

Psychological Therapy in Prisons and Other Settings

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Art: Trauma to Therapy for Aging Female Prisoners

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This article reports on older incarcerated women's perceptions and opinions about the importance of trauma in their life through creative art workshops. It reports on specific themes that emerged from 6 art expression workshops of 20 ethnically diverse women 50 years of age and older. Participants identified 5 themes regarding the advantages of art therapy in a group setting: potential to dream, feeling connected, mutual understanding, releasing feelings, and unselfish concern.

Keywords: art, therapy, trauma, prison, women

Prisons are not built for the vulnerable aging, and older women in particular seem to be forgotten in this population. An environment deeply rooted in violence, oppression, and fear is not conducive to disclosure or trust. Many older women are survivors of domestic violence and have a long history of trauma. Prison life, with its oppressive and violent nature, only adds to the layers of complex dissociation and isolation. As part of a social work internship, a series of six art expression workshops were conducted with women 50 years of age and older in a California women's prison. These workshops provided a unique opportunity for the prisoners to freely express their feelings in a safe and nonjudgmental arena. Simple projects such as drawing their first home or embellishing their name draw memories and emotions to share while participants learn trust in disclosure. The workshops provide a safe and purposeful means of expression, providing a therapeutic means of releasing deeply embedded feelings, stress, and emotion in an oppressive environment (Gussak, 2007).

Literature Review

Today's prisoners are older, sicker, and incarcerated for longer terms than ever before. In the United States, approximately 178,000 prisoners older than 50 years of age reside in state and federal institutions (Adas, 2003). Prisons are a microcosm of society—as the general population ages, the prison population ages. The female prisoner population in particular continues to grow at an alarming rate. The number of female prisoners is increasing at a faster rate (4.8%) than the number of male prisoners. The percentage increase in female prisoners is almost twice that of male prisoners, but services for female prisoners are not nearly as comparable as those available to the male population (Greifinger, 2007). Approximately three quarters of women in the

United States will meet the criteria for mental health and/or substance abuse diagnosis (James & Glaze, 2006). Approximately 80% of female inmates were found to meet criteria for one or more lifetime psychiatric disorders, and up to 70% were symptomatic (Zweben, 2011).

Upon incarceration, women face several problems requiring mental health and substance abuse intervention. Many incarcerated women have a history of trauma, including sexual abuse, physical abuse, assault, and domestic violence. Such trauma can lead to lifelong patterns of self-destructive behaviors, including substance abuse, deviance, and a lack of formal education (Owen, 1998). These patterns may also be viable risk factors for chronic depression. Isolation from family and loved ones may further deepen depression. Interviews with older female prisoners indicate a strong reluctance to seek mental health care for fear of its negative effect at parole board reviews. This self-retreat can further damage the deeply broken spirit and humanity of the prisoner. A lack of funding makes one-on-one therapy sessions virtually impossible. Within correctional institutions, therapists face a unique challenge to serve the needs of the elderly female prisoner.

Prison facilities not designed to accommodate the needs of the aging female prisoner may seriously impede prisoners' activities of daily living (ADLs). With aging comes a natural slowdown of mobility, challenges with hearing and vision acuity, and increased dietary needs. Conditions such as double or triple bunking make it problematic for older prisoners to climb into bed and cumbersome at best for those who need walkers or wheelchairs close by. Correctional facilities are not consistently compliant with the American with Disabilities Act (ADA). Showers without grab bars, heavy doors, and long corridors to the canteen or dining area constitute some of the more pressing challenges facing the older prisoner. Simply procuring dentures that fit or correct lenses for clear vision becomes an arduous task.

The aging process for the elderly prisoner is accelerated as a result of myriad factors. Stress, induced by efforts to avoid confrontation with correctional staff and fellow younger, more violent prisoners; withdrawal from substance abuse; lack of access to adequate medical care; and no retirement age (prisoners must work until they can no longer physically or mentally work—a determination by administration) may add years to a prisoner's biological age. The elderly are also more vulnerable to abuse and predation, which may be compounded if they are hard of hearing or have

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