imposed by the sources and methods of obtaining information. For example, correctional records as source documents may, for various reasons, not always be complete or accurate, direct or "naturalistic observation" is limited by the presence of the observed and inferences drawn from reports by others frequently are unreliable or lack validation.

Summary

It has become fairly common in American society to institutionalize aged and aging individuals terminally in nursing homes and like institutions, then forget about them. More importantly, these institutions, like all institutions, are the result of society's demands. Their history--good or bad--has been molded by social and cultural changes and society's attitudes towards old people.

The total lack of research data identifying the elderly male prison inmate in terms of his wants and needs, and formulating, recording and promulgating new concepts of his potentials, is reflective of decades of total community neglect and persistent failures to provide adequate resources for our correctional and criminal justice systems.

Social scientists and other researchers have accumulated a mountain of data focused on the effects of

institutionalization in general, and point to the depersonalizing effects of institutions. At close scrutiny, these accounts which look at the quality of life in institutions for the aged stop shamingly short! In discussion, the effects of long-term institutionalization on aged prison inmates is vital to focuses on the effects experienced by all older persons. In every human contact, something is communicated and is learned. If social scientists, researchers and practitioners are to learn from older people, who in their day-to-day lives are experiencing the institutional environment which we have created for them, they must identify, study and document data pertaining to all individuals living in the variety of institutions. In the many areas of gerontology and other scientific investigations concerning older people, the lack of scientific information and the questionable validity of existing data, in many ways, serves only to highlight how painfully little is actually known about the aging phenomenon, and even more glaring is the total absence of data and knowledge on the effects of long-term institutionalization on older male prison inmates.

Since gerontology, in a discipline-based perspective, encompasses various disciplines, e.g., sociology, economics, political science, anthropology, business administration, public health, medicine and psychology,

Chapter II of this study reviews related literature in these areas. Accordingly, related literature for this study, as outlined in Chapter II, was divided and delineated into two major components and perspectives:

1. The first component represents research materials which examines institutional settings and the aging and aged individual.

2. The second set of materials concentrates upon previous studies which treat the multi-dimensionality of the impact of long-term institutionalization on older adults.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Introduction

It is the intent of this chapter to provide a referential and supportative base for the study--a context that will affirm its significance as a previously uncharted area of in-depth research and provide perspective. The review of relevant, related literature and other research materials have been organized into five sections: (1) a definition and description of the aged and aging population; (2) institutionalization of the aged; (3) effects of long-term institutionalization; (4) crime and the aged; and (5) the penal environment.

Definition of Aged and Aging

The field of gerontology has matured so rapidly in recent years that attempts to systematize knowledge in this area have proved to be most formidable. The impetus and foundation of social gerontology was established during the 1940's as a result of organized professional groups and private organizations concerned about the implications

of an unprecedented increase in the number of older people in our society. The 1961 and 1971 White House Conferences on Aging provided extensive and previously unrecorded statistical and demographical data on the aged and aging population. As a result, gerontologists, those who study the processes of aging and its product, the aged, have encountered some difficulty in defining the term "old." Who are the aged and aging and what do these terms actually mean? In trying to define these terms and assess the probable behavior and attitudes of people regarding the aged and aging, it is of vital importance to recognize that much depends upon the person, organization or agency making the assessment and the definition applied. The social scientists use their classifications or definitions in a dissimilar way than practitioners. There is even a different perspective from the academician's point of view. In the literature, current treatment of the subject emphasizes age variation and classification; a focus where the impact of age is most pronounced and of principal medical and public concern, namely, those individuals over 55 (the aging) and in particular, those over 65 and 75 (the aged).

Preindustrial man knew only two phases after childhood, adulthood and old age. He took his place in the social and economic life of the farm, village, or small town and worked until he died of infectious disease, or until the accumulated deficits of old age incapacitated him.

In the literature, Manney stated that images and concepts of irreversible biological decline dominate the popular view of aging and aged. He also warned that "generalizations about the processes are actually quite risky"; and:

> On one level, everything seems to simple: all living things degenerate and eventually die. We call this process of degeneration "aging," and we ruefully recognize its characteristic forms. The deterioration and death of all living things is governed by a universal law of nature called "the law of entropy increase." Put simply, this law states that everything becomes increasingly disorganized as time passes unless energy is applied to put things back in order. Since energy to put things back in order is not unlimited, the universe itself will eventually reach a state of inert uniformity. So will all life.[1]

Even inside these broad parameters, the terms aged and aging are not easily grasped. Each human being ages at his own rate and in his own way. Certain tasks and skills seem to be easier in early life than in later life. A quick response is a feat of youth. The more reasoned approach is an attribute of old age. In athletics, for example, some sports show a maximization of skill at an early age. Golf often involves skills of late maturity

---

[1]James D. Manney, Jr., Aging in American Society, An Examination of Concepts and Issues (Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, 1975), p. 23.

because it is an athletic activity which you can do at your own rate. You don't hit the ball until you are ready for it. On the other hand, current World Heavyweight Champion boxer Muhammad Ali may publicly expound his own poetic prowess as the world's most proficient fighter in that he has lightening speed and "floats like a butterfly and stings like a bee." But, as a boxer who has no control over, and must respond to, incoming stimuli, as a professional prize fighter he is considered "old" at age 30. "Boxing is apparently a skill that maximizes early so that boxers are 'old' at thirty."[2] Compounding the definitional problem even further, as pointed out in Chapter I, in terms of unemployment, workers over 45 years are classified as older.[3] Cottrell further supported this theory when he pointed out that "many employers consider a man who is applying for a job to be old if he is more than forty-five."[4] This age classification (45) was utilized in this study to define, describe and record data on those male inmates categorized as the "Aging Group." Although, in some in-

---

[2]Richard H. David and Margaret Neiswender (Eds.), Aging: Prospects and Issues (Los Angeles: University of Southern California, Ethel Percy Andrus Gerontology Center, 1973). p. 2.

[3]National Center for Health Statistics, Characteristics of Residents in Institutions for the Aged and Chronically Ill, op. cit., p. 6.

[4]Fred Cottrell, Aging and the Aged (Oxford, Ohio: Miami University, 1974), p. 2.

stances, prison inmate participants were employed on both a full-time and part-time (less than 20 hours per week) basis, the U.S. Department of Labor does not consider nor count them as a part of the active work force in computing the statistical data for the entire U.S. work force.

Twaddle[5] also proposed the classification of those individuals 45 years and older as "aging." He utilized data gathered from the 1960 U.S. decennial census to study the "Aging, Population Growth and Chronic Illness." Those individuals aged 45 and over were used as a baseline to project health and population statistics through 1985. On the basis of his analysis, Twaddle projected that the population between the ages 45 and 64 would grow only moderately in the future from a size of about 36 million in 1960 to about 43.4 million in 1975, and then decline slightly by 1985. Twaddle also predicted "the total population 45 years old and older will increase to 52.9 million in 1960 to 78 million in 1985--a 28.3 percent increase."[6] Table 1 reflects the projections over a 25-year span of the 45 year old and older population with one or more chronic health condition.

---

[5]Andrew C. Twaddle, "Aging, Population Growth and Chronic Illness, A Projection, United States, 1960-1985," Journal of Chronic Disease, Vol. 21, 1968, p. 417.

[6]Ibid., p. 418.

TABLE 1

POPULATION OF THE UNITED STATES AGED 45 AND OVER, 1960 and 1985, AND THE PROPORTION WITH ONE OR MORE CHRONIC CONDITIONS, 1975-1959*

Age	Population 1960 (No. in Thousands)	Population 1985 (No. in Thousands)	Percentage with 1 Plus (Chronic Conditions, 1957-1959)
45-54	20,481	21,781	56.5
55-64	15,527	21,266	64.4
65-74	11,033	15,600	74.2
75 and over	5,625	9.407	83.3
45 and over	52,945	67,951	--
65 and over	16,658	25,007	--

*Taken from: Andrew C. Twaddle, "Aging, Population Growth and Chronic Illness, A Projection, United States, 1960-1985," Journal of Chronic Disease, Vol. 21, 1968, p. 418.

Prior to comparing and examining the validity of Twaddle's 1968 projections, and reporting on more current population trends, it can be concluded, or at least some determinations can be made, around a functional definition of aged and aging.

In the literature[7] we were confronted with an abundance of classifications and perceptions in which each differently defined aged and aging. Some were based on overdrawn, oversimplified and overused stereotypes. Others have evolved as a result of the influence of changing perceptions of the life cycle and the periods of life. In the social sciences the terms aged and aging essentially were focused in a societal phenomenon concerned primarily with: (1) the role of the environment, including society and culture, in determining the position of older people; (2) the changing roles and the interactive behavior of older people with other elements of the society in which they live; and (3) the influences which older people exert

---

[7]The following works, while not exhaustive, deal with the phenomenon of aging directly in relationship to the processes of adjustment or non-adjustment of the individual at various stages, moving from "aging" to "aged." These works include: The Aged in American Society, Social Problems--A Modern Approach, edited by Howard S. Becker (New York: John Wiley and Sons, 1961); The Aging American: An Introduction to Social Gerontology and Geriatrics (New York: Thomas Y. Crowell Co., 1961), pp. 76-86; "Retirement, Norms, Behavior and Functional Aspects of Normative Behavior," Processes of Aging, Social and Psychological Perspectives, Vol. 2, edited by Richard H. Williams, Clark Tibbitts and Wilma Donahue (New York: Atherton Press, 1963), pp. 381-388.

on the system of social relationships, organizations of society and on the culture. The point of view presented was one in which the number, proportion, positions, and the life, of older people in any population are outgrowths, in considerable part, of the culture and of societal action, and in the process of aging, adults' reactions to changes in themselves and to society's expectations influence the societal framework.

Still other classifications stemmed from more scientific, medical and theoretical points of departure ranging from the irreversible biological declines, the genetic inheritances of the individual, to laboratory theories based on research conducted with animal as well as human subjects.

Age groups have become increasingly differentiated over time. For instance, it was not until the seventeenth and eighteenth centuries, with the advent of industrialization, the appearance of a middle class and formal educational institutions, that childhood became a discernible period of life with its special needs and characteristics. Mussen, Conger and Kagan[8] indicated that "the concept of adolescence can be viewed as an invention of the twentieth

---

[8]Paul H. Mussen, John J. Conger, and Jerome Kagan, Child Development and Personality, 3rd edition (New York: Harper and Row, 1969), p. 605.

century." Neugarten, in the article "Age Groups in American Society and the Rise of the Young-Old," revealed that:

> In the past few decades middle age has become a newly delineated stage in the life cycle, due not only to increased longevity and improved health, but also to the historically changing rhythm of events in the family cycle. Since the turn of the century marriage and parenthood occur earlier; children--whose births are spaced closer together--grow up and leave the home earlier. Thus, before retirement there is now a period, which begins around 40, when most parents consider themselves to be middle aged.[9]

In his address on the Problems of the Aged and Aging,[10] at hearings before the Congressional General Subcommittee on Education, the Honorable Seymour Halpern, representative from the State of New York, stated:

> It is admittedly difficult to define exactly at what point a person can be known as aged. If we go by customary retirement age, it is 65. If we go

---

[9]Richard D. Lambert (Ed.), Political Consequences of Aging (Stanford, Calif.: Stanford University Press, September, 1974), pp. 187-198.

[10]Problems of the Aged and Aging, Hearings before the General Subcommittee on Education of the Committee on Education and Labor, House of Representatives, Eighty-Seventh Congress, second session, on H.R. 10014, Part I, (Washington: U.S. Government Printing Office, April 9, 1962), p. 19.

> by the age where, regrettably often, discrimination in jobs is based on age, it is often 40. If we go by individual ability and outlook, it is impossible to decide. Some people are aged at 35.[11]

To compound the problem further is the fact that chronological age or calendar age, is not a reliable indicator in defining aged and aging because various parts of society do not change at the same rate. Atchley pointed out that "any single change is like a rock thrown into a pond. The spot where the rock hits is changed very quickly, but the ripples reach the bank only gradually."[12]

It is important and necessary to distinguish between the definitions of aged and aging because, while related, the notions are not identical. Aged is a more static concept while aging is more dynamic. It is even possible, with the application of various statistical measures, to distinguish between aged and aging. Among them, perhaps the most frequently used measure is the ratio of the aged or aging to the whole population as outlined by Rosset.[13] Rosset referred to this model as "the

---

[11] Ibid., p. 19.

[12] Robert C. Atchley, The Social Forces in Later Life, An Introduction to Social Gerontology (California: Wadsworth Publishing Company, 1972), p. 14.

[13] Edward Rosset, Aging Process of Population, translated from the Polish by I. Dobosz, R. Janikowska, K. Koztowska and W. Skibicki (Poland: Pergamon Press, 1964), p. 10.

coefficient of old age." The formula for computing the coefficient of aged or aging varies with the year of life taken as the beginning of the aging process. For example, if, as in this present study, the beginning of the aging process is designated as 45 years, the formula for computing the coefficient of aging would be:

$$W_{45} = \frac{l_{45+}}{L} \times 100$$

Where: l_{45+} is the number of people 45 and over, and L is the total population.

If the aged population is considered to be 65 years and over, the formula is modified accordingly:

$$W_{65} = \frac{l_{65+}}{L} \times 100$$

In actual practice, the coefficient of either variable (aged or aging) assumes the role of a fundamental characteristic of the age of the society. Nevertheless, in both formulas the fraction is multiplied by 100 to obtain the percentage result. The coefficients of aged and aging are represented either as percentages or ratios per thousand.

Atchley[14] presented perhaps the most reliable and widely used definitions and classifications of aged and

---

[14]Robert C. Atchley, The Social Forces in Later Life, op. cit., pp. 4-9.

aging. He pointed out that in searching for an operational definition of aged and aging, one can start by eliminating young adulthood because, although the aging process has technically started within the organism, none of the manifestations of aging have yet appeared. "Defining aging," reported Atchley, "is no easy task. Aging is a gradual process with relatively few abrupt changes and it varies, sometimes greatly, from individual to individual."[15] This concept appeared to be consistent with those reported earlier. More definitively, Atchley stated:

> It has been customary to assume that old age sets in somewhere during the seventh decade of life, and, until recently, much of the research and the majority of action programs have focused on the period beginning at or near age 65. It is now recognized, however, that the real turning point comes much earlier. On the basis of present knowledge, it seems possible to identify three stages of advanced adulthood: middle age, later maturity and old age.[16]

Again, it is important to note, these lines of demarcation are, in some instances, arbitrarily chosen and highly subjective. However, one should look closely at the three stages as defined by Atchley:

---

[15] Ibid., p. 6.

[16] Ibid., p. 7.

> Middle age, the period when the individual first becomes aware of the fact that he or she is growing old. Although the correlation is not perfect, this phase of the life cycle usually occurs during the forties and fifties. Chronic illness becomes more prevalent and finally, middle age is the time when most people come to grips with the fact that death is real, and not just something that happens to someone else.
>
> Later maturity is marked by an even greater awareness of aging and by a difficulty in remaining future oriented. Chronologically it often corresponds to the sixties and seventies. Long-term chronic health problems begin to limit activity during this period. Deaths of relatives and friends and movement of children reduce social environment.
>
> Old age is the beginning of the end. It is characterized by extreme frailty, disability, or invalidism. Mental processes slow down. The individual thinks a lot about himself and his past and tries to find some meaning in life. At this point, the individual knows the end is very near. Activity is greatly restricted. Loneliness and boredom are common.[17]

The effects of aging are present in all three phases. Nevertheless, when reference is made to older people or the aged and aging, it will be stressing the last two phases in various degrees or combinations. Chronologically, phases mean roughly those in their mid-forties (45) and older (55 to 64); and those who are aged (65+).

It is of vital importance to emphasize that these categories are based on sets of characteristics which seem

---

[17] Ibid., pp. 7-8.

to go together in a majority of cases. Seldom will a particular individual show each and every symptom typical of a given phase. The important point is whether one has the characteristics of old age, not whether one has reached a certain age. For example, a long-term institutionalized nursing home patient could be in old age at 45 with severe physical and cognitive malfunctionings while an individual of the same age living in an independent or extended family situation may not manifest any of these characteristics.

After considerable exploration of available literature, an obvious dilemma confronting those researching and reporting on the aged and aging lies in defining these two related, yet very different, processes. It is known that aging is a part of the life-long processes of development, change, and involution. All of these processes are known to occur simultaneously with respect to a single individual and at different rates within and among individuals. With respect to differing definitions and societal interpretations, the relationship between the processes of the aging individual and the social definition of aging may vary considerably. The processes of aged and aging, analytically distinct but empirically interdependent, may be said to begin at an arbitrary time. There is, however, as has been pointed out, an increasing tendency to depart from the earlier custom of merely focusing on the period of age

65 and to recognize early middle age as the turning point of maturity and the onset of the aging process. Considerable evidence, apart from the obvious cosmetic changes, support this view. Vedder pointed out that:

> By the middle of the fourth decade of life, there is a marked energy decline with increasing awareness of the need to depend upon mental activity as the source of ego rewards. Curves of the prevalence of chronic disease and impairment show inflection points during this period.[18]

It has been shown that in some capacities, age is thought to indicate a period in which one reflects superior judgment, e.g., in the selection of Supreme Court Justices. In other professions age also may mark the turning point for many individuals. College professors, in some instances, are being asked to stop work at age 65, and, if forced to, many seek new employment. On the other hand, as a scientist, the younger man who most recently has been exposed to a growing body of knowledge is regarded as being the more competent.

The process of aging has puzzled both philosophers and physiologists during the evolution of two disciplines, and although the field of gerontology is gaining prominence, gerontologists also will admit their puzzlement in

---

[18]Clyde B. Vedder, Gerontology, A Book of Readings (Springfield, Ill.: Charles C. Thomas, 1963), p. 11.

many areas as they explore, study and document scientific research on the aged and aging. Shock defined the term aging:

> . . . as the progression of biochemical processes and changes which determine alterations in cells and tissues and therefore, the entire organism. The aged are those persons in whom at least 65% of the total changes associated with biological aging have already occurred. Aging begins, at the latest, at conception. The process continues throughout life until terminated by death due to accident or disease.[19]

The aging process is not uniform. All parts of the body do not age at the same rate. For instance, a woman's reproductive functions may cease in her forties. Her vision, on the other hand, may be excellent. This variation is an example of one organ system aging completely and another negligibly or not at all.

As Blumberg stated:

> The processes of aging and its result, aged, are not completely understood and there are many unanswered questions. What we do know, is that the entire process begins at birth. Even in young children, one may find cholesterol deposits in coronary arteries, and other evidence of aging. It is important to reinforce the point that aging is a continual process. It is not something that begins all

---

[19] N. W. Shock, "Physiological Theories in Aging" in Proceedings of a Symposium on the Theoretical Aspects of Aging, edited by M. Rockstein (New York: Academic Press, 1974), p. 123.

> of a sudden at age 20, 40 or 60. Man is born following a gestation period of 266 days. He enters the world with much less in the way of instincts than other animals and therefore, takes longer to become self-sufficient. The peak of development physically is between ages 16 and 20, and mentally between the ages of 20 and 30.[20]

It should be cautioned here, the human organism does not merely pass through time uneventfully. Certainly there are societal, environmental and occupational stresses that can have a devastatingly negative effect on the aging process, by increasing the rapidity of the process and moving it through the aging and aged processes on to death at an accelerated rate.

Again, it is known that aging is a normal part of the life cycle. It is controlled by heredity (genes) and is expressed as a gradual loss in the number of cells in certain organs or an impairment of the ability of the cell to function optimally.

In conclusion, in spite of the difficulty of extracting an operational definition of either index, aging is a very real process and must be regarded as one which extends over the entire period of the human organism and culminates in death. It is, however, manifested according

---

[20]Bernard Blumberg, Aging a Philosophy of Care (Los Angeles: University of California, Western Center for Continuing Education in Administration of Health Care Facilities, n.d.), p. 4.

to individual and social characteristics and situations which are relatively independent of chronologic age except as a limiting factor.

Aged and Aging Population Projections and Trends

A population is said to be aging when the aged and aging segments of that population is increasing faster than the rest of the population. Twaddle,[21] among others,[22] began to note these significant changes in our population dating as far back as 1900. Since that period, medical science has been able to control acute illness to a remarkable degree and death from infectious and parasitic diseases have all but been eliminated. The result has been an aging

---

[21] Twaddle, "Aging, Population Growth and Chronic Illness," op. cit., 1960.

[22] Herman B. Brotman, Who Are the Aged: A Demographic View, Occasional Papers in Gerontology (Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, November, 1968); and Facts and Figures on Older Americans, An Overview for the Delegates to the White House Conference on Aging, Publication No. (SRS) 72-20005, No. (5), U.S. Department of Health, Education and Welfare (Washington: Administration on Aging, Social and Rehabilitation Service, 1971); Donald O. Cowgill, "The Aging of Populations and Societies," in The Annuals of the American Academy of Political and Social Science, Richard D. Lambert, editor, Vol. 415 (Stanford: Stanford University Press, September, 1974); Jacob S. Siegel and William E. O'Leary, Some Demographic Aspects of Aging in the United States: Growth of the Population 65 Years and Over: 1900 to 2020 (Washington: U.S. Department of Commerce, Bureau of the Census, Series P-23, No. 43, February, 1973).

of the population, since these diseases have been the primary burden of the young. Because of this declining mortality coupled with the long decline in fertility which was reversed in the early 1940's, changes in population composition have occurred resulting in that segment of the population over 45 years of age to continue to age.

Eisele noted the dramatic change in our population and recorded:

> America is aging. The proportion of its population now over 65 years of age--11 percent--has almost tripled since 1900 and could grow to almost 20 percent in the next century. The emergence of this stratum of elderly is historically unprecedented. Demographically, falling birth rates and rising life expectancy rates have produced societal aging only in a handful of countries in the most advanced stages of industrialization. As a result, analyses of macrolevel consequences of aging have been sparse, scattered and usually written for specialists. This has been true particularly in the area of public policy--where available information becomes quickly outdated--and uniformed generalization has flourished without empirical evidence.[23]

Returning, for the moment, to Twaddle's[24] projections, he used the 1960 decennial census and those persons

---

[23]Frederick R. Eisele, "Political Consequences of Aging," in The Annals of the American Academy of Political and Social Science (Stanford: Stanford University Press, September, 1974).

[24]Twaddle, "Aging, Population Growth and Chronic Illness," op. cit., 1960.

in the population 45 years old and over, as a baseline to make projections to 1985. He noted that the U.S. population had grown rapidly since the first decennial census in 1790. He stated that in 1900 the population numbered somewhere around 76.1 million and by 1950, it was about 151.7 million. In 1960, Twaddle noted that "there are now 200 million Americans."[25] However, in 1970, census enumerators counted a total U.S. population at "203,165,699 residents."[26] This result would mean, according to Twaddle's computations, that the total U.S. population had only grown by some three (3) million people over a ten-year period. This, however, does not necessarily mean that Twaddle's computations are invalid. It does imply, rather, that Twaddle had no way of predicting widespread use of "the pill" and thus, the drastic decline in birth rates. Additionally, Americans were not as mobile in 1960 as in 1970. Finally, today sociologists and other social scientists are finding it astonishing that such long-established institutions in our society are becoming outdated, e.g., the extended family and marriage. Twaddle never considered these factors.

---

[25] Ibid., p. 417.

[26] Facts and Figures on Older Americans, An Overview for the Delegates to the White House Conference on Aging, op. cit., p. 2.

However, Twaddle's projections did note that in 1900, just over four percent of the U.S. population was 65 years and over. In 1960, he recorded that the proportion of persons aged 65 and over had risen to 9.2 percent of the total U.S. population, or 36 million persons. He then projected this group would grow to about 43.4 million in 1975. "The total U.S. population 45 years and over will increase from 52.9 million in 1960 to 78 million in 1985, a 28.3 percent increase."[27] A review of Table 1, page 48, offers a more precise look at Twaddle's projections.

More recently, Brotman,[28] in a paper presented at the 100th Annual Meeting of the American Public Health Association, noted that:

> Since 1900, the 65+ population has grown much faster than the rest of the population and the 75 plus segment has grown even faster. At the turn of the century, there were three million older persons, every 25th American; today, there are 20 million, every 10th American. The 65+ group is 6½ times as large as in 1900; the under-65 group is only 2½ times as large. If present very low birth rates continue, by the year 2000, we will have almost 29 million older

---

[27]Twaddle, "Aging, Population Growth and Chronic Illness," op. cit., p. 418.

[28]Herman B. Brotman, "The Fastest Growing Minority: The Aging," The American Journal of Public Health, Vol. 64, No. 3, 1974, p. 250.

> Americans, every ninth American. This dramatic increase does not mean that older people are living very much longer, just that more people are reaching old age.[29]

In 1972, two years before the Brotman paper, Atchley noted that in "addition to increasing numbers, there has also been a steady rise in the proportion of older people in the U.S. since 1900."[30] Table 2 reflects Atchley's past, present and future projections.

A year prior to Brotman's paper, the Administration on Aging[31] published statistics on the aged population for the 1971 White House Conference on Aging. Table 3 reflects these statistics.

In conclusion, comparisons of past, present and projected population trends among the aged and aging populations, reveal that social scientists and the statisticians seem to agree that changing patterns in this population became most notable during the turn of the century. In their calculations, it would appear that population trends and projections are more readily attainable than are fixed classifications and definitions of aged and aging. It

---

[29] Ibid., p. 250.

[30] Atchley, The Social Forces in Later Life, op. cit., p. 9.

[31] Facts and Figures on Older Americans, op. cit., p. 2.

TABLE 2

PERCENT OF TOTAL POPULATION AGE 65 AND OVER, U.S.
FOR SELECTED YEARS*

	1900	1930	1940	1950	1960	1970	2000 (Projected)
Percent Age 65 and Over	4.0	5.4	6.8	8.1	9.2	9.6	11.1

*Taken from: Robert C. Atchley, The Social Forces in Later Life (California: 1972), p. 9.

TABLE 3

GROWTH OF U.S. POPULATION AND PERCENTAGES
65+ BY DECADES

Year[1]	All Ages[2]	Number[2]	Percent
1900	76.0	3.1	4.1
1910	92.0	4.0	4.3
1920	105.7	4.9	4.7
1930	122.8	6.6	5.4
1940	131.7	9.0	6.8
1950	151.3	12.3	8.1
1960	179.3	16.6	9.2
1970	203.2	20.0	9.9

*Taken from: Facts and Figures on Older Americans, An Overview for the Delegates to the White House Conference on Aging, U.S. Department of Health, Education and Welfare Publication No. (SRS) 72-20005, No. (5), (Washington: Administration on Aging, Social and Rehabilitation Service, 1971), p. 2.

[1]Includes Alaska and Hawaii after 1940.

[2]In millions.

should further be evident that the aging of our population is a modern phenomenon, predicted, yet something which has never occurred in human populations before. This aging of our population is a by-product of a demographic revolution or a demographic transition. It has been viewed that this population increase is a consequence of the Industrial Revolution. It also can be related to changes in public health, education, and a drastic, yet apparently permanent, reduction of both death and birth rates.

The social consequences of such a rapid increase in the number of older persons in the population are exceedingly complex. Since such aging of the population is an entirely new phenomenon, it should not be surprising that a heretofore traditionally oriented society, such as ours, provided no ready-made modes of adjustment for such a high proportion of older people in the population. This situation was most unfortunate, since it tended to dim the luster of one of man's crowning achievements, the prolongation of human life.

Institutionalization of the Aged

> This is a remarkable age in which technological advances have made things possible which we could hardly even dream about previously. It seems almost inconceivable that a society which can make such major

> technological advances cannot solve or adequately deal with a basic problem it has produced--giving meaning to life before death.[32]

The very successes in economic, social, medical, and industrial progress that now permit such a large proportion of our population to reach old age, also have produced changes that make our aged and aging citizens a generally dependent group.

> Unless we, as an 'advanced' civilization of man, actively seek out, experiment with and ultimately implement new and far-reaching options and programs to offer our growing aged and aging population, we shall become a society where nursing homes and other long-term care institutions, filled with older people, will be as commonplace as the corner drugstore![33]

Excluding the impact of accidents and disease, biologically, elderly humans do not differ appreciable from persons in other age groups. The results of growing old almost always are inseparably intertwined with the compli-

---

[32]Charles M. Gaitz, "Health and Mental Health in Advanced Old Age: A Rationale for Comprehensive Care," Occasional Papers in Gerontology: Goals of Comprehensive Health Care in Advanced Old Age (Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, December, 1968), p. 12.

[33]Joseph N. Ham, "A Case in Societal Failure, Growing Old in America and the Nursing Home," paper submitted for Psychology of Aging, The University of Michigan Institute of Gerontology, Winter Term, 1974, p. 1.

cations of disease, disability, and impairment. Gaitz noted:

> Physiological, sensory, emotional and physical changes occur, but the immense reserves of the human body and the ingenious and often devious methods of compensation devised, consciously or unconsciously, by the elderly allow them to function in this complex world with surprising success until they get into severely taxing situations. . . . When the person's compensatory ability is finally overpowered by environment, or when the elderly spontaneously admits to being old, then his limitations and disabilities have become sufficient to make it impossible for him to function in a socially acceptable manner without assistance.[34]

The diversity of opinion and research findings complicate any attempt to develop a rationale for long-term care of old people. Goldfarb[35] in his findings noted that treatment of elderly persons who are excessively dependent on the emotional support of relatives, friends, physicians, and others, do frequently pose a problem. Goldfarb further noted the tendencies to place undue emphasis on the

---

[34]Charles M. Gaitz, "Health and Mental Health in Advanced Old Age: A Rational for Comprehensive Care," op. cit., p. 2.

[35]Alvin I. Goldfarb, "The Psychodynamics of Dependency and the Search for Aid," Occasional Papers in Gerontology: The Dependencies of Old People (Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, August, 1969).

achievement of independence and arbitrarily dismiss aged and aging persons as poor subjects for therapy is to:

> . . . ignore or fail to recognize the importance of dependency and helplessness as a basic motivational force in the social behavior of most individuals in our culture, and the usefulness of such feelings as a means of establishing a good therapeutic relationship in which the elderly person can be encouraged, instructed, and aided toward more efficient and more acceptable patterns of behavior.[36]

In the literature[37] there is support for the theory presented by Goldfarb. Attempts to avoid a dependency relationship in dealings with aged and aging persons almost inevitably lead to a bitter, resentful, "aged-treatment" struggle that increases the older persons' feelings of helplessness and inadequacy. If his efforts to obtain the professional support and reassurance he seeks are frustrated, he redoubles his efforts to achieve them elsewhere and his symptoms increase.

In the past, families took care of its older members. They lived out their last years in the homes of their grown children (the extended family). That, too,

---

[36] Ibid., p. 3.

[37] Eva Kahana and Rodney M. Coe, "Alternatives in Long-Term Care" in Long-Term Care: A Handbook for Researchers, Planners, and Providers edited by S. Sherwood (Spectrum Publications, 1975), p. 557.

has changed: older people now live alone as long as they can. However, for many, that time ends long before the end of their lives. Thus, for those who are sick or who are alive but cannot manage alone, the only answer is institutionalization.

It is known that in 1971, five percent, or one in 20 (approximately one million people) of the total aged population was institutionalized in a facility and received full-time costodial care.[38] Additionally, it is known that these figures give no accounting of those older persons institutionalized in state or federal penitentiaries. The literature demonstrated that many of the disabilities of the aged do not require institutionalization, and in the case of the elderly, a few unnecessary days of bed rest may mean the difference between full recovery and long-term disability.[39] Perhaps the most difficult need to satisfy in treating old people is "giving meaning to life." For man, life extension per se is pointless unless this occurs along with extension of the productivity of the mind and the opportunity to use this productivity. The latter are not concomitants of life extension and may

---

[38] Facts and Figures on Older Americans, op. cit., p. 6.

[39] Kahana and Coe, "Alternatives in Long-Term Care," op. cit., p. 511.

be as difficult to achieve as life extension itself. The task of providing opportunities for meaningful existence are much more challenging than providing adequate long-term care.

Many of the facts now known about the demographic characteristics of long-term institutionalized aged and aging persons are as varied and perplexing as defining the aged and aging processes and their multi-faceted stages. A great deal depends on to whom one turns to in the literature for accuracy and reliability. However, for the most part, the data (Goldfarb, 1969;[40] Kahana and Kahana, 1968)[41] reflected that for older people of all ages female rates of institutionalization are generally higher than those of males. Rates for nonwhites were generally lower than those of whites in homes for the aged but the reverse was true in mental, penal, and other long-term care facilities. Individuals in institutions were less likely to have a living spouse or children and were likely to have lived alone than the comparable aged in the general population. Institutionalized aged tended to be

---

[40]Alvin I. Goldfarb, "Institutional Care of the Aged" in Behavior and Adaptation in Late Life, edited by Ewald W. Busse and Eric Pfriffer (Boston: Little, Brown and Company, 1969).

[41]Eva Kahana and Boaz Kahana, "Long-Term Care of the Aged," in The Care of the Geriatric Patient edited by E. V. Cowdry, 3rd edition (St. Louis: C. V. Mosby Co., 1968).

financially disadvantaged with over one half on public assistance. In terms of personal health care costs (Cooper and Piro, 1974):

> Highlights for fiscal year 1973 reveal that: (1) Of the $80 billion personal health care bill in fiscal year 1973, 15 percent was spent for the young, 57 percent for persons aged 19 to 64, and 28 percent for the aged. An aged person had an average medical bill of $1,052, compared with $384 for a person in the intermediate group and $167 for a youth. (2) The average hospital bill for an aged person was 10 times that of youth and nearly triple that for a person in the intermediate age group. (3) Public funds paid for nearly three-tenths of personal health care spending for the two younger groups and two-thirds for the aged. (4) Medicare met two-fifths (40 percent) of the aged's health bill--slightly lower than the 42 percent in 1972. (5) All third parties--government, private health insurance, philanthrophy and industry--paid seven-tenths of the aged's health bill and more than three-fifths of the bill for persons under age 65. (6) The average out-of-pocket payment rose $7 for persons under age 65, for the aged direct payments were up nearly $23 to reach $311.[42]

In terms of long-term institutionalization, Hammerman wrote:

---

[42]Barbara S. Cooper and Paula A. Pior, "Age Differences in Medical Care Spending, Fiscal Year 1973," Medical Care Review, Vol. 31, No. 4 (April, 1974), p. 464.

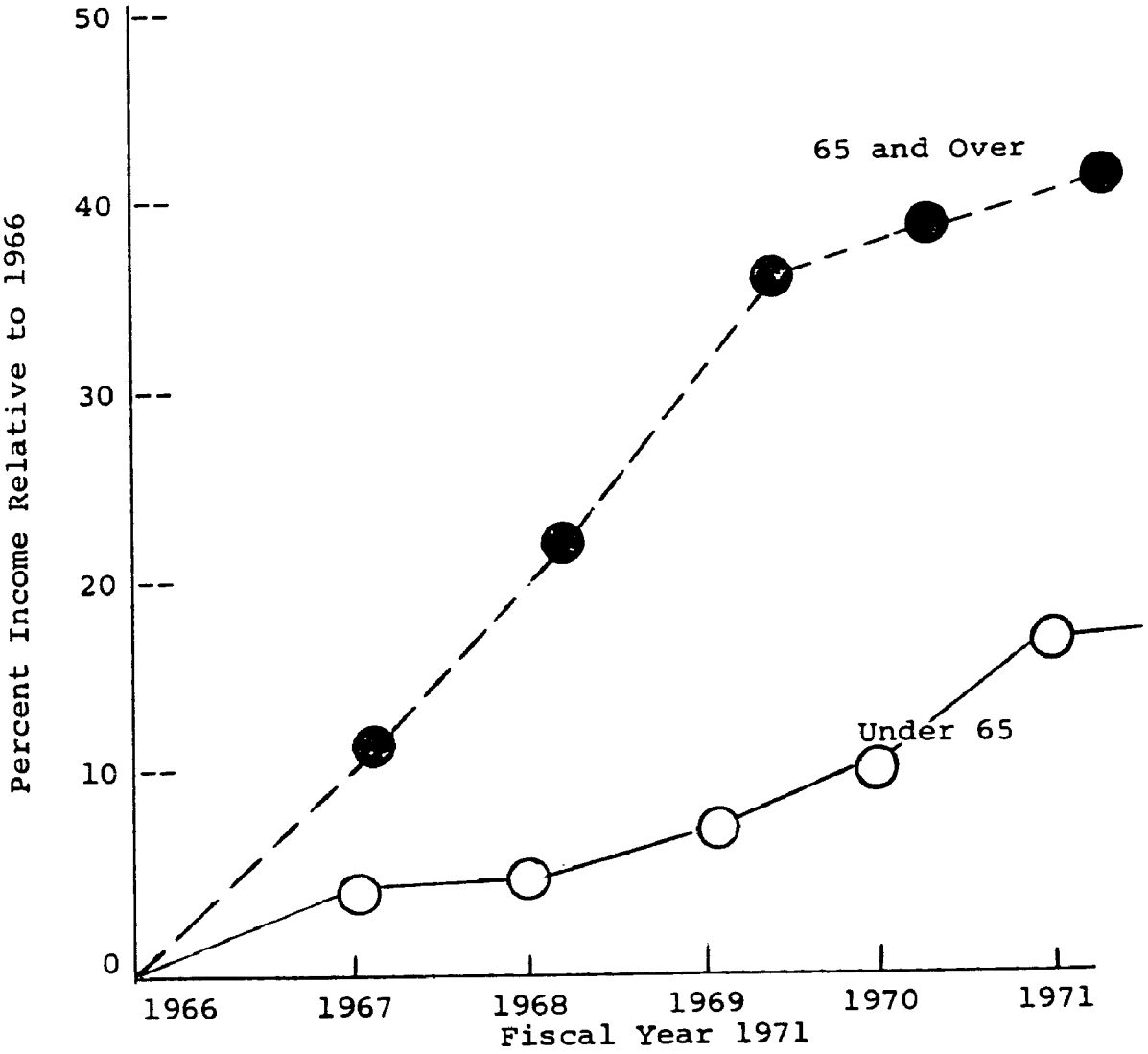
> Sixty-five percent of the funds spent for health care of older persons in the U.S. is spent on some form of institutionalization compared with about 50% for the 19-64 age group. Of the personal health care costs of older people 48% purchase acute hospital care, 17% are spent on nursing home care, 18% go toward physician services while over 18% cover the cost of drugs and services by other professionals.[43]

These costs for health care for the aging and aged are presented in the following figures: Figure 2 demonstrates the number of persons aged 65 and over covered by specified public assistance programs, 1940 to 1964; and Figure 3 represents a percent distribution of public assistance expenditures for health care for the aged, 1966 to 1970.

Protective and long-term institutional facilities for the elderly may be divided into six major groups which provide very distinct and yet often overlapping forms of care: (1) general hospitals with enlarged ambulatory units, (2) chronic disease "hospitals," (3) psychiatric hospitals, (4) personal care homes, or homes for the aged, (5) nursing homes, and (6) state operated mental institutions.

---

[43] J. Hammerman, "Health Services: Their Success and Failure in Reaching Older Adults," American Journal of Public Health, Vo. 64, No. 3 (March, 1974), pp. 253-256.



NOTE: Figures used to calculate the above increases control for price and population increases. Thus, the figure represents the increase in expenditures that results from increased use of services and the availability of expensive new techniques.

SOURCE: Medical Care Chart Book, fifth edition (Ann Arbor: The University of Michigan School of Public Health, Department of Medical Care Organization, Bureau of Public Health Economics, August, 1972), p. 117.

Figure 1.--Percent Change in Per Capita Personal Health Care Expenditures in Fiscal Year 1971 Dollars, by Two Age Groups (U.S.A., Fiscal Years 1966-1971)

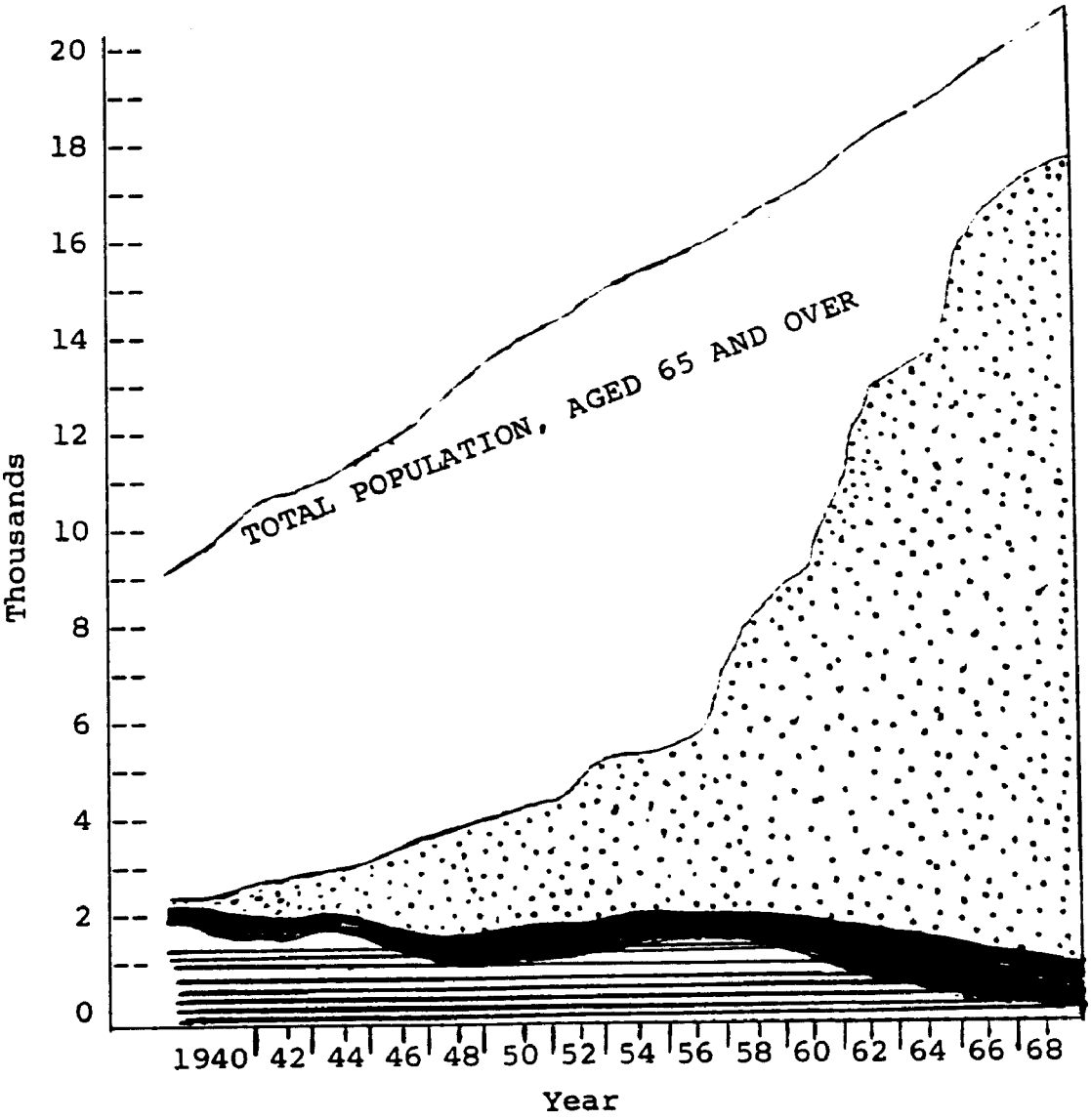
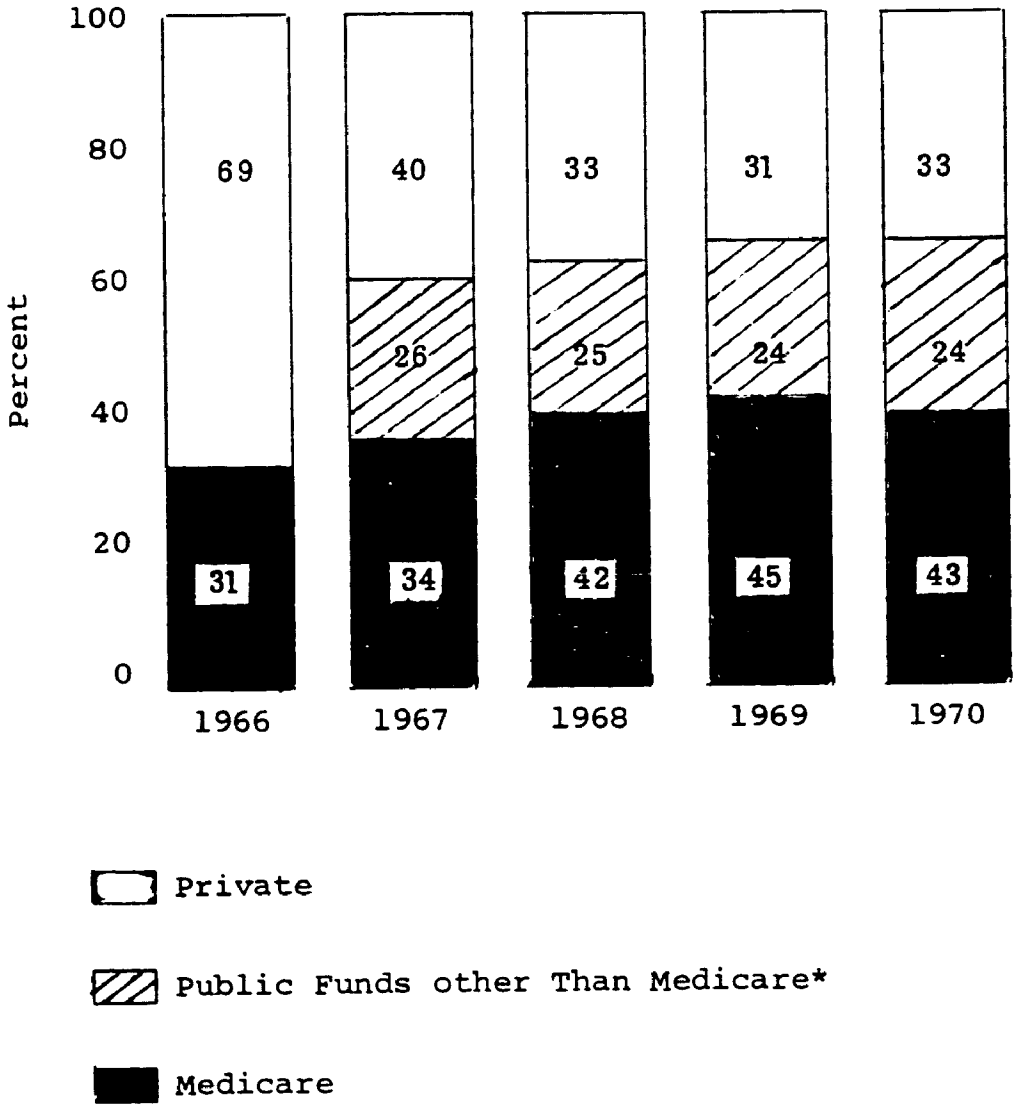


Figure 2.--Number of Persons Aged 65 and Over and Number Covered By Specified Social Insurance and Assistance Programs (1940-1969)



*Predominately public assistance vendor medical payments.

SOURCE: Barbara S. Cooper and Mary F. McGee, "Medical Care Outlays for Three Age Groups: Young, Intermediate and Aged," Social Security Bulletin, 34 (May, 1971), Tables 6 and 8, pp. 12-13.

Figure 3.--Percent Distribution of Personal Health Care Expenditures for the Aged, by Source of Funds (U.S.A., Fiscal Years 1966-1970)

Long-term care facilities for the aged were defined by the National Center for Health Statistics as "resident facilities with three beds or more than provide nursing or personal care to the aged and chronically ill."[44]

The actual and potential institutional population is heterogeneous; it includes persons from 50-65 to well over 90 years of age, of varied ethnic, religious, cultural, occupational, and socioeconomic backgrounds, who differ in family, friends, personal resources, energy, interests, and illnesses, as well as in physical and emotional state. Their psychiatric conditions also span a wide range. In some individuals, disorders are brought into old age from youth, while in others depressive and paranoid reactions develop or first emerge as significant in old age; organic mental syndromes, very often complicated by disorder of affect or thought, are present in the predominant number. Contrary to popular beliefs, older persons do not necessarily reach long-term institutionalization for medical or psychiatric deterioration alone. According to the literature,[45] long-term institutionaliza-

---

[44]National Center for Health Statistics, Comparison of Selected Characteristics of Institutions for the Aged (Washington: The Center, April, 1971), p. 1.

[45]Richard M. Garvin and Robert E. Burger, Where They Go to Die: The Tragedy of America's Aged (New York: Delacorte Press, 1968), p. 10.

tion, particularly in nursing homes, has led to widespread protests and claims that such institutions were being used as dumping grounds for the incurably ill aged, the aged poor and large numbers of relatively well aging and aged individuals simply because they had no place else to go. This situation appears to reflect primarily a change in laws which now relieves children of legal responsibility for the support of aged indigent parents.

Years of schooling are a fair index of socioeconomic status and are illustrative of one's income status, as well as the lessened probability that one is apt to be subjectively institutionalized. However, this situation is now changing as some institutions, particularly the extended care facility, has prompted admission of the rich ill on a Medicare basis with the extension of their care on a personal payment basis.

While immediate factors leading to institutional care include advanced age or multiple impairments, i.e., sight, hearing, ambulation, mentation, and self-care ability, together with a need for care; these factors are usually joined by an absence of available resources, such as money or family, sufficient to provide for the individual in their own home and community environment.

Symptoms of disturbed behavior such as suicidal attempts, attacks on others, dangerous wandering, or

confused and dangerous misuse of household appliances frequently lead to psychiatric institutionalization. The loss of protective persons by death, or the loss of accommodations or changes in neighborhoods, as well as needs for protective care, often lead to institutionalization in an old age home. Crises such as accentuation of preexisting impairment by acute illness, accidents, or a sudden shift in social circumstances frequently lead to institutionalization in either a state-supported long-term hospital, nursing home or extended-care facility.

There are currently three classifications of long-term care facilities eligible to be reimbursed with federal funds for the care of elderly and needy patients. Many of the homes qualify for federal reimbursement under more than one category. According to the Congressional Quarterly (1970)[46] these classifications are:

> Extended Care Facilities.--These homes are qualified to accommodate Medicare patients when they leave hospitals and are expected to provide intensive, but relatively short-term care. They also are supposed to provide round-the-clock licensed nursing care, and must meet requirements established by the Social Security Administration. The requirements include having a staff doctor

---

[46]"MEDICARE-MEDICAID Spurs Growth of Nursing Homes," Congressional Quarterly Report, 28:2794, Vol. XXVIII, No. 47 (Washington: Congressional Quarterly Inc., November 13, 1970), p. 2795.

physically available at all times, a registered nurse to supervise all nursing care, a licensed pharmacist in charge of drugs and a trained dietician.

Skilled Care Facilities.--These are homes which participate in the Medicaid program and which are similar to extended care facilities. Care is usually long-term, however, for convalescent patients and for persons who have terminal illnesses. Requirements on nursing staff are somewhat less stringent than for the extended care facilities--a registered nurse must be on duty eight hours a day but only licensed practical nurses at other times. Since the states establish Medicaid standards (based on federal minimums), specific requirements for these nursing homes differ from state to state.

Intermediate Care Facilities.--This is the most recent Department of HEW designation for nursing homes which do not meet the "skilled" standard and are more "custodial" for the elderly who may need a minimum of nursing care but are unable to take care of themselves. These homes provide a combination of nursing and personal and qualify for public assistance funds through programs such as Old-Age Assistance or Aid to the Permanently and Totally Disabled.

Classification systems for various levels of care are constantly evolving as new state and federal guidelines change. Consequently, repeated reclassification of facilities tends to be the rule rather than the exception.

In summary, in terms of illness, there appears to be three groups of aging and aged disabled individuals in

need of the services provided by long-term care institutions:

1. Those aging and aged suffering from mental illness or impairments, and thus constituting a hazard to themselves and others.

2. Those suffering from mental illness or handicaps which prevent them from managing their own affairs. Serious visual or hearing impairments, stroke, injuries, broken bones, and terminal illness.

3. Those older adults faced with unusual or unexpected crises that are not primarily due to serious mental or physical conditions.

Conversely, Goldfarb pointed out that:

> Aged persons in our society are rejected and neglected and discriminated against. They are discarded by selfish, callous families and are relegated to loneliness and discomfort which affects their mental and emotional well-being. When they become ill, they are quickly dumped into state hospitals, nursing homes, or old-age homes where many of them actually die from the shock of such an abrupt transfer or from humiliation. Large numbers of them are forced to remain in institutions simply because they have no place to go, and this is largely because their place in the community has been permitted to close in behind them. The children of this generation lack estimable character and virtue--they make one wonder how it is that 'while one parent can take care of twelve children, twelve children cannot take care of one parent.'[47]

---

[47]Alvin I. Goldfarb, Institutional Care of the Aged, op. cit., p. 310.

In the broad vision of our society, one may rightly speculate about the validity and soundness of Goldfarb's statement. Nonetheless, Garvin and Burger[48] advanced a theory which relegated the old and otherwise unwanted segments of the population to "beneficient prisons." Both researchers described this theory as "smacking of euthanasia or the social-fitness doctrines of Plato's Republic."

One might, at this point, advance briefly, the theory of "disengagement," a very familiar term to most workers in the field of gerontology, developed by Cumming and Henry.[49] Part of the disengagement problem arises from the fact that social institutions outlive the people who comprise them, and thus most institutions are constantly phasing young people in and old people out. This fact is as true of the family as it is of a factory or a state. As a part of an overview of this theory of disengagement, one can look upon societal disengagement as half of the inevitable withdrawal of older people and society from each other. Perhaps the process can be viewed as a thinning out of the number of members in the social structure surrounding the individual, a diminishing of interactions with

---

[48]Garvin and Burger, Where They Go to Die, op. cit., p. 11.

[49]Elaine Cumming and W. E. Henry, Growing Old (New York: Basic Books, 1961), pp. 37-74.

these members, and a restructuring of the goals of the system. Finally, it is described as a mutual process of separation of the aging person and society. It is immediately obvious that large numbers of older persons are most vulnerable to the aspects of disengagement. Most of the instances of social disengagement appear to be those over which the individual had little control. Like it or not, social, economic, and biological realities have forced these changes upon older members of our society.

Emerging to fill the needs of older "disengaged" individuals who cannot maintain themselves independently in the community are various types of institutional settings. The specific forms of the institutional types vary considerably and so do the range and quality of services. Nonetheless, for various reasons, these institutional settings do not generally enjoy a favorable reputation and usually are a last choice as a place to go to die.

Ironically, while these institutions are not enjoying favorable reputations, most of the elderly and ill-elderly are treated and cared for in situations overtly created by society for their care and control. Society is the final source of authority for occurances within its institutions. However, members of society have conflicting motives for treating the elderly, e.g., a wish to be humane but also a desire to protect the individual, as well as

ourselves, from those who have slipped out of the web of predictable social behavior. A conflict also is built into the "treatment" of the elderly and ill-elderly: it is authorized by society, but it must be done on behalf of both society and the older individual who has, in a sense, failed society. Treatment and care must include both support and control, and therefore, it is hard for it to escape having a flavor of punishment as well as care.

Effects of Long-Term Institutionalization

Looking at people in their environments constitutes a relatively new approach to the study of human behavior. Much of the literature in social research has blotted out the environment as a component of the behavioral system. The view expressed in this study stresses that people utilize their environments in characteristic ways that are consistent with their personal styles. Behavior is always dependent upon cognitive factors. In short, institutionalization, can have a profound and stress-provoking experience of mass proportion, particularly if the decision to institutionalize is not determined by the individual involved. The impact of institutionalization on all cognitive and conative aspects of the human organism, whether the individual involved is well or sick, young or old,

rich or poor, has far-reaching implications which should never be underestimated.

The milieu is of primary importance in eliciting and/or modifying behavior. Psychologically, the milieu is the source of external stimulation. If one accepts that the amount of stimulation is correlated with behavior and successful or unsuccessful coping abilities,[50] then one also would have to accept that the richness in the milieu is an important determinant of eliciting good or bad behavior from the individual. In addition to the qualitative relationship, the milieu also evokes selectively, from the person's repertory, both amount and types of behavior.

It already has been pointed out that activity level is age related. Similarly, although imperfectly known, behavior repertory and the influences of the milieu change with age. Unquestionably, one could hypothesize that the coffers of behavior repertory is replenished throughout life; however, it constantly changes not only because of the additions, but also because some behaviors are eliminated. Undoubtedly, in old age more is lost than is gained, thus creating a net deficit, which is quite

---

[50]Robert W. Kleemeier, ed., Aging and Leisure, A Research Perspective into the Meaningful Use of Time (New York: Oxford University Press, 1961), p. 284.

likely to have significant effects upon the behavioral patterns of the person.

Age changes occur in the milieu, although ordinarily one does not think of the environment changing in this way. However, Kleemeier pointed out that:

> . . . differences in sensory and perceptual functioning allow different persons to perceive the environment in highly individualistic ways. It follows that common sensory and motor impairments of senses may then cause older and younger people to perceive identical situations quite differently.[51]

It is apparent that the milieu is complex, and apart from its physical characteristics, highly significant social and psychological characteristics must be considered. Certainly, the design of buildings, their arrangement on the plot, their furnishings and equipment influence markedly the behavior and attitudes of the persons living in the setting. In addition, however, the staff and other residents as well as rules, routines, and operating procedures all interact with the physical environment to modify its effects upon the person. In this context, therefore, the institution could be referred to in terms of institutional dimension. It can be seen to

---

[51] Ibid., p. 285.

operate in a control dimension. Specifically, this control dimension is applied in varying degrees to which the individual must adjust his life to imposed rules, discipline and the various means of social and institutional controls utilized by the staff and residents in order to bring about desired behavior patterns.

Institutional settings and the effects they have on older adults can be described by using three independent dimensions as outlined by Kleemeier; congregate, segregate and institutional or control:

> The senile ward in a state mental hospital would be high in all three characteristics, while a ward in a general hospital serving all age groups would be highly congregate, highly institutional, but low in age segregation. The frail or ill aged person living with his family but receiving various kinds of home medical care and nursing would be in an institutional setting which was neither congregate or segregate. On the other hand, a residential hotel patronized exclusively by older people could be characterized as being highly segregate and congregate but not institutional. The contention is that these setting characteristics have predictable effects upon the attitudes and behavior of their inhabitants.[52]

If one ascribes to this concept, the penal institution can be categorized as one high in all three characteristics.

---

[52] Ibid., p. 286.

Although by design, the penal institution serves all age groups, age segregation is largely a matter of choice (as is racial segregation); it is, therefore, segregated, congregate and totally institutionalized. From this assessment, one may arrive at the following hypothesis: the more congregate, the more segregate, and the more institutional in character the setting involving the aged, the greater will be the resistance of the older person to the setting.

Dependency

With advancing age, the individual tends to suffer a variety of setbacks in the cognitive sphere. These setbacks range from loss in sensory acuity to loss of entire social contexts which is all the more compounded by long-term institutionalization. The loss of familiar and intimate companions deprives the individual of accustomed opportunities for the information-exchange that previously enriched his knowledge of the world and his more personal world. He is in a state of cognitive deprivation in comparison with days gone by and in terms of the challenges that still confront him. If he reacts to this situation by curtailing his range of behavior, he moves further out of touch with the world and his cognitive difficulties increase resulting in a total dependency upon the institution.

Dependency is not something to which an individual "regresses." It persists throughout the life of most in our society. It is more troublesome in old age primarily because the elderly are less elaborately disguised and they express the dependency in ways that are less socially acceptable than in the past.

In fact, Goldfarb expressed the notion that:

> Our culture seems to favor the development of adults who derive gratification from a parasitic relationship with a parent (or other) substitute, rather than in nondependent social interaction with their peers.[53]

Goldfarb advanced the dependency concept by outlining the basic components and psychodynamics sequence in old age dependency in Figure 4 as shown on page 91.

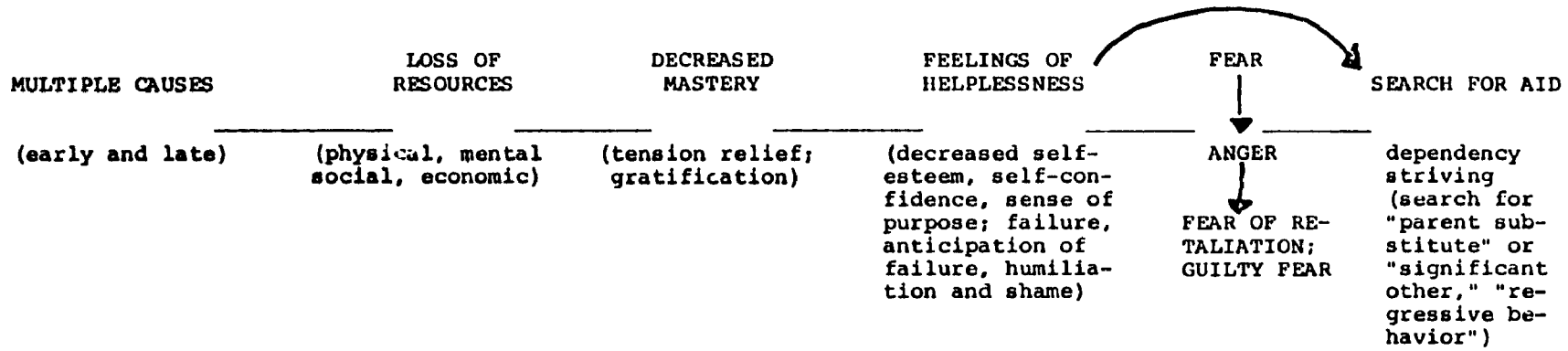
Tobin, apparently in agreement with Goldfarb, commented that:

> The term dependency denotes the behavior, either implicit or overt, of a person who believed himself to be weak or is weak and in need of help, in relation to one who is or is believed to be strong, capable of helping him, and likely to do so if physically signaled, invoked, appealed to, or controlled.[54]

---

[53]Alvin I. Goldfarb, "The Psychodynamics of Dependency and Search ofr Aid," op. cit., p. 3.

[54]Sheldon S. Tobin, "Institutional Dependency in the Aged," Occasional Papers in Gerontology (Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, August, 1969), p. 85.



Source: Alvin I. Goldfarb, "The Psychodynamics of Dependence and the Search for Aid," op. cit., p. 9.

Figure 4.--Psychodynamic Sequence in Old-Age Dependency

This definition of dependency characterizes the aged and aging who are institutionally dependent. The one "signaled" is the institution itself, symbolized by the resident as the caretaking agent. In relating to this symbol, and to personnel within the institutional environment, the elderly resident inevitably requires help. Thus, his relationship to these others may be characterized as institutional dependency. The process of institutional dependency begins when the aged or aging individual is confronted with a sudden catastrophe or the awareness of increasing cognitive deficits in functioning and seeks care from the custodial agency.

The affective response to accepting personal dependency on the institutional system is associated with persistent feelings of loneliness and abandonment. Thus, feelings of loss is evidenced prior to institutionalization and persist during the period of institutional dependency, in spite of the ameliorative effect of having protective needs met by institutional supports. The negative affective experience after institutionalization is not only one of persistent feelings of abandonment but includes feelings of personal mutilation and death.

The negative affective experience of covert feelings of multilation and death appears to be a response to acceptance of institutional dependency within a social

system that affords excellent custodial care but does not meet the need for the replacement of those intimate relationships that would alleviate feelings of loneliness. Not only is this preinstitutional interpersonal expectation not met, but relationships within the institution can be painful. For example, feelings of profound personal deterioration may readily be evoked by the perception of self as one among other physically ill and deteroriating aged and aging residents.

Kalish carries our discussion of dependency further when he cautioned us:

> Another matter deserves a careful look. Dependency, no matter how defined, does not occur only in old age. And, responses to age-caused dependency obviously vary from society to society. The basic mode of reaction in the United States, that of perceiving dependency as destructive to the self, is far from universal.
>
> Furthermore, all sorts of dependent relationships, conditions, personal characteristics, and behaviors are seen in infants, children, adolescents, and every other point on the life span continuum. The same occurance, of course, has different implications at each age level. Physical dependency is acceptable in infants, but is a cause for great unhappiness when it occurs in middle or later years.
>
> Dependency is a term that covers a multitude of concepts; it may refer to a relationship, a condition, a personality characteristic, or a particular example of behavior. It must be understood in a

> social context that relates whatever definition of the term is used to the setting in which it occurs. The setting, which reflects both the physical environment and the human participants affects a human being with a unique genetic make-up, a unique life experience, and a unique set of contemporary circumstances.[55]

Finally, in our examination of dependency, Austin Shelton reported:

> Emphasis on independence, as it occurs in most Western nations, is linked closely with our stress on individualism. Emphasis on independence causes the individual to become detached from his society. When old age makes it impossible to maintain a sense of independency, he suffers trauma. With dependence comes an attendant sense of social uselessness--felt both by the individual and by society. Where independence in interpersonal behavior is strongly favored, dependence usually is despised.
>
> In American society it is common for the individual to lose his means of support, to be supplanted by younger men ('fresh blood,' a particularly barbaric way of putting it), to be relegated to a condition not as worthy as that which characterizes the prime of life. He is not merely retired, suggesting his uselessness (the word also means sleeping); he is 'put out to pasture,' indicating that he is not

---

[55]Richard A. Kalish, "The Dependencies of Old People," Occasional Papers in Gerontology (Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, August, 1961), p. 1.

> even completely human according to standards and values upon accomplishment and individual initiative.[56]

Institutional Neurosis

In a monograph entitled "Institutional Neurosis" Barton put forward a thesis that the personality changes brought about by institutional life are a "man-made disease."[57] In the Barton concept, it is a disease--"neurosis"--added on to the original behavior disturbance, that produces a characteristic set of signs and symptoms. He described the clinical features of the "disease" institutional neurosis as:

> . . . apathy, lack of initiative, loss of interest more marked in things and events not immediately personal or present, submissiveness, and sometimes no expression of feelings of resentment at harsh or unfair orders. There is also a lack of interest in the future and an apparent inability to make practical plans for it, a deterioration in personal habits, and standards generally, a loss of individuality, and a resigned acceptance that things will go on as they are--unchangingly, inevitably, and indefinitely.

---

[56]Austin J. Sheldon, "IGBO Child-Rearing, Eldership and Dependence: A Comparison of Two Cultures," Occasional Papers in Gerontology (Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, August, 1969), p. 105.

[57]Russell Barton, "Institutional Neurosis," in Dehumanization and Institutional Career, edited by Bristol Wright (Springfield, Ill.: Charles C. Thomas, Publisher, 1966), p. 141.

> These signs vary in severity from the mute stuporose individual who sits in the same chair day after day, through the individual who has without protest surrendered the rest of his existence to the institution, to the cheerful and active individual who shows no desire to leave the institution, shows no interest in plans for a future outside the institution, and raises numerous difficulties and objections when anyone tries to help him to be discharged.[58]

By way of example, actual cases of "possible" institutional neurosis were presented by fox in a brief article written for the Detroit Free Press. He interviewed five long-term institutionalized inmates at Jackson State Prison and recorded the following:

> . . . after 49 years in state prisons for murder, at 73 years of age, James E. Carson's legs are failing him and his lungs are weak. But he expresses pride that he can still dress himself and walk away from his cell in the prison infirmary. 'Do I want to get out? Only a nut wants to stay in prison,' Carson said. 'They move me around, switch me about so much, it's hard to keep track of everything.' 'I want to get out, but that's up to them. They make the decision,' he added.
>
> . . . Michael Koniczka, 75, has been in the prison for 49 years, for murder, does not or cannot speak to anyone. He lives in a cell in the Jackson prison infirmary, is bedridden and has little control over his body. Infirmary inmate nurses

---

[58] Ibid., p. 142.

> who try to care for him say Koniczka speaks only Polish and so no one in the infirmary really knows how alert his mind may be. Prison officials say Koniczka seems to want to stay in prison, but admit they are not certain.
>
> . . . Fred Laginess, 70, in prison for murder, has spent 48 years in prison now, is certain about what he wants: He would live with a son in Saline if he were freed. But, although he moves about freely inside the prison, he does not have a clear idea of what life is like outside the walls. He says he wants to get out but correction officials say records show he does not want to leave. They add that the elderly man is 'dependent on the institution.'[59]

Thomas interviewed five of "some of about 20 men, 70 years or older" and there is no question about underlying physical and medical deterioration, confusion and disorientation, certainly the aspects of institutional dependency are obvious in the three reviewed here. Furthermore, it could safely be hypothesized that attributes associated with institutional neurosis are present and, indeed, quite visible.

In terms of institutional neurosis, it can be found that occasionally the passive, submissive cooperation of the resident is punctuated by aggressive episodes which are often casually attributed to mental illness but, in

---

[59]Thomas C. Fox, "Forgotten Men Spend Old Age Behind Bars," Detroit Free Press, April 13, 1975, n.p.

reality, may be attributed to or provoked by some unkindness from another.

Returning to Barton, he commented that:

> Further evidence that an institutional neurosis is present may be found in institutional records maintained on residents. A severe neurosis will often have resulted in entries such as: 'Dull, depressed and solitary,' or 'simple, mute and dirty,' or 'dull, apathetic and childish,' or 'remains uncommunicative, withdrawn and unoccupied,' or 'sits about all day and is confused and quite lost.'[60]

Permutations of these words and phrases, "institutionalized," "dull," "apathetic," "withdrawn," "inaccessible," "gives no trouble," "is cooperative," and the like, Barton cautioned, should always make one suspect that the process of institutionalization "has produced a neurosis."[61]

Finally, Barton ascribed seven factors "commonly found in the environment" that are "associated with institutional neurosis":[62]

1. Loss of contact with the outside
2. Enforced idleness
3. Bossiness of staff

---

[60] Russell Barton, "Institutional Neurosis," op. cit., p. 143.

[61] Ibid., p. 143.

[62] Ibid., p. 144.

4. Loss of personal friends, possessions, and personal events
5. Drugs
6. Ward or institutional atmosphere
7. Loss of prospects outside the institution

It is thought and documented in following chapters that all seven of the above listed conditions, without exception, some more than others, exist at the Southern Michigan State Prison at Jackson, the facility which was utilized to gather and record the data contained in this study.

Self-Hate

The literature,[63] indicated that the element of self-hate occurs quite early in the institutionalization process and is often followed by neurosis. Self-hatred can be viewed as a part or a stage in the developmental process of an institutional neurosis, with the end product being severe neurotic behavior. Self-hate is the period, brief yet extremely traumatic, where the individual turns his hostility inward. It is more pronounced among long-term institutionalized aged and ill-aged individuals though not specifically restricted to them. The individuals often

---

[63]D. B. Bromley, The Psychology of Human Aging, second edition (England: Penguin Books, Ltd., 1974).

become critical and contemptuous of the lives they led in the past. In terms of the penal environment, the individual's self-hate becomes intensified because the elements of punishment reinforces feelings of contempt. Punishment is no longer viewed as the reason for imprisonment, but undergoes internal transformation and emerges as punishment for one's past life. This view is especially true if the individual sees his past life as events over which he sometimes had no control whatever. The individual often views himself and his past as unambitious and, as a result, has no desire to live life over again. In retrospect, the individual views himself in his earlier life as having moved steadily downwards in terms of stature and socio-economic standards, was passive, somewhat depressed, lacking in initiative, and unable to make proper financial provision or to accept responsibility.

Referring specifically to the male, Bromley said "often men had been unhappily married (or felt no warmth or affection for their wives)." They were able to accept the facts of aging, but were unable to make the best of things by adopting an optimistic attitude. They had few hobbies, were unpractical and tended to exaggerate their physical and psychological inadequacies. They became pessimistic, sometimes destructive and did not believe that an individual had much influence over the course of

his life and felt themselves to be victims of circumstances. These individuals often had ambivalent feelings towards their father and mother, were not interested in other people and sometimes derived no satisfaction from heterosexual relationships and felt generally lonely and useless. Their main feelings were those of regret, self-recrimination and depression. As a result, death appeared not to worry the individual, since it is seen as a merciful release from a very unsatisfactory institutional existence. Most of these feelings were latent throughout the indidi-dual's lifetime and surfaced as a result of severe traumatic personality disturbances and the loss of identity brought on by prolonged institutionalization.

Ego Disorganization

According to Cumming and Cumming:

> . . . there is a tendency for any group of men to complicate the conditions of their life, and to make the conditions more interesting. . . . Any circumstances interfering with the complication are felt emotionally as frustration.[64]

It is the function of the ego to resolve these complications and frustrations. A crisis, for example, re-

---

[64]Elaine Cumming and John Cumming, Ego and Milieu, Theory and Practice of Environmental Therapy (New York: Atherton Press, 1967), p. 16.

quires the learning of new ego sets and their intergration into the ego, or the reorganization of the ego, following the loss of old sets. Successful crisis resolution results in ego growth. Ego growth is essentially a series of disequilibriums and subsequent reequalibrations between the person and the environment. Therefore, Cummings and Cummings concluded that:

> It seems reasonable that growth might be induced by presenting the individual with a series of graded crises under circumstances that maximize his chance of resolving them. In other words, crisis resolution, particularly in long-term settings, should be a therapeutic tool that can be scientifically controlled.[65]

Cumming and Cumming saw the reactive, long-term institutionalized individual as suffering from a drastic "ego disorganization" as well as poor differentiation that spreads to the environment and associations. His distorted use of symbols may result from continual inability to muster appropriate sets and organizations of the ego. This condition is caused by his withdrawal and the impoverishment of the environment. Further, the ego, through disuse, is weakened by a circular process, resulting in confusion and making it impossible to find appropriate channels

---

[65] Ibid., p. 56.

for impulses. This functional failure could result in some form of chronic schizophrenic behavior. Evidence further suggested that neurotic behavior may be institutionally induced if the ego fails to differentiate, modify and adapt to cognitive, ambiguous, contacts with reality. Under certain institutional conditions, ego ability can fail completely, and the resulting acute loss of ego organization can manifest itself in "stuporous states of meaningless overactive behavior."

Life Review

Finally, our examination of the effects of long-term institutionalization leads one to a brief discussion of life review. In the literature, it would appear that although one may appear to actually be disoriented with present surroundings, confused and even hostile because one is helpless and in no position to discharge or relieve himself from the present circumstances of long-term institutionalization, one does have the ability to tap one of the remaining life reserves. The reserve of the human organism, most utilized in later years, is the ability of recall or "life review." This need of recall is often brought on by social or institutional isolation and the dire psychological need, "although at great risk," to seek relief, satisfaction and purpose of life. The individual in reality may

view his situation as terminal with no chances of escape. Additionally, the long-term institutionalized individual may see the future void of hope and death as a more eminent occurance.

Bromely states:

> One can draw an analogy between the course of life and the log of a journey. In this analogy, early events represent a critical choice--a point at which the individual tries to review his progress so far and makes decisions about the rest of the journey. If circumstances are viewed as hopeless, the individual may turn to religion and become totally preoccupied with 'making his peace with God.'[66]

In a sense, the individual constructs a private version of his own life-history, and with advancing age, he tries to integrate the various strands in it so as to make a coherent narrative. Bromley continued:

> His life view is not necessarily attuned to reality because his recollections are likely to be selected and distorted in order to minimize any feelings of anxiety, guilt and regret.[67]

In terms of the "risk taking" element involved in recall, perhaps the most important aspect of the inner

---

[66] D. B. Bromley, The Psychology of Human Aging, op. cit., p. 251.

[67] Ibid., p. 252.

experience is the intermittent realization that the circumstances and events of our life have had cumulative and long-term consequences which have created a set of constraints and limited opportunities that form the inescapable matrix out of which our future actions are born. If one has been fortunate and has managed his life well, then he may feel very satisfied with the outcome thus far; if not, then the growing realization that one's freedom of action is becoming severely restricted may precipitate adverse reactions, ranging from momentary flashes of regret and anger to psychologically disabling feelings of depression and hopelessness.

Bromley stated that in the later stages:

> As aging continues, the individual becomes increasingly aware that the chances of breaking out of the web or circumstances in which he is enmeshed are rapidly diminishing. For some individuals this constitutes a kind of crisis which results in severe maladjustment or suicide (as a response to a no-solution situation).[68]

Certainly, by limiting the discussion of the effects of long-term institutionalization to the five areas reviewed here by no means indicates the subject is exhaustive and limited to the materials presented. Quite the contrary, the host of assaultive disease and medical im-

---

[68] Ibid., p. 253.

plications, indeed, have far-reaching affects on the long-term institutionalized individual and should by no means be ignored or underestimated. However, the irreversible pathologic and degenerative medical changes, though extremely relevant, are beyond the scope of this study.

Such medical declines as persistant psychosomatic diseases; diseases which affect the nervous system, primarily hypertension; cardiovascular diseases; atherosclerosis; pseudosenility; musculoskeletal diseases and many others, which are of vital importance when considering the overall implications of long-term institutionalization. For that matter, the poor adjustment of institutionalized aged and aging individuals may be seen as a product of disease.

These facts, notwithstanding, one may summarize that in reviewing the literature on the effects of long-term institutionalization, the fact evolved that "most long-term institutional environments do exert negative effects on the elderly individual resulting in depersonalization and various psychological losses." Additionally, it was gleaned that:

---

[69]Kahana and Kahana, op. cit., p. 33.

> . . . the commonly held view regarding the ill effects of institutionalization is in fact supported by research, i.e., institutionalized aged are consistently found to be psychologically worse off than aged persons living in the community.[70]

This evidence, however, still leaves the problem of causation unanswered. However, it would appear as though Kahana and Kahana addressed this problem directly:

> Institutionalized aged persons are not comparable to the ones living in the community and the two groups differ in many other respects in addition to their place of residence.[71]

Similarly, the literature indicated that during the first year of institutionalization mortality rates were higher than those expected either in the community for similar age groups or those expected during subsequent years in the institution. Rates were generally higher for men than women and increased linearly as one compared rates of homes for the aged, nursing homes, and state-operated facilities.

Crime and the Aged

In the literature, Lundon commented that:

---

[70] Ibid., p. 34.

[71] Ibid., p. 34.

> The term crime to the Roman was crimen, meaning an accusation, a complaint, or a reproach. To the Greeks it implied a judgment, a verdict, a condemnation, or a case at law. To the English a crime is an act done in violation of duties which a person owes to his community. It is a wrong which the state considers injurious to the people. In the United States a crime is an act which is prohibited by law. It is the commission or the omission of an act prohibited by law to which there is a penalty attached. In a very general sense there are three broad classes of offenses: (1) treason or high crime, (2) felony or an atrocious act, and (3) misdemeanor or a lesser public wrong.
>
> Treason is defined by the United States Federal Constitution: Treason against the United States shall consist only in levying war against them, or in adhering to their enemies, giving them aid and comfort.
>
> Felony is a serious crime such as murder, manslaughter, arson, larceny, and others that involve forfeiture of life, liberty, or property.
>
> Misdemeanor is an indictable offense not as serious or as atrocious as a felony.[72]

While there are 25 classifications of offenses used by the Federal Bureau of Investigation of the United States Department of Justice, the offenses may vary from state to state but in general they range from criminal homicide, murder and all willful felonious homicides, to violations of traffic and motor vehicle laws. In terms of the data

---

[72]Walter A. Lunden, Crimes and Criminals (Ames: Iowa State University Press, 1967), pp. 4-5.

collection regarding criminal offenses, Lunden commented:

> In spite of the fact that the United States is one of the most advanced nations in scientific research, the accumulation of criminal statistics has not kept pace with advances in technology. Except for the reports issued by the Federal Bureau of Investigation (Uniform Crime Reports) and the publications of the Federal Prison Bureau (National Prisoner Statistics) there are no data on crime for the nation as a whole. The Uniform Crime Reports cover arrest figures from 98 percent of the U.S. population living in metropolitan areas, 91 percent in other cities, and 77 percent in rural sections. The combined coverage includes 92 percent of the population. The data on prisoners in the Bureau of Prisons comprise information from state and federal prisons in the respective states.[73]

In considering statistics on crimes and criminals, it should be noted that from the literature, it can be learned that the available facts do not constitute a total and complete picture of criminality within a state or the nation. "An illegal act becomes a crime only when the fact has been known to someone and reported to proper authorities."[74] Lunden, in describing the limitations of crime data, listed 11 different shortcomings in crime reporting. Number two of this list was "Composition of the

---

[73] Ibid., p. 7.

[74] Ibid., p. 9.

population with reference to age, sex and race."[75] For the purposes of this study, concern is with the first variable--age. In the review of the literature concerning crime and the aged, most authors devoted little discussion to this subject. The data and discussions offered are very often subjective with the elderly portrayed as a "pathetic model." Further, the elderly were seen, for the most part, as the victims of violent crime, not the perpetrator. Manney, for example, devoted an entire chapter to discussing the high vulnerability of older people as victims of crime.[76]

Rodstein belabored this theme by offering:

> Aged perpetrators of crime are not of major importance in the totality of criminality and constitute only a small proportion of the total aged population.[77]

To be sure, there are many interesting and largely unexplored aspects of criminality among the aged and aging population of the U.S. There is a serious scarcity of reference material to which one may turn in order to deter-

---

[75] Ibid., p. 9.

[76] James D. Manney, Jr., op. cit., Chapter 13, pp. 171-181.

[77] Manuel Rodstein, "Crime and the Aged, the Criminals," Journal of the American Medical Association, Vol. 234, No. 6 (November 10, 1975), p. 639.

mine more about older people as perpetrators of crime. This void of research data may be attributed to several reasons. Birren has suggested that:

> Actually, deviant behavior tends to be more tolerated in older persons than in young adults. Presumably, 'the queer' old person, for example, is tolerated in public because it is assumed that, while queer, his behavior is benign. In most communities, the permissiveness of the social environment towards deviant behavior tends to increase in relation to age.[78]

Advancing this theory briefly, Lunden cautioned that:

> In analyzing the age of offenders, two factors must be kept in mind. First, age is important, not as the matter of chronology, but as a characteristic or an attribute of an individual's relationship to the whole society. Age as chronology is but the invention of men in counting the growth of a person in time and is therefore arbitrary.
>
> The second consideration is that age is a convenient statistical device used to classify and to enumerate individuals quantitatively. For example, under a designated age a person is considered a juvenile delinquent, supposedly incapable of committing a crime. The same person may steal an automobile at 14 and again at 23 years of age. Both acts are identical, but legally and socially they are not, the former is a delinquency while the latter is larceny--a crime.[79]

---

[78]James E. Birren, The Psychology of Aging (Englewood Cliffs, N.J.: Prentice Hall, 1964), p. 254.

[79]Walter A. Lunden, Crimes and Criminals, op. cit., p. 124.

Age appears to have an important effect, directly or indirectly, on the frequency and type of crime committed. However, the statistics on the incidence of crime among various groups are somewhat biased and tend to exaggerate the crime rates of young adults. "While large numbers of criminologists have studied juvenile delinquency, hardly any have paid more than scant attention to the criminality of the aged."[80]

As pointed out earlier, those who do address themselves to the subject of crime and the aged, do so defensively and subjectively. Again, referring to Manney, he concluded that "with advance age violent crimes disappear almost entirely."[81] He offered the following explanation of violent sex crimes or sexual deviation among the aged:

> Older people--the 'dirty old man' stereotype--are much more rare than commonly believed. Sexual pathology is related to young adulthood; violent sex crimes in old age are extremely uncommon. Most of the sexual offenses occurring in old age involve indecent exposure and touching or fondling children. A close examination of even these infrequent offenses suggests that their roots lie elsewhere than in sexual pathology. Many old men arrested

---

[80]Otto Pollak, "The Criminality of Old Age," Journal of Criminal Psychopathology. Vol. 3 (1941), p. 213.

[81]James D. Manney, Jr., op. cit., p. 115.

> for indecent exposure are simply confused and looking for a convenient place to urinate.[82]

While the literature does reflect low incidents of violent sexual crime or sexual deviation among the aged, it would appear that Manney stands alone on the thesis offered above.

According to Berelson and Steiner:

> To assume that sexual pathology is related only to young adulthood, is not totally accurate. Sexual deviation and violence among young adults is more widely reported. The same conduct among older men is often seen as symptomatic of psychiatric illness or disorder, for example schizophrenia or a temporary loss of self-control associated with degenerative changes of the aging process. In reality, quite the contrary is so. The evidence seems to indicate that the stereotype is indeed accurate. So far as personality or intelligence or physique are concerned, there does not seem to be a 'criminal type,' however, the fact that several of the characteristics disposing to sexual criminality are constant. About three-fourths of those entering prison for sex crimes are recividists. The fact is, the younger the person at the time of first offense, the higher the rate of recidivism and the sooner it occurs. Thus, a 'dirty young man,' grows up to be a 'dirty old man.'[83]

---

[82] Ibid., p. 115.

[83] Bernard Berelson and Gary A. Steiner, Human Behavior (New York: Harcourt, Brace and World, Inc., 1967), p. 30.

Pollak advanced this theme by suggesting:

> Old criminals offer an ugly picture and it seems as if even scientists do not like to look at it for any considerable amount of time.
>
> The difference in scientific appeal between the criminality of youth and the criminality of old age is the more interesting since the relationship between age and crime is recognized for all age groups and not confined to youth alone. Thus, scientific logic would seem to require more research in the criminality of old age than has actually been done. The sad aspect of the old criminal has certainly had something to do with this neglect. Quetelet had thought that he could dispose of this problem by pointing with disgust at the moral depravity of old offenders. Somewhat along this line, we find that Bresler tries to justify his study (of old criminals) with the purpose of saving the respectability of old age by explaining its criminality as mental sickness. In general, however, the ugliness of a phemonen does not deter scientific research, and, as a matter of fact, statistics furnish a more plausible explanation. If the thesis of the interrelationship between age and crime is to hold, an investigation of all its implications has to yield results, and with the tendency of our population to increase in the higher age brackets, a special study of the criminality of the aged seems to meet a scientific as well as a practical need.[84]

In an effort to demonstrate how widespread this void of scientific and practical research is, most recently in a study entitled "Crime and Delinquency Among

---

[84]Otto Pollak, "The Criminality of Old Age," op. cit., p. 213.

the Aged in Israel," Bergman and Amir encountered the problem. They examined the offenses, the offenders, and the factors predisposing to deviant behavior by persons aged 60 and over, with emphasis on social and cultural difficulties faced by immigrants already elderly when they came to Israel. The two researchers commended:

> Whereas society and its researchers have given considerable attention to juvenile delinquency, hardly any studies of the aged have been made beyond descriptions of needs, services, economic conditions, and demographic analysis. Nor has much been done in the way of comparison in regard to some vital social and cultural variables.[85]

A more detailed analysis of the Bergman-Amir study will be made later. It would be of little value to continue and belabor the point here that very few studies have been conducted concerning the phenomenon of crime in later years of life. Instead, from the material that is available, attention should be focused on the types of criminal offenses committed by older persons. First, however, two important points must be made:

(1) On the basis of the literature, one can conclude there is an inverse relationship between age at ar-

---

[85] S. Bergman and M. Amir, Crime and Delinquency Among the Aged in Israel (Tel Aviv: University of Tel Aviv, School of Social Work, Institute of Criminology, January, 1973), p. 149.

rest and the incidence of arrest. That is to say, as age increases, the incidence of arrest decreases. There is considerable support for this hypothesis in the criminology literature. It should be cautioned, however, that the extent to which this relationship is found varies with a number of variables, geographical location of residence, education, race, socio-economic status, and the like.

(2) In discussing crime and the aged, it must be remembered that here concern is not with the individual arrestee in terms of the type of crime committed nor is there specific concern with the crime itself (the details leading up to commission). The review of the literature is to provide a general overview of the subject.

Again, with reference to Lunden, it can be stated that:

> Crime is not only a man's prerogative, it is also a young man's action. From a chronological point of view the incidence of crime follows a pattern or curve of distribution such that it may be said that there is a certain 'age of criminality' in the life cycle. There is, therefore, a period of life of each person which may be classified as the hazardous decade when the greatest number of crimes are committed.[86] (See Figure 5, p. 117.)

---

[86]Walter A. Lunden, op. cit., p. 116.

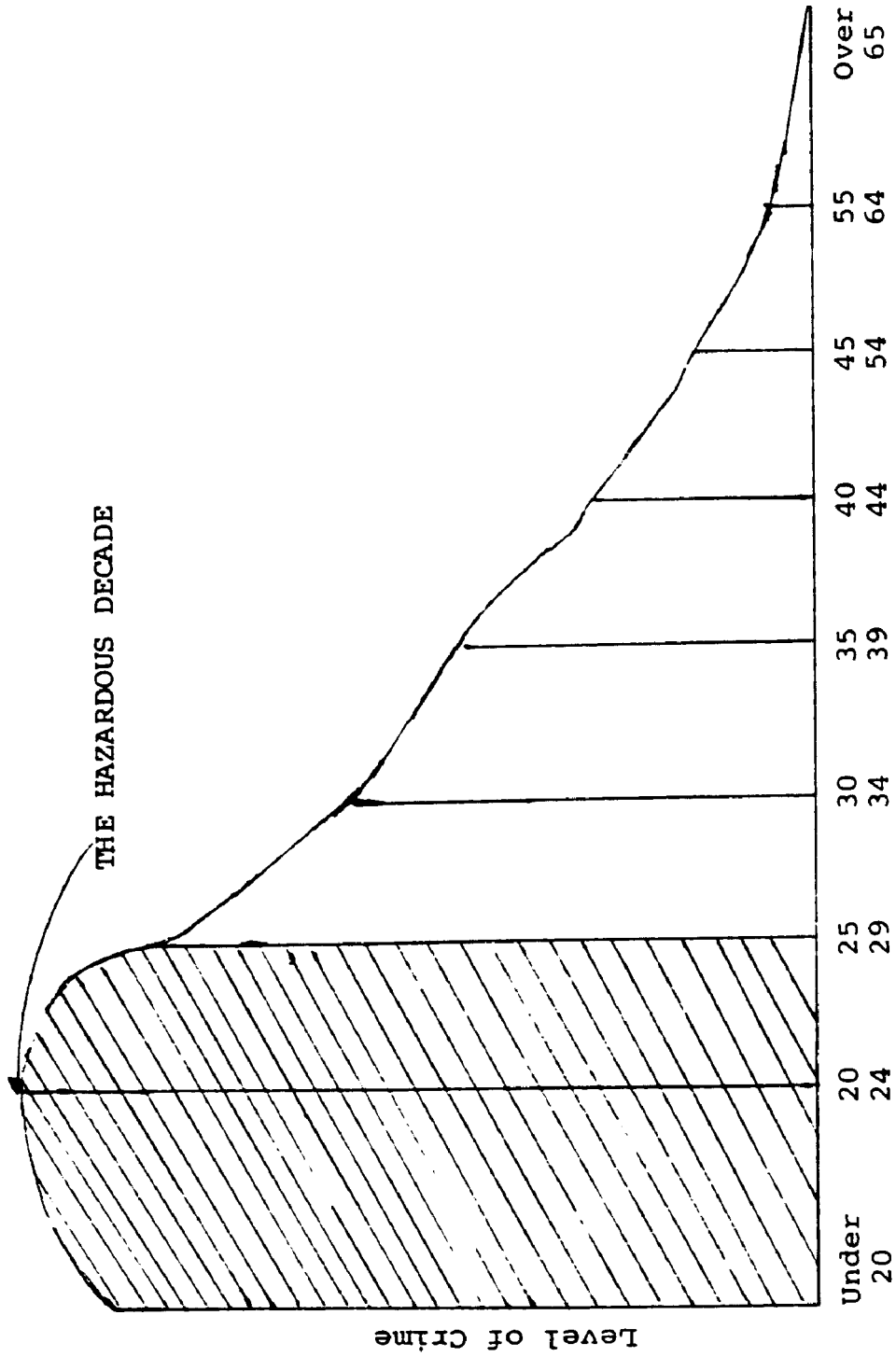


Figure 5.--The Hazardous Decade in Man's Life Cycle

Source: Walter A. Lunden, Crimes and Criminals (Ames: The Iowa State University Press, 1967), p. 125.

Lunden's research revealed that:

> The age of offenders varies according to the nature of crimes. In general, offenders committing crimes against persons are older than those committing offenses against property. Further, the age distribution in the suburban and rural areas shows the same general distribution except that the rural offenders are older.[87]

While the concern of this study is with aged (65+) and aging (45 to 54; 55 to 64) male individuals, the 1964 Uniform Crime Reports conducted by Keller and Vidder used five-year age categories to the age of 50, after which it was an open-ended age group. The year 1964 brought a change in this policy so that:

> Instead of the former category 'fifty and over,' the publication now includes the headings--50-54, 55-59, 60-64, and 65 and above. Because of the greater criminal activity of younger persons, theCrime Reports give arrest figures for each year of life from 15 through 24. Starting with age 25.[88]

While attention will be given to research conducted by Keller and Vedder, it is important to note (as has been previously pointed out) that they analyzed the Uniform Crime

---

[87] Ibid., p. 119.

[88] Oliver J. Keller and Clyde B. Vedder, "The Crimes Older Persons Commit," The Gerontologist, Vol. 8, No. 1, (Part II, 1968), p. 43.

Reports and observed that these data were only for arrests. The data did not provide information with respect to conviction; they did not indicate who went to jail and who went to prison. Accordingly:

> As far as arrests are concerned, it is apparent that people over 50 years of age are apprehended for a great many of the same offenses as people 25 years their junicr and that the offenses are rank in much the same order. This is particularly the case where alcohol is involved. For example, whether the offender is in age ranges 25-29, 50-54, 55-59, 60-64, or over 65, he is most likely to be arrested for drunkenness.[89]

Table 4, page 120, presents a view of the various categories of offenses as they appeared in the Uniform Crime Reports of 1964. The table demonstrates the "Major Index or Top Seven" and arrests by specific age groups. The table also shows the "Top 20" crimes by age grouping and arrests--1964.

Meanwhile, Keller and Vedder offered the following general discussion:

> Disorderly conduct and driving under the influence of liquor ranks in the upper half of arrests for all of the age groupings listed above. Younger individuals give evidence of far more anti-social

---

[89]Oliver K. Keller, Jr. and Clyde B. Vedder, op. cit., p. 43.

TABLE 4

ARRESTS BY AGE GROUP (FIVE-YEAR PERIODS)

Offense	25-29	50-54	55-59	60-64	65+
Criminal Homicide					
a. Murder	1,009	361	149	126	106
b. Manslaughter	380	169	63	42	64
Forcible Rape	1,529	126	51	25	27
Robbery	5,365	302	89	61	48
Aggravated Assault	11,479	3,322	1,536	938	885
Burglary	14,453	1,383	536	253	162
Larceny	22,006	7,234	3,621	2,406	2,182
Auto Theft	4,228	368	122	53	3,504
Subtotal	60,449	13,265	6,167	3,904	3,504
Other Assaults	28,842	7,373	3,096	1,729	1,566
Arson	356	89	49	26	33
Forgery, Counterfeiting	5,110	837	314	130	95
Fraud	8,474	2,073	805	453	294
Embezzlement	1,621	380	149	54	62
Stolen Property	1,934	360	178	86	70
Vandalism	2,283	454	241	146	161
Weapons, Carrying	6,173	1,642	731	458	421
Prostitution	5,884	638	228	163	135
Sex Offenses	6,999	2,088	1,095	740	843
Narcotic Drug Laws	6,645	504	203	111	67

Source: Uniform Crime Reports, 1964.

TABLE 4 (Continued)

Offense	25-29	50-54	55-59	60-64	65+
Gambling	13,614	10,108	5,446	3,795	3,584
Offenses Against Family	10,001	2,070	703	276	238
Driving Under the Influence	26,928	22,199	11,222	6,086	3,864
Liquor Laws	7,097	5,591	2,903	1,852	1,377
Drunkenness	116,731	189,609	103,528	69,053	52,221
Disorderly Conduct	52,596	25,588	12,729	8,804	7,318
Vagrancy	11,340	13,388	7,786	5,482	4,325
All Other Offenses	51,551	18,772	8,540	5,731	5,427
Suspicion	11,951	3,289	1,719	1,040	825
Total	437,379	320,317	167,832	110,119	86,430

> activity in regard to all offenses except one--drunkenness. More individuals in the 50-54 group are arrested than in the 25-29 group.[90]

These data should be considered in view of the fact that the legalized age for consumption of alcoholic beverages has been lowered since 1964 to age 18 years. Continuing with the Keller and Vedder research, it can be found that while the data were largely devoted to making comparisons of criminal statistics between younger and older age groups of men, most of the discussion was centered around older offenders and such offenses as:

1. Gambling, suspicion, prostitution and commercialized vice.
2. Burglary.
3. Other Assaults--This category includes assaults and attempted assaults which do not involve intent to kill . . . or the purpose of inflicting severe bodily harm.
4. Vagrancy.
5. Fraud and Embezzlement.
6. Narcotic offenses.
7. Robbery (armed and unarmed).
8. Vandalism.
9. Aggravated Assault.

---

[90] Ibid., p. 43.

10. Criminal homicide (the most serious Index Crime of all).

11. Sexual offenses.

Although there is no intent to go into the specific details of each category, for the purposes here, a closer look will be made at those offenses relating to this study. Since this discussion of crime and the aged began with sexual offenses, it would appear logical that this pattern be followed.

Keller and Vedder revealed that Moberg showed a keen interest in crime and aged offenders and reported:

> Among the aged criminals there is a high incidence of first offenders, and certain types of crimes tend to predominate, such as drunkenness, sex offenses, embezzlement, fraud, etc., while crimes which involve physical violence or a quick decision are relatively infrequent.[91]

In an earlier study conducted by the Illinois correctional institutions, in considering crime and age, investigators reported:

> More men above 35 years of age in the total prison population. The differences are especially pronounced after age 45 where we find two or three times as many men serving sentences for sex crimes as compared with the percentage of those ages

---

[91] Ibid., p. 46.

> in the total population . . . 53.9 percent of the men whose age is 60 years or above are serving sentences for fraud or sex crimes (23.1 percent for fraud, and 30.8 percent for sex crimes).[92]

Keller and Vedder reported further that many researchers and writers stressed the sexual offenses committed by older men. They concluded:

> Wood and Waite (1941) state: over 40 percent of commitments for 'other sex crimes' and for miscellaneous offenses were of persons 40 years of age and over. Devon (1930) writes, 'in the decline of life the most common liability is to offenses of a sexual character.'
>
> Furthermore, Taft (1942) declares, drunkenness, disorderly conduct and petty theft continue into the older age groups. Old age is not the age of crime, but among the few old men who are criminal, sex offenses are especially prevalent as compared with other delinquencies.[93]

Keller and Vedder commented that there appears to be a consensus of many writers regarding sexual offenses of older persons and that the sexual acts of older criminals are of a more infantile nature. Ploscowes, in reference to his research conducted over a 10-year period in New York City, wrote:

---

[92] Ibid., p. 47.

[93] Ibid., p. 47.

> By and large, younger men and adolescents commit the more natural and more violent sex crimes, such as forcible and statutory rape, seduction and abduction. The more abnormal crimes, such as carnal abuse of a child, impairing the morals of a minor, incest and sodomy, were more typical of the older offenders.[94]

Most recently it would appear that the findings of Bromley give creditability and validity to these much earlier research findings. In 1974, Bromley reported:

> With age, 'special manifestations' of psychiatric illness cannot be dealt with in detail. Sexual deviation may be symptomatic of a disorder, as for example, schizophrenia. Sexual potency, interests and activity normally decline gradually in late maturity and old age, but the onset of degenerative changes and the loss of normal sexual outlets can lead to temporary loss of self-control, giving rise to sexual misdemeanors.[95]

Finally, in this discussion of crime and the aged, the study of crime and delinquency among the aged, as reported by Bergman and Amir, will be reviewed. Despite the differences in geographical locations and populations studied, much of their work is relevant to the problems in the United States. The group of persons interviewed in the survey was not a random sample but was composed of representatives of various professions and disciplines selected on

---

[94] Ibid., p. 48.

[95] D. B. Bromley, op. cit., p. 295.

the basis of reputation, recommendation by persons in the same or a related field of activity, and standing in the professional community. Results were based on the series of interviews with 24 highly qualified judges, jurists, lawyers, district attorneys, probation officers, psychiatrists and welfare workers who had experience with approximately 5,000 offenses reported in Israel between 1950 and 1965 committed by individuals 60 years and older.

Wirtten reports of the interviews were analyzed independently by the two investigators with general background findings revealing:

> Twenty-four respondents underlined the point that the aged feel superfluous in society because of the attitude of young people, failure, and projection of guilt on others in society. Disappointment in the treatment of the aged versus the preferential attention and resources afforded the young seemed a possible precipitating factor in delinquent behavior. As one of the respondents put it 'the young ones have stolen the status and privileges and stealing from the thief (society) is no sin.'[96]

As in the U.S., Bergman and Amir found an underrepresentation of the aged in the criminal statistics. This was due to general tendencies not to prosecute the aged; the tendency of families to hide the deviance of their

---

[96] S. Bergman and M. Amir, op. cit., p. 151.

aged members; physical changes preventing the aged from becoming involved in activities that demand stamina and physical effort; the tendency toward passivity, rigidity, inertia and conservatism which, unlike the young, inhibits the aged from taking risks for the sake of competition, excitement or approval; the tendency to shrink from contacts with society and, therefore, appear to have fewer temptations and opportunities to crimes.

Despite the aforementioned factors, as in the U.S., criminality in youth, physical, personal and environmental factors can explain the criminality of the minority of aged who do become involved in deviant behavior. In general, the offenses committed by the aged tended to be petty, conniving and passive in type. Exceptions were acts of violence against family members. Attacks on wives occurred as reactions to what was considered disobedient behavior, loss of status as breadwinner, breakdown of authority, affrontation to family honor, and a tendency to be paranoid.

Another area similiar to offenses in the U.S. was sexual offenses. Deviant behavior in this category includes both first offenders and recidivists who from relatively early age were sexually maladjusted. Prominent among the latter group were homosexuals and the compulsive exhibitionists or pedophiliars. The explanation given for

the first offenses was the aging process with deterioration of inhibitive functions.

Further, other criminal offenses committed by the aged were:

1. Offenses against persons
2. Offenses against property--usually in the form of petty theft
3. White-collar offenses--mainly the form of fraud, tax evasion, check forging and customs violations
4. Drug offenses--the carry-over of a cultural pattern of drug use (mainly hashish) as a tranquilizer or a means to escape drudgery or cope with waning physical and social abilities. Alcoholism is not a common problem among the Jewish aged.

Finally, it was found that aged recidivists are a special type of offenders. For them, the "maturation" process means, if anything, only a shift to a different type of offense, not a change in attitude toward society and the law. If he had been a "professional" thief or pick-pocket, he would persevere in this or may operate on the fringe of the criminal world as a drug peddler or a "fence" for stolen goods.

In conclusion, it was not the intent to generate an in-depth investigation of each individual criminal act committed by the aged. Rather, to review the related literature and establish the fact that aged and aging men

do commit crimes and are not solely victims. Furthermore, the defensive posture of most authors in writing about crime and the aged, appears to be unrealistic and, finally, the "pathetic model" is certainly invalid and purely, for the most part, subjective conjecture.

The Penal Environment

In our discussion of the penal environment, the literature review consisted of reports and findings prepared by the National Commission on the Causes and Prevention of Violence,[97] interpretations and analyses of prominent American authors, spokesmen, criminologists, penologists and those close to the penal institution--judges, police officers and those even closer--the men who have spent portions of their lives in these facilities, the inmates. The consensus appeared to be unanimous, the literature is filled with general references of the prison as: "schools for criminals," "terrorist societies," "deplorable rabbit warrens ruled by the prisoners," "the locking of men in cages, creating more emotional problems," and "making timid souls into confirmed or hardened criminals." In some instances, the penal institution has been compared

---

[97]The National Commission on the Causes and Prevention of Violence was established in 1968 by President Lyndon B. Johnson.

more dramatically to the demonic and sadistic brutality of the Nazi concentration camps at Auschwitz.

The following comments by prominent Americans were taken from a work of essays edited by Hugh D. Graham:[98]

> Henry S. Commager.--Our prisons have been a scandal for over a century. Compared with the prison systems in Scandinavian countries, American prisons are barbarous. The Constitution prohibits cruel and unusual punishment. None familiar with the violations and humiliations daily inflicted on thousands of prisoners can doubt that these are the victims of cruel and unusual punishment.
>
> Gerald R. Ford.--The sad fact is that our criminal justice system, as presently operated, does not deter, does not detect, does not convict and does not correct.
>
> A. Leon Higginbotham, Jr.--America's prisons and jails are a scandal. Most are physically and organizationally antiquated, financially starved, cruelly overcrowded, and corruption-ridden hell-holes of homosexuality and violence. They seem, however, to be fairly effective schools for criminal instruction.

During the time these comments were recorded, other authors were predicting violent eruptions in penal facili-

---

[98] Violence, The Crisis of American Confidence, (Baltimore, MD.: 1971); Henry Steele Commager, The History of American Violence: An Interpretation; Gerald R. Ford, The Congress (in 1968, as House Minority Leader, Mr. Ford addressed House republicans on the Omnibus Crime Control and Safe Streets Act; at this present writing, Mr. Ford is President of the United States); The Black Prisoner: America's Caged Canary, A. Leon Higginbottam, Jr. (Judge of the United States District Court of Eastern District of Pennsylvania).

ties. The result was an increasing wave of major disturbances and riots in jails and prisons, culminating in the tragic events at Attica in September, 1971.

In the field of penology one encounters a vast, seemingly endless flow of literature on prisons in America. In addition, the prisons have been studied by such committees as The President's Commission on Law Enforcement and the Administration of Justice; The National Commission on Violence; The National Commission on Correctional Goals and Standards; the American Friends Service Committee; the American Bar Association; the Commission on Correctional facilities and Services; and the Committee for the Study of Incarceration. Furthermore, the National Institute of Law Enforcement and Criminal Justice in the Law Enforcement Assistance Administration (LEAA) of the United States Department of Justice has allocated vast sums of financial support for studies, experiments and reform in the correctional field. In spite of this massive human effort, the implications remain negative. The view is one of prisoners forcibly removed from the social relations in which they were participating and locked behind walls of concrete and steel, participating in a very complex set of social relations, including a wide variety of social contacts, associations, bonds, alliances, compromises, and conflicts between hundreds of prisoners, guards, administrators,

teachers, tradesmen, social workers, psychologists, and physicians. These social relations are what make up an individual convict's prison. Cressey has written:

> It is possible that participation in a prison's social relationships is complex because it is difficult to describe. We are inclined to say the reverse--that the interaction is difficult to describe because it is so complex. Prison life is made up of social interactions that are confused, entangled, complicated, and so subtle in their effects that any detailed attempt to tell what happens in them sounds like the mouthings of a crazy man. No man can report accurately on what shapes his life in prison.[99]

It was Cressey who warned avoidance of those authors who make broad generalities of the penal environment because such generalities are inaccurate. Cressey related that imprisonment, as such, does not do anything to men except hurt them. He wrote:

> The prison does not do anything at all. It just sits there--upstate, across the bay, or on the edge of town--ugly, menacing. What counts is the subtle specifics of each prisoner's participation in prison life. The organization of prison life is more conducive to the retention and development of criminal attitudes than to reformation. Further, the prison environment--especially as it involves relationships between prisoners and authorities--

---

[99]Donald R. Cressey, "Adult Felons in Prisons" in Prisons in America edited by Lloyd E. Ohlin (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1973). p. 117.

> isolates some long-term inmates from any intimate contact with anticriminal behavior models and teaches them, instead, that success is to be achieved by deception, manipulation, and crime. The net effect of lengthy retention is a 'nebulous nothing' which happens to an inmate in his participation in a convict subculture that has developed an esprit de corps, with crime, hustling, extortion, and violation of official prison rules as common interests.[100]

In the literature, it can be found that imprisonment for inflicting pain and suffering on criminals is an invention of the American and French revolutions. In the past, prisoners were locked in solitary confinement cells, in almost complete isolation. They did not communicate or "contaminate" each other. According to Cressey, "they were allowed to see no evil, hear no evil, and speak no evil--they went crazy!"[101]

In reviewing the history and changes that have occurred in the prison system, a 63-year-old inmate, referred to as "Whitey" (because of his gray hair), recalled:

> Tension was always at a high peak, each man literally slaved over his task. Despite the silent system, men did manage to communicate. Mail and a 'weekly' newspaper were excessively censored, with items cut out or obliterated by the censors. It was a violation to have a pencil, ink, paper, or anything in the tiny cells. The walls were

---

[100] Ibid., p. 119.

[101] Ibid., p. 119.

> barren of pictures--a rocking chair, a toilet bowl, and a wash basin were the only fixtures. The average inmate deteriorated, suffering futility of his daily existence. About 1933 the federal government passed some laws. The silent system was broken, except in the main dining room. It was 1942 before talking at meals was allowed. Time has changed many things, but prison is still prison. It still crouches between the steel and walls, hem in the men, killing their souls and crushing their spirits.[102]

From the literature, it would appear that the prison environment is the ultimate in oppression. It should, however, be noted that improvements, although slight, have been made. Most prison administrators now take the position that staff members should make every possible effort, within a restricting and punitive framework of security, to create a rehabilitative environment by nonpunitive treatment methods. For the most part these treatment programs are outgrowths of recommendations made by the many commissions and committees appointed to study the prison system. The treatment programs include everything from group counseling, "AA" counseling and psychotherapy, teaching of eighth-grade arithmetic, putting television sets in recreation rooms, to permitting the wearing of "civilian clothing." Here again, however, the implications are negative, largely because of society's attitudes. The

---

[102] R. L. Moseley, "Old-Timer Looks at 42 Years Behind Walls" in Black Voices from Prison edited by Etheridge Knight (New York: Pathfinder Press, Inc., 1970), p. 73.

most severe impediments to treatment in a prison are not due solely to inefficient prison administration. As Cressey pointed out, "they are rooted in social attitudes about crime and punishment. These attitudes get transformed into directives prison wardens are supposed to follow."[103] Cressey concluded by pointing out:

> Awareness of this negative environment and treatment helps make understandable the deluge of doubletalk that pours out of prison public relations offices. The fact is, prison officials are supposed to be punitive and restrictive. That is what prisons are all about.[104]

Perhaps the most succinct descriptions of the penal environment are those offered by Goffman, who has labeled them "total institutions."[105] As such, they are seen as creating and sustaining a particular kind of tension between the inmates' home world and the institutional world; this tension is used in a fashion to persistently maintain tension as a strategic leverage in the management of men.

Upon entrance into this environment, the individual is viewed as being immediately stripped of the support pro-

---

[103]Cressey, "Adult Felons in Prisons," op. cit., p. 125.

[104]Ibid., p. 126.

[105]Goffman, Asylums, op. cit.

vided by his home world. He is relieved (intentionally) of his personal "identity kit" and begins a series of abasements, degradations, humiliations and profanations of the self. Goffman described this process as the "mortification of the self."[106] In addition to having certain roles lost to him, this mortification process includes the entire admission procedure--taking a life history, photographing, weighing, fingerprinting, being assigned a number, undressing and being searched (most penal institutions force the individual to bend over, to assure a thorough search); issuing of institutional clothing, instructing on rules and finally, assigning a cell. Perhaps the most significant possession the individual is stripped of is his name. Goffman has said, "loss of one's name can be a great curtailment of the self."[107]

Finally, Goffman offered a description of the penal environment, comparable to the "physical contamination" of concentration camps. He wrote:

> In general, the environment is one in which the inmate is never fully alone; he is always within sight and earshot of someone. Prison calls with bars for walls fully realize such exposure. Perhaps the most obvious type of contaminative exposure is the directly physical

---

[106] Ibid., p. 14.

[107] Ibid., p. 18.

> kind--the besmearing and defiling of the body or of other objects closely identified with the self. Sometimes this involves a breakdown of the usual environmental arrangements for insulating oneself from one's own source of contamination, as in having to relieve one's self of urine and feces in the presence of others.[108]

No matter how aloof he may try and hold himself from the other inmates or the environment itself, each and every inmate (without exception), undergoes a form of "prisonization." Within the prison culture he is reminded daily by the guards that he is no more than an anonymous figure. From the day he enters the prison until the day he departs, he knows his "place," and he also knows the risk involved if he should step beyond established boundaries. He recognizes the fact that in many respects other inmates, not administrators or guards, control the day-to-day life of the prison. Cressey and Sutherland have suggested that "all inmates are subjected to the universal factors of prisonization, they are swallowed up by the prison."[109]

---

[108] Ibid., p. 43.

[109] Edwin H. Sutherland and Donald R. Cressey, Principles of Criminology (New York: L. B. Lippincott, Co., 1960), p. 499.

Cressey and Sutherland have written:

> The prison environment contains other patterns which are learned and accepted by the inmates. Those men learn to gamble, to participate in homosexual activities, and to hate and distrust prison officials and, generally, 'outsiders.' They not only accept the prescribed 'prison code,' they attempt to enforce it. They not only hear the prison dogma, they begin to spread it. They not only believe that the environment should administer to them, they attempt to control the environment through prison politics and conniving. The general effect of prisonization is largely the molding of men, with varying degrees, to the aspects and characteristics of the prison community. They form attitudes of allegiance to prisoners as a group and learn who the 'elites' are--those who guard, preserve, and enforce the community traditions as they interpret them. Finally, if no other factor of the prison culture touches the personality of an inmate of many years of residence, the influences of the environment are sufficient to make a man characteristic of the penal community and probably so disrupt his personality that a happy normal adjustment in any (outside) community becomes next to impossible.[110]

In concluding our discussion of the penal environment, perhaps the words of an inmate would be appropriate:

> The convict strolled into the prison administration building to get assistance and counseling for his personal problems. Just inside the main door were several other doors, proclaiming: Parole, Counselor, Chaplain, Doctor, Teacher, Correction, and Therapist.

---

[110] Ibid., p. 499.

> The convict chose the door marked Correction, inside of which were two other doors: Custody and Treatment. He chose Treatment, and was confronted with two more doors, Juvenile and Adult. He chose the proper door and again was faced with two doors: Previous Offender and First Offender. Once more he walked through the proper door, and, again, two doors: Democrat and Republican. He was a Democrat and so he hurried through the appropriate door and ran smack into two more doors: Black and White. He was black and so he walked through that door--and fell nine stories to the street.[111]

Summary

In this chapter, it has been demonstrated that our society has become characterized by an unprecedented increase in longevity. While the natural limits of the human life span have probably not changed since ancient times, an ever-increasing number of persons now live beyond 65, on to 80 or 90, thus approaching what appears to be the natural, probably genetically fixed limit. Put in different words, advances in biomedical science and other social, political and economic changes have resulted in a redistribution of deaths so that deaths now occur much less frequently at the end--in old age. Because more people live to old age, the United States will continue to experience a dramatic increase in older persons.

---

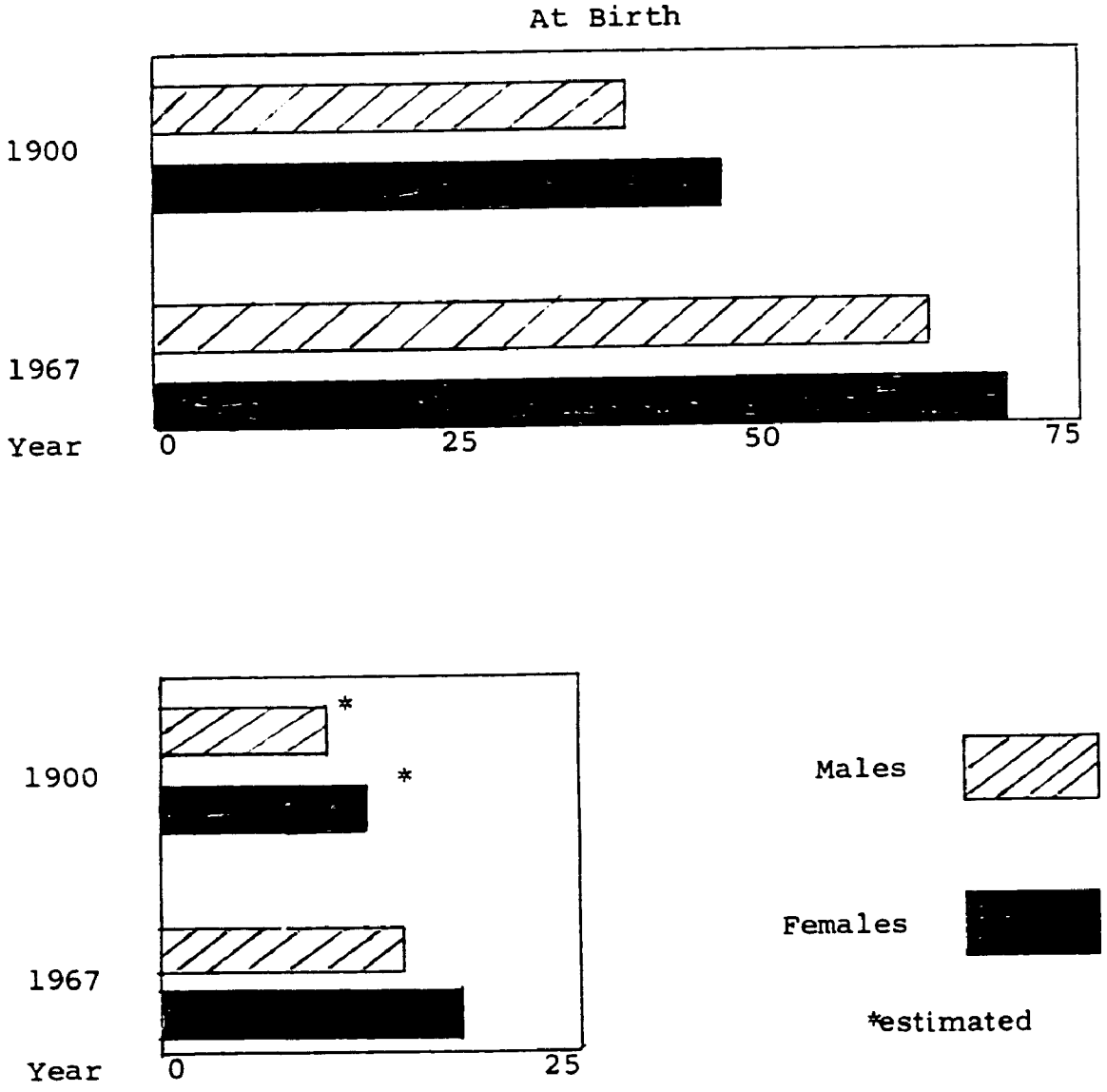
[111] Joe Martinez, "Rehabilitation and Treatment," in Black Voices from Prison, op. cit., p. 63.

For purposes of this study, older persons are classified as those who are 45 years old and over. This is the age group of primary interest to those concerned with the demographic and socio-economic characteristics of the older population and their relationship to gerontology. In preparing estimates of the number of older Americans in the year 2000, the Census Bureau uses census counts of the population by age, current death data, projections of future mortality and projections of future immigration to predict the number of persons who would be 45 years old and over in the year 2000.

Although future birth rates, and, therefore, the future total population, are uncertain, the number of older people accurately can be predicted because all the older Americans of the year 2000 have already been born, so a projection may be made with some confidence. Major breakthroughs in cardiovascular diseases and malignant neoplasms would be required for there to be a significant improvement in future survival rates for adults. Today's older Americans were born in the years preceding the depression of the 1930's and have lived through World War II and Korean War years, succeeding years of peace in the fifties and the years of the Vietnam War and civil disturbances in the sixties.

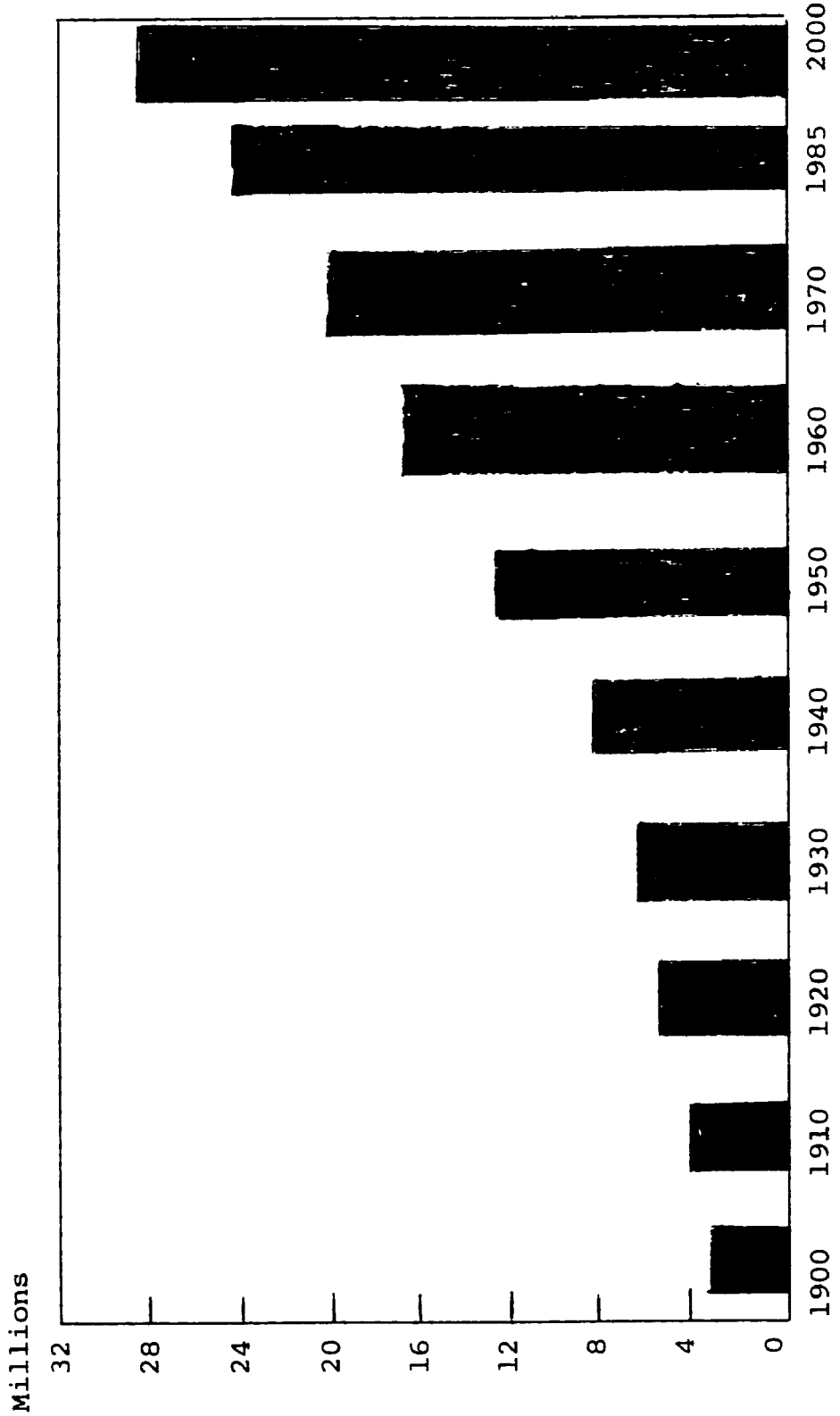
The youngest members of the older population, those who are 45 years old were born in 1929; those over 45 were born during the first 30 years of this century and in the closing decades of the last century. At the end of this present century, in the year 2000, there will be a new generation of older Americans--the older Americans of tomorrow. This population group will be comprised of Americans born in the years prior to 1956. In 1974, the number of persons in the ages of 25 to 64 years, totalled 96 million, of which nearly 53 million were 25 to 44 years old and 43 million 45 to 64 years, or 122 persons in the younger group for every 100 persons in the older group. The 96 million persons in the 25 to 64 year old group are more than four times as large as the 22 million persons who are 65 years old and over. Figure 6, page 142, reflects the increased life expectancy of the U.S. population, while Figure 7, page 143, reflects past, present and projected population trends of the U.S. for persons 65 and over.

In defining the terms aged and aging, the term aging, when used without a modifier, is usually in reference to chronological aging or simply the passage of time after birth. As chronological aging occurs, a predictable sequence of biological changes occur in the organism. However, the rate of biological aging varies among individuals, presumably for both environmental and hereditary reasons.



SOURCE: Aging, Older Americans Speak to the Nation, prologue to the 1971 White House Conference on Aging, No. 187 (Washington, D.C.: U.S. Department of Health, Education and Welfare, Social and Rehabilitation Service, Administration on Aging, May, 1970), p. 20.

Figure 6.--Life Expectancy



SOURCE: Congressional Quarterly, Vol. XXVIII, No. 47, November 13, 1970, p. 2795.

Figure 7.--Population Sixty-Five and Over

The definition of the terms aged and aging, as has been seen, is somewhat ambigious and has somewhat different meanings to different authors. Regardless which of the more common or theoretical definitions is used, the preponderance of empirical evidence suggests that both terms are applied differently and varies with those making the application. Nevertheless, both are conceived as a series of stages demarcated by a number of significant life events, starting with birth and including entry into school, completion of formal education, entry into the labor force, marriage, birth of first child, exit of last child from the household, retirement and, finally, death.

It has also been seen that long-term care institutions, like other institutions, are the result of society's demands. Their history has been molded by social and cultural change. The trend of our culture has been away from care of the aged and aging in the family home, away from the pattern of more than two generations in the same household. Where institutions for the health and personal care of the elderly primarily served persons who had no family to care for them, the trend has been towards caring for elderly persons without regards to their family or health status.

Americans have turned over the responsibility of care for the elderly and ill-elderly to institutions. In

some instances, what happens to old people is decided not by families, but by bureaucracies. It has been shown that usually these people cannot pay for long-term institutionalization, especially in the nursing home. Older people have less income and at the same time they need more health care. Private health insurance rarely covers the costs of long-term institutionalization; moreover, for a variety of reasons, the children of elderly people frequently cannot pay these bills either. This leaves only the government to tend to these persons.

It is known that upwards of five percent of the total U.S. aged population are housed in some type of long-term facility. These data relate specifically to those individuals at the farest end of the continuum--the aged, those 65 plus. No statistical data accounts for those individuals comprising the aging cohort--those 45 plus. Nor does the literature account for those housed in facilities other than the long-term care facilities outlined here. For example, while there has been a decline in the operation and maintenance of tuberculin sanatoriums in the U.S. there are still individuals who have spent many years housed in these and other public health operated facilities. Furthermore, no accounting is made to include long-term institutionalized individuals in Veteran Hospitals. It could, therefore, be hypothesized that this

five percent figure appears to be a gross under-estimation of aged and aging long-term institutionalized individuals.

In the review of the effects of long-term institutionalization on the older adult, the illustrations have shown that circumstances in which individuals find themselves dependent for their peace of mind, even their lives, rests on the bounty of total strangers who are organized into some form of institutional bureaucracy. And, further, this dependency may foster a more rapid deterioration of an already deteriorating organism.

Five factors associated with long-term institutionalization have been outlined and discussed as well as how they affect the adjustment of aged and aging individuals. Furthermore, from the literature, it has been learned that some of the assaultive environmental characteristics of institutions produce particularly negative results for their inhabitants. Thus, persons living in "total" institutions (such as the penal institution--where barriers between residents and the outside world are most rigidly set), have been found to portray negative personality characteristics and low self-esteem. From the literature (Kahana and Kahana, 1968), it was found that those aged persons who survived and adjusted well to the first year of institutionalization had active, aggressive and narcissistic traits. In contrast, the sweet, acquiescent residents did

not stand up to the test of time and decline. Ironically, it is the latter personality traits which staff usually judge to be indicators of positive adjustment.

In the discussions of crime and the aged, the literature presented an obstacle similar to the one encountered in trying to functionalize a definition of aging and aged. In the case of "aged and aging," the central problem was one of over-abundance of literature, compounded by varying "research and theoretical" opinions. In the crime and aged situation, the overriding problem was just the reverse. Crimes committed by older persons often go unreported. Furthermore, it would be very difficult to construct empirical or theoretical formulations about the extent of criminal activity among the aged due to the paucity of data available from which one could draw such propositions. Certainly, the incompleteness and in some instances total void of data, both in the past and present, place severe restrictions upon the formulation of higher order explanations.

From the literature review it was demonstrated that crime is much more general and pervasive than ordinary statistics indicate, and an entirely incorrect impression regarding criminality among older individuals is formed if conclusions are limited to these statistics. Statistics of crime and criminals are probably the most unreliable and

most difficult of all statistics. Crimes committed by older individuals go undetected; others are detected but not reported; still others are reported but not officially recorded. Consequently, any record of crimes committed by older adults, such as crimes known to the police, arrests, convictions, or commitments to prison, can be considered only as an "index" of criminal activity among older men. The crimes which are reported to the police and recorded by the police are "crimes known to the police." These statistics are also an inadequate index of the true crime rate. Paradoxically however, police records are a more reliable index than arrest statistics; arrest statistics are more reliable than court statistics; and court statistics are more reliable than prison statistics.

The above notwithstanding, aged and aging individuals do commit crimes. These crimes range from the most serious--criminal homicide, the infliction of severe, fatal and irreversible bodily harm upon the person of another, resulting in death--to lesser crimes involving vagrancy to a host of traffic offenses. However, the fact is, in the totality of criminal activity in the United States, older individuals are in the minority of those committing crimes. There is, however, questionable exception for alcohol-related crimes and possibly criminal sexual conduct.

Where crimes are committed, one can speculate that a collective social sentiment also is present and sufficiently flexible to view older offenders as pathological or benign in behavior. Since they do not comprise significant impact on criminality and often are overlooked in statistical reports, aged and aging individuals become "forgotten" very early in the criminal justice process.

A chart of a prison's administrative hierarchy, showing the lines of authority, does not begin to describe how the prison is organized. Although prison guards and other officers have some control over much of an inmate's overt behavior, mostly in the form of authority and power to punish for deviation, their control is negligible compared to control by the prisoners themselves. In a system of friendships, mutual obligations, status, reciprocal relations, loyalties, intimidation, deception, and violence, inmates learn that conformity to prisoner expectations is more important to their physical welfare than is conformity to the formal controls imposed by "outsiders."

Very little is known, even by theoreticians in criminology and penology about the kinds of social interaction which takes place in the penal environment. Incarceration in a correctional institution affects the conception of the self which is both stimulated and reinforced not only by inmates but also by the attitudes of prison

officials. When like are put with like, as in the case of older offenders, and they are set apart from the rest of society, an inmate society is built up which is difficult to break.

The processes by which the formal hierarchy is sustained create the conditions for a parallel hierarchy in the inmate community. Exploitive and authoritarian elite leaders may be removed or released, but others will rise to fill their place because their role is necessary in the environment.

Finally, every prisoner enters prison under an order of a court for punishment (note the absence of the word correction). For a shorter or longer time society cuts him off as unworthy to associate with other people. Prison society is different and yet it is not too unlike the world each prisoner has experienced on the outside. The transition from freedom to imprisonment is not one of kind but one of degree.

CHAPTER III

ANALYSIS OF THE DATA

Introduction

The purpose of this study was to investigate and describe aged and aging male prison inmates, their problems, their strategies and the various styles of adaptive behavior they utilize, in coping, in a congregate and often hostile, penal environment. The chapter begins with a description of the institutional environment in which these inmates must live and cope. Additionally, a description of the dynamics and actions of others operating in this same milieu and, the effect these actions have upon the sampled population also is explored. Perhaps, the thoughts of the Warden of Jackson State Prison, adequately set the tone for the findings which are presented here:

> . . . Don't ever expect prisons to help anybody, that's a gross misconception. We've over-sold this concept--that we're going to rehabilitate, this just isn't true. Don't send anybody to prison for help. If you want to lock somebody up to keep them off the streets for a while, send them to prison--but don't send them here for help . . . . In trying to cope

> with this environment, I think the older inmate slinks into the corner and tries to hide, out of the mainstream, he tries to stay out of everybody's way. He doesn't want to make waves and he enjoys being with his own peer group. Putting them here, in units, where there is a large share of the younger age group, he has all kinds of problems.[1]

State Prison of Southern Michigan

Despite its massive size and rustic structure, at first glance, tour, or visit, Jackson State Prison upheld that stereotypic, aceous and traditional view of "a prison" or correctional institution, i.e., a highly authoritarian, insidious community of men set apart, banished from the mainstream of society and labeled as undesired, even deviate individuals. A place where many of its inmates were members of a minority group, mostly blacks, whose values and objectives were quite different from the middle class standards to which a large majority of the members of our society subscribe and upon which penal goals are based. A place, indeed, almost alien and certainly unlike any institution in our society. It was a place where enormous demands were made of each and every individual who came in contact with it, each day he was in residence there. The individual was required to cope and, more importantly,

---

[1]Tape recorded interview with Charles E. Egeler, Warden, State Prison of Southern Michigan, Jackson, Michigan, February 19, 1976.

to function in an environment as "total" in every aspect as Goffman has described in the preceding chapters. And, function they did, by whatever means necessary. What others may look upon with bewilderment and as being irrational, irresponsible and even outright unnatural, may be and was, in fact, perfectly natural and normal in an abnormal situation, in that desperate people will do desperate things, in desperate situations. Institutionalization, low social status, low self-esteem, deep-rooted frustrations and hostilities served as the only common denominator of the masses housed within such facilities. It was, perhaps, the strength of their numbers and the bond of this common denominator which gave this group of inconspicuous, nameless numbers of nondescript human beings, awesome solidarity. This cohesiveness was especially apparent in the younger inmate population. These factors set the State Prison of Southern Michigan apart from the "traditional prison." Paradoxically, however, it was perhaps no different from other state or federal prisons across the nation.

The mass handling, the countless ways of making inmates subservient to rules and orders and special forms of "prisoner etiquette," had the effect of creating the perpetuating a social and mutually antagonistic distance between keepers and prisoners. Indiscriminate frisking of

inmates and regimented movement about the institution tended to reinforce depersonalization of the prisoners and make their stance toward authority increasingly obdurate. Aged and aging inmates, because of their advanced maturity and long-term institutionalization, although affected by such tactics, did not find them as stress-provoking as did younger inmates. This attitude was especially true of the younger black inmates, most of whom were 30-35 and under. In spite of being characterized by imprudence and the inability to cope with the demands of a complex society, it was this very group of younger, more militant and self-conscious ("black consciousness") individuals who actually ran the State Prison of Southern Michigan.

> Look, I sort of volunteered to come here; nobody sent for me. But, there's something you must know and understand. You just can't come in here, ask us a bunch of questions, go away to some college and write some big and pretty words about it and expect people to understand what this place does to a man. To be here and live here is something no one can read about in some book and really understand.[2]

In what was apparently a contest between three states (Illinois, Pennsylvania and Michigan), for the dubious distinction of having the largest prison in the

---

[2]Interview with Aged Male Inmate Research Identification No. 100, State Prison of Southern Michigan, Jackson, Michigan, January 20, 1976.

United States, construction of Jackson Prison began in the 1920's, with the exclusive use of inmate labor. The construction of the facility was undertaken contrary to practically every principle of modern penology of the time period. As a matter of fact, in 1929, the American Prison Association adopted a resolution stating that the maximum population fo any penal or reformatory institution should be fixed at 1,200. The Association gave the following reason for issuing such a resolution:

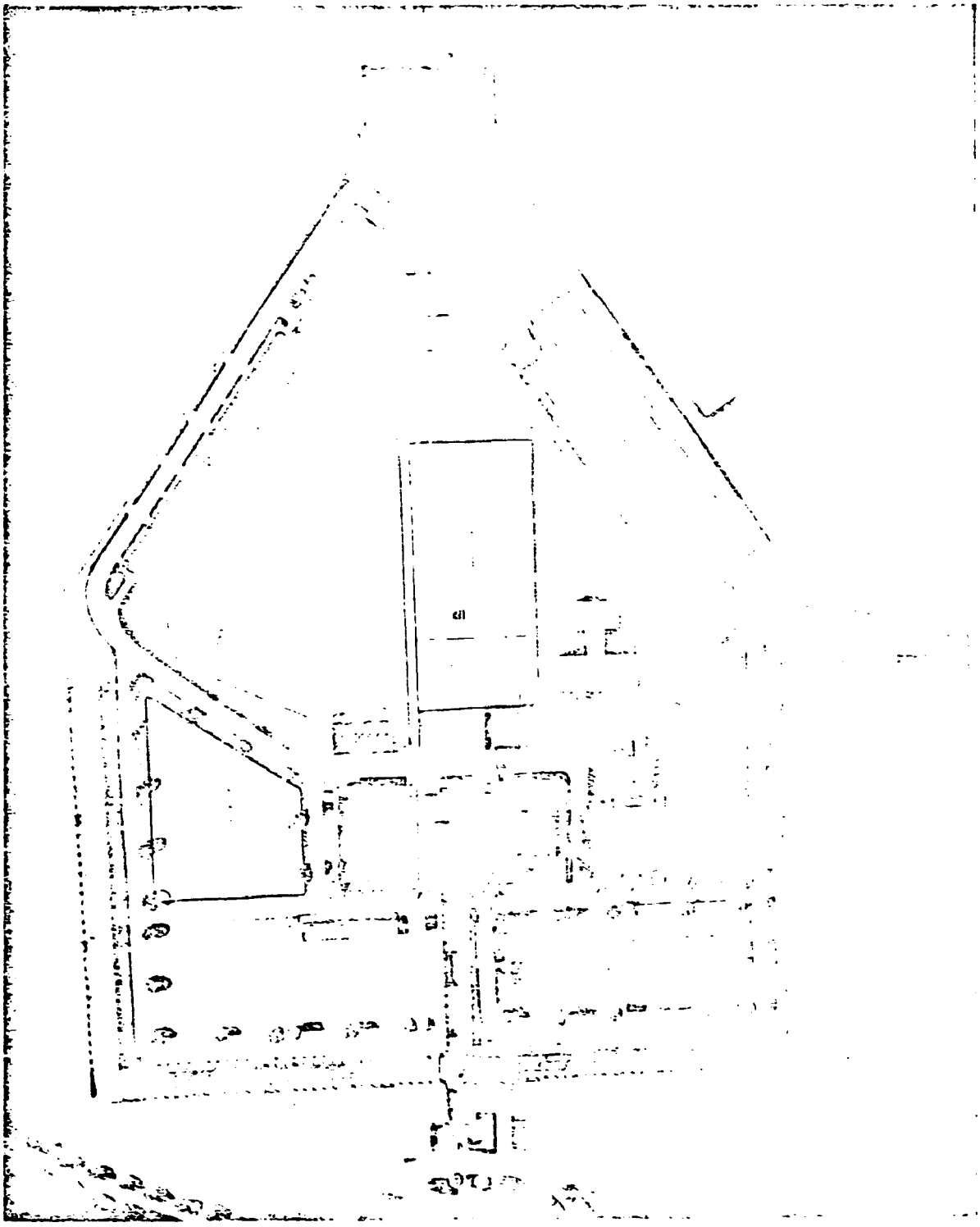
> Because of the tendency of states with large prisons built in the 19th and early 20th century is to keep on dumping prisoners into these already overlarge, overcrowded institutions instead of building new institutions, the limit of 1,200 has not been adhered to.

As shall be demonstrated later, by ignoring the resolution of the American Prison Association, Jackson created problems for itself that haunt it even today. When Jackson Prison, with its 57.6 acres within the walled enclosure began operations in the 1930s, it became the third largest prison, in acreage, in the United States. The two prisons that exceed it in acreage are the Illinois State Penitentiary at Stateville (Joliet), with 64 acres inside the walls, and the Eastern State Penitentiary at Graterford, Pennsylvania, with 62.4 acres. At the time

of the construction of Jackson State Prison, the philosophy of correctional officials was to house as many prisoners as possible in one location. Even today, Jackson State Prison enjoys the distinction of being the world's largest walled prison. It is an institution, still considered by penologists throughout the country, as far too big in every respect and, as a result, a deteriment to any organized and effective correctional or rehabilitative goals. As a matter of fact, according to Warden Egeler, no maximum security prison should house over 400 to 500 men . (See the model graft of Jackson Prison on page 157.)

Located two miles north of the City of Jackson, Jackson State Prison is divided into two large units, a maximum security facility and a trustee division. In these two units nearly half of Michigan's 8,000 to 9,000 prisoners are housed. All, with a few exceptions, were over 23 years of age. Jackson Prison served as the reception and classification center for all prisoners committed from the Southern part of the State of Michigan. It was here that the determination was made whether new prisoners were assigned to Jackson or other facilities within the Michigan correctional system. Here too, inmates were assigned security classifications. According to the Michigan Department of Corrections and as outlined in the Resident Guide

Model of Jackson Prison



Book,[3] inmate classification policy was designed to accomplish two things:

1. It states the categories, reasons, and procedure for security classification of residents.

2. To insure that residents do not become victims of unfair, arbitrary, or unnecessarily repressive controls.

Once an inmate's classification has been established, he was assigned to the least restrictive level of custody, which provided his security requirements, providing such housing as available. Inmates may be classified into any one of the following categories:

1. Administrative Segregation.--An isolated section within the facility where there is no contact with the general population. This area does not include the temporary status of detention and punitive segregation.

2. Maximum Security.--This is the general population status within the enclosed walls of the prison.

3. Close Custody.--This classification is the same category as number 2.

---

[3]State Prison of Southern Michigan, Resident Guide Book, Rules and Regulations for Inmates. (Michigan Department of Corrections, November, 1973), p. 10A.

4. Medium Security.--This categorization is a general population status at the Trustee Division of the prison.

5. Minimum Security.--A status that includes any supervised details outside the walled or fenced area of the institution.

6. Community Status.--This is the status while on Work and Study Pass, Furlough, and any unsupervised "off institutional property" detail.

The primary reasons for security classification were:

1. Inmates own security and protection (This includes known informants, persons with "hit contracts" out on them and homosexuals)
2. For the safety of other residents
3. For the safety of the general public
4. For prevention of escape
5. For maintenance of control and order within the facility

Inside the 35 feet high walls, the maximum security facility was supposed to accommodate an average of 2,000 to 3,000 residents, in eight different, single-occupancy, cell-type housing units. There was no age, race or religious segregation policy enforced by written policy at

Jackson. However, this absence of formal policy was not to indicate that segregation at various levels by individual choice did not exist at Jackson.

Since late 1969, correctional officials have been concerned with the sharp increase in inmate commitments to all facilities within the Michigan Correctional System--especially the Jackson facility. In 1974, the unprecedented rise in inmate population forced the Michigan Department of Corrections to reopen outdated facilities at Jackson that previously had been closed. Chart 1 reflects the increases in the inmate population at Michigan Correctional facilities, beginning in 1965.

At one point in this study, February 24, 1976, the inmate population at Jackson State Prison was reported at 5,789 inmates. According to Warden Egeler, approximately 250 men over Jackson's current capacity. According to Perry Johnson, Director, Michigan Department of Corrections:

> Michigan prisons are already dangerously overcrowded and this unprecedented influx of convicted offenders will swell the inmate population to over 13,000 by next spring (1977). . . . Our current degree of overcrowding is truly an emergency situation and it would be a catastrophe if we failed to make provision for housing the great number of additional people coming into the system.[4]

---

[4]Response from Perry Johnson, Director, Michigan Department of Corrections, to "Coalition Urges Halt to Construction: New Prisons Fought as Useless," Detroit Free Press, May 10, 1976, Sec. A., p. 1-10A.

Date	Grand Total	Total Males	Males										Total Females	Females		
			R & GC	SPSM	Ionia Ref.	Train. Unit	Mar-quette	Cass Lake	Camp Prog	DHC Males	Corr. C. Males	Res. H. Males		DHC Females	Corr. C. Females	Res. H. Females
1965	7345	7154	483	3624	981	383	712	183	764	12			191	191		
1966	6754	6598	392	3155	921	475	726	184	668	67			156	156		
1967	7037	6906	618	3193	1006	459	729	184	675	30			131	131		
1968	7743	7548	538	3770	1071	462	653	227	796	20	11		195	188	7	
1969	8409	8189	617	4082	1180	475	771	205	780	28	51		220	218	2	
1970	9079	8870	806	4139	1230	604	724	256	1055	6	50		209	202	7	
1971	9547	9291	784	4238	1263	717	776	260	1097	40	116		256	244	12	
1972	8471	8259	656	3806	1068	674	728	204	969	28	121		212	172	40	
1973	7874	7683	637	3642	782	658	725	192	809	2	180	31	191	163	26	2
1974	8630	8410	461	3855	900	693	728	262	969		222	70	220	202	17	1

Source: Michigan Department of Corrections Annual Report, 1974, p. 72.

Legend:
1. R & GC--Reception and Guidance Center, Jackson Prison.
2. SPSM--State Prison of Southern Michigan, Jackson, Michigan.
3. Corr. C. and Res. H.--Community Centers and Resident Homes.
4. DHC Males and DHC Females--Detroit House of Corrections.

Chart 1.--Michigan Department of Corrections Population Increases by Facility, Sex, and Year (1965-1974)

However, the Michigan Coalition for Prison Alternatives, a group of state, legal, civic, and religious leaders, did not agree with Director Johnson. It was their argument that further construction of prisons, to handle overcrowding, would only perpetuate the unnecessary and extremely expensive practice of "caging offenders inside repressive environments which only enhance their inclination towards criminal behavior.[5] This group continued:

> Prisons have represented a critical failure of our social system, throughout their 200 year history in Michigan and the nation. The continually rising crime rate, demonstrates that imprisonment has succeeded neither in rehabilitating those who have been locked up nor in deterring others from committing crimes. The punishment prison imposes is too severe for the majority of offenders. . . . The United States has both the highest rate of incarceration and recividism of any Western nation. We've been throwing people in prison for 200 years--using it as a dumping ground for those exhibiting anti-social behavior--and it's been a baltant failure. We lock people up behind bars out of fear and revenge, because it's the simplest way of dealing with them, but keep getting a new crop of criminals every year. No business could operate with that kind of failure rate, and no society should either.[6]

It was most interesting to note that the views and opinions expressed by this group were similar to those ex-

---

[5] Ibid., p. 1.

[6] Ibid., p. 10A.

pressed by penologists in the 1920s and more currently by the Warden of Jackson Prison. This situation was especially true in the area of rehabilitation. It would appear further, that these views were shared by others. According to Jack Brooks of the Michigan Council of Crime and Delinquency:

> . . . the generally accepted purposes of locking criminals up are to punish them, to isolate them from society because of the threat they pose, to deter others from committing crimes, and--in some way--to rehabilitate them so they'll come out and not be criminals any more. Certainly imprisonment punishes people, but wide variations in sentencing practices makes the imposition of punishment grossly unjust. Secondly, prison does isolate convicts, but virtually all corrections officials agree that only a tiny percentage of criminals are really too dangerous to live in free society. As for deterrence and rehabilitation, there simply is no evidence that either is accomplished by imprisonment and lately corrections officials across the country are beginning to acknowledge that the idea of forced rehabilitation is a myth.[7]

It was most interesting to note that the last time Michigan Correctional facilities were overcrowded, correctional officials warned that the consequences of such overcrowding could lead to serious disorders of significant magnitude. Concern was specifically expressed about the Jackson facility because of its size and inmate population.

---

[7] Ibid., p. 10A.

Excessive size, overcrowding and an inability to maintain proper segregation within the prison's extremely heterogeneous population, as well as a host of other problems within the facility, were dramatized in April of 1952, the time of Jackson Prison's first and the nation's most violent and turbulent prison riot of the period. The riot began on April 20th in an isolated section of the facility. It spread to the general prison population on April 21st and lasted until the afternoon of April 24, 1952. The total inmate population at the time of the April riots was 6,470. During this same period, Jackson's official capacity inside the walls was 4,986. The total capacity of all its facilities inside and outside the walled enclosure, including the farms and camps, was 6,570. In a report prepared by the Michigan Governor's Board of Inquiry,[8] the board found the major factors leading to the violent April, 1952, riots to be:

1. The excessive size of the prison and the combination of overcrowding and idleness existing there.
2. The heterogeneous nature of the inmate population.
3. Administrative weakness of the Department of Corrections at Jackson Prison.

---

[8] The Michigan Prison Riots: Causal and Contributory Factors and Suggested Corrective Action, Report of the Special Committee to Study the Michigan Department of Corrections (February, 1953), p. 6.

4. The personnel situation at Jackson prison.

5. The parole system and the prisoners' sense of grievance against it.

6. The penal and parole laws.

The significance of reporting the events and causes of these events which occurred over two decades ago, is that these very same "causal and contributing factors" exist at Jackson State Prison today! It is much more significant to note, however, that these causal factors exist at a degree far in excess of the 1952 level. Furthermore, these factors should be considered in view of the more broad societal changes that have taken place since 1952. They should also be considered in view of the "new breed of inmate," now being confined at Jackson. There has been surprisingly little physical and administrative change at Jackson Prison since 1952; and the very same recommendations made by the Special Committee in 1952, are the same recommendations the Michigan Department of Corrections is urging the Michigan State Legislature to consider for implementation in 1976.

Trustee Division

Administratively, both inside the walls and the Trustee Division at Jackson, were under the direction of the same warden. Beyond that, however, the two sections

had separate administrative bodies and they operated as different facilities. Jackson's Trustee Division, with an average of 1,260 inmates, was larger than many other autonomous correctional facilities throught the Michigan system. The Trustee Division was housed in three cell-type residential units on the main prison grounds and in barrick-type living units at three farms. Residents were classified as medium or minimum security prisoners.

A minimum security classification was required before inmates were permitted to move from the main Trustee Division area to one of the farms. In the past, the Trustee Division operated five farms. Today, there were three farms engaged in either raising livestock or crops for inmate consumption.

The Prison Infirmary

For the present study, no in-depth investigation was made of the prison infirmary. However, several tours were made of this facility and meetings were conducted with the administrator of the infirmary, the warden, Michigan Department of Correctional Facilities staff and inmates. These efforts were made in order to enhance the understanding of all facilities at the prison and to gauge effects on aged and aging inmates. The infirmary at Jackson State Prison was, without question, the most inept,

ill-staffed and ill-administered facility at the prison.

This large facility, located in the southwest section, within the walls of the maximum security unit of the prison, was a cell-block type structure. As utterly outdated as this 142-bed facility and all of its equipment was and, as barbaric as it was in appearance, the infirmary was very vital in the day-to-day operation of Jackson Prison. The infirmary handled most minor medical problems and referred the major ones to community facilities outside the walls of the prison. Operating with a staff of 31 "inmate nurses," the facility also had limited facilities for in-patient care. It is important to note that treatment, service and the availability of medications when one is sick was largely dependent upon one's hierarchical standing within the inmate social structure or the ability to barter with various contraband and/or money.

Without question, the most horrid, depressing and pathetic part of the infirmary was its fourth floor. It was here that the paraplegic and quadraplegics--those who are non-ambulatory--were housed. These individuals were typically victims of irreversible, debilitating physical and mental infirmities, resulting from gunshot wounds inflicted by police officers, while the inmate was in the process of committing a crime. For the most part, these individuals had suffered extensive gunshot wounds to the

head and face areas, were totally confined to wheelchairs and were dependent upon others for mobility around the fourth floor area.

Despite the gross disparities of the infirmary, it was still considered by the Warden of Jackson and the Administrator of the Infirmary, as a facility providing "better care, than they ever got out on the street. Chart 2 reflects the high volume of activity at the infirmary.

While the infirmary did receive referrals from throughout the Michigan Penal System, it was generally considered by Jackson's Warden and the Michigan Department of Corrections as an inadequate facility requiring extensive remodeling.

The Guards

The relationship between the 557 guards at Jackson, particularly inside the walls, with aged and aging inmates, appeared to be very good. Communications between guards and older inmates were open, unstrained and demonstrated a form of mutual respect and a surprising degree of comradery. When discussing this observed relationship with several prison guards, two sergeants and six specialists, they confirmed these observations. The guards reported feeling less threatened and intimidated by the older inmates. This sense of mutual cooperation was also extended to older, first offenders who had never "done time" before. The

	Population as of Dec. 1st	Cost (in $)		In-Patient Days				Admissions			
		Local	U of M Hospital	Local	U of M Hospital	Prison Infirmary	Oakland Medical Center	Local	U of M Hospital	Prison Infirmary	Oakland Medical Center
FY 1972-1973	4,462	34,986	44,847	229	114	24,039	1,612	40	12	2,610	41
FY 1973-1974	4,279	32,204	55,048	234	183	18,437	2,052	50	7	2,054	78
FY 1974-1975	4,316	112,591	152,410	787	672	25,060	2,082	95	36	1,759	66
July 1975-Dec. 1975	5,353	136,376	206,710	839	640	31,288	1,413	101	30	2,336	26
July 1975-June 1976	5,400	272,752	413,420	1,678	1,280	62,576	2,826	202	60	4,672	52

Source: Program Bureau, Michigan Department of Corrections, Lansing, Michigan, May, 1975

Chart 2.--In-Patient Trends--State Prison of Southern Michigan

guards discussed and described the changes they have observed at the prison and within prison population, using 1966 as a reference point. According to the guards, the prison population had shown an increasing influx of younger, more "hard-core" and militant, black inmates, who had "no respect for authority and were totally anti-establishment."

Most noticeable was the open and mutual display of animosity between the guards and younger inmates. Jackson Prison guards viewed the younger inmates, especially the young black inmate, as being more ego conscious, peer group loyal and "street wise," than his predecessor of years gone by. Since inmates were permitted to keep and wear "civilian" clothing, fashion clothing was very symbolic in the inmate hierarchical standing. Younger inmates were more fashion conscious and concerned about their attire, personal hygiene and physical appearance. According to the guards, the inmates most contemporary and high-fashion in their dress were the most influential with other inmates and were very high in the hierarchy of the inmate social structure. Other factors that gained prestige and power for the inmate included, but were not limited to:

1. Money.
2. Possession of and the ability to obtain and have continued access to hard core drugs, liquor, marijuana and other drugs.

3. The ability to provide other inmates (at a price) with homosexual prostitute contacts.

4. Contact with inmate nurses and the ability to secure medication and medical attention.

In contrast to the younger inmates, the coping strategies employed by aged and aging inmates were:

1. Total, unquestioned conformity and adherence to institutional codes and norms. As a practice, older inmates wore "prison blues" except on special occasions and for visits.

2. Total subordination of the self to the guards and other prison staff. This enabled aged and aging inmates to appear supportive of the guards and their traditional, authoritarian roles, in which the guards were extremely powerful. In the past, the guard's authority and disciplinary actions went unquestioned. Today, it is not only questioned, but openly challenged by the younger inmate who had a better understanding of his legal rights and, unlike older inmates, he was not afraid to voice his complaints.

3. Maintaining great physical distance between themselves and younger inmates, whom they considered "crazy." This included a sharing in the guard's disdain for the younger inmates.

Aged and aging inmates, unlike younger inmates, did not question institutional rules, norms, goals or objectives. While they did purchase and consume liquor (sometimes made available by the guards), they did not partici-

pate in the open and extensive drug traffic at Jackson. Aged and aging inmates went to great efforts to maintain a very low institutional profile. In the event, however, of a possible stress-provoking situation, aged and aging inmates employed a very persuasive and sophisticated form of behavior modification. For example, when they encountered prison guards, they appeared extremely docile, passive and submissive. When addressing the guards, aged and aging inmates avoided eye-to-eye contact and always prefaced their comments with "Mr." or "Sir" and were quick to respond to questions with "Yes, Sir" or "No, Sir." This form of "passive etiquette" was not practiced by younger inmates. It was, in fact, frowned upon and openly ridiculed. This behavior was one of the major causes for the mutual discord between younger and older inmates.

More significant, however, was the fact that the various levels and degrees of tension at Jackson were not limited to the guard versus older inmate or younger inmate versus older inmate level. It permeated and was more deeply rooted within the ranks of the guards. There was an alarmingly high level of racial tension between black and white officers. The composition of the guard staff, was <u>not</u> reflective of the inmate population. Jackson Prison was about 85 percent black. Of the 557 officers, 497 were white and 60 were black. The white officers, many of

whom were second-generation guards at Jackson, were reared, as their fathers were, in white-protestant, ultra-conservative communities. Within their ranks, there was a high degree of group elitism, comradery and protection of "inherited tradition." With an average age of 40 to 45 years, the group had an average length of employment at the prison of 14.5 years.

Affirmative action and new hiring practices employed by the Michigan Department of Corrections has led to the hiring of the 60 black officers at Jackson; whereas, as early as ten years ago, there were none. Aware that they comprised a distinct minority, esprit de corps among the black officers was very low. The group of black officers was much younger than their white counterparts, with an average age of 28 years. Black officers did not enjoy a significant degree of longevity at the prison as demonstrated by a high rate of turn-over. This turn-over rate could be attributed to the high degree of pressure with which the young black guards must contend. They were resented by white officers as being intruders who refused to conform and were considered as "selling out" by the younger black inmate population. As a result, a black guard was often quite frustrated. Compounding this frustration, was the informal relations and communications between the two groups of officers. With the exception of rank, tenure,

supervisor and subordinate factors, there was no unilateral, informal relationship between the two groups. The open air of hostility between the two groups of officers flowed "one-way"--down, from the white, more "institutionally loyal," "old-timers," to the younger, more "green" officers. In some instances, young black officers were related to in very much the same fashion as young black inmates. As a result of this relationship, there had been an increased number of verbal, person-to-person, borderline physical confrontations between the two groups.

It is important to distinguish the differences in the loyalties of the white officers. They were "institutionally" loyal to the traditional customs and objectives of two generations of operation at Jackson Prison. They were <u>not</u> loyal to the Michigan Department of Corrections for two primary reasons:

1. They resented affirmative action hiring practices because it "lowers standards" in favor of minority (black), unqualified applicants.

2. In earlier times, the prison guard was the sole figure of authority; his word was total, absolute and final. When he said an inmate was to be sent to the "hole" for disciplinary and punitive reasons, the order was obeyed, almost without question and certainly, the inmate never thought of debating the issue. Today, however, there is "due process." Should an inmate feel unfairly treated by a guard or any

> other prison personnel, he has the right to lodge a grievance and is assured that he will not be penalized in any way for exercising his grievance rights. He may be assisted in preparing his grievance by the Resident Representative, or he may request an administrative hearing. He is also afforded adequate opportunity to prepare a defense at resident administrative hearings which includes: the assistance of a resident advocate, to provide reasonable investigations; the securing of evidence and the presentation of material witnesses or sworn testimony. The inmates' grievance rights does not stop here; he may communicate his grievance via sealed, uncensored mail to his relatives, lawyer, the warden, and governor; he may even write to his state representative or his representative in the U.S. Congress.
>
> This exercising of his rights, results in an investigation of all allegations. In turn, there was a heightening of resentment of the white, traditionally-oriented officer, who was placed in the unprecedented position of being investigated. In the "old days," this entire process was unheard of.

Because the stress, racial bigotry and conflicts between the guards was so open, it did not escape the attention of the inmates and it placed both groups of guards in highly vulnerable positions. The inmates, as a result, exploited this vulnerability and incorporated it into the intricate workings and various levels of the inmate social structure, where it was manipulated in varying fashions and at varying degrees. The various methods employed by the

inmates resulted in numerous rewards for all involved--the inmates and the guards.

Older inmates employed passivity to gain their rewards. They aligned themselves with the white, authoritarian, power majority. Their rewards included security and personal safety from the younger inmates. More importantly, however, was the high degree of anonymity they were afforded from the general population. They also enjoyed the luxury of being harrassed less often than younger inmates. For those aged and aging inmates who were long-term alcoholics, they could, through the guards, purchase liquor. For the younger inmates, the rewards were more numerous and its system more highly sophisticated and complex. Negotiations between the guards and the power elite, younger inmate group, was strictly business. The disdain and absolute distrust for each other remained. There were, on the fringes of these complex systems, other groups of "straight" inmates--both young and old--who deplored both groups and their "business negotiations." There was also the young black guard who, while he related well, on a one-to-one basis with young black inmates, was excluded from the systems by choice and design. As a result, he must function in an environment that provided him with a great deal of frustration and no rewards.

There were also numerous rewards in this complex reward system for the guards. First and apparently most important, it gave the white guards a distinct psychological advantage of showing the young black, confused guards that they were indeed, in charge. It also provided them a high degree of power over the large addict population at Jackson. To a lesser degree, those inmates who relied heavily upon marijuana, were also dependent on the guards. Other parts of this complicated system included a wide variety of institutional violations that went unreported and unencumbered because the guards were "cut in" on profits from an elaborate network of "numbers" and other gambling, inmate prostitution and "inside" drug trafficking. Enormous amounts of money daily exchanged hands "inside" the walls and in such areas as the first gate and in the neighborhood and homes of inmates. The result was that the white guards did have great power at Jackson Prison. This power was exceeded only by the angry, young black inmates, who comprised, in reality, the power majority.

The elaborate systems operating at Jackson extended far deeper, were more widespread than could possibly be reported here and it existed at great possible danger to both groups. However, just as it did not escape the attention of the inmates, it did not escape the attention of the warden and officials within the Department of Corrections. According to the warden:

> . . . Ideally, there's no booze inside the prison, there may be some homemade here and there and of course in the Trustee Division we have the problem of "drops." We know there are drugs and other narcotics inside the walls, but it's not to the extent where a man can get and maintain a habit. Weekly and almost daily, we have knocked off visitors trying to smuggle narcotics inside the institution and we prosecute them. Sure, we've caught guards and other employees trying to smuggle narcotics in also, we vigorously prosecute them too.[9]

Within the Michigan Department of Corrections, the Director of the Program Bureau, expressed views closely related to those of the warden:

> We know these things go on and when we catch a guard, he is prosecuted promptly and thoroughly. You must remember, Jackson Prison is totally unmanageable, it was a big mistake and it would take us 20 years to replace it and it would cost the people of the State of Michigan over a quarter of a billion dollars. Aged and aging inmates should not be housed at Jackson--nobody should be housed at Jackson Prison! In dollars, it costs the State about $13.00 per day, per inmate to operate. Dollar cost is relatively cheap, because it's such a massive operation, but human cost could probably never be measured. . . .[10]

---

[9]Tape recorded interview, Charles E. Egeler, Warden, Jackson Prison, op. cit.

[10]Comments of William Kime, Director, Program Bureau, Michigan Department of Corrections, Lansing, Michigan. Personal Interview, May 21, 1976, Lansing, Michigan.

Inmate Records

The records of every inmate, past and present, were maintained in the General Office Services at Jackson Prison. If an inmate was discharged, paroled, or died, his record was maintained for a period of ten years. After this ten-year period, all records were physically destroyed. However, a card file was maintained. The General Office Services maintained, safeguarded, and oversaw the day-to-day updating of all records--filing various reports, computing "good-time" and incorporating parole board action, as well as recording all reports of disciplinary action.

An extensive analysis of cohort records was made in order to compare and record like sociological, familial, and demographical characteristics. In terms of legality, the records of the inmates were thorough. However, the records of aged and aging inmates, particularly the recidivist, arrested earlier in life (around the 1920s, 30s and 40s) were not as complete and thorough as the records of inmates most currently arrested. The more current the arrest, the more complete and legally complex was the record. The records of those aged and aging inmates arrested earlier in life, showed that the inmate's case was processed swiftly through the judicial system and that the inmate went to trial with the original, arresting charge. That is to say, if the individual was arrested and charged with first de-

gree murder, he stood trial on that charge. Records of more current arrestees reflected the use of "plea bargaining" on the part of defense counsel and the prosecutor's office. This process speeds up the judicial process and helps the judge review more cases over a period of time. For example, if an individual was originally arrested for first degree murder, to speed up the trial, his attorney may bargain with the prosecutor, and permit his client to enter an open plea of guilty to second-degree murder.

While the records did provide a degree of background information on the individual inmate, the older the inmate, the more lacking and incomplete was the background data. Of all documents contained in the inmate's record, perhaps none was more important than the "Pre-Trial Sentence Report." Next to the severity of the crime and the minimum and maximum sentences for the crime, as set forth in the penal code, no other factor bore more significance in the sentencing process than the pre-trial sentence report. This document was a major factor in passing final sentence on the individual and because the court docket was so overburdened, the judge often never questioned the reliability or validity of this report. At the same time, it was probably the pre-trial sentence report which was most opinionated and personally biased; and, required the least amount of time to prepare of all documents contained in the inmate's

record. This report, which became a permanent part of the inmate's record, contained a complete review of the crime, verbatim, and the results of investigations conducted by the arresting police. The report also contained a "thorough" background investigation of the accused, a brief psychological profile and a final sentencing recommendation for the judge.

This vital report was prepared by a probation officer of the sentencing court. Like the entire judicial system, the probation officer was also over-burdened. In some instances, a probation officer may have an active case load exceeding 150 individuals. As a result of time constraints and other pressures, the probation officer must often prepare the pre-trial sentence report in less than half a day's working time. There are, however, exceptions; when the work and caseload pressures are put aside. It was in these instances that the pre-trial sentence report reflected a high degree of basis, subjectivity and possibly the sentiments of society. In these instances, the report reflected a more thorough "work-up." These were the cases in which a police officer had been killed or the individual was charged with criminal sexual conduct, pedophilic in nature. In these cases, too, without regard to age or physical condition, the court was asked to impose the legal, maximum allowable sentence.

The inmate's record also contained a psychological report prepared by the Department of Psychological Services, Michigan Department of Corrections. The psychological report revealed that the psychodynamics and etiological patterns of criminal behavior share significantly similar characteristics. While it may be impossible to categorize an individual as a potential criminal, or to relate the degree to which any individual may be potentially dangerous, there were similar psychiatric and clinical features that can be predictive signs of violent tendencies, according to the clinical features as outlined in the records of cohort samples. The Psychological Services Division psychiatrically diagnosed the total 30 cohort samples as either:

1. Neurotic
2. Psychotic
3. Manic-depressive
4. Schizo-affective
5. Psychopathic
6. Brain-damaged

While none of the 30 samples was classified as reflecting all six of these symptoms, it was possible for an inmate to be classified as demonstrating one or more of these characteristics. Furthermore, of the 30 cohort samples used in this study, over half, 52 percent, of the total sample was diagnosed as:

> Paranoid ideation, combined with a rationalization of an ego defense mechanism and indicators of gradual encroaching senile psychosis, some marked, some severe.

A statistical analysis of the characteristics of cohort samples will be presented later in this chapter. It is significant, however, to note the high degree of occurrence of similar characteristics among the sampled population. These characteristics were based on the investigation of cohort prison records.

Of the 30 inmates randomally selected for this study, the records revealed the group as having an illiteracy rate of 82.5 percent. More importantly, however, in comparison to the total inmate population of 5,789, this variable remained constant. The 5,789 inmate count also included aged and aging inmates not participating in the study. A total of eight of the 30 cohort samples could neither read nor write. Furthermore, only 12 of the sampled group could legibly write their own names.

Those sampled individuals with longer records of criminal behavior and activity, recidivism, or more extensive time spent in a penal institution, shared similar characteristics in all areas, as will be described. It should be noted, however, as was discussed in Chapter II, relating to sets of characteristics which seemed to go together in the majority of cases and in defining the aging process,

not every cohort record reviewed contained each and every factor. On the other hand, some of the records reviewed listed a combination of the characteristics. There was, however, one exception--criminal homicide--the most serious of all crimes against a person, and number one on the Index of Univorm Crime Report. Because of the seriousness of this offense, and that the majority of cohort samples had been found guilty of this crime, and, finally, since this offense reflected the highest correlation of like characteristics, this is the only category which will be reviewed singularly.

According to the records, there were various categories of criminal homicide for which an individual may be sentenced. These categories included:

1. First Degree Murder.--Murder which is perpetrated by means of poison or lying in wait, or any other kind of willful, deliberate, and pre-meditated murder. First degree murder also can be committed in the perpetration, or attempted perpetration of arson, rape, robbery, or burglary.

2. Second Degree Murder.--Murder in which there is evidence of malice, but no premeditation.

3. Manslaughter (voluntary or non-negligent).--The killing of another intentionally, but in a sudden heat of

passion, due to adequate provocation, but without malice.

It was interesting to note, in the record review of the cohort samples, it was this last category, manslaughter, in which the majority of inmates would fit. The majority of the murders involved a high degree of passion. However, because of a number of variables which will be discussed, including final recommendations made to the sentencing judge, record of previous criminal activity, and the person killed, the individual was not brought to trial on a charge of manslaughter. He must prepare a defense for the more serious charge of murder first or second degree.

In spite of the psychological profile and specific psychiatric diagnosis of the individual, in the instant offense of homicide, the individual is motivated by the same normal drives and desires most people have, i.e., he does the normal thing in an abnormal situation. For example, in the stances involving homicide, the following conclusions were drawn, based on the close similarities of each of the cases:

1. While homicide is the result of or the acting out of aggression, the act itself is symbolic of a final settlement in its impact of totality and in only one particular type of homicide is it possible to bring more

totality to the situation--murder-suicide. Suicide follows those incidents of murder involving domestic love and/or a desperate love relationship.

In this study, of the total sampled universe, 19 cohorts were convicted of criminal homicide, or 63.4 percent of the sampled population; only one of the sampled group attempted suicide following the instant offense of murder.

2. Psychosis is infrequent among murders in general but it occurs with regularity in those cases involving a love relationship or a close domestic relationship between the psychotic murderer and his victims.

3. The depressive psychotic murders the person he loves the most, a person who is almost a part of himself.

4. Just prior to the instant offense, the murderer has received an insult or assault to his masculinity or male ego, usually perpetrated by a female and usually in the presence of others. These incidents were more prevalent in the records of black aged and aging inmates.

5. The instant offense was perpetrated as the last resort. And immediate gratification of the murderer's need was sought. This gratification was vengence.

6. Portionality was not rationalized in the instant offense. That is to say, the victim was punished far in excess of the cause for punishment. This was most particular in those cases involving a female. In these instances, the female was killed instantly, in the most humiliating fashion and the majority of the weapons used were of very large caliber (sometimes a shotgun) and she was shot more than once.

7. While the individual had a long history of alcoholism, during or just prior to the instant offense, the murderer had consumed moderate or extreme amounts of alcohol.

8. The murderer had a history of a potential for violent acting-out.

9. History of emotional instability and unreliability of mood. An exquisite capacity for anger as a means to counter anxiety. This anxiety was allowed to build in the individual, "silent anger," until it exploded.

10. Impairment of psychosexual development.

11. Distorted interpretations of situations in which the individual finds himself, with an inability to logically arbitrate these situations.

12. Strong preverbal orientation. Often attributed to the lack of formal education.

13. Lack of adaptability with the immediate environment or the inability to adjust to different environments.

14. Need for immediate gratification.

15. Emotional impoverishment, depression may range from slight to severe.

16. Extreme sensitivity with tendencies to paranoia.

In the specific category of criminal homicide, the similar factors which occurred with the highest degree of frequency and invariability, were those cases involving the killing of the lover (female). These shared characteristics included: (1) the instant offense of murder of the lover always preceded rejection by a female; (2) the murderer, in the majority of cases, was reared by a female; (3) of the 19 cases of criminal homicide, ten of the murderers were reared by a female and ten killed a female; (4) of this total of 19 criminal homicides 11 (36.7%) of the cohorts sampled were recidivists--for the identical crime; (5) all of the homicides involved the use of alcohol; and (6) one cohort was serving his third sentence

for the same crime--always killing a female. To look at this statistically, one would see:

4 of the cohort samples murdered--his wife
5 of the cohort samples murdered--his girl-friend or mistress
1 of the cohort samples murdered--his common-law wife

In terms of percentages:

36.7% were recidivists for the same offense of murder
33.3% were reared by females
53.3% were from broken homes

Although some overlap existed between those aged and aging individuals serving sentences for criminal homicide and the total sampled universe, each characteristic added a meaningful nuance. However, this is not to say that those individuals convicted of murder did not share like characteristics with other cohort samples. In the instances involving criminal homicide of a female or a police officer, it is important to note that whether real or imagined, the circumstances in which the individual found himself, were perceptualized as being real to him and were, therefore, in fact, real.

On a more general basis, the records of the cohort sample group, as a universe, shared other such similar sociological and familial characteristics as:

1. More than one marriage.

2. As a child, a broken, inferior, or disorganized home with imbalance and instability in family life.

3. Lack of family interest, love, support or acceptance.

4. Exposure to and agitated by other siblings and parents who engaged in open fighting.

5. Severe, often cruel corporal punishment and parental brutality.

6. Severe sibling and/or peer group rivalry, accompanied by intense feelings of jealousy.

7. Accepting and identification with a violent subculture, predators or gangs in the community. Making "heroes" out of racketeers, pimps, hustlers, etc.

8. Exposure to and often the victim of brutal and prejudicial management by law enforcement agencies.

9. History of pronounced and prolonged alcoholic habits.

10. Involvement in the use of such drugs as heroin, cocaine, hashish and a dependent use of marijuana.

11. Increased sexual arousal of endocrine origin, with a tendency to combine sex and aggression.

12. Increased sexual arousal or the total transfer of sexual interest to young children.

The similar characteristics, most pronounced and prolonged in effect, among those individuals more advanced in age, included:

1. Brain damage, predominantly to the temporal or parietal region.
2. Brain dysfunction especially psychomotor and cognitive in nature.
3. Marked to extreme ego dysfunction.

These characteristics, all obtained from inmate records and clinical reports, by no means suggest universality or predispose an individual to be violent or dangerous, even though he may be evaluated as possessing one or perhaps more of the characteristics. In order to act or react violently or dangerously, the individual must be enmeshed in a threatening, crisis situation where he has only one available defense against helplessness, anxiety or sexual panic.

In those instances involving female murder ("love-murder"), it should be noted that there were variables brought to the situation over which the assaultant had no control. For example, the time element was extremely critical and short. As a result, the individual was forced to function under the impact of an explosive and irresistable impulse--the paroxysmal type. The female had (whether real or imagined) injured the "male ego," he in turn wished to injure and inflict pain, but usually did not have the intent to kill.

Immediately prior to the instant offense of criminal homicide, the time lapse was swift and the assaultant was not afforded the opportunity to consider the awesome and irreversible physical damages to be caused by the high caliber weapon used. In all cases reviewed involving "love-murder," the murderer did not seek out his victim; furthermore, the female victim failed to or refused to remove herself from the potentially explosive situation and the female pursued or "stoodfast her ground" in the argument preceeding the instant offense of criminal homicide.

The Aged and Aging Inmate

Perhaps while these words are being read, somewhere across the State of Michigan, a judge is looking down from his bench at a man, advanced in his years and pronouncing, "It is the sentence of this court that you be confined at the State Prison of Southern Michigan for a period . . . ."

With those words, the judge has discharged the duty for which he is responsible and the case is closed. The case is closed for society, too. Public vengence has been satisfied and the dues of justice paid. In the courtroom, this aged man, through his attorney, has probably asked for mercy because of his age. Perhaps he tried to appear defenseless and weak; maybe he lied and denied the offense,

despite the overwhelming evidence against him. Depending on the crime and his past criminal record, perhaps the court will show some degree of mercy because of his age. However, if he is a recidivist, with an extensive criminal background; if he has taken the life of a policeman or a female; or if he has committed an act of criminal sexual conduct--pedophilic, regardless of his age or health status, the judge and jury will not be reluctant, in the least, to impose the maximum allowable prison sentence. In doing so, the "out-of-sight, out-of-mind" principle relieves all concerned of further burden.

Unless he has been there before, even the condemned older man does not understand or even realize it is a long way from over. What was the end for others, is the beginning for him. It is the beginning of a crude, undignified and dehumanizing existence which falls short of being called inhuman only because of semantics--it is, in fact, a human creation. For the older man, it is a form of institutionalization few older people know of, and it cannot be compared to any nursing home, extended care facility or state hospital.

For the judges, prosecutors, juries and the public there is no need or desire to know what lies ahead for the old man; few actually do, and even fewer care. For the individual whom the calendar has already advanced on, time

begins to stand still and he undergoes a series of losses. He loses years from his already-shortened life; his family; his job; his dignity and self-respect; and an even greater, unseen loss--his physical and mental health. He is stripped of his name and given a number. He becomes a "convict" and is forced into an environment where, because of his age, he is unwelcomed. He assumes a life style in an institutional subculture where he and his peers become distinctly different from other institutionalized age groups. Finally, if he fails to adjust and cope with the stress that he will encounter daily, he will begin to die a very slow, yet total, death.

Like the other aged and aging inmates at Jackson Prison, he must survive in an environment and interact with a younger group of inmates. This entire exchange can be best described by an inmate:

> These cats (most of them are under twenty-five) make no apologies for being who they are; and, though they accept--up to a certain point--their own personal responsibilities for being here, they no longer accept whitey's definition of their selves. They use a new frame of reference. And in spite of the tyrannical character of prison, without bowing or whining and without much hope, they somehow manage to keep body and spirit intact. Prison usually breaks men, but not these cats; they are a new breed of convict. Unlike the old convicts who sink lead-like into a sea of inertia, these young men <u>think</u> and <u>feel</u>--regardless of the accompanying pain. They

> are restless; they emit a great energy wherever they gather, on the yard or in the cellhouses. They mill about like a herd of cattle before a storm breaks. They are conscious and their consciousness rocks the boat, dangerously . . . . These cats are opposed not only by the 'authorities' but also by a great many inmates who are caught up in what must be a most painful situation--especially for the black old-timers. The convict's mentality, you see, is the slave mentality magnified. And for the old-timers to see the authority of white (guards) men to rule black men being questioned by these cats is like seeing the sun rise in the west![11]

As a group, aged and aging inmates did not participate in the day-to-day activities as the total prison population did. There were two major reasons older inmates did not participate in the on-going inmate or institutional culture:

1. He is deliberately excluded by the general prison population--the younger inmates.

2. He consciously and deliberately refused to participate because of fear for his personal safety, and his disdain and absolute distrust for the younger inmates.

Jackson Prison culture, like any prison culture, is extremely difficult to adjust to. It is, nevertheless, learned behavior. The behavior was learned in a variety

---

[11] Etheridge Knight, op. cit., pp. 9-10.

of ways and any deviation from the on-going culture was usually attempted at great possible risk, which could be costly to the inmate, especially older inmates, in terms of comfort, status, peace of mind, or physical safety.

Of our sampled group consisting of 30 aged and aging inmates at Jackson Prison, nearly all were ill at one time or another; many were remittently ill, and the majority of them were constantly sick. On the basis of age at last birthday, Table 5 reflects the statistical age variation of the sampled group.

In an ever-varying universe of approximately 5,789 inmates, of which 359 individuals can be placed in our category of "aged or aging inmates," there can be found every type of disease and a representative sample of psychological disorders. For example, of our sampled group, all suffered either mild or severe and prolonged stages of athlete's foot. There were 12 heart cases; 26 were arthritic, eight were diabetic, 12 had past histories of luetics or gonorrhea; two had marked asthma-allergy symptoms and two had bullets lodged in surgically inaccessible parts of the anatomy. A more detailed description of the medical problems plaguing the sampled group will be presented later in this chapter. For the present, however, in a sample population such as this, it is inevitable that many rare disease conditions are encountered. Furthermore,

TABLE 5

AGE VARIATION OF SAMPLED GROUP
(N = 30)

Variable	Age Distribution
Mode	54 years
Median	63 years
Mean	62.53 years
Variance	44.74 years
Standard Deviation	6.68 years
Skewness	.66537 years
Kurtosis	.36578 years

the majority of the conditions found at Jackson Prison were those that were concommitant with advancing age and the attending deterioration that accompanies it. It is to be realized further, any given inmate cohort sampled, who physically looked or seemed old, may have been suffering from any one of the diseases or any combination (and usually it was a combination) of the diseases mentioned.

Within the sampled group of inmates, it was obvious that the tolerance level for stress and strain of all types was markedly diminished. As a universe, individual abilities to maintain equilibrium was slow and imperfect. In other words, it would appear that older inmates did not adjust as well as younger inmates to a variety of things, such as changes in environmental temperature, changes in food, changes of habit, changes in overcrowded living quarters or changes in environmental moods. This decreased

and marked impaired adaptability was readily recognizable in the balance of both physical and mental health of the sampled group.

The cohorts who suffered gunshot wounds or had bullets lodged in the body, visually support the medical theory that the repair and healing process with advancing age is very slow. With these samples, wound healing was retarded. A much longer period of time was required to recover from infections and the problems are further compounded by the biological decline of the organism.

In the sampled group there were wider variations psychologically and emotionally than there were physically. The personality alterations that had occurred in these individuals appeared to be more quantitative than qualitative. For example, the egotist had become more egotistical; the complainer had become more of a complainer; the helpless had become more helpless and dependent.

With aged cohorts, those 65 plus, it was not possible to conduct interviews over an extended period or to discontinue and resume the interviews the next day because of cognitive impairment, memory lapse or a total inability to recall. The older the cohort, the more impaired and unreliable was the ability to recall recent events. Also, noticeable among the older subjects was the loss of acuity of the special senses that assist in memory. Conversely,

however, these same individuals experienced little difficulty in recalling events of 20 to 25 years ago. The will and motivation to remember current events was also markedly lower among the older individuals as was the attention span. Interviews with the older subjects necessitated more simplicity and repetition.

The tragedy of senility is the awareness of uselessness. This characteristic also was more pronounced in the older inmates. Other noticeable characteristics in the older individuals included: (1) a higher degree of insecurity; (2) more expressed fear of the prison; (3) constant fear of illness; (4) more fear of correctional officers, authority and a heightened fear of young black inmates; (5) fear of the future; and (6) a fear of having no place to live on the outside. The latter characteristic could possibly explain the phenomenon discussed in Chapter II--"older inmates don't want to be released from prison." In the previous discussions of this matter, the theory of "institutional neurosis" was advanced. It also was interesting to note that there was a universal awareness of expression of a loss of strength, vigor and an overall decline in health. The cohorts expressed three specific reasons for this loss of vigor and decline of health:

1. Lack of proper medical care.
2. Effects of long-term institutionalization.
3. Effects of the human aging process.

The subjects also expressed a high degree of individual fear about the subjects listed above as well as a fear of dying in prison. However, in general, the fear of death did not upset the older inmates as much as the thought of dying inside the walls and being placed in an unmarked grave.

Additionally, the incarcerated older cohorts expressed a higher degree of felt rejection. This trait was not as noticeable among samples housed in the trustee division. With the subjects inside the walls, there was expressed feelings of "a purposeless existence." This trait was most markedly predisposed in a high degree of psychological imbalance and mental discomfort. With subjects inside the walls there was also evidence of less fidgeting, restlessness and more controlled motor movement. There was reflection of deliberation and thoughtfulness during the interviews with inmates "inside." Whereas inmates housed in the trustee division exhibited the opposite type of behavior. With them, speech was more mechanical and the voice was monotonous and lacking of emotional expression. These inmates often answered questions without thinking and were slumped or collapsed in posture. Inmates

in the trustee division gave the impression of being weak and ineffective in movement. Their verbal and non-verbal behavior was marked by a low energy level--neither was convincing in intensity or power and amount of "output" was below normal. The interviews with inmates in the trustee division was marked by mumblings, weakly-uttered speech, minimal intensity and rigid structure. These individuals had difficulty shifting from one part of the interview to other parts. Furthermore, these individuals were more reserved in their interactions and appeared to resent the intrusion of interview questions about their private lives. There was more effort to seek approval of the interviewer and to conform--"say the right thing." Inmates inside the walls spoke their minds more freely, expressed independent opinion and were generally more self-directed. Subjects inside the walls gave the impression of extending the "self" and there was little or no effort towards shortening the distance between the "self" and the interviewer. Short "yes," "no," "don't know" responses, sentence fragments and lack of elaboration or stumbling bits of speech were most characteristic of trustee division samples. Samples inside the walls demonstrated a more normal, less strained flow in which words were integrated into statements and statements into larger contextual units.

Inmates inside the walls maintained a frame of reference with fairly clear boundaries; the context of statements was clear or became clear readily, and thoughts followed in logical or reasonable sequence. This was not characteristic of trustee division cohorts. Their conversation was peppered with irrelevant statements and expressions. The context of their remarks was not clear and they often took off from the topic in idiosyncratic ways--"train of thought became derailed."

Subjects inside the walls maintained direct eye contact during the interview. These individuals also appeared more animated and "alive" when talking about their private lives. This animation was demonstrated in "sparkling" or intense eyes, appropriate gestures, body posture and speech patterning that was marked by deep reflection and an inward-turning behavior. That is to say, the "inside" inmates often got "lost in their own thoughts and feelings" to such an extent that the interviewer's presence appeared, at times, to be momentarily ignored. This self engrossment was not characteristic of inmates in the trustee division; they were marked by flat, neutral, transient, "uncommitted" behavior and expressive "commentary" when talking about their lives or opinions. They appeared less "caught up" in their internal life. These inmates talked about themselves

in the same, rather uninvolved, way they talked about most everything else.

To isolate themselves from the general, younger inmate population, aged and aging cohorts, both "inside" and "outside," universally practiced a "self-imposed activity restriction." As a result of this prolonged social isolation and inactivity, there was a marked degree of paranoid antagonism in the group.

Aged and aging inmates did not make use of recreational facilities provided at the prison; nor did they participate in organized recreational activities. It was very rare to find them lodging or congregating in the prison yard. Their recreational activities were geared for one or two persons and for the most part were confined to: (1) handy or hobby leather craft; (2) playing checkers or a game of cards with peer group members; (3) watching television or listening to the radio. Prison regulations permitted inmates to have a personally-owned television in their cell, so long as it was purchased at Jackson Prison.

Table 6 lists the favorite television shows of the sampled group, both "inside" and "outside" the walls. Not all cohorts watched television.

The sampled universe consisted of 30 aged and/or aging male inmates at Jackson Prison. Table 7 lists the ages, at last birthday, of the sampled group. Of this

TABLE 6

FAVORITE TELEVISION SHOWS OF AGED AND AGING COHORTS IN JACKSON PRISON

Game Shows	Drama Shows
The Price is Right	Edge of Night (daytime soap opera)
Hollywood Squares	Police Woman
Bowling for Dollars	Love of Life (daytime soap opera)
Wheel of Fortune	
Let's Make a Deal	
Variety or Talk Shows	**Comedy Shows**
Johnny Carson	Sandford and Son
Mike Douglas	I Love Lucy
Diana Shore	
Lou Gordon	
Other	
Six O'Clock News	Detective Shows
Educational Programs	Hillbilly Shows
Soul Train	Religious Programs
All Sports Shows	

population, 19, or 63.3 percent, were housed inside the walls of the prison and 11, 36.7 percent, were housed in the trustee division. Those inmates inside the walls were more mentally alert than those in the trustee division. Inmates inside were also more attuned and opinionated on subjects of current events. Tables 8 through 13 reflect the opinions of the total universe on issues of current political, social and economic concerns. For the sake of

TABLE 7

AGES OF COHORT SAMPLED GROUP*
Weighted N = 30

Age	Number of Inmates	Percentage of Sampled Universe
49	1	3.3
53	1	3.3
54	3	10.0
55	1	3.3
56	1	3.3
57	1	3.3
59	1	3.3
60	2	6.7
61	1	3.3
62	2	6.7
63	2	6.7
64	2	6.7
65	2	6.7
66	1	3.3
67	3	10.0
68	3	10.0
74	1	3.3
75	1	3.3
76	1	3.3

*65+ = Aged Cohort.
45 to 64 = Aging Cohort.

brevity, some of the responses as recorded here are condensed.

There were a total of four aged (65+) cohorts housed in the trustee division and eight "inside the walls." During interview sessions, the 12 inmates voluntarily and in time-consuming detail, interjected conversation concerning religious topics and discussed their total belief in and

TABLE 8

QUESTION: WHAT IN YOUR OPINION IS THE GREATEST INTERNAL PROBLEM IN AMERICA TODAY?
(N = 30)

	Response*	Housing
1.	Drugs, crime and unemployment	Trustee
2.	Political corruption--Nixon and his boys	Trustee
3.	Drugs and violence	Inside
4.	Elected officials abusing the law and the power of their office	Trustee
5.	Drugs	Trustee
6.	Inflation	Trustee
7.	Lack of cooperation between elected officials and the people	Trustee
8.	Taxes are too high	Trustee
9.	Older people eating dog food because they can't afford better foods	Inside
10.	Crime and drugs	Inside
11.	Young people using drugs	Inside
12.	People not caring about the country	Inside
13.	Unemployment, inflation and lack of food production	Inside
14.	Crime	Trustee
15.	Drugs	Trustee
16.	People in this country don't care for each other anymore	Inside
17.	The economy	Inside
18.	Unemployment and crime	Inside
19.	Loss of faith in our government	Inside
20.	Racism	Inside
21.	Large corporations are running the country	Inside
22.	We don't care about each other anymore	Inside
23.	Corrupt police officials controlling drugs in the inner cities	Inside
24.	Don't know	Trustee
25.	Unemployment	Inside
26.	People misunderstanding one another	Trustee
27.	Moving away from religion	Inside
28.	Something is wrong with a society that makes old men live like animals in a place like this	Inside
29.	Racism	Inside
30.	Lack of trust in one another	Inside

*The responses, as recorded here, do not reflect numerical ranking.

TABLE 9

QUESTION: WHAT, IN YOUR OPINION, IS THE GREATEST EXTERNAL PROBLEM FACING AMERICA TODAY?
(N = 30)

	Response *	Housing
1.	I don't know	Trustee
2.	I'm not up on that	Trustee
3.	Wars, in smaller countries, with larger countries getting involved	Inside
4.	Political crooks selling America out	Trustee
5.	War	Trustee
6.	Too much money leaving America	Trustee
7.	We should stop trying to save the world	Trustee
8.	Everybody is after the small countries, trying to get their resources	Trustee
9.	Russia, America isn't what it used to be	Inside
10.	Immigration, too many people coming into the country	Inside
11.	Another war	Inside
12.	War, another Vietnam	Inside
13.	We're sticking our nose in too many places	Inside
14.	I don't know what's happening	Trustee
15.	I don't know and don't care	Trustee
16.	Too many people looking to us for help	Inside
17.	We're too weak, the country isn't what it used to be	Inside
18.	Too many countries looking to us for help	Inside
19.	I have no idea	Inside
20.	Another Vietnam	Inside
21.	Instead of killing people, all nations should band together and feed the world	Inside
22.	Drugs coming from other countries and the American taxpayers spending billions of dollars to fight it	Inside
23.	Americans aren't a proud people anymore	Inside
24.	Too much aid to other countries	Trustee
25.	Nobody believes in God Almighty	Inside
26.	I don't care about that	Trustee
27.	We have to depend on too many for energy	Inside
28.	We've given and nobody remembers that	Inside
29.	The Communists	Inside
30.	America is no longer number one and everybody knows it, it's going to be like another Pearl Harbor	Inside

*The responses, as recorded here, do not reflect numerical ranking.

TABLE 10

QUESTION: TELL ME ABOUT WATERGATE
(N = 30)

	Response	Housing
1.	Nixon committed the same crimes that some guys in here did--he got away with it	Trustee
2.	Crimes committed by high officials in Washington	Trustee
3.	I don't know much about it but they should be punished	Inside
4.	The Republicans bugged the Democrats and discovered they were doing illegal things	Trustee
5.	Nixon showed the world he was a crook	Trustee
6.	I don't know about that	Trustee
7.	A shameful scandal	Trustee
8.	That was a Nixon job	Trustee
9.	Tricky Dick got caught with his hand in the till	Inside
10.	It was a nice soap opera and it's still going on--they're taking us all	Inside
11.	Nixon got caught doing what everybody else has been doing for years	Inside
12.	Nixon was not the first one to think of Watergate	Inside
13.	Nixon got caught like some police and guards do--it's no big thing	Inside
14.	I don't know about things like that	Trustee
15.	I don't know	Trustee
16.	I heard something on the news about that	Inside
17.	That's a place in Washington	Inside
18.	They tried to cheat the people	Inside
19.	I don't know about that	Inside
20.	No response	Inside
21.	Nixon knew all along. I think he had the Kennedy's killed	Inside
22.	We should drop it and put it behind us, it was caused by other countries	Inside
23.	No response	Inside
24.	No response	Trustee
25.	They tried to pull something off, unknown to the people	Inside
26.	No response	Trustee

TABLE 10 (Continued)

Response	Housing
27. All I know is what I saw on television	Inside
28. Watergate had to surface, it's been going on in our government for years	Inside
29. It proves that people who say they are honest aren't. Nixon was yelling law and order, while he was breaking the law himself	Inside
30. It was the downfall of the United States	Inside

devotion to God. Some often quoted passages from the Bible. These religious feelings were expressed more freely and appeared to be of more importance to aged black inmates inside the walls. Conversely, however, inmates inside the walls rarely spoke of attending church services at the prison as did the inmates in the trustee division.

The environmental differences between "inside the walls" and the trustee division, as discussed earlier, were striking and as obvious as day and night. However, an individual inmate's reactions, life-style and coping strategies in the trustee division were not as readily discernible. That is to say, there was an interesting paradox in the behavior of subjects who had been institutionalized "inside" for an extended period of time (usually exceeding 10 years) and then transferred to the trustee division. This complexing and paradoxical behavior manifested itself

TABLE 11

QUESTION: IN 1976, THIS COUNTRY WILL BE CELEBRATING A VERY IMPORTANT EVENT. DO YOU KNOW WHAT IT IS?
(N = 30)

	Response	Housing
1.	200 year anniversary	Trustee
2.	We'll be 200 years old	Trustee
3.	Our bicentennial	Inside
4.	Bicentennial	Trustee
5.	200 years old	Trustee
6.	No response	Trustee
7.	No response	Trustee
8.	No response	Trustee
9.	I don't know, but I heard something about it	Inside
10.	That's an election year	Inside
11.	Our bicentennial	Inside
12.	Our bicentennial	Inside
13.	We will be 200 years old	Inside
14.	Prices and taxes are going up	Trustee
15.	The Declaration of Independence was signed on that date and we became America	Trustee
16.	200 years old	Inside
17.	Our birthday	Inside
18.	We will be 200 years old	Inside
19.	This rotten country will be 200 years old	Inside
20.	Our 200th birthday	Inside
21.	We will be 200 years old	Inside
22.	Bicentennial birthday	Inside
23.	Bicentennial	Inside
24.	I'm not up on that one	Trustee
25.	No response	Inside
26.	Bicentennial	Trustee
27.	No response	Inside
28.	Bicentennial	Inside
29.	Our birthday--200 years old	Inside
30.	The founding of America	Inside

TABLE 12

QUESTION: CAN YOU TELL ME ABOUT ATTICA?
(N = 30)

	Response	Housing
1.	That's a big prison in New York	Trustee
2.	I'm not up on that	Trustee
3.	They had a riot at that prison	Inside
4.	No response	Trustee
5.	I don't know about that	Trustee
6.	It was a prison riot	Inside
7.	Prison riot	Trustee
8.	I don't know	Trustee
9.	It was a riot like they're going to have here. They killed the guards too, just to get the inmates	Inside
10.	A big prison riot in New York	Inside
11.	It was beautiful, the guys took over that pen in style. Too bad so many were killed, but it was beautiful	Inside
12.	Biggest prison riot ever	Inside
13.	Inmates took over a prison in New York	Inside
14.	I don't know	Trustee
15.	I don't know	Trustee
16.	I don't know	Inside
17.	Young blacks took over the pen	Inside
18.	No response	Inside
19.	I don't know anything about that	Inside
20.	The best thing to happen to prisons, too bad so many had to die	Inside
21.	I don't know	Inside
22.	That's a prison in New York where they had a riot	Inside
23.	I don't know	Inside
24.	That's a prison in New York where they had a riot	Trustee
25.	No response	Inside
26.	Can't remember	Trustee
27.	A lot of guards and inmates were murdered by white animals	Inside
28.	That's a prison in New York where they had a riot and quite a few people got killed	Inside
29.	You got me on that one, I don't know	Inside
30.	A prison in New York where guards were shown to be exactly what they are	Inside

TABLE 13

QUESTION: CAN YOU TELL ME ABOUT THE WOMEN'S LIBERATION MOVEMENT?
(N = 30)

	Response	Housing
1.	I don't know much about it, only what I heard on the radio	Trustee
2.	Women are trying to get up high	Trustee
3.	Women want to be 50-50	Inside
4.	I don't know	Trustee
5.	I think women belong at home	Trustee
6.	They just want more rights	Trustee
7.	I have no idea	Trustee
8.	No response	Trustee
9.	Whatever job a man can do, if they are qualified, women want the same job	Inside
10.	Women think they're underpaid and discriminated against	Inside
11.	It's a white middle class woman's way of getting divorced or just playing around on the side	Inside
12.	It's okay	Inside
13.	It's a great thing	Inside
14.	I think it's all right so long as it doesn't get out of hand	Trustee
15.	They got a good thing going for themselves	Trustee
16.	I don't believe in that junk	Inside
17.	White women got nothing else to do with their time	Inside
18.	I don't know about that	Inside
19.	I don't know	Inside
20.	I don't know	Inside
21.	It's an excuse white women use to play around	Inside
22.	It's nothing but women causing more trouble that's why I'm in here today, a woman trying to boss me around	Inside
23.	It's no good	Inside
24.	How 'bout human liberation?	Trustee
25.	I have no idea	Inside
26.	I don't know	Trustee
27.	I have no idea	Inside
28.	Who cares?	Inside
29.	I don't know	Inside
30.	I don't know	Inside

in the form of a deep-rooted "relocation trauma." Perhaps at this point a brief description of the environment in the trustee division is valuable.

It is known that the primary objectives of all inmates at Jackson Prison is survival. Just as important, however, is to be set free and, secondarily, the objective is to maintain a record reflective of good behavior and one free of violations of regulations. Good behavior impresses the parole board and influences its members in their final decisions in considering parole. It is also important criteria used in considering transfer to the trustee division.

The environment inside the walls was always tense and hostility-laden; whereas the trustee division was not as stress-provoking. In the trustee division there was greater freedom of movement and direct, unrestricted access to the out-of-doors. There was no great wall, no armed guards in watch towers and only limited use of rusty steel bars. The atmosphere could almost be compared to an army barracks or college dormitory. It should be cautioned, however, that it was not a "prison free" environment. Nonetheless, in trustee division, visitors were not greeted by massive, electronically-charged steel bars; they were not physically searched and forced to walk through a metal sensing device. Upon conclusion of interviews with inmates,

they, the inmates, were not forced to strip of their clothing, to be searched as the inmates inside the walls were required to be. The only restraining device at trustee division was a non-threatening, common, metal link fence which extends around the area comprising the trustee compound. This fence was always open and there was nothing to prevent the inmate from just walking away. Under these circumstances, extraordinary for a maximum security prison, seldom did anyone walk away from Jackson Prison. In fact, over a five-year period (1970-1975), Jackson Prison recorded one escape and no walk-aways. The spectacular and successful escape, the most sensational in Michigan penal history, took place "inside the walls," not at the trustee division.

It was this relaxed, tense-free environment that caused aged and aging, long-term institutionalized inmates their greatest problem in the trustee division. The trauma of such a sudden relocation was physically and psychologically provoking for the older inmate, who had spent all of his penal years "inside." Excluding the physical pain, the shock of relocation from "inside" to "outside," can perhaps be most illustratively compared to the detoxification and withdrawal process a long-term drug addict must undergo to "kick the habit." The initial impact on the relocated inmate was similar to the drug addict "kicking

cold turkey," from the physical, psychological and long-term dependence on an addictive narcotic such as heroin. Perhaps to a lesser extreme, the "relocation trauma" could be compared to the adjustments a 30-year, active-duty, urban or inner city police officer must make to civilian life. Previous research of such transitions have documented the fact that longevity following retirement for long-term police officers is very low and suicide rates markedly higher in comparison to other occupations. At Jackson Prison, lack of congruence between needs and environment in trustee division was a very hard fact of life. This problem was especially acute for the long-term institutionalized, white, aged, recividist. Some inmates made a smooth and orderly transition from "inside" to "outside"; others did not. Those who did not make it usually became beseiged with medical and emotional disorders. These individuals were often transferred to the prison infirmary. Problems of adaptation to the trustee division could possibly be best illustrated by the recurrent request from inmates to be transferred back "inside." The findings of Townsend (1968)[12] also could be used to illustrate this transitional problem. In examining the transitional and

---

[12] P. Townsend, "Medical Services," in Strategies of Adaptation in Institutional Settings edited by Kahana and Kahana (Detroit: Wayne State University, Elderly Care Research Center, September, 1973), p. 10.

coping strategies of older people in the community at large, Townsend found that substantial proportions of them die or deteriorate significantly during the first six months of institutional living. Townsend found further:

> . . . maladaptive strategies of coping among elderly residents recently transferred to long-term institutional settings. The adaptive capacities of older people were diminished when they were faced with new and unexpected situations or there was a lack of fit between their needs, preferences, and their environment.[13]

As a final illustration, it is known that there are frequent and major readaptations required of older people in our society, such as discontinuities posed by retirement, bereavement, impaired health or loss of social roles. Many older people are unable to cope and succumb to these stresses. Yet, others make successful adjustments and display great resourcefulness in coping with change. In this study, coping strategies can be identified as those which predict survival (by whatever means necessary) and well-being among aged and aging male prison inmates. The adaptive strategies were seen as a function of:

a. Individual characteristics (demographic, psychological and social) prior to imprisonment and, too, following a period of institutionalization

---

[13] Ibid.

b. Environmental factors (both situational aspects of the microenvironment and structural features of the macroenvironment)

Adaptation was considered in the context of independent, dependent and intervening variables. In the present usage, one looks at aged inmates moving from a constantly explosive, antagonistic and sometimes violent milieu to one with reduced pressures, less adverse stimulus and more freedom of movement. For aged, long-term institutionalized inmates, this move resulted in increased levels of experienced frustration. In retrospect, one is cognizant of the achievement of one of the inmate's primary objectives which was then internalized by the inmate as a traumatic let-down. This phenomenon can be closely related to the institutional neurosis discussed in preceeding chapters. At this point in the discussion of aged and aging inmates in the trustee division, seven characteristics displayed by these respondents can be discussed. These traits were manifested on a physical, psychological or social level and were the outcomes of maladaptive coping strategies mobilized by these inmates and included:

1. Total withdrawal
2. Acquiescence
3. Exaggerated medical and emotional complaints
4. Obesity
5. Docility

6. Chain smoking with heavy tar deposits on the fingers
7. Confused and/or disoriented behavior

These characteristics should be considered in addition to those discussed earlier in this chapter. Unlike the inmates "inside," aged and aging inmates in the trustee division did not appear as verbally hostile towards the guards and other prison personnel. Hostilities and the fear of young black inmates were universal between "inside" and trustee division subjects. All inmate cohorts housed in the trustee division, regardless of ages, knew the name of the current warden of the prison and his name was given without event. This situation, however, was not true of the inmates inside the walls. Of the 19 subjects inside, only 10 knew who the warden of the prison was and he was referred to bluntly and abusively by last name only, almost always preceeded by a negative adjective. The inmates who did not know the warden's name were older cohorts who have been housed inside the walls for the longest period of time. They appeared visibly embarrassed at not knowing the warden's name.

In terms of physical appearance and personal hygiene observed during the interview session, the older (aged) subjects appeared in wrinkled, unironed prison blues. They also were unshaven, with heavy and offensive

body odor. This factor held consistent with inmates "inside" and "outside" the walls. The exception, however, was black inmates inside the walls, regardless of age. These subjects appeared neater and some reported for the interview in neatly pressed civilian clothing.

Those inmates who were not edentulous often had heavy deposits of yellow plaque on the teeth and some had visible caries on the front teeth.

Finally, in our sample group of 30 aged and aging inmates, all those eligible to receive social security benefits were receiving them. The social security recipients consisted of seven inmates inside the walls and five in the trustee division. All 12 were having the monthly benefits deposited in banks, outside of Jackson Prison. The inmates in the trustee division receiving social security benefits expressed a greater degree of trepidation and distrust about having the government automatically deposit the checks in the banks.

If one were required to render some qualitative judgment or evaluation as to which group of inmates, "inside" or "outside," were better off in terms of semescence stabilization, mental acuity, fewer senile traits and other characteristics as discussed earlier in the chapter, it would be the aged and aging inmates housed inside the walls. The basis for this conclusion will be summarized at the conclusion of this chapter.

Procedure

This study of aged and aging male prison inmates at Jackson State Prison, Jackson, Michigan, owes its scientific credentials to the randomness of its experimental design. Although random selection of cohort samples was highly discriminate, out of a universe of 5,789 inmates, only those inmates whose age at last birthday was 45 participated in the study.

A letter of introduction and an outline of the proposed study was sent to the Director, Program Bureau, Michigan Department of Corrections, Lansing, Michigan (see Appendix A). It was through this office that permission was granted to conduct the study at the prison, meet with and interview the sampled inmates and review inmate records. All activities related tc the study were coordinated through the Warden's Office, Jackson State Prison. Access to inmate records was coordinated through the General Office Services at the prison (see Appendix B for letter granting permission to conduct the study at the prison).

Finally, an application requesting permission to use humans as subjects, along with a prospectus of the study was submitted to the School of Education's Research Committee, The University of Michigan. It is this committee that reviews proposals involving the use of human

subjects (see Appendix C). Appendix D shows committee approval.

The Sample Population

The respondents in this study were male prison inmates drawn from a population of all those inmates 18 years of age who had been duly tried and convicted for various criminal violations of the State of Michigan's Felony Statute and sentenced to serve time at the State Prison of Southern Michigan, Jackson, Michigan. The 5,789 males in the prison population resided either in the maximum security unit ("inside the walls") or the trustee division at Jackson.

Sampling Frame

The two sample groups were drawn from a list of the total eligible population. The samples were drawn from the Daily Resident Index Name Printout, an IBM computerized sheet containing the names of all inmates at Jackson Prison. This document, printed daily at the prison, contains the most accurate and reliable count of inmate population at Jackson. The sheet also contained a wide variety of information pertaining to the inmate: his date of birth, race, religious preference, where he is housed at the facility, the prison term he is serving and the maximum and minimum amounts of time he must serve. For example, an

entry on the Index may resemble the following:

J A6864243 Doe, John N43C A022269 06-4-01 123456
I 091276

In this example, the letter "J" would indicate where at the prison the inmate lived and whether he was inside the walls, in the infirmary or in trustee division. The letter "A" preceding the inmate's number indicated which prison term the inmate was serving. "A" would mean the first prison term, "B," the second, "C," the third, etc. In this study, one inmate was serving his eighth term. This would be indicated by the letter "H." Next would be the inmate's last name, followed by the first name. The next digits, "N43C," would indicate that the inmate was Negro (black), born in 1943 and was Catholic. As in the example, this code was followed by "A022269," with the letter indicating a commitment code and the numbers indicating the entry date. In the example, it would be February 22, 1969. The next digits indicated the inmate's permanent prison housing. In the example, "06-4-01" would indicate cell block 6, row 4 and cell 1. The next row of numbers indicated the inmate's work assignment or the school program he was enrolled in at the prison. The last row in the example indicated the inmate's relase status, "I 091276." The "I" would indicate the inmate had been interviewed by the parole board and was scheduled for release September 12, 1976.

From this Daily Resident Index Printout the names of all inmates with a year of birth that would make them 45 years of age at the last birthday or older were recorded. As a result, there were a total of 359 aged and/or aging inmates eligible to participate in the study.

Stratifying the Sample

The 359 eligible inmates were divided into two age specific groups: those 45 to 64 comprising the aging cohort and those 65 plus, comprising the aged cohort. This population included twice as many aging inmates and five times as many blacks as whites. No controls were used to discern blacks from whites and because of a recording error on the part of the investigator, no separation was made between "inside" and trustee division inmates. This error, however, later proved to be an advantage of the study and to enhance its diverse representation.

Both groups of names were then placed in a small drum; it was turned and names were drawn, without replacement. In the first drawing, 18 names were pulled for each age group. Thirty-six names were selected so as to minimize time and effort in compiling the final sample group. The high degree of illiteracy was not anticipated and a total of 12 inmates did not respond to the letters of introduction sent to them and two thought they were being asked to donate body parts for research or donation to

other humans. This necessitated a second drawing of names, without replacement. From this second drawing, the sampled group was comprised. Every person on the sampling frame had an equal chance of being chosen for the appropriate sample group. Although somewhat involved and time-consuming, the selection procedure assured equal probability of selection within the eligible population, while at the same time guarding against a high refusal rate. Nothing short of personally interviewing each inmate could have prevented the high rate of misunderstanding and misinterpretation. This, however, would have possibly jeopardized the element of randomness. Upon return of the consent form, each inmate was randomly assigned a Research Identification Number, beginning with the number 100 to 130. These numbers were affixed to the Questionnaire--The Elderly Male Inmate, Strategies of Coping in Long-Term Institutionalized Penal Environment, A Study of Aged and Aging Institutionalized Male Prison Inmates. The numbers were also cross-referenced on 5" by 8" index cards. The cards were used to record data taken from the inmate's prison record. None of the subjects ever saw the card with the recorded material relative to them. The data contained on the card was transferred to the Inmate Research Questionnaire following the interview. Appendix E details the information recorded on the card. The proce-

dure of transposing the data after the interview provided the investigator the unique opportunity of meeting the inmate twice--on paper, as seen by others, and in person. The comparisons were often striking. Very often it was difficult to believe that "this is the man who shot his wife in the face with a double-barrelled shotgun" or "this is the man who committed an act of criminal sexual conduct against a seven-year-old little girl."

Letters of Introduction and Consent Forms

Appendix F contains the letter of introduction and consent form that was sent to all of the inmates selected in both drawings. The letter assured each consenting inmate protection of his anonymity and complete confidentiality of the data to be obtained. Also attached to each letter was a handwritten note from the investigator promising the inmate $2.50 an hour as renumeration for his participation. All subjects were requested to return the signed consent forms, via regular prison mail, to the Warden's Office.

Initial Meeting and the Interview

Following receipt of the consent forms, it was arranged to meet with the aged and aging subjects both inside and outside the walls. The purpose of the group meetings

was to provide the respondents the opportunity to meet the investigator, to answer questions and show the inmates a copy of the questionnaire (see Appendix G). The meeting with the inmates inside the walls was conducted on the second floor mezzanine of the large visiting area. While a number of prison guards were visually present, they were there as a part of the routine, daily prison security operation, not to provide security or oversee the group meeting. Inmates inside the walls asked a great deal of questions, all relevant and pertaining to the study or the questionnaire. Whites raised more questions than blacks, but blacks were overwhelmingly in charge of order in the group. They became very agitated with whites whom they felt were asking irrelevant questions or wasting time. In these instances, blacks verbally, with authoritative demands, ordered whites to "shut up." The white inmates, avoiding any eye contact, obeyed these commands. The group meeting inside lasted for two hours and, upon its completion, subjects, in a very mechanical fashion, took seats along one side of the mezzanine. The inmates were then called down individually, had their visitors pass checked, and then were taken into a small room. In this room, they were required to strip of all clothing and "touch the toes," to be searched.

The meeting with the group in the trustee division was just the opposite. Very few questions were raised and the group was leaderless; no single individual or race was dominate. The meeting was held in a part of the large and comfortable visiting room. The meeting room was partitioned off so that the meeting was conducted in private and with no guards present.

The inmates inside the walls were interviewed first with each interview lasting between one and two hours. Initially, it took two sessions to complete the interview. Later, however, it was reduced to one session per inmate.

Inside the walls, the interviews were conducted in the open mezzanine area, with a guard usually somewhere in sight and other inmates freely walking about. These factors did not appear to inhibit the inmates. Although the parole board room afforded a much higher degree of privacy, use was made of the room only twice because the parole board was meeting. Because of the high degree of illiteracy, questions from the questionnaire were read to each inmate and his comments recorded verbatim, by the investigator. While the questions probed into the same general areas for every respondent, in some instances the wording of the questions was tailored to conform with the inmate's ability to understand. In addition, the respondent was given ample opportunity to discuss the events and circum-

stances surrounding his crime. In comparing the inmate's version with accounts contained in his record, it was discovered that black inmates, universally, were more open and honest about their offenses than were whites. The exception being those cases involving criminal sexual conduct, pedophilic in nature. Blacks would admit that they committed such a crime but offer no details or discussion. Whites would simply refuse to discuss the crime at any level. Inside the walls two white aged cohorts and one aging black stood fast in denying their guilt, with all three claiming they were framed. None of the inmates in trustee denied committing their specific crimes.

There was greater record discrepancy in those cases where the inmate had killed a police officer. That is to say, the inmate's account of the incident was in no way even remotely related to the details of the offense contained in the record.

Interviews with the inmates in the trustee division were conducted in a small private office with comfortable foam cushioned chairs and shaded doors that could be locked from the inside. These interviews usually lasted from one and a half to two hours. There were no guards or other inmates present during the course of the interview and inmates were not subjected to the naked search procedure as were the inmates inside the walls.

Immediately preceding all interviews, each inmate was verbally reassured of the confidentiality and anonymity that would be afforded him as a result of his participation in the study.

Findings

Four major hypotheses were tested, using an analysis of the data collected, research findings of the other relevant investigations and a low-order statistical analysis. Due to the lack of research data related to the investigations of this study, it was felt that the construction of such hypotheses testing met the canons of scientific investigation. Accordingly, statements of relationships between two variables (for example, age and the ability to cope in a penal environment) will be presented and they are worded in such a manner that they were explorable affirmations. It is hoped that the exploration and presentation of four previously untested hypotheses involving aged and aging prison inmates, and the concommitant conclusions drawn, will aid in directing the attention of researchers to the older, long-term institutionalized, male prison inmate. The Institute for Social Research, The University of Michigan was used for the analysis of the data collected.

In a final analysis, there are many relationships among the variables presented here. Based on the findings such relationships would emerge and demonstrate empirically testable hypotheses.

Hypotheses

For purposes of this study and in order to scientifically analyze the data, all hypotheses are stated in the null form in the following discussions.

Hypothesis 1: Aging is not a major variable in coping with environmental stress.

Conclusion.--On the basis of the data collected, observations and measures of central tendency, and given more statistical testing, it is probable that this hypothesis would be rejected. In understanding the nature of institutionalization one must be cautious and also consider important dimensions of the institutional environment which are stressful and as a result, promotes and undermines adjustment and thwarts successful coping.

Forty-five-year-olds see the institutional environment as one that rewards boldness and risk-taking and see themselves possessing energy congruent with the opportunities presented in the outer world. As age progresses, the older individual begins to see the environment as complex and dangerous, no longer to be reformed in line with one's

wishes, and to see the self as conforming and accommodating to environmental demands. This change can best be described as a change from an active to a passive orientation in terms of mastery of the environment.

As age increases, preoccupation with the inner life becomes greater and the individual experiences the phenomenon of "life review." Ability to relate emotionally to people or environmental stress declines, readiness to perceive people as active and as experiencing emotions is reduced, and there is movement away from outer-world to inner-world orientations. These episodes can best be seen in the development of the "institutional neurosis" and other sensory disturbances which have been discussed in preceeding chapters.

The ability to integrate a wide range of stimuli becomes constricted, and along with it comes an unwillingness to deal with complicated and challenging situations. Older institutionalized individuals tend less often to perceive affect (the subjective experiencing of emotions) as an important part of life; and tend toward inactivity or passivity rather than toward more active, assertive forms of behavior.

The evidence compiled here supports the notion that as age increases, there is less physical and emotional energy available for responding to, or maintaining, former

levels of involvement in the institutional world. The implication is that the older institutionalized person tends to respond to inner rather than outer stimuli, to withdraw emotional investments, to give up self-assertiveness, and to avoid rather than embrace challenge.

The evidence also suggests that during the first year of institutionalization mortality rates for older people are higher than those expected either in the community for similar age groups or those expected during subsequent years in an institutional setting. Since ours is a sex specific sample, it is of importance to note that mortality rates are higher for men than women and they increase linearly as one moves from homes for the aged to nursing homes and to state hospitals. The evidence suggests, further, the more total institutions or those having less congenial atmospheres, have older residents portraying more negative personality characteristics, indicative of maladaptive coping stragegies. The sex differences, with regard to the influences of age on the intrapsychic processes, suggest that older men cope with the environment in increasingly abstract and cognitive terms; younger men and older women, in increasingly affective and expressive terms.

Increased interiority seems to be accompanied by a certain reduction of the complexity of the personality as

environmental complexities are internalized as stressful. With the shrinkage in psychological life space and with decreased ago energy, an increasing dedication to a central core of values and to a set of habit patterns and a sloughing off of earlier cathexes (likes or dislikes) which lose saliency for the individual occur. As the institutionalized person grows older, his inner orientations tend to shift from seeing himself as the captain of his fate to seeing himself as primarily responsive to other people's demands.

Biological declines, too, affect the older person's ability to cope with environmental stress. As the human organism continues to age, biological declines in function increase. Due to declines in the efficiency of the central processes, perception, reaction, time, speed and accuracy of response, and complex task performance all suffer as aging progresses. Likewise, loss of brain tissue, changes in the metabolic rate of the brain, and loss of circulatory capacity in the brain all produce changes in mental functioning. Intelligence, learning, memory, thinking, problem-solving, and creativity all show reductions with advancing age.

In summary then, the inner life of the institutionalized aged person becomes more important to him as he ages and the environment is internalized as becoming increasingly

stressful. Cognitive processes decline with age and competence in role performance and interpersonal skills diminish. The ability to integrate and respond to incoming stimuli is also reduced.

As was seen with aged and aging prison inmates who are transferred from a maximum security environment to one more relaxed and providing more freedom of movement, the stress of moving from one environment to another is often too much for the aged inmate whose adaptive capacities are diminished by encroaching age and illness.

When the older person enters an institutional environment, he leaves the community. In the instance of the correctional facility, he is removed from the community by force. His experiences from then on are largely shaped by the relationship between the institution and the community. Again, in the instance of the penal institution, the community simply serves as a source of residence, an origin point, and the institution becomes a last stop. When the institution is viewed as a place of no return, the relationship with the community becomes a one-way one. When this is the case, the older institutionalized resident views himself as someone cut off from his past. The maintenance of earlier life patterns is especially important for older persons. The greater the disruption of previous life styles, activities and relationships, the greater the risk of per-

sonal demoralization and alienation from society. The institutionalized aged undergo such demoralization since a major readaptation is required from them at an age when their adaptive capacities are diminished.

Institutional settings, in keeping with one's own past experience and an environmentally stimulating atmosphere, minimize psychological stress and feelings of helpfulness for older individuals.

Finally, the following conclusions can be offered: (a) age, per se, is an excellent predictor of institutional adjustment; (b) feelings about one's state of physical and mental health also can be used as a predictor of institutional adjustment and the successful mobilization of coping strategies.

As for disengagement, it is known that in the general population, aging brings a decline in social contacts with relatives and friends. In the institutional setting, this social decline is extended to other residents, staff and peers as well. There is increased desire for "internal attention" and affection. The older respondents seem to turn inward and exhibit more passivity than the middle aged respondents. In short, the difficulties, traumas and losses, suggest that older male inmates do not adjust well to the challenges of environmental stress.

The most important factor in maintaining mental skills and psychological well-being into old age, is to be in an environment which allows the mental faculties to be constantly exercised. Contrary to all of the above, and certainly paradoxical in the examination of hypotheses, the penal institution does provide such an environment.

Hypothesis 2: Aged and aging prison inmates do not possess and manifest like characteristics as do long-term, institutionalized, age and sex specific, nursing home (and other after-care facility) residents.

Conclusion.--The evidence gathered here strongly suggests the contrary. Therefore, and based on further statistical testing, this hypothesis would be rejected. The degree of homogeneity among aged and aging male prison inmates appears to be higher in all areas of comparison. The evidence strongly indicates that the two populations are not totally comparable. However, these two institutional environments will be examined, as well as the high degree of homogeneity among our sampled population. Perhaps, the only comparable variable is that of institutionalization. It is for this reason that a brief look at environmental characteristics will be made. In terms of institutional environments, a great many comparisons can be made. For example: (1) degree of institutional totality; (2) institutional goals, objectives and outcomes; (3) others present

(staff and short-term, long-term residents) in the institutional milieu and the effects of their actions; (4) the physical and psychological status of the residents of the institution; and (5) institutional control dimensions and congruence, to name a few.

The classical medical model of illness assumes that disease processes are reversible and that skilled medical care can usually and rapidly restore the patient to good health. Although prognosis is poor, this model is still applicable to chronic illnesses which characterize elderly persons entering long-term care institutions. Comparatively, the classical model of imprisonment assumes that "serving time" (punishment) in a correctional facility will correct or deter future, deviate behavior. Here, too, prognosis is poor, especially for the older, long-term institutionalized recidivist. Nonetheless, the model is still made applicable.

Using common terms to describe persons and environments, Table 14 lists those environmental characteristics found in the nursing home as well as the penal setting. Those dimensions marked "x" would not be found in the nursing home setting; those marked "y" would not be found in the prison setting; those characteristics marked "z" are found in both settings.

TABLE 14

COMPARABLE INSTITUTIONAL DIMENSIONS[1]

x = prison environment only
y = nursing home only
z = both

Dimension	Environment
Younger individuals a part of institutional population	x
Younger residents dominate and/or control tone of institutional setting	x
Presence of potential violence--weapons	x
Drugs and/or narcotics present on institutional grounds	z
Most members of the staff have been here for many years	x
Staff and residents are of similar backgrounds	z
Surrogate sexual partners available and used	x
Contraband liquor, marijuana and other narcotics available to residents	x
Overcrowded conditions causes personal discomfort	x
Professional medical care readily available	y
Freedom of mobility (provided resident is ambulatory)	y
Unrestricted visual view of "outside" world	y
Unrestricted visiting from outside	y
Unrestricted use of communications apparatus (telephone, mail boxes) or media (newspaper, television, radio)	y
Encouraged to register, obtain absentee voting ballots and to vote	y
Privacy available in setting	y
Batched treatment vs. individual	z*
Total institutional control over behavior and resources	x
Deviance tolerated	y

[1]The Comparable Institutional Dimensions as presented here are a comparison between nursing homes on a broad scale and Jackson State Prison.

*Present in both environments but more pronounced in the prison setting.

TABLE 14 (Continued)

Dimension	Environment
Dependency is encouraged and dependency needs are met	y
Dependence on others	y
Order vs. disorder	x
Resource rich vs. resource poor	x
Preference for activities vs. disengagement	z
Tolerance for or encouragement of affective expression	y
Affective stimulation	y
Tolerance of motor expression	y
Premium place by environment on level-headedness and deliberation	x
Ability to delay need gratification	y
Residents rarely show signs of leadership	z
All rooms look alike	z
Residents responsible for personal appearance	x
Residents decorate their rooms themselves	x
Residents do their own laundry	x
Food found in residents' rooms is taken away	y
Residents are subject to random physical search	x
No restrictions on the amount of cigarettes the residents can smoke	x
All residents participate in some work or recreational activity	x
Most residents can still see their family physician	y
There is nothing the residents can do about changing the rules	x
Policies are changed frequently	y
There are definite times for getting up and going to bed	z
Residents can walk around at night	y
A resident may take a bath whenever he wants to	y
Open display of emotions is rarely seen	x
Residents are encouraged to bring personal belongings into the institution	x
Residents who can't sit still are given tranquilizers	y
There is a definite place for everyone and everything	z
Residents have pretty much the same attitudes, opinions and beliefs	x

TABLE 14 (Continued)

Dimension	Environment
Residents share demographical, cultural and socio-economic backgrounds	x
It is almost always peaceful and quiet	y
Residents have sexual needs	x
Residents are rarely asked how they would like to spend their day	x
Comfort of residents is important	y
If a man and woman want to be alone, they can	y
New ideas are always tried out	y
Ways of doing things seldom change	x
Residents are permitted to attend funerals and religious services when someone in the institution dies	y
Visiting with bedridden or hospitalized fellow residents is encouraged	y
Residents are encouraged to visit in each others' rooms	y
Residents are always told what they are supposed to do and are reminded or supplied with written institutional rules and regulations	x
Staff cannot often remember the last name of each resident	z
Residents' sloppy dress and appearance is tolerated by staff	x
Residents are not expected to exchange each others' things	x
Residents tend to hide their feelings from each other	x
Group needs have priority over individual needs	y
Residents have no place to be alone	x
The restless resident causes a great deal of trouble	x

In addition to those characteristics listed in Table 14, there appears to be four dimensions important to these considerations:

a. Segregate dimension.--The condition under which older residents live exclusively among their age peers, having little contact with other age groups.

b. Longevity dimension.--Both institutional settings are long-term oriented.

c. Congregate dimension.--The closeness of individuals to each other and the degree of privacy possible to attain in both settings.

d. Institutional-control dimension.--The extent of institutional (staff) control over the residents, the use and importance of rules and the degree of resident autonomy which is tolerated.

In absolute terms, the environment more highly controlling, homogeneous and privacy restricting (more segregated, congregate, and institutionally controlled) usually is the environment that disregards individual needs and has little therapeutic value.

Supplementary to those dimensions discussed here and in preceding chapters, the degree of shared, like characteristics among aged and aging inmates also is reflected

in a variety of ways. On the pages that follow, data obtained from the inmates' records and personal interviews is presented. These data cover a wide range of areas including socio-economic and demographic. The data also show a high level of conformity in the area of personal opinion. So as to exploit the findings as much as possible, the characteristics are separated and presented in three categories: (1) inmates inside; (2) trustee division (outside); and (3) total universe (in percentage statistical distribution). Sixty-three percent of the subjects were housed inside the walls of the prison and 36.7 percent were housed in the trustee division. In addition, Table 15 presents the racial composition of the cohort group.

In addition to the shared characteristics as outlined in Table 16, inmate prison records also revealed a sharing of like socio-economic, familial, and demographic characteristics. There were also common similarities in past criminal conduct. Table 20 details the shared characteristics.

Hypothesis 3: Unsuccessful attempts to cope with incongruous environments do not lead to further dehumanization of the older male inmate.

Conclusion.--On the basis of the data collected, interviews, observations and measures of central tendency,

TABLE 15

RACIAL COMPOSITION OF SAMPLED INMATE GROUP

	Number	Percentage
Inside the walls		
Black	9	47.4
White	9	47.4
Other	1	5.3
Trustee Division		
Black	9	81.2
White	2	18.2
Other	0	0.0
Total Universe		
Black	18	60.0
White	11	36.7
Other	1	3.3

and, given more statistical testing, it is probable that this hypothesis would be rejected. All cognitive and conative aspects of older inmates are highly vulnerable. As age increases so does the degree of vulnerability. To this increased vulnerability the element of long-term institutionalization is added. The result is even greater vulnerability. The ultimate tragedy is the older inmate's inability to cope with the incongruent environment. The result is further dehumanization of the already dehumanized aged inmate.

The aged individual who has spent an extended period of time in prison, received a great many incoming

TABLE 16

SHARED CHARACTERISTICS OF AGED AND AGING MALE INMATES IN JACKSON PRISON

Characteristic	Inside	Trustee	% of Universe
Current Age			
Mode	54	63	54
Median	63	63.25	63
Mean	62.6	63	62.6
Variance	42.15	53.4	44.74
Standard Deviation	6.49	7.33	6.68
Age at Sentencing			
Mode	65	59	65
Median	59+	58.5	58.5
Mean	57.31	55.27	56.5
Variance	52.33	204.42	103.4
Standard Deviation	7.23	14.29	10.19
Marital Status			
Single	1	1	6.7
Married	3	1	13.3
Widowed	2	2	13.3
Divorced	9	5	46.7
Separated	2	2	13.3
Common-Law	2	0	6.7
Reason for Current Imprisonment			
Murder--1st degree	5	1	20.0
Murder--2nd degree	4	4	26.7
Manslaughter	3	2	16.7
Indecent Liberties	4	1	16.7
Fraud	1	0	3.3
Possession and Delivery	0	1	3.3
Armed Robbery	2	0	6.7
Breaking and Entering	0	1	3.3
Felonious Assault	0	1	3.3
Number of Previous Prison Terms			
None	4	2	20.0
One	5	3	26.7
Two	5	3	26.7
Three	2	2	13.3
Five	0	1	3.3
Six	2	0	6.7
Eight	1	0	3.3

TABLE 16 (Continued)

Characteristic	Inside	Trustee	% of Universe
Religious Affiliation			
Catholic	3	4	23.3
Protestant	6	4	33.3
Baptist	8	3	36.7
Other	2	0	6.7
Reared By			
Both Natural Parents	9	5	46.7
Natural Mother	5	5	33.3
Natural Father	1	0	3.3
Other than Natural Parents	4	1	16.7
Committed Previous Murder or Same Crime			
Yes	8	3	36.7
No	11	8	63.3
Geographical Area of Birth			
South	11	7	60.0
North	6	2	26.7
East	1	1	6.7
West	1	1	6.7
Person Inmate Killed			
Wife	2	2	10.0
Girlfriend	4	1	16.7
Common-Law Wife	1	0	3.3
Police Officer	2	0	6.7
Unknown Other	2	3	20.0
Relative	1	1	6.7
Inmate's Preference of Association			
Older Person (Peer)	16	8	80.0
Younger Person	3	3	20.0
Inmate Views Own Current Health Status			
Excellent	1	2	10.0
Good	3	4	23.3
Fair	4	5	30.0
Poor	8	0	26.7
Very Poor	3	0	10.0

TABLE 16 (Continued)

Characteristic	Inside	Trustee	% of Universe
Cause of Health Decline			
Aging Process	5	2	23.3
Effects of Long-Term Institutionalization	2	0	6.7
Both	10	6	53.3
Unknown	2	3	16.7
Older Inmates Should be Moved Out of the Penal Environment			
Yes	17	11	93.3
No	2	0	6.7
Older Inmates Should be Moved to:			
Nursing Home	3	2	16.7
State Hospital	10	5	50.0
Farm	3	1	13.3
Separate Cell Block	2	0	6.7
Half-Way House	0	3	10.0
Other	1	0	3.3
Inmate Views Personal Mental Health			
Excellent	1	3	13.3
Good	2	3	16.7
Average	5	5	33.3
Fair	11	0	36.7
Poor	0	0	0.0
Interviewer's Rating of Inmate's Mental Health			
Excellent	0	0	0.0
Good	0	1	3.3
Average	3	3	20.0
Fair	4	3	16.7
Poor	14	4	60.0
Inmate's Understanding of Questions			
Understood Very Well	3	4	23.3
Some Difficulty Understanding	10	6	50.0
Great Deal of Difficulty Understanding	6	1	23.3

TABLE 16 (Continued)

Characteristic	Inside	Trustee	% of Universe
Health Status Compared to Two Years Ago			
Much Better	0	0	0.0
Better	1	1	6.7
Same	3	6	30.0
Worse	13	4	56.7
Much Worse	2	0	6.7
Inmate Capable of Doing Heavy Work			
Yes	6	5	36.7
No	13	6	63.3
Adverse Physical Health			
Yes	16	10	86.7
No	3	1	13.3
Inmate Currently Taking Prescribed Medication			
Yes	8	6	46.7
No	11	5	53.3
Taking Non-Prescribed Medication			
Yes	13	6	63.3
No	6	5	36.7
Inmate Views the Quality of Prison Medical Care			
Excellent	0	0	0.0
Good	0	1	3.3
Average	1	4	3.3
Poor	7	3	46.7
Unfit	11	0	46.7
Inmate Views Own Personal Health as Declining			
Yes	17	7	80.0
No	2	4	20.0

TABLE 16 (Continued)

Characteristic	Inside	Trustee	% of Universe
Evidence of Cognitive Impairment			
None	1	1	6.7
Some	3	5	26.7
Much	6	1	23.3
Marked	9	4	43.3
Inmate's Intellectual Functioning			
Excellent	1	0	3.3
Good	4	8	43.3
Moderate	3	3	15.8
Poor	8	3	42.1
Command of the English Language			
Excellent	3	6	30.0
Good	2	2	13.3
Moderate	6	2	27.7
Poor	8	1	30.0
Inmate's Self Control			
Dependent	14	8	73.3
Independent	5	3	26.7
Inmate's Frame of Reference			
Controlled Thought	4	4	26.7
Tangential Thought	15	7	73.3
Resocialization			
Eager to be Released	16	3	80.0
Somewhat Willing to be Released	8	3	20.0
Reluctant to be Released	0	0	0.0
Inmate Would Seek Employment After Release from Prison			
Yes	10	7	56.7
No	5	2	23.3
Retired	4	2	20.0

TABLE 16 (Continued)

Characteristic	Inside	Trustee	% of Universe
Inmate Feels He has Ability to Cope with Changes on the Outside			
Yes	15	11	86.7
No	4	0	13.3
Inmate Feels Society Owes Him			
Yes	9	5	46.7
No	10	6	53.3
Inmate Has Difficulty with Prison Environment			
Very Much	13	7	66.7
Much	1	2	10.0
Some	2	2	13.3
Little	2	0	6.7
None	1	0	3.3
Inmate is Troubled with Personal Problems			
Very Much	9	4	43.3
Much	2	4	6.7
Some	6	1	23.3
Little	1	5	20.0
None	1	1	6.7
Prison Environment is Responsible for Inmate's Disposition			
Very Much	15	8	76.7
Much	0	1	3.3
Some	3	1	13.3
Little	0	0	0.0
None	1	1	6.7
Prison Guards Sympathetic to Prisoner's Human Needs			
Yes	3	1	13.3
No	13	9	73.3
Somewhat	3	1	13.3

TABLE 16 (Continued)

Characteristic	Inside	Trustee	% of Universe
Younger Prisoners Are Treated Better			
Better	16	10	86.7
Worse	0	1	3.3
Same	1	0	3.3
Inmate's Self Esteem: Sure of Self			
Very Much	9	4	43.3
Somewhat	6	4	33.3
Not at All	4	3	23.3
Inmate's Self Esteem: Feels Useless at Times			
Very Much	13	9	73.3
Somewhat	3	1	13.3
Not at All	3	1	13.3
Inmate's Self Esteem: More Respect for Self			
Very Much	11	6	56.7
Somewhat	5	2	23.3
Not at All	3	3	20.0
Inmate's Self Esteem: Wishes He Were Someone Else			
Very Much	7	2	30.0
Somewhat	5	5	52.3
Not at All	7	4	36.7
Inmate's Self Esteem: Many Things About the Self Inmate Would Change			
Very Much	10	7	56.7
Somewhat	8	4	40.0
Not at All	1	0	3.3
Inmate's Self Esteem: Inmate Is Sorry for Past			
Very Much	15	10	83.3
Somewhat	1	1	6.7
Not at All	3	0	10.0

TABLE 16 (Continued)

Characteristic	Inside	Trustee	% of Universe
Inmate's Self Esteem: Understands Self			
Very Much	6	1	23.3
Somewhat	10	9	63.3
Not at All	3	1	13.3
Inmate's Self Esteem: Liked by Fellow Inmates			
Very Much	7	4	36.7
Somewhat	8	7	50.0
Not at All	4	0	13.3
Inmate's Self Esteem: Often Gets Discouraged			
Very Much	12	9	70.0
Somewhat	6	1	23.3
Not at All	1	1	6.7
Inmate's Self Esteem: Likes Himself			
Very Much	3	2	16.7
Somewhat	10	5	50.0
Not at All	6	4	33.3
Inmate's Self Esteem: Thinks of Growing Old			
Very Much	9	6	50.0
Somewhat	5	4	30.0
Not at All	5	1	20.0
Inmate's Self Esteem: Feels Like an Animal in a Cage			
Very Much	14	11	83.3
Somewhat	2	0	6.7
Not at All	3	0	10.0
As a Child, Inmate Got Along Better With:			
Mother	10	10	66.7
Father	0	1	3.3
Both	4	0	13.3
Neither	5	0	16.7

TABLE 16 (Continued)

Characteristic		Inside	Trustee	% of Universe
Because of Long-Term Institutionalization Sex Between Two Consenting Males is Okay				
Yes		2	3	16.7
No		17	8	83.3
Prisons Correct Deviate Behavior				
Yes		2	1	10.0
No		17	10	90.0
Prisons Dehumanize a Man				
Yes		17	11	93.3
No		2	0	6.7
I am Afraid of a Lot of Things				
Yes		15	7	73.3
No		4	4	26.7
Things Keep Getting Worse as I Got Older				
Yes	1	13	9	73.3
	2	0	0	0.0
	3	0	0	0.0
	4	2	1	10.0
	5	0	0	0.0
	6	0	0	0.0
No	7	4	1	16.7
I Have as Much Pep as I had Last Year				
Yes	1	4	5	30.0
	2	0	1	3.3
	3	1	0	3.3
	4	2	0	6.7
	5	0	1	3.3
	6	0	0	0.0
No	7	12	4	53.3

TABLE 16 (Continued)

Characteristic		Inside	Trustee	% of Universe
How Much Do you Feel Lonely				
A Lot	1	15	8	76.7
	2	0	0	0.0
	3	0	0	0.0
	4	2	3	16.7
	5	0	0	0.0
	6	1	0	3.3
Not Much	7	1	0	3.3
Little Things Bother Me More This Year				
Yes	1	10	3	43.3
	2	1	3	13.3
	3	2	0	6.7
	4	0	1	3.3
	5	0	0	0.0
	6	0	0	0.0
No	7	6	4	33.3
I See Enough of Friends and Relatives				
Yes		1	2	10.0
No		18	9	90.0
Less Useful as You Get Older				
Yes	1	17	8	83.3
	2	0	1	3.3
	3	0	0	0.0
	4	0	0	0.0
	5	1	0	3.3
	6	0	0	0.0
No	7	1	2	10.0
Sometimes I Worry so Much That I Can't Sleep				
Yes	1	5	1	20.0
	2	0	0	0.0
	3	1	0	3.3
	4	1	1	6.7
	5	0	0	0.0
	6	0	0	0.0
No	7	12	9	70.0

TABLE 16 (Continued)

Characteristic		Inside	Trustee	% of Universe
At Times, Feel Life Isn't Worth Living				
Yes	1	8	1	30.0
	2	1	0	3.3
	3	1	0	3.3
	4	0	1	3.3
	5	0	0	0.0
	6	0	0	0.0
No	7	9	9	60.0
I am as Happy Now as When Younger				
Yes	1	1	3	13.3
	2	0	0	0.0
	3	0	0	0.0
	4	0	0	0.0
	5	0	0	0.0
	6	0	1	3.3
No	7	18	7	83.3
Most Days, Inmate Has Plenty to Do				
Yes	1	10	7	56.7
	2	1	0	3.3
	3	0	0	0.0
	4	2	0	6.7
	5	0	0	0.0
	6	0	0	0.0
No	7	6	4	33.3
Inmate Has a Lot to be Sad About				
Yes	1	16	8	80.0
	2	0	1	3.3
	3	0	1	3.3
	4	1	1	6.7
	5	1	0	3.3
	6	0	0	0.0
No	7	1	0	3.3

TABLE 16 (Continued)

Characteristics		Inside	Trustee	% of Universe
Inmate's Health is:				
Good	1	1	2	10.0
	2	0	1	3.3
	3	0	0	0.0
	4	3	2	16.7
	5	2	2	13.3
	6	1	1	6.7
Bad	7	12	3	50.0
People Had it Better in Old Days				
Yes	1	4	4	26.7
	2	0	0	0.0
	3	0	0	0.0
	4	2	0	6.7
	5	0	0	0.0
	6	0	0	0.0
No	7	13	7	66.7
Inmate Gets Mad More Than in Past				
Yes	1	4	1	16.7
	2	1	1	6.7
	3	1	2	10.0
	4	3	1	13.3
	5	0	0	0.0
	6	2	0	6.7
No	7	8	6	46.7
Life is Hard Much of the Time				
Yes	L	13	5	60.0
	2	0	0	0.0
	3	1	1	6.7
	4	2	1	10.0
	5	1	1	6.7
	6	0	1	3.3
No	7	2	2	13.3

TABLE 16 (Continued)

Characteristic		Inside	Trustee	% of Universe
Inmate is Satisfied with Life Today				
Yes	1	3	1	13.3
	2	1	0	3.3
	3	0	0	0.0
	4	1	1	6.7
	5	0	0	0.0
	6	0	0	0.0
No	7	14	9	76.7
Inmate Takes Things Hard				
Yes	1	9	4	43.3
	2	1	3	13.3
	3	2	0	6.7
	4	2	1	10.0
	5	1	2	10.0
	6	1	0	3.3
No	7	3	1	13.3
People Must Live for Today, Not Worry About Tomorrow				
Yes	1	15	7	73.3
	2	0	0	0.0
	3	0	0	0.0
	4	0	0	0.0
	5	1	1	6.7
	6	0	0	0.0
No	7	3	3	20.0
Inmate Wishes He hadn't Committed Crime				
Yes		12	11	76.7
No		7	0	23.3
Inmate Thinks of Death Often				
Yes	1	6	0	20.0
	2	1	1	6.7
	3	0	0	0.0
	4	3	1	13.3
	5	1	0	3.3
	6	0	0	0.0
No	7	8	9	56.7

TABLE 16 (Continued)

Characteristic		Inside	Trustee	% of Universe
Inmate is Not Afraid of Dying				
Yes	1	3	0	10.0
	2	0	0	0.0
	3	0	0	0.0
	4	1	0	3.3
	5	0	0	0.0
	6	0	0	0.0
No	7	15	11	86.7
Never Got a Decent Break in Life				
Yes	1	7	2	30.0
	2	0	0	0.0
	3	0	0	0.0
	4	3	0	10.0
	5	3	1	13.3
	6	1	2	10.0
No	7	5	6	36.7
No Regrets About the Crime Committed				
Yes	1	13	8	70.0
	2	0	0	0.0
	3	1	0	3.3
	4	1	0	3.3
	5	0	0	0.0
	6	0	0	0.0
No	7	4	3	23.3
Inmate Feels Revenge is Sweet				
Yes	1	4	2	20.0
	2	0	0	0.0
	3	0	0	0.0
	4	1	0	3.3
	5	0	0	0.0
	6	0	0	0.0
No	7	14	9	76.7

TABLE 16 (Continued)

Characteristic		Inside	Trustee	% of Universe
Inmate's Dreams are Pleasant				
Yes	1	7	7	46.7
	2	2	1	10.0
	3	2	0	6.7
	4	3	3	20.0
	5	0	0	0.0
	6	0	0	0.0
No	7	5	0	16.7
Old Man Now, Can't Make It on the Outside				
Yes	1	4	3	23.3
	2	0	0	0.0
	3	0	0	0.0
	4	2	0	6.7
	5	1	0	3.3
	6	0	0	0.0
No	7	12	8	66.7
Don't Have a Sense of Personal Identity				
Yes	1	4	6	33.3
	2	0	1	3.3
	3	0	0	0.0
	4	1	0	3.3
	5	0	0	0.0
	6	2	0	6.7
No	7	12	4	53.3
In Spite of Age, Can Endure Almost Anything				
Yes	1	4	5	30.0
	2	0	0	0.0
	3	0	0	0.0
	4	2	2	13.3
	5	0	0	0.0
	6	0	1	3.3
No	7	13	3	53.3

TABLE 16 (Continued)

Characteristic	Inside	Trustee	% of Universe
If Released, Would be Forced to Break the Law Again			
Yes	1	0	3.3
No	18	11	96.7

TABLE 17

TOTAL NUMBER OF YEARS SPENT IN PRISON

Inside		Trustee	
Years	Number	Years	Number
5	1	4	1
6	3	5	1
8	3	7	1
9	2	16	2
11	1	17	1
12	1	20	1
13	1	25	1
16	2	30	1
17	1	32	1
24	1	45	1

	Mode	Median	Mean	Variance	Standard Deviation
Statistical Distribution	16 yrs.	14.5 yrs.	16 yrs.	108.17 yrs.	10.401 yrs.

TABLE 18

NUMBER OF YEARS SPENT IN ELEMENTARY SCHOOL

	Inside	Trustee
None	4	1
One	0	0
Two	3	0
Four	2	2
Five	2	1
Six	0	1
Seven	1	0
Eight	6	6

	Mode	Median	Mean	Variance	Standard Deviation
Statistical Distribution	8 yrs.	5.16 yrs.	5 yrs.	9.4 yrs.	3.0 yrs.

TABLE 19

NUMBER OF YEARS OF SECONDARY SCHOOL

	Inside	Trustee
None	13	8
One	0	0
Two	1	2
Three	0	1
Four	1	0
Five	0	0
Six	0	0
Seven	0	0
Eight	0	0
Nine	4	0

	Mode	Median	Variance	Standard Deviation
Statistical Distribution	0	0.214	1.63	9.68

TABLE 20

SHARED BACKGROUND CHARACTERISTICS

Sociological

1. Reared in low-economic to impoverished household
2. Broken, inferior or disorganized home with imbalance and instability in family life
3. Agitation by other siblings and parents who engaged in open fighting
4. Severe or cruel corporal punishment and parental brutality
5. Lack of family interest, love, support or acceptance
6. Sibling or peer group rivalry
7. Victim of early brutal and prejudicial management by law enforcement agencies
8. Adverse military record and/or other than honorable discharge
9. Lack of preverbal orientation, attributed to lack of formal education
10. Unsuccessful attempts at marriage
11. Either southern born or a resident of the south at one time or another
12. No close social or societal ties
13. History of pronounced and prolonged alcoholic habits
14. Reared by natural mother or some other female

Psychological

1. Psychoneurotic
2. Manic-depressive
3. Schio-affective
4. Psychopathic
5. Brain-damaged, predominantly to the temporal or parietal region
6. Brain dysfunction especially psychomotor
7. Marked to extreme ego dysfunction
8. Impaired psychosexual development

Criminal Activity

1. Violent crimes against persons (usually female)
2. History of violent acting out
3. Criminal homicide involving a female
4. History of deviate social behavior
5. Extensive criminal record with first arrest or law enforcement contact occurring very early in life
6. Recividism

signals that he is losing or has lost his coping ability. The first signal is dullness or feebleness of impulse control. This is the manifestation of an incapacity to respond to external or internal stimuli which use to prod him in the past. This first signal is then augmented by sycophantic behavior and much later, by the individual's inability to sustain the physical transfer from the maximum security to the minimum security facility.

The older inmate must cope in a constantly explosive, antagonistic and often violent environment. His maturity and many years of penal institutionalization afford him no special privileges. He soon finds he is no longer welcomed in the institutional environment and that demands placed upon him increase in complexity almost daily. The coping strategies are required of the inmate at an age when his adaptive capacities are diminished.

The initial proposition is the various modes or ways in which the processes of dehumanization are carried out. The impact is a variety of confrontations which are person to person or environmental in nature. The inmate is continually perceived by others as non-human and is treated as such. Accordingly, over a period of many years, he begins to take on those characteristics. This pattern of behavior is reinforced by the penal environment. There are five major dogmas that assault or insult the human dignity of every inmate each day of his imprisonment:

1. Personal and environmental abuses to the inmate's peace of mind, his sense of individuality and self worth.

2. A reduction of the inmate's horizons of wisdom and absolute stagnation of personal growth.

3. Encroaching and irreversible aspects of human aging.

4. Reduction of fixed, external points of orientation and loss of hope for the future.

5. An environment where punishment and humilitation occur daily and where there is a total void of rewards.

Additionally, for this study, there are four discernible modes of dehumanization which the guards and younger inmates cumulatively reinforce upon the aged inmate. They are:

1. Older inmate viewed as trivium.

2. Older inmate viewed as an inanimate object. This category can be subdivided into active and passive elements:

   a. Active: Older inmate viewed as an obsolete, rusting machine, a thing of decreasing action.

   b. Passive: A much traveled product or package.

3. Older inmate as an animal: In spite of many years of imprisonment, the individual is still viewed as an old caged beast.

4. Older inmate as other: the unnamed, unnameable number.

As an inmate, he is viewed as a ward of the state, its property. Therefore, it is the state that makes decisions for him. In the trivium mode, older inmates are viewed as all beginning to look alike, dress alike and certainly smell alike. They are seen as docile and child-like in behavior. In the animal mode, he is looked upon as never being capable of becoming educated. He is an old dumb brute, too old to change and certainly not worth the effort. In the other mode of dehumanization, the first element is institutionalized isolation and maltreatment. The inmate is viewed as not being of the day-to-day world; "it" is not a part of the normal social order, hence "it" cannot be named. Instead, "it" is assigned a number and labeled the "homicidal maniac," the "dirty old sex maniac," the "psychopathic killer," and so on.

The practices and procedures that are dehumanizing appear in Table 21.

It is possible to measure the extent and degree of penal dehumanization. The characteristics of dehumanization are shown in Table 22. Finally, maladaptive coping strategies are the result of long-term exposure to dehumanizing insults. Traits most notable in older inmates include: senescence instability, decreased mental acuity, and increased traits of senile syndrome. In addition, those inmates more advanced in age display eight other characteristics:

TABLE 21

THE PROCESS OF PENAL DEHUMANIZATION

1. Inmate is required to sleep, work and play in a restricted number of places
2. Inmate is always kept with his "batch"
3. He is always subject to the same authorities
4. His primary staff contacts are with guards
5. Open use of vulgar terms and gestures indicating antagonism towards him
6. Use of stereotyped designations, names and attitudes in addressing him
7. Inmate is regarded as a unit for processing
8. Amount and nature of inmate work bares no relation to the inmate's need or training for outside employment. Work is based solely on the needs of the prison, with no therapeutic value
9. Inmate does not take, nor is he afforded, any responsibility for his own domestic arrangements within the prison
10. Inmate is forced to adjust to batch living
11. Inmate is forced to undergo role dispossession several times during imprisonment
12. Inmate is stripped of all features of self-identification
13. Inmate is reidentified by institutional features which he has in common with everyone else
    a. Stereotyped life history
    b. Photograph
    c. Clothing (prison blues)
    d. Fingerprints
    e. Assignment of a number
14. Total disregard for the inmate's privacies
    a. Naked searching of his person
    b. Removal of his personal possessions and not giving him private storage space
    c. Undressing in the presence of others
    d. Mass bathing and disinfecting
15. Indifference to the physical integrity of the inmate
    a. Restraint and seclusion
    b. Physical beatings
16. Denial of normal heterosexual relationships
17. Subjecting the inmate to humiliations in the presence of others
    a. Physical examinations in full view of others
    b. Collective sleeping

TABLE 21 (Continued)

c. Doorless, partitionless, and seatless toilets that must be used in full view of others
d. Constantly with other inmates (never alone)
18. Other invasions of privacy or self-respect
a. Constant surveillance by guards
b. Personal possessions handled by guards without inmate's permission
c. Public visits, no privacy
d. Witnessing homosexual attacks on others without being able to help

TABLE 22

MEASURES OF PENAL DEHUMANIZATION

1. Inmate's posture droops or slumps
2. Not aware of events outside of institution
3. Often told to bathe and/or shave
4. Has obnoxious body odor
5. Aimless pacing
6. Absent-minded grin
7. Inmate is loner
8. Loss of outside contacts
9. Lies on the floor whenever possible
10. Always asks permission
11. Makes absolutely no decisions
12. Never speaks unless spoken to
13. Rarely leaves cell after work
14. Refuses to participate in activities
15. Knows only a few fellow inmates and has possibly one or two resident friends
16. Does not dress appropriately for season
17. Often goes to bed right after supper
18. Rarely replies to greetings
19. Bland, withdrawn, apathetic

1. Total withdrawal
2. Acquiescence
3. Medical and emotional complaints--often exaggerated
4. Obesity
5. Docility
6. Heavy chair smoking of cigarettes
7. Confused often disoriented behavior
8. Total allegiance to God or some aspect of religion

Hypothesis 4: It is not possible to measure the degree to which the correctional institution is concerned with rehabilitation and recidivism as the ultimate therapeutic objective.

Conclusion.--There is virtually no evidence that rehabilitation, recidivism or deterrence is accomplished by imprisonment. Therefore, this hypothesis would be rejected. The primary objective of the prison system, punishment, has not changed throughout its 200-year history in America. The continual rise in crime and high rates of recidivism back to prison, are perhaps the two most accurate indicators that imprisonment has succeeded neither in rehabilitating those who have been locked up nor in deterring others from committing crimes.

The United States has both the highest rate of incarceration and recidivism of any Western nation. Further-

more, it is not unusual for older, long-term institutionalized men to refuse to accept parole or a full governor's pardon. Instead, these men develop deep-rooted "institutional neurosis" and choose to remain in prison. The void of therapeutic rehabilitation can be measured in a number of ways, including:

1. Incarceration for such an extended period that the individual experiences conative dullness and becomes totally dependent on the institutional environment.
2. Dangerous levels of overcrowding and idleness.
3. Rising crime rate both inside and outside the prison walls.
4. Increased occurance of rebellions, riots and the actual take-over of prisons by inmates across the United States.
5. Widespread use of marijuana, heroin, alcohol and drugs within the walls of the prison.
6. High levels of official and inmate corruption within the walls of the prison.
7. Administrative and operational weaknesses of correctional facilities.
8. Attitudes and opinions of prison administrators, guards and inmates.
9. Public demand for penal reform.
10. Heterogeneous nature of inmate population.
11. Outdated correctional facilities at all levels of operation.
12. Outdated and corrupt health care system with services based on ability to barter.

Another gauge of measurement is the level of rehabilitative care for conditions such as alcohol and drug addiction or dependence. To have such programs available and the concurrent availability and rampant use of the very same drugs is senseless, and, in the final analysis, makes the programs utterly useless, thereby voiding any rehabilitative or therapeutic efforts. Furthermore, rehabilitation can be measured in the extent and number of physical and occupational therapy programs available to those inmates suffering some form of physical disfigurement. In this study, it has been pointed out that those inmates who have suffered debilitating gunshot wounds which have left them either quadraplegic, paraplegic or totally non-ambulatory are housed on the fourth floor of the prison infirmary. The infirmary is substandard, obsolete and certainly barbaric. It is managed by an inept, incompetent administrator and staffed by untrained inmates who prostitute the facility. To continually permit such an archaic situation to exist, nullifies any therapeutic or rehabilitative concerns the institution may have. In the final analysis, measurement also can be made of the judicial system that continues to sentence such helpless individuals to an existence befitting vegetable matter; the legislators who ignore such conditions; correctional administrators who tolerate it; and lastly, a society that condones this situation.

Summary

Regardless of age or physical condition, there are three major crimes society will not tolerate: (1) killing a police officer; (2) criminal sexual conduct (pedaphilia) which children are preferred as sexual objects; and (3) killing a female. There are no age barriers related to the commission of these crimes. Further, it can be concluded from the data that criminality and personality elements are associated. That is to say, insofar as personality, intelligence, race, socio-economic background and physique are concerned, there does appear to be a criminal type.

Special considerations in sentencing is not afforded the aged offender if he has committee one of the aforementioned crimes. If he is a recividist, regardless of the crime, the judge will be even harsher towards him. Aged offenders are sent to prison with long sentences and no consideration of the special hardships that incarceration imposes on him. Some of the subjects participating in this study were those who are aging in prison, having been given long sentences while fairly young.

In the court, the aged defendent, especially the recidivist, tends to ask for mercy. He will appear defenseless and weak; he will lie and deny the offense despite the overwhelming evidence against him. If he admits the offense, he will usually blame others or the conditions of

his past. Reality distortion is very common among aged offenders as is the high degree of illiteracy.

Young black militant inmates control the inmate society. These prisoners value force, initiative and aggression. In their eyes, age 40 is old. Accordingly, aged and aging inmates are subjected to sneers, mockery, direct insults and often violent treatment. Older inmates are excluded from the inmate elite for two reasons: (1) he fears physical violence, and therefore, excluded himself; and (2) he is excluded by design.

The aged offender's condition in prison is sad and unfortunate. Physical and mental deterioration accelerates during the period of imprisonment. Conversely, however, those inmates housed in the maximum security unit where tension is always high, show less deterioration than those inmates housed in the stress-free trustee division.

The most functional coping strategy employed by older inmates is sycophantism and total subordination of the self. Some, at threat of great physical violence, become informers. All align themselves with those they view as authority figures at the prison, i.e., the white guards. The fact of the matter is, the young black inmates are the true power elite at Jackson State Prison.

Most glaringly, the data collected here are in direct contradiction with early findings as presented in the literature review. Older prison inmates do want out of prison; moreover, despite many years of institutionalization, they feel they could survive.

CHAPTER IV

SUMMARY, FINDINGS, IMPLICATIONS AND RECOMMENDATIONS

Summary

Purpose

The purpose of the study was to investigate the attitudes and life styles of aged and aging male inmates in Jackson State Prison, Jackson, Michigan, and to describe the inmates as related to: (1) long-term institutionalization in a penal environment; (2) cognitive capabilities in coping with the environment; (3) the coping strategies used by older male inmates in a congregate setting; (4) characteristics which determine different styles of adaptation as well as environmental factors which affect adaptive behavior.

Problem

No statistics account for those institutionalized individuals comprising the aging cohort, those 45 plus, or those who have spent many years housed in tuberculin sanatoriums, leprosariums, veteran hospitals, state mental and

medical hospitals, and homes for Veterans of Foreign Wars. Similarly, aged and aging male prison inmates are also placed in an extremely vulnerable position because of the lack of accomulated data identifying them and their situation.

The 1971 White House Conference on Aging and subsequent programs that were a direct outgrowth of the Conference, have benefited mostly those who are visible in the aged universe. Aged and aging male inmates are isolated from the mainstream of society; they are neither considered nor identified with the total aged population.

Methodology

The sample consisted of 30 male inmates at Jackson State Prison. Nineteen of the subjects were housed within the maximum security unit ("inside the walls") and 11 in the trustee division. An instrument was designed and interviews were conducted to generate descriptive data about the older, male prison inmate and the special problems confronting him. In addition, inmate records were reviewed and pertinent information recorded.

Analysis consisted of a narrative description of the findings as well as a low order statistical analysis.

Findings

Four major hypotheses were tested with findings as follows:

Hypothesis 1 was rejected. Aging was a major variable in coping with environmental stress. Forty-five-year-olds see the institutional environment as one that rewards boldness and risk-taking and, too, see themselves possessing energy congruent with the opportunities presented in the outer world. As age progresses, the older individual begins to see the environment as complex and dangerous, no longer to be reformed in line with one's own wishes. The individual begins to view the self as conforming and accommodating to environmental demands. Also, as age increases, the ability to relate emotionally to people or environmental stress declines, readiness to perceive people as active and as experiencing emotions is reduced that there is movement away from outer-world to inner-world orientations. Further, there is shrinkage in psychological life space, decreased ego energy and less physical energy available for responding to, or maintaining former levels of involvement in the institutional world.

Hypothesis 2 was rejected. The degree of shared like characteristics was high among elderly prison inmates in all areas of comparison. Variables included among these like

characteristics were: socio-economic, familial, demographic and characteristics of criminal conduct prior to current term of imprisonment. The degree of shared psychodynamic and etiological patterns of behavior during imprisonment was also high.

Hypothesis 3 was rejected. All cognitive and conative aspects of older inmates were highly vulnerable in the penal environment. As age increased, so did the degree of vulnerability and the inability to cope with the incongruent environment. The result was further dehumanization of the already dehumanized aged inmate. The inmate was continually perceived by others as non-human and was treated as such. Accordingly, over a period of many years, he began to take on non-human characteristics.

Hypothesis 4 was rejected. There was virtually no evidence that rehabilitation, recidivism or deterrence was accomplished by imprisonment. The primary objective of the prison system, punishment, has not changed throughout its 200-year history in America. To have rehabilitative programs available to care for such conditions as alcohol and drug addiction-dependence which are accompanied by the concurrent availability and rampant use of the very same drugs is senseless and, in the final analysis, negates the effectiveness of such programs. Certainly, this dichotomy of purpose voids any rehabilitative or therapeutic efforts.

Implications and Recommendations

Implication

Aged and aging inmates, particularly the aged, are not dangerous to the public in the sense that younger inmates are. Because of long-term institutionalization they are psychologically dependent on the penal environment and as such, they are not likely to make any great efforts to escape. These individuals do not require the maximum security type of imprisonment such as that provided at Jackson Prison. Thus, neither the public nor the older individual profits by his continued incarceration.

Recommendation

In view of the fact that society continues to demand punishment and institutionalization of those who transgress the law and, further, since crimes of passion cannot, under any circumstances, be deterred, it would appear that punishment and possibly deterrence can be effectively accomplished by short-term incarceration in a county jail, followed by assignment to a state-operated hospital or state-operated "Geriatric Reformatory for Older Criminals." Since the majority of aged inmates receive social security benefits, they should be required to pay for their day-to-day care. This practice would relieve the State of Michigan of a significant financial burden and give the inmate the dignity of paying his own way.

Implication

The State Prison of Southern Michigan at Jackson is ripe for a repeat of the rebellious acts that dramatized its deep-rooted problems in April, 1952. However, should riots occur at Jackson Prison, it is of vital importance that any reciprocation be even-handedly applied. This statement implies a number of things, among them:

1. Hostilities abound at Jackson Prison at all levels of the inmate social structure. However, none are more serious than the open racial discord within the ranks of the guards.
2. Hostilities are open between white guards and the younger, more militant black inmates.
3. High level of felt frustration on the part of white guards towards the Michigan Department of Correction.
4. Widespread use of marijuana, heroin, alcohol and other drugs supplied by guards and other prison staff.
5. Open violations of prison rules and regulations.
6. Rivalries between racial and hierarchical inmate groups for control of drug traffic, gambling and homosexual prostitution within the walls.

Prison inmates should not be made scapegoats for situations over which they have no control. Furthermore, emotional tensions are aggrevated by irritations of people upon each other. The more congested and heterogeneous conditions are under which inmates are forced to live, the greater the risks of frustration, anger and conflict.

Moreover, no factor in prison life has a more dehumanizing effect on prisoners or makes them more unfit for return to free society as self-supporting, law-abiding citizens than idleness. This situation is compounded by an almost total void of rehabilitative and therapy programs at the prison.

Recommendation

Michigan Department of Corrections staff obtain copies of: "The Michigan Prison Riots: Causal and Contributory Factors and Suggested Corrective Action," February, 1953. This report should be before the Michigan State Legislators and the Governor. The purpose is to point out how glaringly non-existent efforts have been on the part of the State of Michigan to correct situations which led to Michigan's most violent prison riots, well over two decades ago. In addition, there are three other vital priorities: (1) the Michigan Department of Correction should review and update emergency procedures for the control of prison riots; (2) since older inmates are not involved in any of the above implications, they should be removed from Jackson Prison immediately; and (3) in the event of riots or any type of disturbances at Jackson Prison, the current custodial staff should be removed and not involved in any control actions. It is recommended further:

1. State correctional officials, state legislators and the Governor must set aside politics and recognize the fact that conditions are very much the same at Jackson Prison today as they were in April, 1952.

2. It is imperative that there be immediate and substantial reductions in the number of inmates housed inside the walled enclosure of the prison.

3. Priority for transfer out of Jackson Prison should go to aged "old timers," aging first offenders and those that can be classified as needing only medium to supervised security.

4. State Legislators and the Governor should heed the concerns voiced by the Director of Correctional Facilities in Michigan and those citizen organizations concerned with penal reform in Michigan. Special considerations should go to overcrowding and the need for additional penal facilities in Michigan. These new facilities should be constructed so as not to exceed an active inmate population of 1,200 in maximum security. Further, such facilities should be constructed in concert with the opinions and recommendations of professional criminologists and penologists.

5. Until such time as the objective of Michigan prisons becomes therapeutic or rehabilitative, the word "correctional" should be removed from the Department's title and replaced with the word, "penal." Accordingly, the new title will read Michigan Penal Facilities.

6. Complete shakedown of current custodial staff at Jackson Prison. The initial shakedown should be followed by repeated and random shakedowns, conducted by the Michigan State Police. The shakedowns should be well planned in absolute secrecy and executed swiftly. All custodial staff caught in the violation of departmental regulations should be prosecuted totally and to the maximum degree.

7. Training in human relations and all aspects of interpersonal relations be conducted for all Jackson Prison staff.

8. Recruitment and training of new custodial personnel with emphasis on minority hiring, especially blacks. Special efforts should be made to develop and maintain high morale and esprit de corps in their ranks.

Implication

The fact that the judicial system continues to sentence totally helpless individuals who have suffered massive gunshot wounds to the face and head areas, or are quadraplegic, paraplegic or totally non-ambulatory as a result of their injuries, is indicative of the fact that society is primarily concerned with punishment as opposed to rehabilitation.

Recommendation

Any individual who has suffered such debilitating and irreversible physical injuries has paid enough. He will continue to pay so long as he is alive. Sadly enough, he doesn't even know who he is, much less why he's in prison. To keep him incarcerated is utterly senseless. Therefore, it is recommended that all such individuals, without being a further burden to taxpayers, make arrangements for living assistance outside of the institution. Once the inmate, through his counselor, had made such arrangements, he should be parolled promptly. Any post-therapy and hospital costs should be at the expense of the individual, not the State.

Implication

Without question, the infirmary is the most archaic facility at Jackson Prison. The limited and crude health care available is based on the inmate's ability to barter. There are no rehabilitation programs available and its administrative structure is weak. To sentence an individual to a long prison term and then deny him at least adequate professional medical and dental care far exceeds justifiable punishment of humans and serves only to reenforce the inmate's bitterness and alienate him further. To continue this practice is the cardinal of all societal sins. Furthermore, serious question could be raised as to who is unjust, sadistic or even deviate--society or the criminal?

Recommendation

Reorganization of the entire medical and dental care system should be the first order of business. This reorganization should include removal of the infirmary administrator and all inmate nurses. There are thousands of highly trained Vietnam era veterans available and ready to utilize the special medical skills acquired while in the military service. Vietnam veterans who served as paramedicals should be considered if contractual arrangements cannot be made with an outside vendor to provide adequate and professional day-to-day medical services. If costs are prohibitive to provide contractual services or if the

Veterans Administration, Michigan Civil Service Commission and Department of Corrections cannot coordinate the use of paramedics, then, in a final analysis, the infirmary should be condemned by the Michigan Health Department and padlocked. This would, in fact, complete the "true penal picture in Michigan."

Implication

The penal institution is the most totalistic in its features. Within its walls are thousands of individuals who exist in an environment made up of social interactions that are confused, entangled, complicated and so subtle, yet total in their effects, that any detailed attempt to describe what goes on in them sounds like the mouthings of a crazy man. No man can report accurately on what shapes his life in the penal institution and no man leaves it without being scarred. Therefore, to sentence any individual to serve any amount of time in any prison on the basis of reports prepared by undertrained, overworked staff is utterly and totally ludicrous and void of any degree of justice.

Recommendation

Courts passing sentence on offenders must take all aspects of the crime, the physical and mental status of the individual into consideration prior to passing sentence.

Vital consideration should be focused on the training and work load of staff preparing documents such as the pre-trial sentence report.

Implication

To comment here that Jackson Prison is too large to manage would be trite and an apparent waste of time. Officials at the prison and penologists across the United States at the time of its construction urged the facility be scaled down. Prior to the violent riots of 1952, prison officials alerted State Legislators that the institution was far too large and its inmate capacity overflowing. Here again, Jackson Prison is too large and there are too many men standing idle behind its walls.

Recommendation

Bluntly and certainly without political fanfare the State Prison of Southern Michigan at Jackson should be closed. This primitive, enormous and archaic quagmire of human suffering should be put to an end without concern for "cost in dollars." It is not advocated here, nor should we permit persons who are dangerous or a threat to society to roam the streets. On the other hand, warehousing vast numbers of human beings who are either cripples, senile old men, delinquent young people, morbidly wounded middle-aged men, black or white criminals and to choke and drain all

hope and life from them is, indeed, the last full measure of unjustness.

Correctional officials, State Legislators and the Governor should take a close look at California Correctional Facilities, perhaps the best system in the U.S. The California system should be used as a model in constructing new facilities in Michigan. No maximum security correctional facility in Michigan should exceed a 1,200 inmate population. In these smaller, more manageable facilities, adequate therapy and rehabilitation should be provided. Regardless of the type, construction or location, the most important ingredient in any institution is the people operating it. Therefore, the most sophisticated training should be provided custodial staff.

Implication

The U.S. Bureau of the Census continues to erroneously report that five percent of the U.S. aged population is institutionalized. This figure is wrong, misleading and certainly unscientifically derived. There are thousands of individuals who have spent many years of their lives housed in a great variety of institutions across the United States. It is an injustice of major proportion to exclude their numbers. Furthermore, one out of every five persons arrested in the U.S. in an older arrestee. However, empirical or theoretical data concerning these individuals

are non-existent. The actual commission of crimes by older men is far more general and pervasive than statistics indicate. Thus, an entirely incorrect impression regarding criminality among older men is formed.

Recommendation

The U.S. Census Bureau, in concert with the U.S. Administration on Aging, the U.S. Justice Department, Law Enforcement Administration, the U.S. Public Health Service and state and federal penal institutions undertake the responsibility of locating, identifying and recording data on the thousands of aged individuals housed in the variety of institutions across the United States. Furthermore, there is much needed data and scientific investigation which has been totally neglected in the field of gerontology, criminology and penology. It is incumbent upon the U.S. Administration on Aging and concerned gerontologists to assure that prior to the call for the 1981 White House Conference on Aging, the picture be made complete on the older arrestee from arrest to incarceration. This effort would account for the forgotten old men and women behind massive walls and, too, enhance our understanding of crime and deviance in general.

APPENDIX A

Letters to Michigan Department of Corrections

4026 Greenmeadow Blvd.
Ypsilanti, Michigan 48197
September 18, 1975

Mr. William Kime
Deputy Director
Department of Correction
State of Michigan
Stevens P. Mason Building
Lansing, Michigan 48913

Dear Mr. Kime:

Please excuse me for taking so long to follow-up on our telephone conversation of Monday, September 9, 1975, concerning my proposed research project for my doctoral dissertation.

As we discussed, I am currently a student, enrolled full-time, at the School of Education, The University of Michigan. At the close of the Summer Term, 1975, I completed all requirements for advancement to the status of Candidate for the Doctor of Philosophy Degree (Ph.D.). Accordingly, my dissertation committee has been established and the tentative title of the dissertation is: "The Forgotten Minority--An Exploration of Aged and Aging, Institutionalized Male Prison Inmates."

As per your request, I am forwarding you a copy of a brief, yet explicit, statement of the proposed research project. While this material is not the formal project proposal, it has been developed to provide a capsulized overview of the proposed project. I would like to call your attention to the opening paragraph of "Supplement C." I would also like to assure you that the project proposal and design are in no way constructed to form , examine nor render any evaluation of correctional institutions and their operation in Michigan. Upon completion of the final project draft, a copy will be forwarded you as will all data pertaining to any site visited for this project.

Your cooperation and assistance in this endeavor would be genuinely appreciated. As we discussed, any preliminary data or materials you could forward me on older adults (45 to 54 years and/or 55 to 65+) in Michigan's correctional institutions would be most appreciated.

Again, please accept my apology for such a tardy response and I look forward to meeting and talking with you in the very near future. Should you find the need to contact me directly, my telephone number is (313) 971-7509.

Sincerely,

Joe N. Ham

cc: Dissertation Committee

4026 Greenmeadow Blvd.
Ypsilanti, Michigan 48197
November 25, 1975

Mr. William Kime
Deputy Director
State of Michigan
Department of Corrections
Stevens T. Mason Building
Lansing, Michigan 48913

Dear Mr. Kime:

Pursuant to our telephone conversation of November 24, 1975, I am confirming our scheduled meeting in Lansing, December 2, 1975 at 2:00 p.m. I am also forwarding you a copy of the instrument to be used in the research project. I hope you find it of interest and of potential value to the correctional facility.

Any questions you may have, I hope to be able to answer at our meeting. Again, thank you for your cooperation and I look forward to meeting with you, December 2, 1975.

Sincerely,

Joe N. Ham

Enclosure

4026 Greenmeadow Blvd.
Ypsilanti, Michigan 48197
November 4, 1975

Dr. William Kime
Deputy Director
Department of Corrections
State of Michigan
Stevens P. Mason Building
Lansing, Michigan 48913

Dear Mr. Kime:

Enclosed please find (1) a copy of the Dissertation Proposal and (2) a copy of the approved Dissertation Committee.

I am certain that after you have read the proposal, it will clear up any questions you may have. I am also certain it will raise new questions and generate comments. May I suggest you record any questions or comments you have on a separate sheet of paper and return it to me. I will try to respond to them as soon as I can. You may keep the enclosed materials for your files. I caution you, however, it is my intent to guard this original research effort with a copyright. Accordingly, the proposal or any parts of the proposal may not be copied or reproduced without my written consent.

I would like to request that you forward a letter (on your letterhead) granting me permission to use the facilities at Jackson in my dissertation. The letter will become a part of the final dissertation.

Finally, I really enjoyed my visit to the facility and my meeting with Joe and look forward to return visits. Again, Mr. Kime, thank you so much for your kind cooperation. I hope you find the attached materials of interest.

Sincerely,

Joe N. Ham

Enclosures
cc: Dissertation Committee

APPENDIX B

Letters from Michigan Department of Corrections

STATE OF MICHIGAN

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF CORRECTIONS

Stevens T. Mason Building, Lansing, Michigan 48913

PERRY JOHNSON, Director

CORRECTIONS COMMISSION

Duane L. Waters, M.D., Chairman
Florence R. Crane, Vice Chairman
Max Biber
Earnest C. Brooks
G. Robert Cotton, Ph.D.

December 4, 1975

Warden Charles Egeler
State Prison of Southern Michigan
4000 Cooper Street
Jackson, MI 49201

Attention: Ms. Ruth Bare

Dear Warden Egeler:

This is notification of Central Office approval of a research project by Mr. Joe Ham of the University o f Michigan. Mr. Ham is doing research on the aging and aged prisoner which may be of help to us in planning the program at the Ionia State Hospital facility. To do this he needs to select a sample of 30 prisoners whom he will then interview. Mr. Joe Gonzales, the probation officer already working on a related project, will assist Mr. Ham in identifying his sample. Mr. Ham will then need access to the institution to perform his interviews. I have explained the difficult situation with our overcrowding and he understands that this will have to be done subject to your approval and at the convenience of the institution. I have suggested that he contact Ruth Bare for any preliminary arrangements; you may want to suggest some other contact person as more appropriate.

Sometime during his study, it would also be appropriate, if possible, for Mr. Fooks to receive at least a brief tour of the prison. His interviews will probably take place both inside and in trustyland.

Mr. Ham will contact Ms. Bare to check on clearance to go ahead with this. If there are any problems or questions please give me a call; I know with the crowding problem research access is difficult to grant; I'll try to restrict it to projects of value to the department.

Sincerely,

DEPARTMENT OF CORRECTIONS

William L. Kime, Deputy Director

cc: Joe Ham
Joe Gonzales

STATE OF MICHIGAN

WILLIAM G. MILLIKEN, GOVERNOR

DEPARTMENT OF CORRECTIONS

CORRECTIONS COMMISSION

Duane L. Waters, M.D., Chairman
Florence R. Crane, Vice Chairman
Earnest C. Brooks
G. Robert Cotton, Ph.D.
Max Elber

STEVENS T. MASON BUILDING, LANSING, MICHIGAN 48913

PERRY JOHNSON, Director

November 15, 1975

Mr. Joe Ham
4026 Greenmeadow Blvd.
Ypsilanti, MI 48197

Dear Mr. Ham:

I have reviewed your dissertation and feel that the topic is of interest and that the findings have potential value for practioners in corrections. I hope and believe that we will be able to cooperate with you to provide the access you need in order to complete the study. The only area of exception concerns the suggestion that prisoners take you on personal tours of their institutional world. The policy would require that staff accompany you on any such tour for security reasons and the enormous overload on staff at present would prevent us from assigning anyone to do this. If you can modify this, and I believe your proposal suggests this possibility, so that the prisoners can give you verbal descriptions of their institutional life that would avoid this problem. There are some areas which need clarification in the proposal, however, before the institution would be able to make the determination which is reserved to it as to the access you need. All of these are problems of mechanics. We need to know specifically how long each interview would take. what sort of setting you would need in which to conduct the interview, what days and hours you would be available in which to do this, and how many visits approximately you think would be involved. I realize it may not be possible to predict these matters precisely but an estimate would be helpful. Copies of any interview formats and questionnaires would also be helpful. The only other question concerns the sampling procedure. You refer to random sampling techniques. Can you perform these from listings or will this require access to files? the major concern really is how much time of our staff and

what kind of security problems would your project represent. I have no reason to believe that this would be excessive, especially with respect to security problems which would seem not to be an issue, but with our staff as short as it is we have to be somewhat protective of their time.

Therefore, I guess what this amounts to is conditional approval of access for your study pending more details of the kind listed above. As soon as I get these I can consult with the warden of the institution and give you a very quick response. I know you need this and I don't think there is any reason to hold things up unnecessarily.

Sincerely,

MICHIGAN DEPARTMENT OF CORRECTIONS

William L. Kime,
Deputy Director
In Charge of the Program Bureau

WLK:mv

APPENDIX C

Letter and Application for Use of Human Subjects

4026 Greenmeadow Blvd.
Ypsilanti, Michigan 48197
December 1, 1975

Dr. Rudolf B. Schmerl
Assistant Dean for Research
1111 School of Education
University of Michigan
Ann Arbor, Michigan 48109

Dear Dean Schmerl:

In accordance with policy and regulations governing the use of humans as subjects in research and instructional investigations, I am respectfully forwarding to the Research Committee, my application for approval of proposed use of human subjects.

In addition, please find attached: (1) a copy of the dissertation proposal, which contains the application for subjects informed consent; (2) a copy of the instrument to be administered; (3) a letter granting permission to utilize Jackson State Prison as the research site; and (4) finally, my letter to Mr. William Kime, dated November 21, 1975.

The Dissertation Committee, on Wednesday, November 26, 1975, met and approved the proposed research project. As discussed during this meeting, all research I.D. Code numbers are maintained, under lock and key, by the researcher. Upon completion of the research project all I.D. Code numbers will be destroyed.

I sincerely hope I have supplied you with the appropriate information. Should you have any questions or desire further information, please do not hesitate to call me direct.

Sincerely,

Joe N. Ham

Enclosures
cc: Dr. Curtis VanVoorhees
Chairman, Dissertation Committee

School of Education

APPLICATION FOR APPROVAL OF PROPOSED USE OF HUMAN SUBJECTS

Name Joe N. Ham Date December 1, 1975

Affiliation Candidate (Ph.D.)

Address 4026 Greenmeadow Blvd., Ypsilanti, Michigan Phone 971-7509

Chairman of dissertation committee Dr. Curtis Van Voorhees

Date of approval of prospectus November 26, 1975, If not a doctoral students, provide information about the nature of your study and the identity of your adviser on attached sheet. If a faculty member, are you requesting approval in connection with sponsored research?_____ If so, provide details on an attached sheet.

Title of study The Forgotten Minority--An Investigation and Description of Aged and Aging Male Prison Inmates.

Purpose Partial fulfillment of the requirements for the degree of Doctor of Philosophy (Education).

On attached sheets, describe how you will protect the rights and welfare of your subjects with regard to (1) obtaining their informed consent, (2) protecting their anonymity, (3) eliminating or minimizing physical and/or psychological risks, and (4) assuring complete confidentiality of the data to be obtained. Attach drafts of consent form to be signed by subjects, instruments to be administered, letters of permission to proceed from superintendents, principals, etc., as appropriate.

Please study Paragraph 5 of the University's "Policy on the Use of Humans As Subjects in Research and Instructional Investigations" with particular care before answering the four items above. Copies of the policy are available from the Assistant Dean for Research, Room 1111B, School of Education. No aspect of the investigation involving the use of human subjects may be initiated without written approval from the Research Committee. Proposals for support from outside agencies submitted by faculty members may occasionally be submitted without such approval if review is pending, but this practice is not encouraged. Doctoral students will receive copies of letters of approval sent to the Graduate School. Students should consult both the School of Education Bulletin and the Rackham Manual if they desire confirmation of this requirement.

Federal requirements governing the implementation of this policy (at the School of Education, the responsibility of the Research Committee) continue to change in the direction of more and more protection of human subjects. If your subjects are institutionalized in prisons, or facilities for the retarded or handicapped, you must meet additional requirements. Faculty members and students wishing to obtain assistance with the preparation of their applications for approval of the use of human subjects are encouraged to seek such help from members of the Research Committee and/or the Assistant Dean for Research (763-4290).

Ten copies of this form and supporting material should be submitted to the Assistant Dean for Research at least one week before the meeting at which the request for approval is to be considered.

APPENDIX D

Approval for Use of Human Subjects

THE UNIVERSITY OF MICHIGAN
ANN ARBOR

SCHOOL OF EDUCATION

January 19, 1976

MEMO TO: Vice-President C. G. Overberger
FROM: R. B. Schmerl
SUBJECT: Approval of use of human subjects in study named below

In accordance with The University of Michigan's policy on the use of humans as subjects in research and instructional investigations, I wish to inform you that the School of Education's Research Committee, which reviews proposals involving the use of human subjects, approved the investigation named below as meeting the requirements of the policy. The study [is] ~~is not~~ a doctoral dissertation. Human subjects will not be at risk.

Title: The Forgotten Minority--An Investigation and Description of Aged and Aging Male Prison Inmates.

Investigator: Joe N. Ham

Address: 4026 Greenmeadow Blvd.
Ypsilanti, MI 48197

RBSchmerl

Assistant Dean for Research
Chairman, School of Education
Research Committee

cc: Dean Ellis
Dr. Van Voorhees
Mr. Ham ✓

APPENDIX E

Inmate Information Card

Inmate Name:_____ No._____ Race_____Birth Date: _____

Research I.D. #_____ Date of Sentencing:_____ Age at Sentencing:____ Sentence:_____

Charge:_____ Original Charge:_____ Education:_____

Born:_____ Marital Status:_____

Parents and Family Background:

Time Spent at Jackson or Other Penal Facility:_____

Health Status According to Clinical Findings:_____

Mental/Psychological Profile According to Clinical Findings:_____

Person Killed:_____ How Killed:_____

APPENDIX F

Letter of Introduction

Hello, my name is Joe Ham. I am currently a Doctoral Candidate at The University of Michigan, Program in Educational Administration and Supervision. I am also an Aging Specialist, connected with the Institute of Gerontology. I am here today as your guest to gather data for a study I am conducting on Elderly Prison Inmates.

Since I am a gerontologist, I am very concerned with the lives of all older people, how they are treated in our society and in various institutional settings. In the past, I have tried to help many older people in a variety of ways, in the capacity of Director, Older Persons Programs in Oakland County, Michigan, as a researcher of pre-retirement education programs and the effects of long-term nursing home institutionalization on older adults. I have also taught a class entitled "Problems of the Aged" to undergraduate students at a college in Detroit.

I have arranged for and have received permission from state correctional officials and officials here at the prison to meet with you and find out, from you, how you feel about your environment. If you would like to volunteer to participate in my research project, your results will become a part of my study. Please keep in mind that you are free to refuse to participate and have the right to refuse to have any or all of your results published in my study. You are under no obligation to me, The University of Michigan or the Institute of Gerontology.

If, in fact, you would like to participate (and I would hope that you would) your results will be completely confidential at all times. No names or personal information about you as an individual will ever be made public or identified as yours. All results will be available for your inspection when the project is completed.

If you would like to become a participant in my study, I will pass out a form, requiring your signature, which states that you have been informed of your legal rights.

Thank you for your attention and cooperation and for allowing me to be your guest today.

INFORMED CONSENT FORM

I HAVE BEEN INFORMED OF MY RIGHTS OF CONFIDENTIALITY AND ANONYMITY FOR THE PURPOSES OF THIS STUDY BY JOE N. HAM, A STUDENT AT THE UNIVERSITY OF MICHIGAN.

I AGREE TO PARTICIPATE IN THIS STUDY BUT RESERVE THE RIGHT TO WITHDRAW AT ANY TIME.

_____

Signature

APPENDIX G

Questionnaire

QUESTIONNAIRE

THE ELDERLY MALE INMATE

STRATEGIES OF COPING*

IN

A LONG-TERM INSTITUTIONALIZED PENAL ENVIRONMENT

A Study of Aged and Aging
Institutionalized Male Prison Inmates

Joseph N. Ham

University of Michigan

1975

INTERVIEWER'S CHECKLIST

Complete one of these for each inmate interviewed. Enter the date on which you complete each section.

Cover Sheet-Biographical Information	_____
A. Inmate Questionnaire, Coping	_____
B. MSQ-Mental Status Questionnaire	_____
C. Recidivism and Resocialization	_____
D. IPQ-Individual Preference Questionnaire Part A	_____
E. Critical Incidents	_____
F. IPQ-Individual Preference Questionnaire Part B	_____
G. Life Events	_____
H. Morale	_____
I. Hypothetical Problems	_____
J. Views of Self	_____

K. Interviewer's Rating of the Inmate	_____
L. Environmental Description	_____
Interviewer's Comments	_____

*(Modified and used with permission of Dr. Eva Kahana, 1975)

COVER SHEET

STRATEGIES OF COPING IN INSTITUTIONAL ENVIRONMENTS

BIOGRAPHICAL INFORMATION

Please read this statement carefully: Thank you for volunteering to participate in this research project. Any and all material and data collected on this questionnaire and other parts of the study are totally confidential. Every effort will be made to assure your anonymity. Please do not sign or, in any way, identify yourself on any part of this questionnaire.

There will be no inducements, whatever, for your participation and you reserve the right to withdraw from the study without prejudice or punishment.

1. Date _____

2. Date of imprisonment _____

3. Research I. D. Code # _____

4. Length of interview _____
   Hours Minutes

5. Date of Birth _____ Current Age _____
   Month Day Year

6. Place of Birth _____

7. Marital Status: _____ Single, never married
   _____ Married (No. of times) _____
   _____ Widowed
   _____ Divorced
   _____ Separated
   _____ Common-law

8. Occupation prior to imprisonment _____

9. Number of Children _____ Grandchildren _____

10. Reason for current imprisonment _____
    _____

11. Length of sentence _____

12. Criminal History

Previous Offenses	Date	Sentence

13. Highest level of formal education: (Elementary) 1 2 3 4 5 6 7 8
(Secondary) 9 10 11 12
(College) 1 2 3 4
(Graduate or Professional) 1 2 3 4
Other (Trade)_____

14. Religious affiliation_____

Elderly Inmate Research Project
A. Inmate Questionnaire: Coping

GENERAL BACKGROUND

A1. Within the prison, are you presently working full time, working part time or what? _____ No. of hours per week

CODE: 0 - No response
1 - Working full time
2 - Working part time
3 - Other (specify)

INTERPERSONAL DATA

A2. We are interested in the people you visit with, those you see only occasionally as well as those you see regularly. (PROBE- WHETHER IT'S A FRIEND--, IF IT'S A RELATIVE, tell me how he or she is related to you.) (LIST ANSWERS BELOW)

A2b. FOR EACH ASK: Are you now eligible for weekend furloughs?

TYPE OF FRIEND OR RELATIONSHIP TO INMATE (IF ANY OF THE PEOPLE THE INMATE SEEM LIVE TOGETHER, LIST ON A SINGLE LINE)	INMATE GOES	X COMES	SEVERAL TIMES A WEEK	ONCE A WEEK	ONCE OR TWICE A MONTH	SEVERAL TIMES A YEAR	LESS OFTEN
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5

HEALTH

Now I would like to ask you some questions about your health.

A9. Compared to other people of your age, would you say your health is:

1 - Excellent 2 - Good 3 - Fair 4 - Poor 5 - Very poor

A10. How is your health now compared to 2 years ago? Would you say it is:

1 - Much better 2 - Better 3 - Same 4 - Worse 5 - Much worse

A11. If required, could you still do heavy work like shoveling snow or washing walls without help? (ROSOW)

1 - yes 2 - no

A12. Is there any physical condition, illness or health problem that bothers you now? (ROSOW)

1 - No

2 - Yes - What is it?_____

_____

_____

_____

A13. During last year about how many days did you have to stay in your cell or in bed because you were ill?_____

0 - Not even a single day
1 - 1 day - less than a week
2 - 1 to less than 2 weeks
3 - 3 to less than 4 weeks
4 - 1 to less than 2 months
5 - 2 to less than 6 months
6 - 6 to less than 9 months
7 - 9 to 12 months

A14. Do you worry about your health even when the doctor tells you you are O.K.? (How much? -- Probe)

1 - Always

2 - Sometimes

3 - Never

A15. Are you supposed to take any medication that a doctor prescribed for you?

1 - Yes 2 - No

A16. Do you take any nonprescribed drugs?

1 - Regularly

2 - Occasionally

3 - Never

A17. Altogheter, how many different drugs do you regularly take?_____
ACTUAL NUMBER

A18. Do you have any trouble with your hearing, vision or any other conditions which may interfere with your daily activities? 1 - Yes 2 - No

IF "YES"

DISABILITY	How long have you had this problem? (PROBE FOR NUMBER OF MONTHS OR YEARS)	Does it give you 1 - much difficulty 2 - some difficulty 3 - little difficulty

A19. How would you rate the quality of medical care available to you here at the prison:

1 - Excellent 2 - Good 3 - Average 4 - Poor 5 - Unfit

A20. Generally speaking, do you feel your overall health is declining?

1 - Yes 2 - No

Why? (Probe: Aging, effects of long-term institutionalization)

A21. What type of medical care would you like to see made available to older inmates?

A22. Should older inmates be moved to a more therapeutic living environment? (Probe: Nursing home, state hospital, etc.)

Why?

A25. What would you say is your current mental status?

1 - Excellent 2 - Good 3 - Average 4 - Poor

B. MSQ I

As people get older, they often find their memories are not quite as good. We are trying to learn more about this. Some of these questions may seem unusually simple to you, others might be quite difficult, but we would appreciate it if you would answer them anyway.

B1. Let's see. What is today's date?_____
MONTH DAY YEAR

(PROBE FOR MONTH, DAY AND YEAR)

B2. What is the address here?_____
NUMBER STREET

(IF INMATE DOESN'T KNOW ADDRESS, PROBE FOR GENERAL LOCATION)

B3. When were you born?_____
MONTH DAY YEAR

B4. First, who is the President of the United States now?_____

_____

B5. And who was the President before him?_____

_____

B6. Why are you in prison?_____

_____

_____

_____

B7. What, in your opinion, is the greatest internal problem in America today? How can it be solved?

_____

_____

_____

B8. What, in your opinion, is the greatest external problem facing America today? How can it be solved?

_____

_____

_____

_____

B9. Tell me about Watergate. _____

_____

_____

_____

B10. In 1976, this country will be celebrating a very important event. Tell me about it. _____

_____

_____

_____

B11. Tell me about Attica. _____

_____

_____

_____

B12. Who is the warden of this prison? _____

_____

B13. What are your favorite television shows? _____

_____

_____

B14. Tell me about the women's liberation movement. _____

_____

_____

_____

_____

C. RECIDIVISM AND RESOCIALIZATION

C1. Could you tell me what your main theughts are about being released?

_____

_____

_____

_____

C1a. Do you think you will have any problems adjusting to the "outside"?

_____

C2. If you have not decided on where you would like to live where could you go?

TYPE OF LIVING ARRANGEMENT	WITH WHOM

1 - stay in current living arrangement
2 - home for the aged
3 - senior citizen housing
4 - private apartment or home
5 - move in with family or others
6 - other _____

_____
specify

C3. What type of community would you like to live in? (small town, large city, etc).

_____

_____

C4. Are you:

1 - eager to be released

2 - somewhat willing to be released

3 - reluctant to be released?

C5. Do you plan to work after being released?

1 - Yes 2 - No

Explain_____

C6. Do you think you can cope with the changes?

1 - Yes 2 - No

Explain_____

_____

_____

_____

C7. In what ways do you think you can make contributions to the good of your community on the "outside"?

_____

_____

_____

_____

C8. Does society owe you anything?

1 - Yes 2 - No

Explain_____

_____

_____

_____

D22. I like to shine my shoes and wash my own clothes.

Yes						No
1	2	3	4	5	6	7

D23. Having a private bath is very important for me.

Yes						No
1	2	3	4	5	6	7

D24. There is no replacement for old friends.

Yes						No
1	2	3	4	5	6	7

D25. I like to be around calm people.

Yes						No
1	2	3	4	5	6	7

D26. It is the isolation of prison that bothers me most.

Yes						No
1	2	3	4	5	6	7

D27. Older inmates should be seperated from younger ones.

Yes						No
1	2	3	4	5	6	7

D28. I can make the most out of what is available to me.

Yes						No
1	2	3	4	5	6	7

D29. In spite of my age, I would still enjoy sex with a female.

Yes						No
1	2	3	4	5	6	7

D30. Prison life is very difficult to adjust to.

Yes						No
1	2	3	4	5	6	7

D31. Because of institutionalization and other restrictions, sex between two consenting males is okay.

Yes						No
1	2	3	4	5	6	7

D32. I am no different than the average senior citizen on the outside.

Yes						No
1	2	3	4	5	6	7

D33. The prison system dehumanizes a man.

Yes						No
1	2	3	4	5	6	7

D34. Do you consider yourself a threat to society?

Yes						No
1	2	3	4	5	6	7

D35. Prisons do not correct "deviate" behavior

Yes						No
1	2	3	4	5	6	7

E. CRITICAL INCIDENTS I

E1. How much difficulty have you experienced with the physical aspects of the prison, e.g., with noise, heat, stairs, elevators, furnishings?

5	4	3	2	1
very much	much	some	little	none

IF "LITTLE" OR MORE:

What type of difficulty has it been?_____

_____

_____

E2. All of us have personal problems at times. Sometimes those problems stem from poor health; sometimes we feel weak, or upset, or very sad. How much have you been bothered by personal problems recently?

5	4	3	2	1
very much	much	some	little	none

IF "LITTLE" OR MORE:

What type of problem has it been?_____

_____

_____

E3. The prison environment is largely responsible for my day to day disposition?

5	4	3	2	1
very much	much	some	little	none

E4. Prison guards and other personnel are (not) sympathetic to the prisoner's human needs.

5	4	3	2	1
very much	much	some	little	none

E5. Younger prisoners are treated (better--worse) than older prisoners.

5	4	3	2	1
very much	much	some	little	none

H. LAWTON MORALE SCALE
1975 VERSION

INSTRUCTIONS: In this next set, I will be asking you how you feel about a number of different things. Most of the questions can be answered with a "Yes" or "No".

H1. Do you agree with this: "Things keep getting worse as I get older?" (ATTITUDE)

Yes						No
1	2	3	4	5	6	7

H2. I have as much pep as I had last year. (ATTITUDE)

Yes						No
1	2	3	4	5	6	7

H3. How much do you feel lonely--not much, or a lot? (LONELY DISSATISFACTION)

Yes						No
1	2	3	4	5	6	7

H4. Little things bother me more this year. (AGITATION)

Yes						No
1	2	3	4	5	6	7

H5. I see enough of my friends and relatives. (LONELY DISSATISFACTION)

Yes						No
1	2	3	4	5	6	7

H6. As you get older you are less useful. (ATTITUDE)

Yes						No
1	2	3	4	5	6	7

H7. If you were free and could live where you wanted, where would you live?

Elsewhere						Here
1	2	3	4	5	6	7

(RECORD EXACT RESPONSE, THEN CATEGORIZE)

H8. I sometimes worry so much that I can't sleep? (AGITATION)

Yes						No
1	2	3	4	5	6	7

H9. As you get older, are things better or worse than you thought they would be? (ATTITUDE)

Better						Worse
1	2	3	4	5	6	7

H10. I sometimes feel that life isn't worth living. (LONELY DISSATISFACTION)

Yes No
1 2 3 4 5 6 7

H11. I am as happy now as when I was younger. (ATTITUDE)

Yes No
1 2 3 4 5 6 7

H12. Most days I have plenty to do.

Yes No
1 2 3 4 5 6 7

H13. I have a lot to be sad about. (LONELY DISSATISFACTION)

Yes No
1 2 3 4 5 6 7

H14. People had it better in the old days.

Yes No
1 2 3 4 5 6 7

H15. I am afraid of a lot of things (AGITATION)

Yes No
1 2 3 4 5 6 7

H16. My health is:

Good Bad
1 2 3 4 5 6 7

H17. I get mad more than I used to. (AGITATION)

Yes No
1 2 3 4 5 6 7

H18. Life is hard for me much of the time. (LONELY DISSATISFACTION)

Yes No
1 2 3 4 5 6 7

H19. How satisfied are you with life today? Are you satisfied or not satisfied? (LONELY DISSATISFACTION)

Satisfied Not satisfied
1 2 3 4 5 6 7

H20. I take things hard. (AGITATION)

Yes No
1 2 3 4 5 6 7

H21. A person has to live for today and not worry about tomorrow.

Yes No
1 2 3 4 5 6 7

H22. I get upset easily. (AGITATION)

Yes No
1 2 3 4 5 6 7

H23. I wish I hadn't committed the crime (REGRET)

Yes No
1 2 3 4 5 6 7

H24. I think of death often (DEPRESSION)

Yes No
1 2 3 4 5 6 7

H25. I am not afraid of dying. (ATTITUDE)

Yes No
1 2 3 4 5 6 7

H26. I never got a decent break in life (BITTERNESS)

Yes No
1 2 3 4 5 6 7

H27. I have no regrets about the crime I committed. (ATTITUDE)

Yes No
1 2 3 4 5 6 7

H28. "Revenge is sweet." (ATTITUDE)

Yes No
1 2 3 4 5 6 7

H29. Most of the time, my dreams are pleasant. (ATTITUDE)

Yes No
1 2 3 4 5 6 7

H30. I am an old man now. I don't think I could make it on the "outside". (DEPRESSION)

Yes No
1 2 3 4 5 6 7

H31. I don't have any sense of personal identity.

Yes No
1 2 3 4 5 6 7

H32. In spite of my age, I can endure almost anything. (ATTITUDE)

Yes						No
1	2	3	4	5	6	7

H33. If I were released now (not paroled), I would probably be forced to break the law again. (ATTITUDE)

Yes						No
1	2	3	4	5	6	7

J. VIEWS OF SELF

SELF CONCEPT

If someone asked you to describe yourself (who you are), what are the 3 most important things you would tell him about yourself?

J1. _____

_____

_____

_____

_____

J2. _____

_____

_____

_____

_____

J3. _____

_____

_____

_____

_____

SELF ESTEEM

At different points in their lives, people feel differently about themselves. We would like to know if the following statements describe how you feel about yourself now.

J4. I am pretty sure of myself.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J5. I certainly feel useless at times.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J6. I wish I could have more respect for myself.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J7. I often wish I were someone else.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J8. There are many things about myself I would change if I could.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J9. I am often sorry for the things I did.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J10. I understand myself.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J11. No one pays much attention to me.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J12. I am well liked by other inmates.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J13. I often get discouraged.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J14. Things are all mixed up in my life.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J15. I like myself.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J16. Growing old is something I have always thought about.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J17. I think I am what the guards and other prison personnel would call "an ideal prisoner".

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J18. I feel like an animal in a cage.

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

J19. As a child, I always got along better with my (mother/father).

Is this: 1 - Very much like you
2 - Somewhat like you
3 - Not at all like you

K. INTERVIEWER'S RATING OF THE INMATE

K1. Race: 1 - White
2 - Black
3 - Other

_____

K2. The respondent was generally:

1 - cooperative 2 - indifferent or apathetic 3 - hostile

K3. How well did the respondent understand the questions?

_____1 - understood very well

_____2 - had some difficulty understanding

_____3 - had a great deal of difficulty understanding

Describe nature of difficulty:_____

_____

_____

K4. How much evidence did you find of cognitive impairment, memory loss, inability to answer appropriately, etc.

1 - None 2 - Some 3 - Much

If "SOME" or "MUCH", describe:_____

_____

_____

K5. Did the respondent understand the purpose of the interview by the end of the session, or was he still unclear as to its purpose? (e.g., thinking interviewer is from Home for Aged, from Social Services, etc.)

_____1 - understood well

_____2 - understood partially

_____3 - never understood; interviewer left with inmate thinking he was from other association.

K6. During the interview, were any other people present?

1 - Yes 2 - No

If "YES", who were they? What was their involvement in interview?

Relationship to Respondent:

Describe Involvement:

K7. Apparent physical disabilities:

	NOT AT ALL (1)	SLIGHT (2)	MODERATE (3)	MARKED (4)
Hard of Hearing	_____	_____	_____	_____
Impaired vision	_____	_____	_____	_____
Overweight	_____	_____	_____	_____
Underweight	_____	_____	_____	_____

K8. Command of English language (as evidenced in interview):

4 - excellent 3 - good 3 - moderate 1 - poor

K9. Excessive fidgeting, restlessness and uncontrolled motor movement and/or interruptions to go to the bathroom, eat, etc., vs. controlled movements and speech.

Controlled -- 4 3 2 1 -- Impulsive

K10. Answers all questions without reflection or deliberation, talks without thinking vs. carefully weighed, thoughtful replies.

Thoughtful -- 4 3 2 1 -- Mechanical speech

K11. Affect laden vs. no or shallow affect

Frequent and intensive display of feelings (crying or laughing, distress of joy) vs. monotonous voice and lack of emotional expression or stereotyped shallow affect.

Affect -- 4 3 2 1 -- No affect

Active vs. Passive

K12. Erect posture, impression of capacity for effective, decisive movement vs. slumped, collapsed posture, impression of weak, ineffective movement.

Vigorous -- 4 3 2 1 -- Feeble

K13. Both verbal and nonverbal behavior have a convincing intensity or power, amount of "output" is normal of supernormal vs. mumblings, weakly-uttered speech, minimal intensity and output of behavior.

High Energy Level -- 4 3 2 1 -- Low Energy Level

Structure

K14. Rigid, has difficulty shifting from one part of interview to other vs. shifts readily from one thing to another, flexible.

Flexible -- 4 3 2 1 -- Rigid

K15. Orderly, well-organized, neat vs. little concern with neatness, disorganized.

Orderly -- 4 3 2 1 -- Disorganized

Congregate

K16. Open, outgoing, interactive, Enjoys talking about private feelings and matters vs. reserved, resents intrusion of interview into private life.

With others -- 4 3 2 1 -- Alone

Control

K17. Speaks his mind, expresses independent opinions, self-directed vs. seeks approval of interviewer, wants to conform, asks for help and advice.

Independent -- 4 3 2 1 -- Dependent

K18. Welcoming gestures, facial expression that lights up at I's approach, implicit movements toward interviewer, impression of extending self and shortening distance between self and interviewer vs. no gestures or expressions that acknowledge presence of interviewer, or implicit aversive shrinking-away movements, impression of withdrawing self and lengthening distance between self and interviewer.

Reception -- 4 3 2 1 -- Closed

K19. Pained expression, awkward position or posture suggesting bodily discomfort vs. absence of these behaviors and general impression of person being at ease, not preoccupied with body condition. (VIRO)

Comfortable -- 4 3 2 1 -- In distress

K20. Repeated questioning such as, "Why are you asking me these questions?"... "What is this all about?" Repeated failure to answer questions adequately when there is no indication of mental incapacity of knowledge. "Eyeing" I as though I were on a mission of mischief vs. none of these behaviors. (VIRO)

Quite trustful -- 4 3 2 1 -- Quite suspicious

K21. "Yes" "No," "Don't know" responses, sentence fragments, lack of elaboration or stumbling bits of speech vs. normal flow in which works are integrated into statements and statements into larger contextual units. (Dintinguish this item from energy level.) (VIRO)

Fluent speech -- 4 3 2 1 -- Minimal speech

K22. Loses track of conversation, responds as though previous conversation had not taken place, seems to take no notice of changes in I's topic, intensity, personal behavior vs. seems to anticipate the next question, response indicated that previous conversation has registered, notices changes in I's approach or behavior. (VIRO)

Keen attention -- 4 3 2 1 -- Poor attention

K23. Maintains a frame of reference with fairly clear boundaries, context of statements is clear or becomes clear readily, thoughts follow in logical or reasonable sequence vs. conversation peppered with irrelevant statements and expressions, context of remarks not clear, takes off from mutual topic in idiosyncratic ways, "train of thought derailed." (VIRO)

Controlled thought -- 4 3 2 1 -- Tangential thought

K24. Responsive to all questions and comments, spontaneous vs. choreful reaction to I's questions, volunteers nothing, complains about effort or responding. I must expend considerable energy of his own to extract responses from subject. (Distinguish from trustful-suspicious dimension and energy level.0 (VIRO)

Eager participation -- 4 3 2 1 -- Reluctant participation

K25. Comments about his own role in the interview situation, expresses awareness of how he might look to others, wonders "How am I doing?" or expresses an opinion on that, divides his own experience into favorable and unfavorable, strong and weak, and other categories vs. no awareness that he is being interviewed, absence of all the other characteristics mentioned above, labels his experiences or functioning as all-good or all-bad.

Keen self-perspective -- 4 3 2 1 -- No self-perspective

K26. Animated, "alive" when talking about his life or opinions, as shown in sparkling or intense eyes, appropriate gestures, body posture, speech patterning--may also be shown by deeply reflective, inward-turning behavior, "lost in own thoughts and feelings" to such an extent that I's presence seems momentarily ignored. These are two different patterns of self-engrossment vs. flat, neutral, transient, "uncommitted" behavioral and expressive "commentary" when talking about his life or opinions, not "caught up" in his internal life. Talks about himself in same, rather involved way he talks about most everything else.

Engrossed in own ideas/feelings -- 4 3 2 1 -- No self-engrossment

K27. Direct eye contact, S & I meet on common ground, or in same universe of discourse, interest in I as a person, any affectionately touch I vs. absence of these characteristics, perhaps related to a type of self-engrossment that shuts off the relationship, gross disorientations, or impression of deciding to keep I at a distance.

Engrossed in relationship -- 4 3 2 1 -- No shared engrossment.

K28. Verbal expression of wishing interview to continue, or another contact to be made (with appropriate nonverbal commentary) vs. inquiring how much longer this is going to last, is this the final question, I hope I don't have to go through something like this again ...

Eager to continue session -- 4 3 2 1 -- Eager to discontinue

L. ENVIRONMENTAL DESCRIPTION

(TO BE COMPLETED BY INTERVIEWER)

L1. Prison universe appears to be:

1. Mostly white
2. Mostly black
3. Integrated

L2. Physical appearance of prison:

Well-kept Deteriorated

1 2 3 4 5 6 _ _

L3. Environment immediately surrounding inmate:

1. Cells on either side of inmate occupied by younger prisoners.

   Yes No

2. Cells on either side of inmate very unkept.

   Yes No

3. Heavy with unpleasant odor.

   Yes No

L4. Physical interior of prison:

Crowding:	Crowded	1	2	3	4	5	Empty
Neatness:	In disarray	1	2	3	4	5	Neat
Atmosphere: (based on physical surroundings)	Personal	1	2	3	4	5	Impersonal
	Drab	1	2	3	4	5	Colorful
	Cheerful	1	2	3	4	5	Depressing
	Clean	1	2	3	4	5	Dirty

L5. Objects visible in cell (check those you see):

a) Radio, stereo _____
b) TV _____
c) Decorative objects _____
d) Family pictures _____
e) Reading material _____
f) Religious objects _____
g) Locks on doors _____
h) Other (specify) _____

L6. Remarks about environment: _____

_____

_____

_____

_____

_____

_____

INTERVIEWER'S COMMENTS

1. Please indicate in detail any qualitative information about the respondent's a) appearance, b) approach to the interview and interviewer, and c) attitude.

2. Please describe in detail any special circumstances or facts which you observed or which the inmate described which are not recorded elsewhere.

3. Please note any interaction with inmate ouside the interview situation (e.g., request by inmate for interviewer's help with problems).

APPENDIX H

Naturalistic Model

Following the collection of data and completion of interview sessions, out of the sampled universe, two inmates were randomly selected to participate in the "naturalistic investigation" of his world.

Inmate Research Identification Numbers were placed in a small drum; it was turned and two numbers were drawn. No alternate numbers were drawn. The blind drawing of research numbers negated the possibility of prejudicing selection on the basis of name. One number was drawn from sampled inmates "inside" the walls and one from the sampled group in trustee division.

The naturalistic model was explained to the warden of the prison and, although permission was granted, the tour of the inmate's "world" inside the walls was limited to: (1) his cell; (2) the dining room; (3) the kitchen; and (4) the prison yard. There was also a time limit of one hour placed on the tour. Limiting factors were caused by: (1) overcrowded conditions; (2) shortage of custodial staff; and (3) general prison security. On the other hand, however, security restrictions were more relaxed and the inmate was given more freedom of movement in trustee division.

Noting security restrictions where applicable, the only other instructions given to the inmate was to tell him that he was the tour guide and that he could discuss any

points thought to be of interest and any feeling he had about them. Each inmate was also asked to point out his most and least favored locations and reasons for such judgments. Each inmate was also asked to describe any three things he would add to his environment and any three things that he would eliminate. Finally, the inmate was asked to describe what frustrated him the most. The results of both naturalistic investigations are as follows:

Maximum Security

Inmate Research No. 101

Inmate Number 101 was a 52-year-old, southern born, black male sentenced to Jackson Prison at age 45, June, 1968. His sentence, a minimum of 20 but not more than 25 years for the second-degree murder of his common-law wife. This inmate finished fourth grade in the south; first arrest occurred in 1933, at age 12 years, for pandering of a minor female. Inmate has eight previous arrests and has spent a total of 18 years in various jails or prisons. Subject is the product of a broken home, never knew his father and reared exclusively by the mother and older sister; has had two previous marriages, one resulting in divorce and the other, a mutual agreement to "just forget it."

The inmate knew of the security restrictions and this appeared to cause him some disappointment. The inmate

assumed the initiative without asking the interviewer where he preferred to start. The first room visited was the inmate's cell. Here, the components of the inmate's highly developed and maintained ego strength manifested itself. In spite of being in "his own private world," the inmate demonstrated a high capacity for objectivity, integration and making clear distinctions between the self and others operating in the milieu by integrating all environmental factors into the description of "his world."

Although the cells on either side of the inmate were dirty, unkept and heavy with urine and feces odor, this was not mentioned by the inmate. He appeared visibly proud of his well-kept cell, entering first, turning and gesturing with open arms, "come on it." Once inside the cell, the inmate pointed out objects most important to him, stating: "This is my radio and I made my own antenna;" "these leather straps serve as springs for my bunk and I sleep better." The inmate showed pictures of his family with great pride and described his relationship with each member in great detail. He became very excited when showing off his hobby craft and was proud of the fact that his handicraft was sold in the prison craft shop. The bulk of the time in the cell was spent discussing others around him and the environment in the cell block. The inmate became most upset discussing younger inmates and homosexuals.

The inmate demonstrated excellent and well-organized mood and subject alteration, moving from the prison and depression to the happy and exciting days he had spent in the U.S. Army. He described his tour of duty at great length and was proud of the fact that he could still remember his own unit, service number and registration number of his rifle.

The kitchen was chosen next with a detailed description of how food was prepared in massive cooking vats, who prepared it and meal times for the general prison population. The inmate made comparisons between food preparation at Jackson and other prisons he had served time in, jokingly pointing out that in the old days one never knew what he was eating. Today, although sanitation standards are low, food is purchased on a wholesale basis from the same distributors that supply supermarkets on the outside. Although highly critical of how food was prepared at the prison, he appeared very proud in point out "this is the same food you buy on the outside; it comes in the same cans."

The next stop was the dining room. Here, the inmate gave priority to pointing out the blind guard towers, inside the dining area. Guards in these towers are armed with 30.30 rifles, with quick access to shotguns. Inmates in the dining area never know when or if a guard is in the

tower. In the dining room, the inmate pointed out the social order of prison dining--"blacks eat over here; whites here; and the dudes who ride motor cycles eat here." It was also pointed out that if older inmates used the dining room they took their meal quickly, quietly, alone and returned to their cell. Older inmates did not use the dining room for socialization. It was also pointed out that those powerful in the inmate hierarchical social order never used the dining room. The inmate also pointed out that the two most dangerous places at the prison, and least liked by him, were the dining room and the prison yard.

Lastly, a tour was made of the prison yard. Here, despite the confidence and authority in the inmate's voice as demonstrated at previous locations, the inmate's behavior changed. He appeared somewhat nervous, very uncomfortable and he quickened the pace of his walk. It appeared as though the inmate went to great effort to greet other inmates encountered in passing. The greeting was always directed to younger black inmates and limited to those dressed in prison blues. The inmate guide never spoke to an inmate dressed in "civilian clothing" nor did he comment about them. The greeting from the inmate guide was usually "hey man, what it is?" To which the response was, "You got it brother man." There was seldom direct

eye contact and never was there pause for conversation. As in the dining room, the inmate guide pointed out the social territory of the prison yard. Territorial violations are not permitted in the yard without the expressed consent of the inmate power elite.

Once back on the mezzanine inside the walls, the inmate was asked to describe his feelings of the tour. To which he responded, "I felt very important for the very first time in my life." The inmate also apologized for the physical condition of the prison and the heavy odors. He also set his own personal living quarters aside as if they were not a part of the cell block or prison. It was very apparent that the inmate's ego involvement was most functional during periods of self-imposed isolation in his cell.

The remainder of the time spent with the inmate was devoted to his description of himself and how he interacted with others with such comments as: "I'm a friendly, good-hearted person to everyone regardless of color." Or, "I'm truthful in every way and I hate people who lie." Finally,

> . . . to demonstrate my openness, I don't mind discussing the crime I committed. My children know and my grandchildren will know. In this way, the person would know, I'm honest and open with nothing to hide.

The inmate said the prison dining room and the yard were his least favorite places at the prison. His favorite places were his cell where he works on leathercraft and the visiting room because that is where people come to see you and you can see others.

Three things wanted most by the inmate in his environment in priority are:

1. A female
2. A private room
3. A leathercraft shop

The three things that the inmate would remove from his environment are:

1. Younger inmates
2. The smell
3. The homosexuals

Trustee Division

Inmate Research No. 110

Inmate Number 110 was a 67-year-old, southern born, black male sentenced to Jackson Prison at age 59, September of 1966. His sentence, a minimum of 10 but not more than 20 years for the second-degree murder of his wife. This inmate finished seventh grade in the south; first arrest occurred in 1925 at age 17 years for the first-degree

murder of his first wife. Inmate was also imprisoned in 1950 for manslaughter of his girlfriend. Inmate has three previous arrests and has spent a total of 45 years in prisons. Subject is the product of an impoverished southern farming family, raised by both natural parents along with eight brothers and six sisters. Married twice, currently a widow.

The naturalistic tour was explained in great detail to this inmate. Subject appeared confused and asked the interviewer, "What should I do; where do you want to go?" The inmate was informed that permission had been granted by the warden and he could go anywhere he chose. The tour with this inmate was limited to the area outside the trustee division; he never went inside the building nor did he show his cell. Again, he was instructed that he had unrestricted use of the living spaces and the grounds. The inmate's comment was, "There's nothing to show you."

The inmate was not forced to tour the trustee division, nor was he forced to respond to any of the questions. The total time spent with his subject was 20 minutes.

Summary

It can be concluded here that the maximum security inmate was able to grasp the intent and objective of the naturalistic model and after being given instructions

only once, assume the initiative. He appeared to enjoy his role as tour guide. On the other hand, it is not quite clear whether or not the trustee division inmate understood the intent or purposes of the tour. At an initial meeting, it was explained to him; he acknowledged that he understood and had no questions. It can possibly be concluded that some unanticipated and unexplainable motor dysfunction caused the inmate's total and complete disorientation.

The inmate inside the walls appeared keenly aware of the psychosocial ecologies relevant to him. For example, his cell, although a part of the cell block environment and the larger prison milieu, represented a private, secure world for him; he knew the social structure of the dining room; most notable was the radical behavior modification on the prison yard; finally, he chose the visiting room as one of his favorite places. Here, realistically or symbolically, the inmate is afforded the opportunity of meshing the outer world with the world inside the walls of the prison.

The inmate from inside the walls demonstrated highly developed secondary process ego functions. He looked out on a richer, more differentiated world and organized his experiences in that world from more abstract, impersonal perspectives; to a greater degree he recognized and related

himself to an extramural world beyond his own immediate world, and he had insight into the workings of systems extrinsic to himself. Clearly, the inmate guide from inside the walls demonstrated a greater capacity to keep his subjective reactions from grossly interferring with his objective judgments. This, in total contrast to the trustee division inmate.

In sum, it would appear that the inmate from within the walls had received some benefits from the stress-provoking environment in the maximum security unit. There was evidence of maintenance of individuality and ego-executive capacities beyond those of the trustee division inmate. Thus, the stress-ladened maximum security environment may serve to energize, or reenergize, a more total process of ego maturation in the direction of adequate functioning. Finally, more accurate measure or testing is needed of the transistional trauma and whether these emergent ego functions and structures can remain intact for the inmate once he is removed from the maximum security milieu which maintains their developmental context, to the trustee division which does not.

BIBLIOGRAPHY

Barron, Milton L. The Aging American: An Introduction to Social Gerontology and Geriatrics. New York: Thomas Y. Crowell Co., 1961.

Barton, Russell. "Institutional Neurosis." In Dehumanization and the Institutional Career edited by Bristol Wright. Springfield, Ill.: Charles C. Thomas Publishers, 1966.

Berelson, Bernard and Steiner, Gary A. Human Behavior. New York: Harcourt, Brace and World, Inc., 1967.

Bergman, S. and Amir, M. "Crime and Delinquency Among the Aged in Israel." Geriatrics, January, 1973.

Birren, James E. The Psychology of Aging. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1964.

Blumberg, Bernard. Aging: A Philosophy of Care. Los Angeles: Western Center for Continuing Education, University of California, n.d.

Breen, Leonard Z. "Retirement, Norms, Behavior, and Functional Aspects of Normative Behavior." In Processes of Aging, Social and Psychological Perspectives, Volume 2, edited by Richard H. Williams, Clark Tibbitts, and Wilma Donahue. New York: Atherton Press, 1963.

Bromley, D. B. The Psychology of Human Aging, 2nd edition. England: Penguin Books, Ltd., 1974.

Brotman, Herman. "The Fastest Growing Minority: The Aging." The American Journal of Public Health, Vol. 64, No. 3, March, 1974.

"Coalition Urges Halt to Construction: New Prisons Fought as Useless." Detroit Free Press, Section A, May 10, 1976.

Cooper, Barbara S. and McGee, Mary F. "Medical Care Outlays for Three Age Groups: Young, Intermediate and Aged." Social Security Bulletin, 34, May, 1971.

Cooper, Barbara S. and Piro, Paula A. "Age Differences in Medical Care Spending, Fiscal Year 1973." Medical Care Review, Vol. 31, No. 4, Bureau of Public Health Economics, School of Public Health, The University of Michigan, April, 1974.

Commager, Henry S. "The History of American Violence: An Interpretation." In Violence, The Crisis of American Confidence edited by Hugh D. Graham. Baltimore: The John Hopkins Press, 1971.

Cottrell, Fred. Aging and the Aged. Oxford, Ohio: William C. Brown Publishers, 1974.

Cressey, Donald R. "Adult Felons in Prison." In Prisoners in America edited by Lloyd E. Ohlin. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1973.

Cumming, Elaine and Cumming, John. Ego and Milieu: Theory and Practice of Environmental Therapy. New York: Atherton Press, 1967.

Cumming, Elaine and William, Henry. Growing Old: The Process of Disengagement. New York: Basic Books, Inc., 1961.

Davis, Richard H. and Neiswender, Margaret (Eds.). Aging: Prospects and Issues. Los Angeles: University of Southern California, Ethel Percy Andrus Gerontology Center, 1973.

Egeler, Charles, Warden, State Prison of Southern Michigan, Jackson, Michigan. Tape recorded interview, February 19, 1976.

Ford, Gerald R. "The Congress." In Violence, The Crisis of American Confidence edited by Hugh D. Graham. Baltimore: The John Hopkins Press, 1971.

"Forgotten Men Spend Old Age Behind Bars." Detroit Free Press, April 13, 1975.

Gaitz, Charles M. "Health and Mental Health in Advanced Old Age: A Rationale for Comprehensive Care." In Occasional Papers in Gerontology: Goals of Comprehensive Health Care in Advanced Old Age edited by Wilma Donahue, Joyce L. Kornblush, and Lawrence Power. Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, December, 1968.

Garvin, Richard M. and Burger, Robert E. Where They Go to Die: The Tragedy of America's Aged. New York: Delacorte Press, 1968.

Goldfarb, Alvin I. "The Psychodynamics of Dependency and the Search for Aid." In Occasional Papers in Gerontology, No. 6: The Dependencies of Old People, edited by Wilma Donahue, Joyce L. Kornblush, and Lawrence Power. Ann Arbor: The University of Michigan-Wayne State University, August, 1969.

Goldfarb, Alvin I. "Institutional Care of the Aged." In Behavior and Adaptation in Late Life, edited by Ewald W. Busse and Eric Pfeiffer. Boston: Little, Brown and Co., 1969.

Ham, Joseph N. "A Case in Societal Failure: Growing Old in America and the Nursing Home." A paper submitted for Psychology of Aging, The University of Michigan, Institute of Gerontology, Winter Term, 1974.

Hammerman, J. "Health Services: Their Success and Failure in Reaching Older Adults." American Journal of Public Health, Vol. 64, No. 3, March, 1974.

Higginbotham, Leon A., Jr. "The Black Prisoner: America's Caged Canary." In Violence, The Crisis of American Confidence edited by Hugh D. Graham. Baltimore: The John Hopkins Press, 1971.

Kahana, Eva and Coe, Rodney M. "Alternatives in Long-Term Care." In Long-Term Care: A Handbook for Researchers, Planners, and Providers edited by S. Sherwood. Spectrum Publications, 1975.

Kahana, Eva and Kahana, Boaz. Strategies of Adaptation in Institutional Settings. Detroit: Elderly Care Research Center, Wayne State University, Research Proposal, September 1, 1973-August 31, 1976.

Kahana, Eva and Kahana, Boaz. "Long-Term Care of the Aged." In The Care of the Geriatric Patient edited by E. V. Cowdry, third edition. St. Louis: C. V. Mosby Co., 1968.

Kalish, Richard A. "Institutional Dependency in the Aged." In Occasional Papers in Gerontology, No. 6: The Dependencies of Old People, edited by Wilma Donahue, Joyce L. Kornblush, and Lawrence Power. Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, August, 1969.

Keller, Oliver J. and Vedder, Clyde B. "The Crimes Older Persons Commit." The Gerontologist, Vol. 8, No. 1, Part II, 1968.

Kleemeier, Robert W. (Ed). Aging and Leisure: A Research Perspective Into the Meaningful Use of Time. New York: Oxford University Press, 1961.

Lunden, Walter A. Crimes and Criminals. Ames: Iowa State University Press, 1967.

Lambert, Richard D. (Ed.). "Age Groups in American Society and the Rise of the Young-Old." Political Consequences of Aging; also in The Annals of the American Academy of Political and Social Sciences, Vol. 415, Stanford University Press, September, 1974.

Manney, James D., Jr. Aging in American Society, An Examination of Concepts and Issues. Ann Arbor: The University of Michigan-Wayne State University, The Institute of Gerontology, 1975.

Martinez, Joe. "Rehabilitation and Treatment." In Black Voices from Prison edited by Etheridge Knight. New York: Pathfinder Press, Inc., 1970.

Medical Care Chart Book, fifth edition. Ann Arbor: The University of Michigan Bureau of Public Health Economics, School of Public Health, Department of Medical Care Organization, 1972.

"Medicare-Medicaid Spurs Growth of Nursing Homes." Congressional Quarterly Report, 28:2794, Vol. XXVIII, No. 47, 1970.

Moseley, R. L. "An Old-Timer Looks at 42 Years Behind Walls." In Black Voices from Prison edited by Etheridge Knight. New York: Pathfinder Press, Inc., 1970.

Mussen, Paul H.; Conger, John J.; and Kagan, Jerome. Child Development and Personality, third edition. New York: Harper and Row, 1969.

National Center for Health Statistics. Comparison of Selected Characteristics of Institutions for the Aged. Washington: U.S. Government Printint Office, April, 1971.

Neugarten, Bernice L. "The Aged in American Society." In Social Problems: A Modern Approach edited by Howard S. Becker. New York: John Wiley and Sons, Inc., 1961.

"Political Consequences of Aging." Preface by Frederick R. Eisele. In The Annals of the American Academy of Political and Social Sciences, Vol. 415. Stanford, Cali.: Stanford University Press, 1974.

Pollak, Otto. "The Criminality of Old Age." Journal of Criminal Psychopathology, Vol. 3, 1941.

Report of the Special Committee to Study the Michigan Prison Riots: Causal and Contributory Factors and Suggested Corrective Action to the Governor, President of the Senate and Speaker of the House, State of Michigan. By Prentiss M. Brown, Chairman. Lansing, Michigan, 1953.

Resident Guide Book: State Prison of Southern Michigan. Lansing: Michigan Department of Corrections, 1973.

Rodstein, Manuel. "Crime and the Aged, The Criminals." Journal of the American Medical Association, Vol. 234, No. 6, November, 1975.

Rosset, Edward. Aging Process of Population. Translated from the Polish by I. Dobosz; R. Janikowska; K. Koztowska, and W. Skibicki. New York: Pergamon Press, 1964.

Shelton, Austin J. "IGBD Child-Rearing, Eldership, and Dependence: A Comparison of Two Cultures." In Occasional Papers in Gerontology, No. 6: The Dependencies of Old People edited by Wilma Donahue, Joyce L. Kornblush, and Lawrence Power. Ann Arbor: The University of Michigan-Wayne State University, The Institute of Gerontology, August, 1969.

Shock, Nathan W. "Physiological Theories of Aging." In Proceedings of a Symposium on the Theoretical Aspects of Aging edited by M. Rockstein. New York: Academic Press, 1974.

Sutherland, Edwin H. and Creesey, Donald R. Principles of Criminology, sixth edition. New York: J. B. Lippincott, Co., 1960.

Tobin, Sheldon S. "Institutional Dependency in the Aged." In Occasional Papers in Gerontology, No. 6: The Dependencies of Old People edited by Wilma Donahue, Joyce L. Kornblush, and Lawrence Power. Ann Arbor: The University of Michigan-Wayne State University, Institute of Gerontology, August, 1969.

Twaddle, Andrew C. "Aging, Population Growth and Chronic Illness, A Projection, United States, 1960-1985." Journal of Chronic Disease, Vol. 21, April, 1968.

"U.S. Aged: More and More Women." Detroit Free Press, Vol. 146, No. 28, June 1, 1976.

U.S. Congress, House of Representatives. Problems of the Aged and Aging, Committee on Education and Labor, Hearings before the General Subcommittee on Education on H.R. 10014, 87th Congress, 2nd Session, 1962.

Vedder, Clyde B. Gerontology, A Book of Readings. Springfield, Ill.: Charles C. Thomas Publisher, 1963.