

THE VISITING ART: A CREATIVE APPROACH TO REHABILITATION AND  
REINTEGRATION OF THE AGING PRISON POPULATION

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## **ABSTRACT**

### **THE VISITING ART: A CREATIVE APPROACH TO REHABILITATION AND REINTEGRATION OF THE AGING PRISON POPULATION**

**DIANA VOZIAN**

This research explores the potential benefits of art therapy with aging inmates, with a primary focus on Canadian prisons. This bibliographical compilation asks the question: “How can art therapy interventions support the needs of the aging prison population?” The collection, analysis, and synthesis of the relevant literature suggest that correctional facilities are struggling to recognize and respond to the physical and mental challenges experienced by the growing population of older inmates. Chronic stress, trauma, loneliness, boredom, depression, chronic pain, substance abuse, suicidal ideations, and dementia are some of the issues that can be addressed creatively in art therapy. The ultimate purpose of this theoretical research is to synthesize a body of work with the most recent data available in the area of forensic and geriatric art therapy, from which interventions and programming could be developed. Specific attention is given to potential therapeutic goals, emerging discussion and artmaking themes, and suitable art materials. The paper also compares preferences for individual versus group sessions, along with directive versus nondirective approaches. Cultural considerations and potential countertransference implications are addressed. Lastly, research gaps and topics in need of further exploration are considered.

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I would like to dedicate this research paper to my uncle, Dumitru, who while being a promising policeman in his community also supported my dreams until his untimely last breath.

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## **Chapter 1. Introduction**

Prisons are defined as places of confinement and punishment for people who have either been convicted of a committed crime or are waiting for trial. The physical isolation of inmates, while it provides a sense of reassurance to the public regarding their safety, it also leads to their invisibility and disregard. This “out of sight, out of mind” arrangement places those incarcerated in a vulnerable position for potential maltreatment in prisons and stigmatization once released. Older prisoners in particular appear to be the most forgotten group among inmates, despite needing the most care and assistance.

Art therapy in forensic setting has been a topic of interest for me since my first year in the Master’s degree program. It was occasionally mentioned during discussions of ethical practices with vulnerable populations, toxic masculinity, internship sites, and group therapy. As an outsider, the prison environment has always caused a sense of both curiosity and trepidation. I believe I was looking to recapture a sense of compassion for a community often described as dangerous to society and lacking social skills. My personal interaction with the prison system was years ago, when a friend of mine asked me to accompany her to a prison visit. We dropped some clothing and other supplies for her relative. I remember feeling intimidated by the place, but also sad for my friend who was missing her relative.

Following months of research into the literature about prisons and inspired by my work with a group of seniors at the Concordia University Art Hive, I narrowed the research topic to the aging prison population. My new awareness about the social isolation of older people in the general population and the lack of services available for them have made me wonder about the aging experience of those in prison. Concurrently, my experience from working with seniors, including some with developmental disabilities, has exposed me to a variety of healing properties associated with telling stories and creatively engaging with art making. Therefore, the potential benefits of art therapy interventions for aging inmates will be the focus of this research project.

The paper will first describe the qualitative method of bibliographical research. The following sections will review the overall experience of aging in prison, as well as art therapy services related to themes of aging and prison setting. The gathered data will be synthesized in the findings section, followed by an in-depth discussion with limitations and future considerations. Lastly, a summary of the research project will be provided in the concluding remarks.

## **Chapter 2. Methodology**

The goal of this research project is to explore the benefits of adding art therapy practices to the rehabilitative services provided to the aging prison population. More specifically, this research seeks to answer: “How can art therapy practices improve the lived experience of the aging population in prison?” The research will undertake a theoretical approach to reviewing the associated literature in an organized essay. This body of work might inspire frameworks and interventions for art therapists working with the elderly population in a forensic setting. Concurrently, it may help the Correctional Service of Canada personnel develop new collaborations and strategies leading to a more successful rehabilitation of their detainees. A more detailed description of the research terminology, design, data collection and analysis, ethical considerations, and researcher bias will be provided below.

### **Operational Definitions**

#### ***Visiting Art***

The term is a play-on-words in response to the research revealing low visitation numbers from family and friends in prison, despite being an important factor in an inmate’s successful rehabilitation and reintegration into the society post-release (Tryon, 2020). According to U.S. data, older, non-White, male inmates located at a further distance from their home are the least visited group in prison and feel the least supported once released (Cochran, Mears, & Bales, 2017; Meyers, Wright, Young, & Tasca, 2017). Therefore, this research paper proposes that therapeutic visits from an art therapist could help reduce the impacts of isolation from family and friends. Hence, the term visiting art implies the art therapists, along with their art materials, entering the clients’ space for timed and purposeful interactions.

#### ***Aging/Older/Elderly/Senior Inmate***

The term “aging inmate” or “older inmate”, in the present research paper, is an operational definition used to describe individuals of age 50 and over who are residing in provincial or federal correctional facilities. It should be noted that while the majority of the literature uses the age 50 as the lower cut-off age for defining an older adult, there is no clear agreement for defining an older offender (Baidawi, 2011; Cipriani et al., 2016; Iftene, 2017; Kouyoumdjian, Andreev, Borschmann, Kinner, & Mcconnon, 2017; Zinger & Laundry, 2019, February 28). For example, several references describe an accelerated aging experience for individuals in prison, suggesting an earlier margin of 40-45 years old as more appropriate



(Spruit, van der Put, Gubbels, & Bindels, 2017). Other sources focus on a higher margin of 65+ years old, usually used based on the presence of more pronounced physical effects of aging, as well as more reflective of the average retirement age in Canada (Agronin, 2013; Humblet, 2020; Kim, 2013; Statistics Canada, 2020, June 5; Stephenson, 2013). The current study focuses on adult inmates of 50 years and over, who either have spent a long time in prison due to committing a serious crime, multiple crimes, or are first time offenders as older adults.

### ***Rehabilitation and Reintegration***

An essential task of the Correctional Service of Canada is to provide programs that target the inmate's criminogenic needs (Bourgon, Mugford, Hanson, & Coligado, 2018). The term criminogenic need originates from Andrews and Bonta's (2010) risk-need-responsivity (RNR) model, which distinguishes between a series of static or dynamic risk factors that contribute to the inmate's likelihood of reoffending. Static risk factors describe traits one cannot change, such as age, gender, prior parole failure, and criminal history. The dynamic risk factors, on the other hand, describe a variety of individual, social, behavioural, and environmental factors that are more susceptible to change, such as antisocial attitudes towards authority, difficulty establishing friendly relationships with other inmates, and poor self-regulation. Though this category is often the main focus of recidivism assessment due to direct links to increased recidivism, Spruit and colleagues (2017) suggest that the impact of dynamic factors change depending on the inmate's age, which is a static risk factor. For example, the authors state factors like alcohol and drug misuse are stronger predictors of recidivism in inmates over the age of 41. Research suggest that noncriminogenic factors, that is, characteristics not directly associated with risks of reoffending, such as poor self-esteem, lack of physical activities, feeling alienated and victimized, lack of ambition, anxiety, stress, and personal distress can indirectly increase recidivism by reducing motivation and interest in treatment (Andrews and Bonta, 2010; Bontas, 2011). These criminogenic and noncriminogenic needs can be addressed through therapeutic services. Additionally, Heffernan and Ward (2017) also noted the importance of exploring protective factors in reducing the likelihood of recommitting a crime and increasing their resilience to adversities. For example, maintaining close family ties, ability to develop intimacy with adults, and displaying empathy contribute to lower criminogenic needs (Cochran, Mears, & Bales, 2017; Heffernan and Ward 2017; Spruit et al. 2017). Consequently, the current research paper will explore the potential of art therapy interventions in addressing criminogenic needs,

noncriminogenic needs, and protective factors of older inmates, given that all of these components are interconnected in assuring a successful rehabilitation and potential reintegration as law-abiding citizens.

### ***Art Therapy***

The American Art Therapy Association website defines art therapy as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (AATA, n.d.). An art therapist is trained to work with a variety of clientele in different settings, including seniors and inmates. Art therapy services can be provided in different formats, such as individual sessions, closed groups, or open/public groups. A body, mind, and spirit approach is at the core of art therapy interventions. The use of visual and symbolic expressions provides the client with a safer alternative to spoken descriptions of inner thoughts and feelings, considering that the latter is often perceived as too direct or intimidating. The current research paper will synthesize art therapy best practices with older inmates when adapted to a forensic setting.

### **Research Design**

#### ***Method***

The qualitative bibliographical methodology is an appropriate first step towards intersecting the field of art therapy with the aging experience in prison, since a preliminary literature review yielded few results addressing these topics together. An inductive reasoning is necessary in qualitative research, whereby the collected data is synthesized based on observations, reflections, and thematic links (Kapitan, 2018). Qualitative research allows for more flexible research guidelines, which in turn, can help clarify the existing issues in a field of interest by defining the unknown variables. By proposing potential relations in the data, as well as identifying literature gaps, a comprehensive bibliographical body of work is also a helpful tool and a necessary component for future quantitative research.

#### ***Procedure***

A total of 115 sources published primarily within the past two decades related to the research topic were selected for this bibliographical research. Peer-reviewed articles, books, and textbooks were collected using online research databases such as EBSCOhost, ProQuest, PsychInfo, and Google Scholar. Access to additional online and hardcopy books, as well as

research articles, was granted through the Concordia University online discovery search; that is, the online library catalogue CLUES, along with the institutional research repository Spectrum. The ScienceDirect website accessed through the university database provided suggestions for articles related to the research topic, thus contributing an additional number of sources to the list of references. The “Suggest” page of the Mendeley reference manager website was consulted for supplementary peer-reviewed articles. Articles not available through the above-mentioned research databases were ordered through the Interlibrary Loans COLOMBO online service when possible. Supplementary statistics on the topic were collected through the Correctional Service of Canada official website. The type of data gathered for this research project includes both qualitative and quantitative studies, which based on the nature of this project were treated as qualitative data.

### ***Data Collection, Storage, and Analysis***

The keywords used for data collection related to three main categories: (1) aging in prison, (2) art therapy in prison, and (3) art therapy with seniors. Due to the limited nature of literature regarding art therapy with older inmates, the data for this research paper was extended to cover reports on therapy with younger adults as well. The age limit was set at the juvenile population. The peer-reviewed articles were stored and sorted out in categories using the Mendeley reference manager website. When possible, the researcher’s own insights, along with objective data provided within the articles was encoded using colour-coded highlighted text, based on the guideline recommended by Marshall and Rossman (2016). The reference list was edited for APA style using the online service Citation Machine®. Data collected from printed material was organized using Q-cards and sticky notes.

### ***Quality and Validity***

According to Kapitan (2018), when it comes to qualitative research, one judges its validity based on context and perspective. The former refers to “how a particular piece of data fits with the whole picture” and the latter considers the standpoint of the participant (p. 37). In order to ensure a more neutral research standpoint, Kapitan (2018) suggests to ‘adopt a “functional skeptical” stance towards [one’s] data’ (p. 37). This stance of functional skepticism will be encouraged through feedback from my research advisor, as well as from peer reviews. Moreover, the collection of data from multiple research engines, which provide triangulation of different theoretical, practical, and philosophical viewpoints, will contribute to the

trustworthiness of the obtained results (Marshall and Rossman, 2016; Kapitan, 2018). Finally, the incorporation of forensic literature from different countries with similar issues contributes to a higher transferability of the findings obtained in this research paper (Kapita, 2018). That is, the research findings are more likely to be generalized and replicated in other prison settings.

### **Ethical Considerations**

Repetitive violations of human rights reported during drug testing on inmates in the mid 1970s have led to the implementation of vigorous laws and ethical conduct regarding research in prison (Cislo & Trestman, 2013). As a result, the prison environment and its recurrent issues have been poorly studied. It should be noted that the Correctional Service of Canada does not currently officially recognize older inmates as a vulnerable population (Zinger & Laundry, 2019, February 28). The present research project, while not directly involving human participants, is sensitive to the ethical guidelines of the Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (December, 2018). More specifically, based on the Core Principle of Justice, the research population explored in this paper fits several criteria of a vulnerable population: elderly, prisoners, diminished capacity for self-determination, and potential mental health issues (TSPC 2, 2018, Chapter 1. Article 1.1). Similarly, the Quebec Art Therapy Association, *Ethical Standards and Code of Ethics* (January, 2019) acknowledges the elderly person as being at risk of potential physical or sexual violence (Division VI, Chapter. 3, Article 3.32).

### **Assumptions and Biases**

As a graduate student in the field, I innately carry the assumption that everyone can benefit from art therapy services. In alignment with this assumption, I will be describing examples of art therapy with seniors and prisoners that have been helpful in achieving therapeutic goals. To counteract this assumption, I will include a limitations section that will address the shortcomings of providing art therapy in prison. Moreover, as someone who has an ethical responsibility to make art therapy an inclusive profession, I assume that the readers of this paper agree that older inmates should have access to therapeutic services as well. In regards to this assumption, it should be noted that the Correctional Service of Canada has primary goal, and is legally mandated, to ensure successful rehabilitation and reintegration of their detainees as law-abiding citizens (Correctional Service of Canada, & Reintegration Programs Division, 2016;

Bourgon & Coligado, 2018). Additionally, according to Dunlea and Heiphetz (2020), the attributors for incarceration, which are perceived to be either internal or circumstantial, can have social consequences, by affecting one's decision on whether and how wrongness should be punished. At the same time, the researchers suggest, "the inferences people make about why others receive punishment may impact their attitudes and behaviours toward individuals who have received one of society's harshest punishments - incarceration" (p. 1). Consequently, as a researcher, I have to check that I consider both internal and external characteristics when analyzing the behaviour of the discussed population. Lastly, I assume that older inmates are interested in having art therapy sessions. Therefore, my hope is that their own wish and consent concerning receiving therapy is respected, irrespective of the findings of this research project. This is an imperative consideration of this study since older adults and inmates often find themselves having to comply with their caregivers and guardians, further exacerbating their sense of dignity and self-reliance (Public Safety Canada, 2019; Gendron, Welleford, Inker, White, 2016).

### **Chapter 3. Literature Review**

In contrast to the overall declining adult incarceration rates in Canada, the number of older inmates, both males and females, behind bars has been on the rise, mirroring the increase in the median population age and becoming the fastest-growing category of prisoners for the past two decades (Gallagher, 2001; Iftene 2017; Luallen & Cutler, 2015; Malakieh, 2019, May 19; Zinger & Laundry, 2019, February 28). According to the most recent Correctional Service of Canada updates, a total of 3,534 out of 14,004 inmates who are in federal custody qualified as aging inmates, 97% of who are males (Zinger & Laundry, 2019, February 28). This number represents about a 50% increase from last decade. This trend has been observed in other countries as well, particularly in the U. S., a country that also ranks the highest on incarceration rates worldwide, creating new challenges for the prison system to offer appropriate healthcare services for its elderly population (Barry et al., 2020; Barry et al., 2018; Chodos et al., 2014; Gates et al., 2018; Luallen & Cutler, 2015; Psick, Simon, Brown, & Ahalt, 2017; Smoyer, Madera, & Blankenship, 2019; Williams, Stern, Mellow, Safer, & Greifinger, 2012). The predicted continual growth of the older inmate population, based on the number of lifers currently serving time in prison, denotes a pressing need for correctional services that accommodate older inmates' needs (Iftene 2017; Zinger & Laundry, 2019, February 28).

## **Aging in Prison**

Shaw and colleagues (2019), in their study conducted with prison chaplains in Australia, defined four overarching themes when describing the prison experience and related issues: the environment, the system, the services, and the inmate. These themes will serve as subsections for this part of the research paper as well.

### ***The Environment***

The theme of physical environment encompasses physical structures of the building, environmental stimulation or lack of it, opportunity for isolation and protection, or group gathering and socialization (Shawn et al., 2019). Cumulative prison-based research overwhelmingly indicates that correctional facilities, including those in Canada, continue to be ill equipped in meeting older inmates' needs, as well as facilitating end-of-life care, given that they were originally designed for a younger adult population. One of the first peer-reviewed articles addressing the experience of aging in Canadian prisons in the past two decades dates back to 2001, and it was based on the accumulated data from nursing interns in a medium security federal prison (Gallagher, 2001). The article was structured under the overarching premise that the surrounding environment shapes one's experience of aging. Gallagher (2001) noted that while the prison environment was not adopted to aging needs, for some older inmates who have experienced poverty, street violence, and are currently dealing with physical pains, the prison environment is perceived as a better alternative to living in the community. Gallagher (2001) describes the case of an 87-year-old inmate who continued to refuse outside services by stating "“What would I do? Who would I know? Here I have my friends, they are my family really. I couldn't adjust to living in some nursing home with a bunch of strangers”" (p. 329). Moreover, despite potential intimidation or harassment from younger inmates, Gallagher (2001) found that some older inmates are against their segregation in separate, better-adapted units. They expressed that being surrounded by younger people increases their own sense of youthfulness, purpose, and opportunities to mentor and share wisdom.

A more recent study on the topic of aging in Canadian prisons, conducted as collaboration between the Office of the Correctional Investigator and the Canadian Human Rights Commission, provides additional insights into environmental issues as experienced by older inmates (Zinger & Laundry, 2019, February 28). The researchers describe out-dated and unsuitable infrastructures: poor lighting, narrow hallways and lack of ramps for wheelchairs,

double-bunked beds without a ladder, showers without slip mats, supportive shower mechanisms and emergency buttons, and lack of adopted transportation are some of the most common housing issues faced by aging inmates in federal prisons. Though certain initiatives have been already proposed by the Correctional Service of Canada to improve these living conditions, for a person with limited physical mobility or chronic pain, these environmental factors can further exacerbate their physical and mental health, sense of respect and dignity, and in certain cases can be lethal (Zinger & Laundry, 2019, February 28).

### ***The System***

Systemic issues, as described by Shawn and colleagues (2019), represent the corrective services and the interconnections between its subsets. More specifically, a lack of planning and follow-ups on the efficiency of provided services can often contribute to prolonged prison time, victimization, or institutionalization of an older inmate. Older inmates who lack the education or are afraid to complain about the delayed legal services, often get discouraged from advocating for their legal and human rights and become resentful of the system (Shawn et al., 2019; Zinger & Laundry, 2019, February 28). Missed parole eligibility dates also means that the costs for housing older inmates continue to pressure the system. While there is no data comparing health care costs between younger and older inmates in Canada, Zinger and Laundry (2019, February 28) noted that it costs almost four times more to keep an inmate incarcerated compared to the one sentenced in the community. Therefore, Zinger and Laundry (2019, February 28) encourage the implementation of medical and geriatric paroles for chronically ill, low risk older offenders, similarly to the ones available in several states in the U.S., as a more cost-efficient and sensitive solution to one's dignity.

For many aging inmates in federal penitentiaries the time spent in the prison system has substituted what prior would be a death penalty, now living behind bars for 20 years and more as a result of receiving life or indeterminate sentence (Zinger & Laundry, 2019, February 28). This accumulation of lifers, who represent half of the aging population in federal custody, has created a stacking effect over time. That is, the increasing presence of older inmates is partially a result of inmates aging behind bars as opposed to being sentenced as an older person. When it comes to increases numbers in U.S. prisons, Smoyer et al. (2019) concluded that there are demographic and criminal justice factors creating this systematic trend, such as “longer sentences, reduced opportunities for parole, a rise in law-breaking among older people, changing social attitudes

toward aging offenders, advances in forensic science, and the overall aging of the U.S. population” (p. 221). While there are already recreational and educational programming in place for inmates, failure to see the older inmates as a vulnerable group will continue to delay appropriate care (Iftene 2017; Zinger & Laundry, 2019, February 28).

### ***The Services***

In order to ensure appropriate care for older inmates, there is a need for specialized staff in medical care and therapy for seniors (Shawn et al., 2019; Zinger & Laundry, 2019, February 28). This also includes services related to end-of-life care. The scarcity of recreational services tailored for elderly people in prison leaves older inmates in prolonged states of monotony and boredom. Unfortunately, while the population of older inmates continues to grow, the number of trained staff is reducing (Stöver, 2016). Failure to understand physical and cognitive changes that can potentially occur as one ages, often leads to the use of violence and verbal harassment by prison staff as means to diffuse tension or enforce compliance (Iftene, 2017; Zinger & Laundry, 2019, February 28). Pressure and use of force by the institutional staff extends to working abilities of older inmates, such that many of them continue to work for low wages beyond pension age as a way to keep them occupied during the day. As a result, older inmates either develop or continue to maintain attitudes of mistrusting, disappointment, and hostility towards authorities and the system, further contributing to their institutionalization (Iftene, 2017; Zinger & Laundry, 2019, February 28).

### ***The Inmate***

As mentioned in the previous chapter, one qualifies as an older inmate by either (1) serving life or indeterminate time in prison due to committing a severe crime, such as murder, earlier in life, (2) going in and out of prison due to recidivism, mainly property crimes, or (3) incarcerated later in life due to either a recently committed crime or a recent discovery of a crime committed as a young adult, mainly sexual offences (Gallagher, 2001; Zinger & Laundry, 2019, February 28). These groups represent 24%, 45%, and 28% of the older prison population accordingly. Though men represent most of the prison population, including older inmates, the number of older women and Indigenous people has been increasing in the past decade (Zinger & Laundry, 2019, February 28). Compared to their younger peers, older inmates, particularly male inmates, over 50 are more likely to be convicted of sexual offence, to be perceived as dangerous offenders with high levels of risk, and to be placed in a separate unit for their own safety



(Gallagher, 2001; Zinger & Laundry, 2019, February 28). It should be noted that older inmates with physical disabilities are also more vulnerable to sexual assault themselves, along with verbal and physical threats, from their peers and staff (Iftene, 2017).

Older inmates are more likely to exhibit physical and mental illnesses compared to their younger counterparts. Some of the most common physical disabilities or illnesses experienced by older inmates are “arthritis, digestive problems, skin problems [...], severe heart problems, diabetes, hypertension, severe oral health problems, severe hearing problems, severe vision problems, back problems, and high cholesterol” (Iftene, 2017, p. 68). Older inmates are, particularly those over the age of 65, also more likely to have a history of substance abuse, poverty, poor medical and mental health care, homelessness, along with higher rates of depression, anxiety, personality disorders, or dementia, often resulting in the prescription of multiple medications (Zinger & Laundry, 2019, February 28). Though no official data has been reported on suicidal ideations or attempts amongst older inmates in Canadian prisons, significantly higher risk of suicidal attempts have been associated with re-entry veterans in later-life compared to those never incarcerated in the U.S. (Barry et al., 2018). Follow-up research on this topic suggests that depression and functional disability have been associated with higher suicidal ideation rates among older male inmates (Barry et al., 2020). Lack of access to appropriate medical care, particularly for stronger pain medication further contributes to the deterioration of physical and mental health (Iftene, 2017; Zinger & Laundry, 2019, February 28).

Lastly, research conducted in Australian prisons suggest that the inmate’s own attitudes towards the system and the committed crime, as well as the self-reported sense of safety and social support impact their levels of psychological distress and potential for rehabilitation (Baidawi et al, 2011, August 23; Shawn et al., 2019). For example, the safer and more supported an older inmate feels within the system, the lower levels of distress they report (Baidawi et al, 2011, August 23). Similarly, researchers suggested that the reported lack of regret for the committed crime was associated with a sense of victimization by the system, such that older adults perceive themselves as suffering from the established prison system (Shawn et al., 2019).

The following section will explore in detail how art therapy interventions can address and account for the environmental, systemic, service, and individual issues describe above. Critique and limitations will be discussed in order to ensure best art therapy practices with older inmates.

## **Art Therapy Interventions**

### ***Art Therapy with Older Adults***

Art making, art appreciation, and self-expression through artistic means are universal needs that span across one's lifetime. Renowned artists like Claude Monet, Pablo Picasso, and Frida Kahlo have remained actively creative until their last breath. Conversely, there are artists like "Grandma" Elizabeth Layton and Bill Traylor, who have picked up a paintbrush or drawing pencil much later, in their old age, just to discover an uncharted talent and blossom as artists in their own rights (Cleveland, 1997; Wilkin, 2015). Concurrently, there are people who find themselves somewhere in between, whereby they once used to be creative but stopped when life got in the way, or have never tried to express themselves creatively and are looking for an opportunity to give it a try. While a therapist is always encouraged to assess and appreciate each client's aging experience as particular to the individual, there are common changes and adaptations that happen as one gets older. Therefore, therapeutic goals and interventions have to be designed with these changes in mind. Several book chapters and research articles which describe best art therapy practices with older adults are explored below.

**Brief Summary of Theoretical Perspectives on Aging.** Much of the design of therapeutic interventions revolves around assessing one's presenting issues or needs, and working towards meeting them by establishing specific goals. Throughout one's lifetime, changes in the body, mind, and social conditions impact expressed needs. Malchiodi (2012) defines four areas of change to consider when working with older clients as they age:

1. *Physical aspects.* Aging inevitably affects vision, hearing, perception of size and color, mobility, and coordination. Tactile senses are altered too, reducing abilities to compare objects and surfaces easily.
2. *Cognitive functioning.* During the course of the lifespan, cognition changes impact memory and other executive functions.
3. *Self-perception.* Views of the self gradually change during aging as roles shift with retirement and within families and communities; there are also experiences of loss and grief that alter self-concept.
4. *Psychosocial changes.* Age may be viewed with fear and trepidation and with concern about changing social status and negative stereotypes of the elderly that still permeate many cultures. (p. 276)

Malchiodi (2012) has aligned these areas of change in accordance with Cohen's (2000) stages of human potential:

1. *The midlife re-evaluation phase* from the early 40s to the late 50s (realization of mortality increases the desire to explore one's untapped potential).
2. *The liberation phase* from the mid-50s to the mid-70s (freedom to explore new options in retirement).
3. *The summing-up phase* from late 60s to the 80s (re-examination of life in an attempt to make sense).
4. *The encore phase* from the late 70s the end of life (reaffirmation and acceptance the major themes or lessons from life). (Cohen, 2000, as cited in Malchiodi, 2012, p. 280)

Agronin's (2014) comparative study of Western developmental theories of aging used throughout history to better understand the phenomenon of getting older date dates back to Cicero (44 BC/1951), along with modern theories of geriatric development that emerged past 1950s, with the introduction of Erikson's eight stages of the life cycle model (Erikson, 1950, 1958, 1959, 1968, 1969, 1974, 1978; Erikson & Erikson, 1997; Erikson, Erikson, & Kivnick, 1986 as cited in Agronin, 2014). According to Agronin (2014), there is an inner force that grows as one ages to serve as a mentor or role model for the younger generations. This observation could explain the reluctance of some senior inmates to be segregated in prison, as mentioned in the section above. Erikson and colleagues (1986) suggested that artmaking studio workshops that encourage multisensory and intergenerational explorations of creativity are essential places for older adults so feel connected and proactive. Several other developmental theories followed in response to or were inspired by Erikson's model (Levinson, Darrow, Klein, Levinson, & McKee, 1978; Levinson & Levinson, 1996; Vaillant, 2002, 2012). Gilligan and colleagues (1990) criticized these models for emphasizing on separation and individuation as markers of successful development. Instead, the researchers noted that prioritizing and strengthening interpersonal connections are also part of the maturing experience, though often associated with or allocated to women (Gilligan, 1982; Gilligan, Lyons, & Hanmer, 1990). It should be noted that although the old age was included in Erikson's model and other models that followed, they mainly focused on young adults.

Cohen's (2000) summary of the phases of human potential was the first model to centre on the later periods of life. Agronin (2014) describes the model as "focusing on the ever extant potential for growth that occurred not in spite of old age but because of it" (p.34). Notably, much of Cohen's theory was based in neuroplasticity research, providing biology-supported evidence for the human potential for growth in old age (Cohen 2005, 2011). Cohen's theory addresses the importance of creativity and its essential part in a fulfilling aging experience. More precisely, as Agronin (2014) observes, "Cohen emphasized that creativity played a dynamic role in building and managing relationships, in responding to adversity with new solutions and directions, and in promoting culture and the common good via inter-generational and community interactions" (Cohen, 2000, as cited in Agronin, 2014). Cohen (2005) also recommends putting together a so-called "balanced social portfolio" for an opportunity to revisit one's life and favorite activities, as well as help gather and synthesize wisdom to be passed on to the rest of the world (p. 146). More recent studies conducted across the globe further offer neurological-based evidence for older age creative potential and its benefits for improving cognitive decline, especially when coupled with physical activities (Kitamura et al., 2016; Lee et al., 2019; Sunavsky & Poppenk, 2020).

Lastly, the pursuit for transcending experiences as a person ages, also referred to as gerotranscendence, describes the quest for a deeper connection to the spiritual or cosmic world has been also incorporated in theories of aging (Tornstam, 2005; Yount, 2008). In the pursuit for transcendence, older adults prioritize the quality of the relationships as opposed to their quantity, thereby increasing their call for altruistic acts. Stephenson (2013) encourages the exploration and attainment of gerotranscendence in art therapy by inviting older adults to "(a) foster artistic identity, (b) activate a sense of purpose and motivation, (c) use art as a bridge to connect with others, and (d) support movement toward the attainment of gerotranscendence." (p. 151). An increased sense of well-being and quality of life can be cultivated through creative artmaking in a supportive group, while acknowledging physical limitations and impending death. Consequently, in order to reflect the body-and-mind experience of aging, art therapy interventions should provide creative opportunities to stimulate and grow cognitively, emotionally and socially while the body continues to undergo changes.

**The Expressive Therapies Continuum.** Originally proposed by Kagin and Lusebrink (1978), the Expressive Therapies Continuum (ETC) has served as an integrative model for art therapists who use a body-and-mind approach in their practices. Mirroring the hierarchical

information processing systems of the brain, the ETC describes engagement with the art media from basic kinesthetic or sensory levels, to more complex cognitive or symbolic interactions (Hinz, 2009, 2019). Each processing level is explored on a continuum between two opposing components. A preference for certain art materials or use of it can inform the art therapist where the client is located on the continuum, and help hypothesize about the client's potential needs. Potential applications of this model with seniors and inmates will be explored below.

**Cultural Considerations and the Aging Experience.** Canada has a culturally diverse demographic structure (Coleman 2006, as cited in Morency, Malenfant, MacIsaac, 2017, January 25). Recent population projection published by Statistics Canada suggests, “immigrants and second-generation individuals could represent nearly one person in two (between 44.2% and 49.7%) in 2036, up from 2011 (38.2%).” (Morency, Malenfant, MacIsaac, 2017, January 25, p.6). These statistics also imply that an art therapist working with the elderly population is likely to encounter clients from a variety of ethnic, religious, and linguistic backgrounds, who experiences the aging process differently (Shooshtari, Menec, Swift, & Tate, 2020). While most aging Canadians prioritize lifestyle, physical activity, and attitude regarding aging, being aware of characteristic cultural nuances can help build better rapport and trust with a client from a different ethno-cultural background. For example, the use of non-traditional art materials is important in fostering and celebrating the particular culture of the client (Kim, Kim, & Nomura, 2016; Montayre, Montayre, & Thaggard, 2018). The inclusion of culturally traditional materials when working with seniors helps prompt personally meaningful life reviews and celebration of one's community and culture.

**Themes.** As a person advances in their aging experience, several themes are more likely to become a priority, and as a result, reflected in their artwork and conversations. Here are some of the most common themes emerging in therapy with seniors.

***Loneliness and Social Isolation.*** Hallmarks of successful aging, along with the absence of mental and physical health problems, is being an active and engaged participant in one's own life, as well as having access to social support (Bosnes et al, 2019). Richmond-Cullen (2018), in a U.S. study, revealed that participation in collaborative artist-in-residence programs targeting emotional health of seniors in community centers was correlated with reduced self-reported feelings of loneliness.

Loneliness and social isolation can also accentuate a need for tactile stimulation (Burns, 2009, 2018; Stephenson, 2013). The experience of being touched or touching someone can be understood as a self-confirmation and affirmation of one's existence (Burns, 2009, 2018). Creative activities that involve sensory stimulation have been linked to increased older clients' participation in artmaking and better cognitive performances (Hinz, 2019; Lee et al., 2019). Suitable sensory tactile art materials will be further described below.

***Loss and Grief.*** As older clients advance in age, the more likely they are to have experienced loss, both socially and health-wise (Burns, 2018). Anxiety, emotional distress, and hopelessness about the future can lead to the older client experiencing anticipatory grief (Clements-Corté, 2019). Though repeated experience of loss can contribute to depression, Burns (2018) states “[a]geing in itself is not a prerequisite to feelings of loss” (p. 192). Moreover, the experience of loss can be extended to one's physical and cognitive abilities, including processing speed and working memory. These can take more extreme forms as a person ages, such as Parkinson's diseases, deliriums, Alzheimer's disease, and other forms of dementia (Hinz, 2019). Active participation in art therapy sessions has been associated with cognitive benefits, such as memory, executive functioning, visuospatial abilities, and attention (Hinz, 2019; Lee et al., 2019). Therefore, incorporating elements of the cognitive component of the ETC is an essential aspect of the art therapy work to help strengthen or develop compensatory mechanisms.

***Mortality.*** Art therapists working in geriatric settings are likely to hear clients expressing deep sadness about being the last ones in their family who are still alive after losing friends and family, along with losing their own physical energy and drive for life (Clements-Corté, 2019; Horovitz, 2017; Saxon, Etten, & Perkins, 2015). According to Canadian Coalition for Seniors' Mental Health website (2020, April 8), cumulative mental, physical, and social stressors increases the suicide risk in older people, particularly for men. As described above, helping older clients find meaning and purpose through spirituality and spiritual search can play an important role in one's well-being when approaching imminent death. While spiritual concerns and needs were usually matters explored with religious leaders, modern society has broadened the concept spirituality and its resources to other spaces, while a sense of community (Clements-Corté, 2019; Horovitz, 2017).

Hinz (2009, 2019) supports the proposal that spiritual search, awakening, and growth can be facilitating through art-making. More precisely, it is at the creative transition space between

cognitive processing and symbolic level of the ETC where a new integrative image of oneself emerges. The prospect to creatively re-examine one's life and re-affirm gathered life lessons are reflective of the above-described Cohen's (2012) last two stages of human potential. Moreover, art therapy provides opportunities to focus on the strengths and inner growth. The possibility to remain creative and express one's life experiences while compensating for loss in physical and cognitive abilities also reflects the above-described Cohen's model regarding achieving and sharing old age wisdom (Agronin, 2014). Thus, approaching the end-of-life concerns from an integrative body, mind, and spirit point of view can help art therapists guide their aging clients towards a meaningful life review and self-identification.

**Materials.** A standard art cart usually includes a variety of materials with fluid and resistive properties, such as watercolour paints, chalk pastels, oil pastels, clay, markers, collage materials, coloured pencils, wood pieces (Hinz, 2009, 2019). Though any nontoxic, good-quality art material is welcome to be used with older adults, certain replacements should be considered to accommodate for potential motor or visual acuity impairments (Stephenson, 2013; Wald, 2003). A summary of adaptations and recommendations for art media used with older clients is provided below in Table 1 (Wald, 2003; Hinz, 2009, 2019). The art therapist might also consider incorporating materials not often included in the standard art cart. For example, Grabowecky (2019) encourages the use of textile interventions as a self-care and self-healing tool, particularly for older male cancer patients.

A relatively new yet controversial media for use with older adults is digital art technology. The debates revolve around compromising the quality of sensory experiences, human interaction and connection when creating digitally, versus offering the freedom to participate from the comfort of one's home without the need to set-up and clean-up (Hinz, 2019). Computer-assisted art making and sharing programs provide older clients with a sense of control, self-sufficiency and independence, allowing them to continue to produce artworks in spite of reduced physical mobility. Digital tools can be adapted to compensate for impaired fine motor control, and thus provide new ways to create detailed pieces when needed. Dominguez-Rue and Nierling (2016) stress that the technology used should target both the weaknesses and the strengths of the older demographics.

Presenting issue	Art materials
Motor impairments	<ul style="list-style-type: none"> <li>• Use media that requires less control, such as paint or clay</li> <li>• Pre-wet or squeeze on a palette water-based media</li> <li>• Provide paint-brush handle covered by sponge</li> <li>• Tape the paper on the table</li> <li>• Offer assistance with cutting and pasting collage or provide pre-cut collage shapes</li> <li>• Digital art technology</li> </ul>
Visual impairments	<ul style="list-style-type: none"> <li>• Place objects at client’s eyelevel in an intact visual field</li> <li>• Provide high-contrast materials</li> <li>• Place separate brushes in each paint jar</li> </ul>
Suicidal ideations	<ul style="list-style-type: none"> <li>• Provide pre-cut shapes or count the number of sharp tools at the end of the session</li> </ul>
Anxiety	<ul style="list-style-type: none"> <li>• Play relaxing music in the background</li> <li>• Provide options of fluid media</li> </ul>
Limited emotional expression	<ul style="list-style-type: none"> <li>• Play music from the client’s era in the background</li> <li>• Provide magazines or pre-cut images depicting emotions</li> </ul>
Withdrawn/depressed/controlled behaviours	<ul style="list-style-type: none"> <li>• Provide large sheets of paper</li> <li>• Provide bright fluid media</li> </ul>
Limited sensory stimulation	<ul style="list-style-type: none"> <li>• Provide materials with sensory stimulating qualities: <ul style="list-style-type: none"> <li>○ Acrylic or poster paint</li> <li>○ Clay, finger painting, and mixing paint, unless they promote regressive behaviours</li> <li>○ Oil crayons or pastels, except for clients with motor impairments</li> <li>○ Found objects from nature</li> <li>○ Potpourri</li> <li>○ Textile or fiber</li> </ul> </li> </ul>

*Table 1.* Summary of art media adaptations and recommendations used with older clients; adapted primarily from the works of Hinz (2009, 2019), Roswiyani et al. (2019), Stephenson (2013), and Wald (2003).



**Timing and Setting.** Roswiyani and colleagues (2019) literature review of visual art activities and physical exercise with people over the age of 50 noted that the duration of a session can last from 30 minutes up to 5 hours, usually once or twice a week, for a total of 6 weeks up to a year and a half. The arrangement and accessibility of the setting also plays an important role in the efficiency and enjoyment of the art therapy services. As noted in the section above, aging might involve physical and cognitive limitations. Therefore, the physical space, including the height of the art making and materials table should accommodate and be adjusted for free access and movement on walkers or wheelchairs.

**Individual versus Group Therapy.** An art therapist is trained to offer both individual and group therapy. The literature collected for this research paper often describes a combination of the two, whereby during the offered programming participants have the opportunity to work alone on their art piece, then collaborate on a group artwork, as well as contribute personal thoughts and feelings to group discussions (Kim et al., 2016; Richmond-Cullen, 2018). Moreover, social participation in group activities can help alleviate feelings of social isolation often associated with aging, and thus promote healthy aging (Levasseur, 2017; Hinz 2009, 2019; Richmond-Cullen, 2018). Open-group or community art studios, such as Art Hives, are another form of inclusive intergenerational community building and art-making spaces (Art Hives, 2019, August 12; Stephenson, 2013). Ultimately, the art therapist assesses the need and comfort level of each client when offering individual or group therapy services.

**Directive versus Nondirective Approach.** Burns (2009, 2018) encourages the art therapist to assess the individual's ego strength when deciding which approach to undertake, in order to avoid the client feeling too lost and unsupported in a non-directive approach or feeling dominated in a directive approach. In most cases, particularly in group settings, group members start with brief directive exercises or theme, and later transition into nondirective exploratory periods of artmaking (Buchalter, 2011; Stephenson, 2013). Clients should also be given choices regarding how to share their experiences about the artmaking process, especially for the non-verbal ones, and be reminded that having the artwork as a safe container for their thoughts and feelings is sufficient enough (Burns 2009, 2018).

**Therapeutic Goals.** While therapeutic goals applied for the general population can fit the older adult clientele, there are certain goals that have been more frequently used with the geriatric population in particular (Bagan, n.d.; Malchiodi, 2012; Wald, 2003). These include: (1)

help reduce boredom, depression, and anxiety symptoms by fostering a safe, stimulating, fun, and supportive therapeutic environment, along with relaxation techniques; (2) increase self-worth, self-esteem, and strengthen self-identity through art activities that highlight one's strengths and compensate for developed impairments; (3) support expression and externalization of build-up emotions, particularly regarding loneliness, loss, and grief; (4) provide experiences of pride and dignity by encouraging personal choices during art-making and empathising one's creative achievements; (5) increase social connection by encouraging group discussions and support during art-making; (6) reassure reality testing and focus on nonverbal means of communication for clients with psychotic disorder, dementia, or compromised language skills due to stroke by exploring and emphasizing the visual and sensory aspects of art-making; and (7) promote appreciation and value of one's life and spirituality by facilitating creative life reviews and encouraging meaning-making towards one's past.

**Artmaking.** Several books and research articles provide examples of art therapy interventions adapted to the older clientele (Buchalter, 2011; Hinz, 2009, 2019; Kay, 2016; Kim et al., 2016; Malchiodi, 2012; Richmond-Cullen, 2018). Art therapists are encouraged to develop their own programs of interventions based on the available materials, needs of the clientele, and rules and regulations placed in the working space. Several art-based interventions to consider when working with older adults will be summarized below.

Narrative-based elements, borrowed from family therapy approaches, can be infused in art therapy practices to help promote visual storytelling and life reviews mentioned above. Caldwell (2005) invites the art therapist to take on the role of an active consultant, guiding the client and if possible close family and caregiving staff in reviewing one's life stories. The client is then invited to deconstruct these stories, particularly problematic ones, and then the change the dominant narrative by creating new unique and meaningful stories. This task can be accomplished through a variety of expressive art therapy activities, such as photography, videography, bibliotherapy, visual journaling, time capsules, family sculpture, memory books, self-boxes, life maps, and narrative textiles (Caldwell, 2005; Garlock, 2016; Hinz, 2019; Ricks, Kitchens, Goodrich, & Hancock, 2014). Buchalter (2011) describes the opportunity to reminiscent about one's life as way to reflect about the good times and the more challenging experiences, thus defining one's legacy. The author reflects:

Reminiscing links the past to the present. It helps seniors identify and recognize their strengths, talents and uniqueness. Clients are supported to embrace special traits they have stopped acknowledging over the years. Reminiscing assists individuals to share achievements and positive experiences. Socialization and connection with others is enhanced. Clients usually enjoy sharing anecdotes about friends, children, grandchildren and other family members. They take pleasure in telling stories related to special events such as surprise parties and exciting vacations. Confidence, communications skills and self-awareness become enhanced while reviewing life events. (p. 286)

Another way to participate in storytelling and life reviews is through creating folk art. Folk art is a popular, often self-initiated, creative form of self-expression among seniors (Kay, 2016; Richmond-Cullen, 2018). Merriam-Webster online dictionary describes folk art as “the traditional decorative or utilitarian art of the people that is often an expression of community life and is distinguished from academic or self-conscious or cosmopolitan expression” (n.d.). Some examples of folk art are needlepoints, quilts, weaved baskets, woodcarvings, memory paintings, and rugs. These life-story art objects are particularly valuable for the older artist, representing a visual testimony of one’s mastery, craftsmanship, and family culture. Kay (2016) indicates:

The making and use of these objects serves multiple functions in the lives of seniors: they are objects to reflect upon; props for explaining events and their meanings; the product of a pastime that fills the lonely hours; mnemonic devices to remind the forgetful; a meditative practice that helps seniors make sense of the past; and a material legacy to leave to family and friends. (p. 6)

Combining art therapy with other activities is a common experience for an art therapist working in geriatric settings. Malchiodi (2012) proposes, “Work with older adults requires attention to physical, mental, and emotional abilities that may have been compromised by age, bereavement, or the end of a career. Inevitable end-of-life issues are also present, along with the loss of independence for many individuals.” (p. 275). Such creative endeavours as gardening, cooking, dancing, playing musical instruments, dancing, writing, yoga and mindfulness-based interventions have been associated with improved moods, reduced stress, cognitive performance, and overall well-being (Bonura & Tenenbaum; 2014; Esmail et al., 2020; Fiocco, Mallya, Farzaneh, & Koszycki, 2019; Hinz, 2009; Roswiyani et al, 2019; Wald, 2003). Roswiyani and colleagues (2019) have not reached a definitive conclusion whether a combination of

interventions is as beneficial or more as they are alone. However, elements of movement and music can be easily incorporated into the art-making sessions by playing background music throughout the session, taking a dance break mid-session, as well as facilitating a brief guided imagery or mindfulness meditation at the beginning or end of the session (Buchalter, 2011; Grocke, 2019; Tang et al., 2020). Malchiodi (2012) noted that an art therapist working with seniors should remain open and flexible to either incorporate or accommodate additional recreational activities that engage a full body-and-mind sensory experience. Therefore, as opposed to perceiving other fields of therapy as competition, art therapist should embrace an integrative approach to working with seniors and consider potential collaborations.

**Issues of Countertransference.** Based on the above-described potential themes to encounter when working with older population, the art therapists might find themselves confronted with their own feelings and attitudes about loneliness, loss, hopelessness, and death (Burns, 2018). In fact, while the clientele number is on the growth, the field of geriatrics appears to be the least appealing for therapists who often perceive it as physically and emotionally draining. An untrained staff is susceptible to developing a patronizing, frustrated, and even hostile attitudes towards their older clients. These responses to aging are more prominent with older people with developmental disabilities, in response to stronger countertransference responses. On the other hand, the art therapist who experiences strong countertransference of affection towards older clients who remind them of their own aging parent or grandparents should be careful to avoid infantilizing their clients (Burns 2018, Nario, Kemerling, & Silverman, 2019). Concurrently, research shows that a large proportion of older people undergo a muddling process when seeking psychological help (Berard et al., 2020). Consequently, barriers to offering and receiving therapeutic support come from both sides. However, Burns (2018) specifies that those art therapists who do end up working with seniors, either by choice or lack of alternative options, often end up expressing a sense of gratitude and privilege. Moreover, according to a recent study conducted in Israel, educational interventions about the aging population provided to students in care-giving programs have been linked to a decreased ageism, increased positive attitude towards older people and willingness to work with them (Even-Zohar & Werner, 2020). Ableism attitudes and behaviours are particularly predominant for people with visible impairments, which is something the art therapist should be mindful of.

### *Art Therapy with Inmates*

Gussak and the team conducted one of the first systematic research on the use of art therapy in the U.S. prisons. The data gathered thus far was summarized, synthesized, and compiled into a book entitled *Art and art therapy with the imprisoned: Re-creating identity* (Gussak, 2020). While the book does not explore the experience of older inmates in art therapy practices as a separate group of inmates, the author describes benefits and challenges of offering art therapist services in prison overall. There are also comparisons made between men and women in group sessions, which will be explored below. Additional articles on the topic not included in the book will be analyzed as well.

**Brief History of Artmaking in Prison.** Gussak (2020) suggests that the use of creative arts in prison is an old practice, as shown by mural artworks, tattoos, poetry, and handicrafts, and was often perceived as a status-building endeavour and respect from the peers and correctional staff. Here is a testimony documented by Ricciardelli (2014) of the role of art for a Canadian inmate:

I am thankful to learn art; I was drawing a lot, I was trying to do a lot of that. And that got me through a lot of trouble. A lot of guys will go crazy in their cells. They don't like lockdowns 'cause there is nothing to do. But [for] me lockdown was the best for me because I would just sit down and draw and put on some music and get lost in my own life. When you are trying to do [be] positive, I believe, you get positive results 'cause I got a lot of positive feedback. Some guys would come, even the guards would come to my room—even when they come to search—and see all these pictures of positive stuff. They don't touch them; they just give me positive feedbacks, positive compliments. [...] You give positive energy, and you get positive back. (p. 199-200)

Hence, artmaking has both utilitarian and therapeutic qualities in the prison environment.

**Themes.** Loneliness and boredom are pervasive experiences of prison life, especially for those who serve long sentences. As mentioned in the methodology chapter, the experience of loneliness and isolation is further exacerbated by the lack of supportive visits from the outside (Cochran, Mears, & Bales, 2017; Meyers, Wright, Young, & Tasca, 2017; Turanovic & Tasca, 2017). While prison isolation is often used as an example of Yalom's (1980) interpersonal isolation, one might argue that other forms of feeling lonely also apply. For example, in their study with undergraduate students, Pinel and colleagues (2017) exposed the lack of research or

consideration of existential isolation, which is a type of social isolation described as the experience of feeling misunderstood, unrelated to, and disconnected from others while in their presence.

Existential isolation can help shed light on why people who have experienced significant life events, or belong to a minority or stigmatized group, might feel socially isolated while surrounded by people. Pinel and colleagues (2017) describe this phenomenon as a person becoming “a prisoner of one’s own mind” (p. 54). Consequently, the authors suggest that in order to reduce the feeling of existential isolation, the inmates should be provided with opportunities to contest those perceptions of disconnection by engaging in activities supporting and highlighting shared experiences. As described above, group art therapy sessions are occasions to observe and relate to other people’s artmaking process and engage in meaningful group reflections. Lastly, themes of identity, escaping, missing and being curious about the world outside and nature, barriers, recreation, family, and healing are also common in inmates’ artwork (Brikman, 2017; Gussak, 2020; Henry, 2016).

**Materials and the ETC.** Gussak (2020) asserts that the choice of materials and their creative use is informed by the clients’ needs and therapeutic goals. For example, Gussak (2020) observes that a new client with acute delusional symptoms is likely to respond better to specific directives with structured, simple materials to; or a person displaying impulsivity and anger to collage materials. Given the nature of the prison setting, as a general rule, all art materials used have to be tested for potential inflammable, explosive, clogging, or any other physically harming qualities (Gussak, 2020). However, each prison has different rules and regulations about what kind of materials and art products are considered safe. Moreover, materials and produced artwork can be labeled as unsafe and be revoked by the prison staff at any moment during the program. Hence, the art therapist will have to get acquainted with the prison regulations in place and rely on creativity to substitute traditionally used art materials when necessary.

**Timing and Setting.** Based on the artmaking projects described by Gussak (2020), the artmaking timing and setting can vary from brief short-term weekly sessions inside the facilities to long-term large-scale public projects.

**Individual versus Group Therapy.** Based on the research collected for this paper, most art therapy sessions are held in groups due to the benefits associated with social support from peers (Barack & Stebbins, 2017; Gussak, 2020; Henry, 2016).

**Directive versus Nondirective Approach.** The cumulative literature on prison art-making with a therapist suggests a directive approach is preferred to open directives (Barack & Stebbins, 2017; Brikman, 2017; Gussak 2020; Henry, 2016).

**Therapeutic Goals.** Based on the living experience of inmates in prison, potential therapeutic goals might focus around exploring and defining one's identity, encouraging problem solving, improving social skills, and preparing for post-release social integration (Barack & Stebbins, 2017; Brikman, 2017; Gussak 2020; Henry, 2016). Gussak (2020) noticed that male and female inmates benefit differently from group art therapy, such that "men seemed to collaborate in order to succeed on the end product, [while] the women worked together for the sake of working together" (Gussak 2009b, p. 206 as cited in Gussak, 2020). These findings can inform the therapeutic goals based on the sex and gender of the inmates.

**Artmaking.** Creative expressions can take many forms in prison settings, including dance, drama, along with mindfulness-based physical activities (Joseph & Crichlow, 2015) New research on the topic highlights the importance of the witness in creative arts therapies with inmates. Research conducted on the experience with visual, writing, and drama therapy with re-entry inmates points to three types of witnessing as described by inmates: the witnessing crowd, the witnessing self, and the witnessing artist (Barack & Stebbins, 2017). The artwork produced serves as an opportunity to entertain in imaginary dialogues with the world outside and share one's story, to engage in self-reflection and be a witness to one's own thoughts, feelings and emotions, or to have a meaningful conversation with an imaginary other who understands and appreciates talent and artmaking. The later might be particularly important for the inmate who experiences existential isolation as described above.

Harden (2014) creatively explored the concept of being seen or witnessed in the performance autoethnography *You Arrive* as a confirmation of one's existence: "I see you, seeing me, therefore I am. Therefore I am. I can connect and transform. I can reengage with life" (p. 149). The importance of being witnessed or seen starts in infancy, when a child experiences the loving and reassuring gaze of the mother. Harden (2014) reflects that the role of the therapist is to become an accepting, supportive, non-intrusive guide, a scaffolding, in one's journey to finding and being present with themselves and grow, by mirroring and attuning to the client's needs. Gussak (2020) agrees on the importance of having a supportive art therapist who treats the inmates as artists in their own rights, as well as on the transformative effect the witnessing crowd

can have when engaging in communal projects, such as the Inmate Mural Arts Program. This project involved residing inmates, former inmates, and victims of crime who collectively used the creative venue of public murals to promote community healing and breaking of the cycles of violence. Some of these projects were created outdoors, such as next to the prison chapel, and on the wall of a local body shop while supervised by correctional office personnel (Gussak, 2020). The author notes that initially, the law enforcement officials criticized the outdoors mural project for offering an escape for the inmates. However, the final claims and feedback from all parties involved were overall supportive and encouraging.

The witnessing experience is also important to the aging person, and potentially to the aging inmate as well. Kay (2016) echoes on Myerhoff's (1984) claim:

There are elderly people all over America, waiting only to be asked about their stories and folk art. Their memories and works are stored in boxes, in cellars, in trunks, in attics...needing only a witness to bring them to light, a recipient to complete the interchange that is requisite to all cultural transmission. (a:38)

Therefore, these reflections have important implications for a successful re-entry for an inmate, particularly for those who have not received supportive visitations from outside the prison walls.

**Countertransference Implications.** Gussak (2020) notes that the conflicting interest between prison staff and therapists towards inmates often becomes a breeding ground for tension for all parties involved. L'Abate (2009) suggests that the conflicting attitudes between the inmate, the therapist, and the prison staff can be explained using Karpman's (1968) Drama Triangle. This model of relationships describes a triangular reactive and manipulative interaction between three parties who assume roles of a perceived Victim, Prosecutor, or Rescuer. L'Abate (2009) denotes that the justice and legal system is a perfect example for a Drama Triangle to be created, since as also described in the section above, inmates often see themselves as the victims of an unfair system. As a result, the countertransference response of art therapists working with inmates might be infused with feelings of protecting or rescuing their clients from the prosecuting staff and peers. L'Abate (2009) suggests that applying a bystander role as described by Allen and Allen (1998) and Clarkson (1993) might help the therapist escape this kind of triangular relationship.

According to Gussak (2020), another way to experience the relational dynamics in prison is feeling pulled in a dyadic relationship, whereby each side – the inmate and the correctional



staff, expects the art therapist to take their side. While this kind of situation can lead to the therapist siding with one party, or freezing in inaction, Gussak (2020) offers to look for potential a hidden compromise option. The author also proposes that the communicative covert powers of artworks allow inmates to express themselves against the oppressive system, while the correctional workers are able to maintain prison safety and security. Therefore, art therapists working in prison settings should be mindful of strong countertransference responses in relationship with both their clients and the correctional staff.

**Cultural Considerations with the Prison Population.** According to the latest report on ethnic diversity in-custody population for the past decade in Canada, the percentage of Black inmates has been on a slow decrease towards 8.37%, Indigenous inmates, including those over the age of 50 – has been on a continual rise towards 27.8%, and White inmates – has been on a steady decline towards 51.99% (Office of the Correctional Investigator, 2020, February 18). According to Statistics Canada data from 2016, the rates of these ethnic groups in the general Canadian population represent 3.5%, 4.9%, and 72.9% (Statistics Canada, 2019, February 27; 2019, July 2; 2019, June 18). This data might have important relevance in therapist-client dynamics depending on the ethnic background of each, based on the client's experience with race-based oppression and injustice. A cultural humility approach can help inform how to best navigate power imbalance through self-awareness, self-reflection, and self-critique (Bodlović & Jackson, 2019).

### ***Art Therapy with Older Inmates***

Based on the data generated with the criteria and methodology for this research paper, only one peer-reviewed article directly relates to the topic of art therapy with older inmates, which is the study conducted in the U.S. by Hongo, Katz, and Valenti (2015). It should be noted, that the focus of this article is the experience of older women inmates only. However, as mentioned above, the number of older female inmates in Canadian prisons has increased as well over the past decade. Therefore this study is relevant to designing future policies for the aging prison population and will be analyzed in more details below.

**Brief Summary of the Study Rationale, Goals, and Participant Sampling.** The literature review of the study suggests the number of females behind bars is on the rise, which has important implications for the housing and rehabilitative services offered. More precisely, a large proportion of the incarcerated females display symptoms of mental health and substance

abuse, along with histories of experiencing trauma and relational abuse. The restrictive, oppressive, and hostile experiences of the prison setting retrigger and strengthens trauma responses, such as self-isolation, passive-aggressiveness, learned helplessness, emotional detachment, hypervigilance, mistrust, intrusive memory flashbacks, and other potential revictimizing responses. Moreover, as the inmate ages, prolonged experience of incarceration exacerbates these responses. Since overt self-expression and disclosure has potential dangerous repercussions for one's safety in prison, Hongo, Katz, and Valenti (2015) propose that the nonverbal and nonconfrontational benefits of art therapy as described by Gussak's research can serve as a suitable way to address the needs of this vulnerable population.

Twenty female inmates over the age of 50 were selected for the study. The participant sample represents a diverse ethnic, racial, and economic blend. Hongo, Katz, and Valenti (2015) state that the diversity of sample was formed as a result of the chosen area. A team of volunteers, with different social work and clinical experiences, facilitated a total of six weekly art-making workshops for 1.5 hour each in a women's prison. Group therapy was preferred due to the benefits recommended by the literature review.

**ETC and Artmaking.** During the art-making sessions participants were directed to: (1) embellish their nametag to use when introducing themselves, (2) create with the non-dominant hand, (3) draw their first home or school, (4) build a white-paper sculpture with paper and glue only, and (5) an interactive group themed drawing. Therefore, it can be inferred that participants were encouraged to create on multiple levels of the ETC, which potentially included perceptual, affective, cognitive, and symbolic components. Since the sessions followed Gussak's program, the facilitators took a directive approach when working with the participants. Materials mentioned in the study are paper, glue, crayons, markers, and the inmates' own fingers and the non-dominant hand. According to the ETC, these can be classified as restrictive, simple, and unstructured.

**Themes.** Hongo, Katz, and Valenti (2015) summarized five themes identified by the participants about the advantages of trauma-informed art therapy conducted in group settings. More specifically, the art therapy sessions offered older female inmates opportunities to (1) dream beyond their given circumstances, (2) to feel connected and supported by their peers, (3) to experience mutual understanding by relating to each other's challenges and stories, and (4) unselfish concern towards one's peers.

**Issues of Countertransference.** Similarly to the countertransference issues described above, Hongo, Katz, and Valenti (2015) acknowledge the potential tensions rising from perceived conflicting interests between art therapists and correctional staff. The authors also recognize the risk of being subjected to manipulative and dishonest behaviours from the inmates. However, Hongo, Katz, and Valenti (2015) suggest that when creativity is placed at the center of social interactions, artmaking plays an essential role in promoting emotional well-being and social adjustment.

### **Findings and Discussion**

Aging in prison is a challenging experience for the inmates, the correctional staff, and the community at large. Prices for providing health care to the aging inmates continue to increase without presenting promising results. Correctional facilities continue to fall short in offering adequate living conditions, trained staff, and timely services. Research findings from this literature review suggest that while the increase in number of older inmates behind bars is largely due to lifers getting older, along with newly incarcerated seniors, there is still a large portion of older people going in-and-out of prison due to recidivism. The latter statistic could be indicative of current rehabilitation and reintegration programs not being effective enough.

Principally, it seems essential for those working with senior inmates to recognize them as a vulnerable population, both at in-person care and legislative levels. Older inmates, especially those who have been serving long sentences, are more vulnerable to institutionalization. Some of them might grow accustomed to feeling forgotten by the correctional system and the world outside, while still perceiving prison as better alternative or a safer familiar setting to a nursing home or the potentially violent environment outside. As mentioned above, some older inmates might also prefer to be housed in the same units with younger peers in order to feel valuable and needed, in spite of risks for potential assaults or harassment. This choice is reflective of their needs to impart wisdom, provide guidance, and serve as role models, and is in alignment with the developmental theories of aging addressed in this paper.

Moreover, research findings suggest that the most used assessment indicators for predicting recidivism by correctional facilities are the inmate's antagonist attitudes towards authority, reduced friendly relationships with other inmates, and poor self-regulation. However, research findings reveal that much of the correctional programming falls short at assessing and addressing older inmates needs not directly associated with the risk of reoffending. These are the

experience of depression, anxiety, poor self-esteem, hopelessness, and helplessness. In addition, limited attention is given towards the older inmates' presenting protective factors, which can help build their resilience in the face of unfavourable environmental and systemic adversities. Well-developed reintegration programs, when properly tailored to the target population, are effective with inmates with cognitive deficits as well (Stewart, Wilton, and Sapers, 2016). Research data collected from art therapy studies with both seniors and inmates suggests that these needs can be addressed in session through directive group interventions.

In order to develop suitable intervention models and best art therapy practices for the aging inmates, one ought to first compare and contrast the literature related to the topic. The synthesized research data indicates to several resulting commonalities between art therapy interventions used with older adults and art therapy work with inmates, and therefore – potentially with older inmates.

### **Themes**

An art therapist working with senior inmates is likely to encounter participants with comorbid mental and physical disabilities. These are often exacerbated by time spent in prison and lack of appropriate caregiving services. Boredom, loneliness, helplessness, injustice, loss, grief, and death are some of the potential themes to emerge and be explored in session. The art therapist is encouraged to follow the participants' lead in their willingness to verbally discuss these themes, since any form of physical or emotional vulnerability is perceived as a potential weakness. Given the nature of the prison environment, just letting the art piece contain the inmates' feelings can be significant enough in and of itself for self-expression and healing.

### **Therapeutic Goals**

When working with older inmates, the therapeutic goals are likely to revolve around reducing social isolation and boredom, increasing self-esteem and social skills, and exploring and affirming one's identity. These goals might have to be adjusted based on the gender of the inmate. More specifically, research suggests that older female inmates are more likely to bond over experienced domestic trauma or abuse, while male inmates cooperate better when planning to achieve mutual goals. Once again, it is important to respect everyone's unique needs, even during directive group activities, in order to build trust and promote cooperation. While the overall therapeutic goals might align with the ones endorsed by the correctional system, they should primarily honour the personal needs of each individual in the group.

## **Art Materials**

The range of permissible art materials varies from prison to prison. The collected data indicates that while certain materials are advised for use with the aging population, these might be highly regulated or restricted in the prison environment for safety and security purposes. Therefore, art therapists are encouraged to maintain an open-mind and flexible attitude regarding their working tools. There are certain recommendations for materials and modes of engagement based on the ETC. Simultaneously, they can serve as general guidelines or templates for other substitutions when needed. If possible, materials that promote sensory and cognitive engagement should be included in the art therapist's cart, along with those that can evoke personal cultural experiences and past memories.

Additionally, the kind of materials provided and their accessibility should be adapted to potential physical and cognitive impairments associated with aging while encouraging each individual's strengths. It should be noted that the format could change as a project is progressing. Thus, the art therapists should be equipped to support and guide their participants through any unexpected changes to the project.

## **Session Design**

The timing and setting of the sessions can vary depending on the artmaking project, ranging from long-term outdoors supervised mural projects, to brief occasional sessions inside. The research data favours weekly directive group sessions. Senior inmates who are likely to receive fewer visitations from family and friends from the outside, having an opportunity to engage with the visiting art therapist and peers could help alleviate their sense of loneliness. It might also encourage them to develop social skills by forming new friendly relationships with their peers, which has important implications in decreasing the risk of reoffending.

## **Countertransference Implications**

As mentioned above, depending on the lived experience outside the prison and the amount of time already spent incarcerated, older seniors develop different attitudes towards the system and their role within it. Strong transference and countertransference responses between the inmates, the art therapist, and the correctional staff are likely to occur, including victimization, the need to rescue or to reprimand. These are fuelled by the anti-therapeutic design of the prison system, whereby the services are meant to isolate, discipline, and punish the inmates for their crimes and behaviour. However, in order for the rehabilitation programs to be

successful there has to be a sense of compassion, empathy, and non-judgmental acceptance communicated to the aging offenders. Therefore, art therapists should be mindful of potential conflicts their presence on the site could incite, including their own gender, ethnic background, and social status, and influence the quality of the therapeutic relationship. Mistrust and disdain towards figures of authority are common feelings among inmates. Helping participants to work through transference material could have important implications for improving their attitudes towards authority figures.

### **Cultural Considerations**

Prison population, including the aging one, comprises people from different ethnic and racial backgrounds. Honouring and celebrating everyone's unique viewpoints and cultural values while bonding over common lived experiences is an essential part of the healing and resilience building process. The prison culture is in itself something that can be creatively explored, as it is likely to have shaped the older inmate perception of oneself and the world outside. From large projects like murals to smaller activities like folk art, there are many creative ways to visually represent one's culture.

### **Artmaking**

Gradually complex and directive artmaking interventions appear to be the most effective and accepted when working elderly people and with inmates. Participants should have opportunities to work alone and in collaboration with other group members. The artmaking process is also likely to be infused with other creative modalities, physical activities, or wellness techniques. Hence, the art therapist will likely have to adapt body-mind-spirit integrative approach to healing. During art making, the group of older inmates should be provided with opportunities to witness each other's artworks and related stories, and make meaning based on these reflections. The research indicates that the social aspect of being with others in a supportive way is most appreciated by both seniors and incarcerated adults.

### **The Role of the Visiting Art**

Being old and in prison are two characteristics that contribute to a person potentially becoming vulnerable to maltreatment yet invisible to the rest of society. Art therapy can offer several means to thrive despite one's vulnerability and lead a visible and dignified life.

### ***Art Therapy as a Safe Space***

Aging inmates often encounter monotonous and demotivating routines. The process of aging, including the one in a prison setting, is an all-encompassing experience. The literature synthesized above describes how physical pain, cognitive decline, loneliness, and helplessness can lead to experiences of depression and anxiety. The added layer of living in an environment that is not conducive of healthy aging further contributes to the older inmates' sense of despair. Being part of in-the-moment artmaking activities offers older inmates an imaginary escape from their everyday gloom.

### ***Art Therapy for Self-Reflection***

According to the developmental theories of aging, much of the turning point around the age of 50 is accompanied by reflections about one's past, present, and future. Art therapy interventions support the use of artmaking for purposes of self-reflection, self-care, and self-discovery. The choices of materials and their use, along with the symbols and themes that emerge, can help the older inmates reveal their stories and inner needs.

### ***Art Therapy for Self-Regulation***

The type of material and its application can be tailored to offer creative tools to help control impulsivity and anger or, on the contrary, stimulate senses and promote vitality. Providing simple and clear directives, along with materials that are easy to manipulate, such as pre-cut collage pieces, can help de-escalate feelings of anger and frustration. These are essential for the aging inmate who is often stigmatized and misunderstood by peers and correctional staff. Working with art materials on kinaesthetic and sensory levels is likely to activate and stimulate tactile responses, as well as provide opportunities for self-soothing. Being able to have more control over one's impulses and needs has important repercussions, for instance for improving relationships with the correctional staff and peers. It should be noted that the goal to help self-regulate and self-soothe should not be directed towards pacifying the inmates, but to empower them by strengthening their sense of self-control.

### ***Art Therapy for Social Connection***

Group art therapy sessions promote cooperation. Older inmates are likely to feel less isolated and more connected to their peers when they have more chances to socialize and to build a larger network of support. By sharing their life stories and collected wisdom through narrative-

based artmaking, older inmates have the opportunity to hear and bond with their peers. These encounters are likely to increase their empathy for each other and improve their social skills.

### ***Art Therapy for Inner Growth***

A crucial part of aging is being able to reconcile contradicting experiences and values, and grow as a result of it. This also extends to coping with the increasing realization of one's mortality and longing for vitality. Life reviews can be completed creatively through visual diaries or autobiographies. When applicable, these can also be analyzed through spiritual lens to help promote transcendence. Enhancing the older inmates' ability to accept both negative and positive experiences as part of one's reality could also help alleviate or cope with feelings of anxiety and depression.

### ***Art Therapy as a Legacy***

The act of making personal and meaningful artworks offers aging inmates an opportunity to share a more enriching and complex story about themselves. This may allow them to leave behind a broader legacy of contribution to the human experience. Working on a meaningful project might also help reduce depression and suicidal ideations. Having a purpose and legacy that extends beyond the prison limitations might have implications in one's optimism and perseverance to successfully reintegrate in the larger society upon release.

### ***Art Therapy as Social Justice***

There are ongoing debates in gerontology regarding which approach works best in order to promote well-being in older age – individual responsibility versus collective interdependence – since the first one does not always hold a cultural value or reality (Lamb, 2017). Currently, it seems like there is a lot of pressure put on the aging person to prioritize self-care as opposed to looking for meaningful and enriching interdependent relationships. These concepts do not have to be perceived as conflicting or mutually exclusive. Based on the literature collected for this research project, it seems important that both hold true. That is, aging adults do their part in taking care of their needs to the best of their abilities, while the family and community offer support with those aspects over which seniors have impaired or no control over. Both parties have to feel empowered in advocating for the right to a healthy aging experience. My own experience working with seniors in the community has taught me that identifying and celebrating opportunities of strengths and uniqueness through creative endeavours can do wonders both for the aging individual as well as for the community's sense of purpose and significance. These are



more likely to occur in a safe, supportive, and honouring environment. While it might be more challenging to establish trust with older inmates due to the difficulties associated with the prison environment, the art therapist and inmates can trust the art-making process and the therapeutic qualities associated with it.

### **Limitations and Recommendations**

Several limitations about the collected data have been already expressed and addressed throughout the paper. Overall, the lack of data on art therapy in Canadian prisons limits the research data to results from studies conducted abroad, particularly in the U.S. Future studies could research how the location of the prison impacts the quality and design of art therapy services. Time spent in prison might have an impact on the quality of the inmates' response and engagement in art therapy. Future research explorations should examine how the needs and experiences of older inmates, who have already spent a long time in prison, compare to those who are newly incarcerated, along with potential differences between males and females. Similarly, it would be more informative to conduct comparisons between different age brackets of older inmates. Additionally, due to the sensitivity surrounding the topic of aging and its terminology, researchers and therapists should be mindful of participants' resistance to be defined as aging, old, senior, or elder. Lastly, this research paper should be regarded as a first step in understanding the experience of older inmates and the potential contribution of art therapy in improving their quality of life. Further empirical studies are necessary to better assess and understand the aging experience in correctional settings.

### **Conclusion**

This research paper was designed to serve as an additional resource guide for art therapists interested in, or currently working with, older inmates in Canadian prisons based on common practices in art therapy with older adults and art therapy with inmates. The paper first described the qualitative method of bibliographical research. The following sections offered an overview of the lived experience of the aging inmate, as well as art therapy work related to aging and incarceration through themes, therapeutic goals, materials used, timing and setting, individual versus group approach, directive versus open approach, artmaking, transference and countertransference issues, and cultural considerations. The gathered data was synthesized and evaluated in the findings and discussion section. Lastly, limitations and future research recommendations were considered.

## References

- About Art Therapy*. (n.d.). American Art Therapy Association. Retrieved June 13, 2020, from [arttherapy.org/about-art-therapy/](http://arttherapy.org/about-art-therapy/)
- Agronin, M. E. (2013). From Cicero to Cohen: Developmental theories of aging: From antiquity to the present. *The Gerontologist*, *54*(1), 30-39. doi:10.1093/geront/gnt032
- Allen, J. R., & Allen, B. A. (1998). Transactional analysis notes from Oklahoma City: After the bombing. *Transactional Analysis Journal*, *28*, 202-209.
- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). LexisNexis.
- Art Hives. (2019, August 12). *About*. <https://arthives.org/about>.
- Bagan, B. (n.d.). *Aging: What's art got to do with it?* Accessed 15 Jun. 2020. [https://www.todaysgeriatricmedicine.com/news/ex\\_082809\\_03.shtml](https://www.todaysgeriatricmedicine.com/news/ex_082809_03.shtml).
- Baidawi, S., Turner, S., Trotter, C., Browning, C., Collier, P., O'Connor, D., & Sheehan, R. (2011, August 23). Older prisoners: A challenge for Australian corrections [PDF file]. In Trends and Issues in Criminal Justice, *Australian Institute of Criminology* (426). <https://search-proquest-com.lib-ezproxy.concordia.ca/docview/889145860?accountid=10246>
- Barry, L. C., Steffens, D. C., Covinsky, K. E., Conwell, Y., Li, Y., Byers, A. L., (2018). Increased risk of suicide attempts and unintended death among those transitioning from prison to community in later life. *American Journal of Geriatric Psychiatry*, *26*, 1165–1174. <https://doi.org/10.1016/j.jagp.2018.07.004>.
- Barry, L. C., Coman, E., Wakefield, D., Trestman, R. L., Conwell, Y., & Steffens, D. C. (2020). Functional disability, depression, and suicidal ideation in older prisoners. *Journal of Affective Disorders*, *266*, 366–373. doi: 10.1016/j.jad.2020.01.156
- Berard, L. D. H., Mackenzie, C. S., Reynolds, K. A., Thompson, G., Koven, L., & Beatie, B. (2020). Choice, coercion, and/or muddling through: Older adults' experiences in seeking psychological treatment. *Social Science & Medicine*, *255*. <https://doi-org.mercury.concordia.ca/10.1016/j.socscimed.2020.113011>
- Bodlović, A., & Jackson, L. (2019). A Cultural Humility Approach to Art Therapy Multicultural Pedagogy: Barriers to Compassion. *International Journal of Diversity in Education*, *19*(1), 1–9. <https://doi.org/10.18848/2327-0020/CGP/v19i01/1-9> (Article)

- Bonta J. (2011, March). Research summary: Addressing the needs of offenders [PDF file]. *Public Safety Canada*, 16(2). <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ddrssng-nds/index-en.aspx>
- Bonura, K. B., & Tenenbaum, G. (2014). Effects of Yoga on Psychological Health in Older Adults. *Journal of Physical Activity & Health*, 11(7), 1334–1341.
- Bosnes, I., Nordahl, H. M., Stordal, E., Bosnes, O., Myklebust, T. Å., & Almkvist, O. (2019). Lifestyle predictors of successful aging: A 20-year prospective HUNT study. *PLoS ONE*, 14(7), 1–12. <https://doi-org.mercury.concordia.ca/10.1371/journal.pone.0219200>
- Bourgon, G., Mugford, R., Hanson, R. K., & Coligado, M. (2018). Offender risk assessment practices vary across Canada. *Canadian Journal of Criminology & Criminal Justice*, 60(2), 167–205. <https://doi-org.mercury.concordia.ca/10.3138/cjccj.2016-0024>
- Brinkman, K. (2017). *Incarceration and Identity: An Exploration of Art Therapy with Inmates*. [Graduate Projects (Non-thesis)] (Unpublished)
- Burns, J. (2009). An interpretive description of the patterns of practice of arts therapists working with older people who have dementia in the UK. PhD thesis, Queen Margaret University.
- Burns, J. (2018). Art therapy with the older person: One life, many losses. In A. Zubala & V. Karkou, (Eds.). (2018). *Arts therapies in the treatment of depression* (pp. 191-203). <https://ebookcentral-proquest-com.lib-ezproxy.concordia.ca>
- Canadian Coalition for Seniors' Mental Health. (2020, April 8). *Suicide risk and prevention of suicide*. <https://ccsmh.ca/projects/suicide/>.
- Caldwell, R. L. (2005). At the confluence of memory and meaning – Life review with older adults and families: Using narrative therapy and the expressive arts to re-member and re-author stories of resilience. *The Family Journal*, 13(2), 172-175. doi:10.1177/1066480704273338
- Chodos, A. H., Ahalt, C., Cenzer, I. S., Myers, J., Goldenson, J., & Williams, B. A. (2014). Older jail inmates and community acute care use. *American Journal of Public Health*, 104(9), 1728–1733. doi: 10.2105/ajph.2014.301952
- Cicero, M. T. (44 BC/1951). On old age. In M. Hadas (Ed.), *The basic works of Cicero* (pp. 125–158). New York, NY: Random House.
- Cislo, A. M., & Trestman, R. (2013). Challenges and solutions for conducting research in correctional settings: The U.S. experience. *International Journal of Law and Psychiatry*, 36(3-4), 304–310. doi: 10.1016/j.ijlp.2013.04.002

- Clarkson, P. (1993). Bystander games. *Transactional Analysis Journal*, 23, 158–172.
- Clements-Corté, A. (2019). Bereavement, grief, and loss at end-of-life. In Grocke, D. E. *Guided imagery and music: The Bonny method and beyond* (2nd ed.). Barcelona Publishers. (pp. 245-258).
- Cleveland, E. (1997). Drawing and coloring for your life, the life and art of Elizabeth “Grandma” Layton. *Art Therapy*, 14(3), 218–219. <https://doi.org/10.1080/07421656.1987.10759287>
- Cochran, J., Mears, D. P., & Bales, W. D. (2017). Who gets visited in prison? Individual- and community-level disparities in inmate visitation experiences. *Crime & Delinquency*, 63(5), 545-568. doi:10.1177/0011128714542503
- Cohen, G. (2000). *The creative age: Awakening human potential in the second half of life*. Quill.
- Cohen, G. D. (2005). *The mature mind: The positive power of the aging brain*. Basic Books.
- Cohen, G. D. (2011). The geriatric patient. In M. E. Agronin & G. J. Maletta (Eds.), *Principles and practice of geriatric psychiatry* (2nd ed., pp. 15–30). Lippincott Williams & Wilkins.
- Correctional Service of Canada. (2019, September 30). *Social programs*. Government of Canada, Correctional Service of Canada, Communications. <https://www.csc-scc.gc.ca/002/002-0006-en.shtml>.
- Dominguez-Rue, E., & Nierling, L. (2016). *Ageing and technology: perspectives from the social sciences*. transcript Verlag.
- Dunlea, J. P., & Heiphetz, L. (2020). Children’s and adults’ understanding of punishment and the criminal justice system. *Journal of Experimental Social Psychology*, 87. <https://doi-org.mercury.concordia.ca/10.1016/j.jesp.2019.103913>
- Erikson, E. H. (1950). *Childhood and society*. W.W. Norton & Company.
- Erikson, E. H. (1958). *Young man Luther: A study in psychoanalysis and history*. W.W. Norton & Company.
- Erikson, E. H. (1959). *Identity and the life cycle*. Norton.
- Erikson, E. H. (1968). *Identity youth and crisis*. Norton & Company.
- Erikson, E. H. (1969). *Gandhi’s truth*. Norton & Company.
- Erikson, E. H. (1974). *Dimensions of a new identity*. Norton & Company.
- Erikson, E. H. (1978). Reflections on Dr. Borg’s life cycle. In E. H. Erikson (Ed.), *Adulthood* (pp. 1–32). Norton & Company.

- Erikson, E. H., Erikson, J. M., & Kivnick H. Q. (1986). *Vital involvement in old age*. W.W. Norton.
- Erikson, E. H., & Erikson, J. M. (1997). *The life cycle completed (extended version)*. W.W. Norton & Company.
- Esmail, A., Vrinceanu, T., Lussier, M., Predovan, D., Berryman, N., Houle, J., Karelis, A., Grenier, S., Minh Vu, T. T., Villalpando, J. M., & Bherer, L. (2020). Effects of dance/movement training vs. aerobic exercise training on cognition, physical fitness and quality of life in older adults: A randomized controlled trial. *Journal of Bodywork & Movement Therapies*, 24(1), 212–220. <https://doi-org.mercury.concordia.ca/10.1016/j.jbmt.2019.05.004>
- Even-Zohar, A., & Werner, S. (2020). The effect of educational interventions on willingness to work with older adults: A comparison of students of social work and health professions. *Journal of Gerontological Social Work*, 63(1/2), 114. <https://doi.org/10.1080/01634372.2020.1712511>
- Fiocco, A. J., Mallya, S., Farzaneh, M., & Koszycki, D. (2019). Exploring the benefits of mindfulness training in healthy community-dwelling older adults: A randomized controlled study using a mixed methods approach. *Mindfulness*, 10(4), 737–748. <https://doi-org.mercury.concordia.ca/10.1007/s12671-018-1041-x>
- “Folk art.” *Merriam-Webster.com Dictionary*, Merriam-Webster. Accessed 15 Jun. 2020. <https://www.merriam-webster.com/dictionary/folk%20art>.
- Gallagher, E. M. (2001). Elders in prison: health and well-being of older inmates. *International Journal of Law and Psychiatry*, 24(2-3), 325–333. [https://doi.org/10.1016/s0160-2527\(00\)00080-7](https://doi.org/10.1016/s0160-2527(00)00080-7)
- Garlock, L. R. (2016). Stories in the cloth: Art therapy and narrative textiles. *Art Therapy*, 33(2), 58–66. <https://doi.org/10.1080/07421656.2016.1164004>
- Gates, M. L., Hunter, E. G., Dicks, V., Jessa, P. N., Walker, V., & Yoo, W. (2018). Multimorbidity patterns and associations with functional limitations among an aging population in prison. *Archives of Gerontology and Geriatrics*, 77, 115–123. doi: 10.1016/j.archger.2018.03.012
- Gilligan, C. (1982). *In a different voice: Psychological theory and women’s development*. Harvard University Press.

- Gilligan, C., Lyons, N. P., & Hanmer, T. J. (1990). *Making connections: The relational worlds of adolescent girls at Emma Willard School*. Harvard University Press.
- Gingras, G. (2015). *Exploration of self-care through the intentional witness process and the Expressive Therapies Continuum (ETC)*. [Graduate Projects (Non-thesis)] (Unpublished). <https://spectrum.library.concordia.ca/980327/>
- Grabowecky, H. (2019). *Kairos: Transforming waiting time into healing for older male cancer patients through textile art therapy interventions*. [Graduate Projects (Non-thesis)] (Unpublished). <https://spectrum.library.concordia.ca/985729/>
- Gussak, D. (2020). *Art and art therapy with the imprisoned: Re-creating identity*. Routledge.
- Hanson, K. (2010, November). Research summary: Giving meaning to risk factors [PDF file]. *Public Safety Canada*, 15(6). <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/mnng-fctrs/index-en.aspx>
- Harnden, B. (2014). In N. R. Sajjani & D. Johnson (Eds.), *Trauma-informed drama therapy: Transforming clinics, classrooms, and communities* (pp. 122–151). Charles C. Thomas, Publisher, Ltd.
- Henry, M. (2016). *Mother's experience in prison: Finding meaning through weaving and words*. [Graduate Projects (Non-thesis)] (Unpublished)
- Hinz, L. D. (2009). *Expressive therapies continuum: A framework for using art in therapy*. Routledge.
- Hinz, L. D. (2019). *Expressive therapies continuum: A framework for using art in therapy* (2nd ed.). Routledge.
- Hongo, A., Katz, A., & Valenti, K. (2015). Art: Trauma to therapy for aging female prisoners. *Traumatology*, 21(3), 201–207. <https://0-doi-org.mercury.concordia.ca/10.1037/trm0000042>
- Horovitz, E. G. (2017). *Spiritual art therapy: An alternate path* (3rd ed.). Springfield, IL: Charles C. Thomas, Publisher, Ltd.
- Humblet, D. (2020). Locking out emotions in locking up older prisoners? Emotional labour of Belgian prison officers and prison nurses. *International Journal of Law, Crime and Justice*, 61. <https://0-doi-org.mercury.concordia.ca/10.1016/j.ijlcj.2020.100376>

- Iftene, A. (2017). The pains of incarceration: Aging, rights, and policy in federal penitentiaries. *Canadian Journal of Criminology and Criminal Justice*, 59(1), 63–93.  
<https://doi.org/10.3138/cjccj.2016.e03>
- Joseph, J., & Crichlow, W. (2015). (Eds.). *Alternative offender rehabilitation and social justice: Arts and physical engagement in criminal justice and community settings*. Palgrave Macmillan.
- Kagin, S.L., & Lusebrink, V.B. (1978). The Expressive Therapies Continuum. *Art Psychotherapy*, 5, 171-180.
- Karpman, S. B. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*, 7, 39–43.
- Kapitan, L. (2018). Introduction to art therapy research (2nd ed.) [eBook]. Retrieved from Google Play Books.
- Kay, J. (2016). *Folk art and aging. Life-story objects and their makers*. Indiana University Press.
- Kim, S. K. (2013). A randomized, controlled study of the effects of art therapy on older Korean-Americans' healthy aging. *The Arts in Psychotherapy*, 40(1), 158-164.  
[doi:10.1016/j.aip.2012.11.002](https://doi.org/10.1016/j.aip.2012.11.002)
- Kim, H.-K., Kim, K. M., & Nomura, S. (2016). The effect of group art therapy on older Korean adults with neurocognitive disorders. *The Arts in Psychotherapy*, 47, 48–54.  
<https://doi.org/10.1016/j.aip.2015.11.002>
- Kitamura, S., Yasuno, F., Yamamoto, A., Kazui, H., Kudo, T., Matsuoka, K., Kiuchi, K., Kosaka, J., Nagatsuka, K., Iida, H., & Kishimoto, T. (2016). A structural model of age, grey matter volumes, education, and personality traits. *Psychogeriatrics*, 16(1), 46–53. <https://doi-org.mercury.concordia.ca/10.1111/psyg.12118>
- Kouyoumdjian, F. G., Andreev, E. M., Borschmann, R., Kinner, S. A., & McConnon, A. (2017). Do people who experience incarceration age more quickly? Exploratory analyses using retrospective cohort data on mortality from Ontario, Canada. *Plos One*, 12(4), 1/11-11/11.  
[doi:10.1371/journal.pone.0175837](https://doi.org/10.1371/journal.pone.0175837)
- L'Abate, L. (2009). The Drama Triangle: An attempt to resurrect a neglected pathogenic model in family therapy theory and practice. *American Journal of Family Therapy*, 37(1), 1–11.  
<https://doi-org.mercury.concordia.ca/10.1080/01926180701870163>

- Lamb, S. (2017). *Successful aging as a contemporary obsession: Global perspectives*. Rutgers University Press.
- Lee, R., Wong, J., Shoon, W. L., Gandhi, M., Lei, F., Eh, K., Rawtaer, I., & Mahendran, R. (2019). Art therapy for the prevention of cognitive decline. *The Arts in Psychotherapy, 64*, 20–25. <https://doi.org/10.1016/j.aip.2018.12.003>
- Levasseur, M., Dubois, M.-F., Généreux, M., Menec, V., Raina, P., Roy, M., Gabaude, C., Couturier, Y., & St-Pierre, C. (2017). Capturing how age-friendly communities foster positive health, social participation and health equity: a study protocol of key components and processes that promote population health in aging Canadians. *BMC Public Health, 17*(1). <https://doi.org/10.1186/s12889-017-4392-7>
- Levinson, D. J., Darrow, C. N., Klein, E. B., Levinson, M. H., & McKee, B. (1978). *The seasons of a man's life*. New York, NY: Alfred A. Knopf.
- Levinson, D. J., & Levinson, J. D. (1996). *Seasons of a woman's life*. Alfred A. Knopf.
- Luallen, J., & Cutler, C. (2015). The growth of older inmate populations: How population aging explains rising age at admission. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. doi: 10.1093/geronb/gbv069
- Malchiodi, C. A. (2012). Creativity and aging: An art therapy perspective. In C. A. Malchiodi (Ed.), *Handbook of art therapy, Second Edition* (pp. 275-287). Guilford Press.
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.) [eBook]. Retrieved from Google Play Books.
- Meyers, T. J., Wright, K. A., Young, J. T., & Tasca, M. (2017). Social support from outside the walls: Examining the role of relationship dynamics among inmates and visitors. *Journal of Criminal Justice, 52*, 57–67. <https://doi.org/10.1016/j.jcrimjus.2017.07.012>
- Milliken, R. (2002). Dance/movement therapy as a creative arts therapy approach in prison to the treatment of violence. *The Arts in Psychotherapy, 29*(4), 203–206. [https://doi.org/10.1016/s0197-4556\(02\)00151-x](https://doi.org/10.1016/s0197-4556(02)00151-x)
- Montayre, J., Montayre, J., & Thaggard, S. (2018). Culturally and linguistically diverse older adults and mainstream long-term care facilities: Integrative review of views and experiences. *Research in Gerontological Nursing, 11*(5), 265–276. <https://doi.org/10.3928/00989134-20180629-02>



- Morency, J.-D., Malenfant, É. C., MacIsaac, S. (2017, January 25). Immigration and diversity: Population projections for Canada and its regions, 2011 to 2036 [PDF file]. *Statistics Canada, 91-551-X*. <https://www150.statcan.gc.ca/n1/pub/91-551-x/91-551-x2017001-eng.htm>
- Nario, R. M. R., Kemerling, A. A., & Silverman, A. (2019). Hostile, benevolent, and ambivalent ableism: Contemporary manifestations. *Journal of Social Issues, 75*(3), 726–756. <https://doi-org.mercury.concordia.ca/10.1111/josi.12337>
- Office of the Correctional Investigator. (2020, February 18). Image description - A graph depicting the ethnic diversity of total in-custody population from the fiscal years 2008-09 to 2018-19. *Government of Canada*. <https://oci-bec.gc.ca/cnt/rpt/annrpt/desc/20182019/grph3-eng.aspx?texthighlight=ethnic>.
- Pinel, E. C., Long, A. E., Murdoch, E. Q., & Helm, P. (2017). A prisoner of one's own mind: Identifying and understanding existential isolation. *Personality and Individual Differences, 105*, 54–63. <https://doi.org/10.1016/j.paid.2016.09.024>
- Psick, Z., Simon, J., Brown, R., & Ahalt, C. (2017). Older and incarcerated: policy implications of aging prison populations. *International Journal of Prisoner Health, 13*(1), 57–63. doi: 10.1108/ijph-09-2016-0053
- Ricciardelli, R. (2014). *Surviving incarceration : Inside Canadian prisons*. Wilfrid Laurier University Press.
- Richmond-Cullen, C. (2018). The effect of an artist in residence program on self-reported loneliness in senior citizens. *Educational Gerontology, 44*(7), 425–432. <https://doi.org/10.1080/03601277.2018.1494369>
- Ricks, L., Kitchens, S., Goodrich, T., & Hancock, E. (2014). My story: The use of narrative therapy in individual and group counselling. *Journal of Creativity in Mental Health, 9*(1), 99-110. doi:10.1080/15401383.2013.870947
- Saxon, S. V., Etten, M. J., & Perkins, E. A. (2015). *Physical change and aging: A guide for the helping professions* (6th ed.). Springer Publishing Company.
- Shaw, R., Stevens, B., Paget, J., & Snoyman, P. (2019) Ageing in corrective services: from the perspective of prison chaplains, *Psychiatry, Psychology and Law, 26*(1), 97-109. doi: 10.1080/13218719.2018.1483275

- Shooshtari, S., Menec, V., Swift, A., & Tate, R. (2020). Exploring ethno-cultural variations in how older Canadians define healthy aging: The Canadian Longitudinal Study on Aging (CLSA). *Journal of Aging Studies*, 52, 1-8. <https://doi-org.mercury.concordia.ca/10.1016/j.jaging.2020.100834>
- Smoyer, A. B., Madera, J. E., & Blankenship, K. M. (2019). Older adults' lived experience of incarceration. *Journal of Offender Rehabilitation*, 58(3), 220–239. doi: 10.1080/10509674.2019.1582574
- Spruit, A., van der Put, C., Gubbels, J., & Bindels, A. (2017). Age differences in the severity, impact and relative importance of dynamic risk factors for recidivism. *Journal of Criminal Justice*, 50, 69–77. <https://doi-org.mercury.concordia.ca/10.1016/j.jcrimjus.2017.04.006>
- Statistics Canada. (2019, February 27). Diversity of the black population in Canada: An overview. *Government of Canada*. <https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm>.
- Statistics Canada. (2020, June 5). Labour force survey, May 2020. Retrieved on June 13, 2020, from <https://www150.statcan.gc.ca/n1/daily-quotidien/200605/dq200605a-eng.htm>
- Statistics Canada. (2019, June 18). Census profile, 2016 census Canada [Country] and Canada [Country]. *Government of Canada*. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E>.
- Statistics Canada. (2019, July 2). Aboriginal peoples in Canada: Key results from the 2016 Census. *Government of Canada*. <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm?indid=14430-1>.
- Stephenson, R. C. (2013). Promoting well-being and gerotranscendence in an art therapy program for older adults. *Art Therapy*, 30(4), 151-158. doi:10.1080/07421656.2014.846206
- Stewart, L. A., Wilton, G., & Sapers, J. (2016). Offenders with cognitive deficits in a Canadian prison population: Prevalence, profile, and outcomes. *International Journal of Law and Psychiatry*, 44, 7-14. doi:10.1016/j.ijlp.2015.08.026
- Stöver, H., (2016). Prison staff under stress: Causes, consequences and health promotion strategies. In B. S. Elger, C., Ritter, & H. Stöver, (Eds.), *Emerging issues in prison health* (pp. 253–259). Springer Berlin Heidelberg.
- Sunavsky, A., & Poppenk, J. (2020). Neuroimaging predictors of creativity in healthy adults. *NeuroImage*, 206, 116-292. <https://doi.org/10.1016/j.neuroimage.2019.116292>

- Tornstam, L. (2005). *Gerotranscendence: A developmental theory of positive aging*. Springer.
- Tryon, A. E. (2020). Keep the family close: Analyzing the impact of family visitation on outcomes for young adult offenders. *Administrative Law Review*, 72(1), 127–155. <http://0-search.ebscohost.com/mercury.concordia.ca/login.aspx?direct=true&db=bth&AN=142526302&site=eds-live>
- Vaillant, G. E. (2002). *Aging well*. Little, Brown.
- Vaillant, G. E. (2012). *Triumphs of experience: The men of the Harvard Grant Study*. Belknap Press.
- Wald, J. (2003). Clinical art therapy with older adults. In C. A. Malchiodi (Ed.), *Handbook of art therapy* (pp. 294–307). Guilford Press.
- Williams, B. A., Stern, M. F., Mellow, J., Safer, M., & Greifinger, R. B. (2012). Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care. *American Journal of Public Health*, 102(8), 1475–1481. doi: 10.2105/ajph.2012.300704
- Wilkin, K. (2015). Bill Traylor: American artist. *The Hopkins Review*, 8(1), 32–44. <https://doi.org/10.1353/thr.2015.0004>
- Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books.
- Turanovic, J. J., & Tasca, M. (2017). Inmates' experiences with prison visitation. *Justice Quarterly*, 36(2), 287–322. <https://doi.org/10.1080/07418825.2017.1385826>
- Yount, W. R. (2008). Transcendence and Aging: The Secular Insights of Erikson and Maslow. *Journal of Religion, Spirituality & Aging*, 21(1-2), 73–87. <https://doi.org/10.1080/15528030802265361>
- Zinger, I. & Laundry, M. C. (2019, February 28). Aging and dying in prison: An investigation into the experiences of older individuals in federal custody. *Office of the Correctional Investigator*. <https://www.oci-bec.gc.ca/cnt/rpt/oth-aut/oth-aut20190228-eng.aspx>