

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 (Aday, 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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symptoms of dementia (Strupp & Wilcott, 2005). Finally, the social structure and processes of the corrections systems create dependency based on regime and monotony. Eating, sleeping, and bathing at set times for years creates a state of institutional dependency and loss of identity. The unavoidable boredom and monotony in such an environment promotes the fear of physical and mental capacity declination.

Traumatic events such as earthquakes, airplane crashes, and physical attacks can cause stress reactions sometimes called *disaster syndrome*. Disaster syndrome has three psychological stages: (a) shock, bewilderment, and orientation; (b) passiveness or a lack of initiative; and (c) concentration or anxiety difficulties (Atkinson, Atkinson, Smith, & Bem, 1990).

A deeply rooted history of trauma is characteristic of female offenders (Bloom, Covington, Gido, & Dalley, 2008). Female offenders tend to have a higher rate of interpersonal violence (IPV) and mental health issues than their male counterparts (Lynch, Fritch, & Heath, 2012). Women often initially become entangled with the law as juveniles, and drugs, property crime, and prostitution can soon become a way of life (Bloom et al., 2008). During the initial stages of a relationship, potential risk factors may not be noticeable, such as jealousy or isolation. One survivor stated she mistook jealousy as love and thought her partner was jealous because "he loved her so much" (Griffing et al., 2006). The experience of the first episode of violent abuse may lead to cognitive, affective, and behavioral effects, which may increase the risk of further victimization (Davies & Frawley, 1994). Various models have been discussed to explain revictimization and stressors, including learning theory, relationship choices, and learned helplessness (Griffing et al., 2006). A study was conducted on the effects of abuse on attachment styles with one notable result: Compared with nonabused women, abused women scored significantly higher on emotional detachment, especially with reference to Angry Withdrawal and Availability. *Angry Withdrawal* refers to the avoidance coping style whereas *Availability* refers to the expectation that the responses to one's needs will not be positive (LaViolette & Barnett, 2000).

Coping strategies such as hyperarousal, memory loss, and avoidance are often combined with high levels of stress. In Skinner's experiments, rats learned to press a bar to escape or avoid shock treatments. In escape or avoidance learning, one must learn to respond (as in pressing the bar) to escape or avoid pain (LaViolette & Barnett, 2000). Battered women can learn to escape beatings via certain behaviors, including compliance, assuming a non-confrontational persona, and becoming sexually available. These coping mechanisms make it difficult for women to change their behavior because they have learned ways to "keep the peace" (LaViolette & Barnett, 2000).

From a perpetrator perspective, domestic violence is a behavior learned through observation and reinforcement (Ganley, 1989). People are not born perpetrators, and it is not a communicable disease. It can be learned through direct observation (witnessing mother being abused) or through reinforcement of the perpetrator's experiences with peers or other family members. It can also be reinforced by societal modes such as family, culture, and religion (in which women are subservient); thus, it can incite a means of control and power (Ganley, 1989). This learning by direct experience is part of the social learning theory and can be altered through reinforcement without actually being aware of the out-

come of the action (Bandura, 1971). For example, a little boy might watch his father beating his mother and want to grow up to be "just like dad." In prison, the oppression and inability to make choices and decisions often spawns a similar dependency between victim (inmate) and perpetrator (custody). Inmates are told when to eat, sleep, and stay in their cells. There is little choice in everyday decisions, including food, clothing, recreation, and even socialization.

From the victim's point of view, learned behavior can coincide with learned helplessness, in which one has no control over a situation and then succumbs to any effort to try and take control (Maier & Seligman, 1976). This learned helplessness is a social-cognitive theory of depression that suggests that not having control over the negative events of one's life is an indicator for depression. It is also characteristic of an external locus of control—a social-learning construct in which a person is likely to believe that fate is determined by outside factors that are beyond his or her control (Hiroto, 1974).

After decades of incarceration, changes in the human spirit, mental capacity, and social interaction take place. Postincarceration syndrome (PICS), a symptomatic condition that is based on years of incarceration in a confined, hostile environment, is also known to contribute to recidivism. Severity of symptoms appears to correlate with length of incarceration. Terence Gorski, who has conducted extensive research on addiction and recidivism, explains how years of prolonged confinement contribute to PICS in a mixed mirage of mental disorders for four clusters of symptoms: institutionalized personality traits (IPTs), posttraumatic stress disorder (PTSD), antisocial personality traits, and social-sensory deprivation syndrome (SDS). IPT results from the common deprivations of prison and the chronic state of helplessness. Prisoners are disciplined into passive and repressive states of mind and being; they accept without question the removal of critical thinking, individual decision-making, and self-expression.

Preincarceration trauma plus the trauma experienced during incarceration can result in (a) intrusive memories and flashbacks to episodes of severe institutional abuse; (b) intense psychological distress and physiological reactivity when exposed to cues triggering memories of the institutional abuse; (c) episodes of dissociation, emotional numbing, and restricted affect; (d) chronic problems with mental functioning that include irritability, outbursts of anger, difficulty concentrating, sleep disturbances, and an exaggerated startle response; (e) persistent avoidance of anything that would trigger memories of the traumatic events; and (f) hypervigilance, generalized paranoia, and reduced capacity to trust caused by constant fear of abuse from correctional staff and other inmates that can be generalized to others after release (Greifinger, 2007).

Antisocial personality traits are coping responses from the predatory environment and institutional abuse. A tendency to break rules and victimize others is obscured by a passive and compliant manner with therapists or those in authority. Being passive is considered weak in prison; therefore, a passive-aggressive approach is often an effective survival tool. SDS results from prolonged exposure to solitary confinement and restricted sensory stimulation. Symptoms include severe chronic headaches, repressed rage, and possible developmental regression (Gorski, 2007).

Gorski (2007) concludes that PICS is most severe in prisoners incarcerated for years in the oppressive, punitive environment who have experienced multiple episodes of institutional abuse; who have had little or no access to education, vocational training, or rehabilitation; who have been subjected to 30 days or longer in solitary confinement; and who have experienced frequent and severe episodes of trauma as a result of institutional abuse.

The syndrome appears least severe in prisoners incarcerated for shorter periods of time and with access to rehabilitation-oriented programs and educational and vocational training, in those who have not been subjected to solitary confinement, and in those who have not experienced frequent or severe episodes of institutional abuse. Some devastating effects of prolonged incarceration include psychiatric damage, continual recidivism and risk for increased substance use, and mental and personality disorders. However, society's obsession with restrictive and punitive institutional practices combined with the lack of access to vocational training and rehabilitation programs such as art negate any hope for rehabilitation and the ability to return to society (Gorski, 2007).

In a perfect world, all of the steps from assessment, treatment, and discharge would ideally take place in a somewhat systematic manner. Unfortunately, in an environment steeped in violence, distrust, and tension, it is nearly impossible for older prisoners to safely disclose. Disclosure can be perceived as dangerous or threatening; therefore, defenses are often used as self-protection (Gussak, 2007). Constant vigilance by prisoners for what they say or do is part of life in an environment where they are always being judged by others; thus, how they are perceived becomes vital to their survival.

The American Art Therapy Association defines art therapy as "the therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, or challenges in living" (Malchiodi, 2007). Another unique approach to art therapy is that it is a dynamic therapy, requiring one to participate in one's own treatment (Malchiodi, 2007). Because the prison setting is more conducive to groups, there are advantages to art therapy in a group setting. These include instilling hope, interaction, universality, catharsis, and altruism (Malchiodi, 2007).

Gussak outlines the benefits that art therapy may have in prison:

- Art is helpful in the prison environment, given the disabilities extant in this population such as low educational levels, illiteracy, and other obstacles to verbal communication and cognitive development.
- Art allows the expression of complex materials in a simpler manner.
- Art does not require that the prisoner know, admit, or discuss what she has disclosed in an environment that is dangerous and where any unintended disclosure can be threatening.
- Art promotes disclosure, although the inmate and/or client is not compelled to discuss feelings and ideas that might leave her vulnerable.
- Art has the advantage of bypassing unconscious and conscious defenses, including pervasive dishonesty.
- Art can diminish pathological symptoms without verbal interpretation.

- Art supports creative activity in prison and provides necessary diversion and emotional escape.
- Art permits the inmate and/or client to express herself in a manner acceptable to the inside and outside culture (Gussak, 2007).

Art, a nonverbal and nonconfrontational source of expression, has been a historically fundamental component of prison (Gussak, 2007). Inmate-painted wall murals, paintings, and even intricate tattoo designs indicate the basic human need for expression. This article examines the results of a six-session art program conducted for female inmates age 50 years and older in a California prison. The program is based on Gussak's program, and this article discusses the implications of further research needed with this vulnerable population.

Method

Participants

Six art expression workshops were conducted with a total of 20 older female inmates. The participants ranged in age from 50 to 76 years, and their ethnic composition included the following: seven were Caucasian, four were African American, four were Latino, two were Asian/Pacific Islander, two were Native American, and one reported other specific background. The authors achieved an ethnically, racially, and economically diverse sample by virtue of the prison setting selected.

Procedure

The initial start of each session began with introductions and a short anecdotal exercise designed to encourage disclosure and a sense of security within the group. No custody officials were present, only the staff sponsor. The art project was then explained, assuring that it was a nonjudgmental exercise, and prisoners were encouraged to simply relax and enjoy the process.

The art expression workshops were conducted by the "healing squad," a volunteer group of social work and marriage and family therapist interns from various schools. The group evolved when the authors began visiting prisons and facilitating creative arts for healing workshops. Students and interns wanted to join, and soon they became a volunteer mobile therapy unit. A chaplain from a regularly visited prison hospice fondly referred to the group as the "healing squad." Each member of the healing squad had varying levels of clinical skills and individual interviewing and group work skills in the field of social work and aging. Participation in the art expression workshops was entirely optional for the inmates. The voluntary focus gave participants the opportunity to share their reactions, comments, thoughts, questions, and recommendations. The art workshops were part of a social work internship project and not conducted for research purposes.

Each workshop lasted approximately 1.5 h and included the Introduction workshop, Name Embellishment, the Left-Handed Day, My First Home, White-Paper Sculpture, and the Interactive Group projects modeled from the work of Gussak, 2007. A follow-up questionnaire was given after the end of the 6-week session and focused on issues of the relevance of trauma through

creative art workshops. The questionnaire included the following four items:

1. What does trauma mean to you?
2. What kind of trauma have you encountered either in or out of prison?
3. Do you feel creative projects help cope with trauma?
4. Other comments.

It appeared to all authors that most participants were ready to speak, perhaps because of the nature of having a topic that was and is still fraught with stigma and taboo among older adults and in part because of the self-selection of participants. The workshops were completely voluntary for the incarcerated women aged 50 years and older. The discussion among group members was lively, yet respectful, and ended up addressing the predetermined questions that the authors had hoped to achieve. In fact, some of the participants who were not previously friends appeared to leave with deepened relationships.

Data Analysis

Analysis began with authors separately reading through the questionnaires and emerging themes. The authors utilized thematic analysis as a method for analyzing and refining patterns (themes) that emerged from the workshop group questions. Every reasonable effort was made to group themes in a way that directly reflected the responses as a whole. Although sorting and naming themes requires some level of interpretation, interpretation was kept to a minimum. A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set (in this case, the focus group questions). We then generated a list of ideas about what was in the data and what was interesting about them (Krippendorff, 2003).

We developed categories that included the themes, concepts, and potentially useful information that emerged from our initial review and kept track of illustrative quotes from the participants that accurately reflected their comments, thoughts, and responses related to obtaining trauma information and their willingness and motivation for participating in creative art programs.

After this initial process, we utilized the constant comparative method developed by Glaser and Strauss (1967) to discuss similarities and differences in categories and major themes. We also invited an additional colleague with expertise in trauma and the art of older prisoners to independently review the questionnaires to minimize the influence of our own biases on the information.

Final review and refinement of our categories, themes, and concepts led to the discovery of five general themes that related to obtaining trauma and art information. The five themes include (a) potential to dream, (b) feeling connected, (c) mutual understanding, (d) releasing feelings, and (e) unselfish concern. These five themes were raised throughout the workshops and questionnaire responses, and the order does not reflect the perceived importance to the participants.

Results

Participants unequivocally began to chatter, laugh, and share stories, a rare occasion in an otherwise oppressive environment. One participant commented, "This workshop is like a breath of fresh air in an otherwise stifling environment." More stories were disclosed as the women shared the outcome of their projects and certainly accelerated the sense of trust and disclosure, which would normally take much longer with traditional therapies: "I like coming to this class, I can be me 4 a time." Another concurred "Please come back—I feel at peace today because of you!" Some expressed concern that although they enjoyed the art projects, it was during downtime when feelings of depression and isolation escalated. "Thank you for the opportunity to escape my mind-chains of prison . . . God bless this program . . .," stated one participant.

The hope was that regular art therapy sessions would provide a safe and harmonious environment to be creative and relieve stress even for a few hours: "Thank you for bringing us something that will stay with us long after lockdown." Overall, group members interacted with courtesy and mutual support. There appeared to be certain characteristic roles that people played in the groups that facilitated the disclosure of content, the awareness of the commonality of themes, and ultimately the recognition of alternative personal and societal behaviors and options. Some participants took on positions of leadership, initiating conversation on characteristically conceived taboo subjects of trauma. In addition to these leadership roles, other roles emerged. For example, some were quiet and observing, engaging through such nonverbal behaviors as nodding in agreement and smiles of approval. It is clear that the types of people who were attracted to these groups were actively engaged in prison life by virtue of their participation in various prison activities. Good will and enthusiasm were generated through the support that participants experienced through the group process. The following themes mirrored the advantages of art therapy in a group setting.

Potential to Dream

The Name Embellishment project provided a creative opportunity for prisoners to design a personal name embellishment. One of the most traumatic experiences of incarceration is the loss of identity. Identification numbers are used in place of names, and the prisoner must often include their unit number. One participant shared, "I hated my name until I came to prison." This particular art therapy exercise was chosen because prisoners are identified only by numbers, and this project offered the opportunity to embrace their given names and gave them the opportunity to reflect on past history and to imagine life without bars. "I used my nickname today—something I haven't thought about in years and only my close friends and family know," stated a participant.

Art therapy with a group involves being a part of a supportive unit. The experience of group support and sharing helps instills hope, particularly when group members relate positive experiences about their recovery from trauma, loss, conflicts, or addictions. Simple materials such as crayons and paper can bring peaceful moments: "The projects made me feel happy and relaxed." Another concurred: "I enjoyed the feeling of thinking as a child!"

Coloring blossoms the spirit in me! I hope the colorful flowers we made make someone else smile!"

Feeling Connected

Prison is rigid, redundant, and mundane. The results of the White-Paper Sculpture were often entertaining, and participants gained a sense of camaraderie and trust. The project provided a free, creative experience using only paper and glue. Paper was required to be torn and shaped with fingers. Participants were surprised with their own creativity: "It's amazing what we could do with just paper and glue—cool 3-dimensional stuff! And what's more amazing is that there is not one same theme from any of us!" Again, simple projects allow inmates to continue their creativity beyond the workshop: "I can do this in my cell—thank you!!" Other comments included, "You can lose yourself in these projects . . . it helps us focus on something other than the day to day instability." Group art therapy emphasizes helping one another through difficult times and the White-Paper Sculpture project did just that.

Groups can be particularly effective in prison as older prisoners may rely more on each other for support. One participant commented, "We need to share our emotions, fears and hopes together to feel emotionally and mentally balanced." Group art therapy provides an opportunity for social interaction. "We can share common difficulties/experiences that may be easier to cope with by having others share experiences. It is an excellent way to connect!" It provides social support, which is connected to health and well-being (Malchiodi, 2007). Making art within the group connects members through projects and sharing of art.

Mutual Understanding

The drawing of a first home or school provided an avenue of self-exploration and reflection into the past. "Thank you for taking us back to a time of fond memories . . .," said one participant. The women were given the opportunity to reflect and design on paper something about their first home or school and then were able to share with the group. Each participant stood up and told her story. Artwork ranged from a happy home with a big backyard to hillsides where one escaped the turmoil and violence at home: "I didn't have a happy home but I used to escape to the hills behind my house—it gave me peace."

Group art therapy provides an opportunity for participants to see that others have similar problems, worries, and fears that are often suppressed. Experiences and the images created can have a universal meaning yet are unique and personal to the person, thus reducing isolation through communication and exchange of mutual problems or concerns: "I learned so much about my friends here that I didn't even know and many of us have been together over twenty years!"

Releasing of Feelings

The Left-Handed Day project worked with the nondominant hand to utilize the "unused" side of the brain and discover different feelings of comfort and creativity. One participant shared, "This was scary but fun." Some kept a journal of left- and right-handed dialogue and were surprised with the results: "Wow, different

things came out of my nondominant hand—it was really cool and I could do it in the safety of my room." "I thought it was crazy at first—my left hand 'talking' to my right? But it worked! It was weird but I was able to express a lot of feelings."

Similar to individual art therapy, group work can serve as a catharsis and expression of painful feelings. "I feel release of my feeling of being trapped, angry, hopeless, lonely and isolated. Sometimes we feel suicidal and these projects really help!" Another agreed: "These workshops allowed me to express some of my hidden feelings and talents." Catharsis within a supportive group is reported to be helpful in overcoming distressful or traumatic events (Malchiodi, 2007). Group members can also share feelings of anxiety, fear, and depression in a safe and secure environment.

Unselfish Concern

The Interactive Group project promoted teamwork and social interaction, a rarity in the prison environment. The group sat at a large round table with a few crayons/markers. The women started with a blank sheet and drew a themed topic (favorite food, hobby, pet, etc.). Then, on a 30-sec timer, the sheet was passed to the person to the right and each had 30 sec to draw and (try) to stay with the same theme. This sheet traveled around until the paper returned to the original participant. Afterward, everyone had a chance to explain or tell a story from what they received back. One of the participants stated, "My theme was cooking and everyone helped me with my cooking thing" and she went on to describe her surprise. Another added, "Look at the back . . . I gave you a recipe!" One woman expressed her gratitude by saying, "Thank you for making such a beautiful picture for me." The women acted in a way marked by unselfish concern.

Follow-Up Questionnaire

The follow-up questionnaire surveys were indicative of the positive effect of creative projects and the role of trauma in the women's lives. The incarceration process in itself renders a multitude of traumatic events. The initial arrest, trial, and sentencing incorporate isolation, fear, and loss of control over decisions. Many of the women stated that embarrassment and fear were overwhelming at the time of arrest. This was compounded by isolation from families as they entered a world where they are told when to eat, sleep, and shower. An older female offender who has been incarcerated more than 20 years shared, "Most elderly female inmates have been severely traumatized prior to their crime and prison continues to traumatize them on a daily basis." When asked what the word *trauma* meant to them, one inmate stated, "Pain, distress, deep core emotions that can be difficult to release," and another concurred, "Something shocking to your nervous system." The question "What kind of trauma have you encountered either in/out of prison?" elicited many heartfelt responses. Many, if not most, of the women have prior episodes of childhood physical abuse, childhood sexual abuse, and witnessing maternal domestic violence. One older female lifer commented:

All women in prison were victims before they became perpetrators of violence. Lots of self-loathing as a result of traumas so the younger girls are very angry at themselves and the world. Under their anger is a lot of pain and hurt. They've never known love or acceptance from

the earliest years. They're lost and hurting but they try to cover that up by acting tough and angry.

Finally, when asked, "Do you feel creative projects help cope with trauma?" the answers were a resounding "yes." One inmate responded, "Yes, we need a hobby/craft program," and another added, "Art is a comforting experience and is healing," and finally, "Yes, to be alone, quiet and at peace is something beautiful." Qualitative results were overwhelmingly positive and there were overwhelming requests to continue the program.

Discussion

The five general themes reflect the importance of using creative art workshops with women aging in prison. In addition, they provide explanations of the human benefits the art can provide; therefore, they can be considered when developing low-cost programs for women growing old in prison. The findings address the call for more creative art programs. Art therapy groups encourage support between members by offering creative ideas and positive outcomes by soliciting healing connections with others. This process of healing occurs through self-connection and interaction with others (Bloom et al., 2008). Drawing and painting are often considered the basis for art therapy. However, numerous other creative art inventions are available and allow the therapist and client, prisoner in this case, to choose the most appropriate mode of intervention. For example, prisoners who do not like to draw may enjoy poetry or music.

More data are ultimately needed for a definitive and generalizable understanding about the success rates of these art therapy practices in prison. Correctional staff and administration often resist treatment programs because they may appear contrary to correctional goals—to punish (Byrne, 2005). Programs designed to encourage creativity, self-esteem, and empowerment may be viewed as defeating the purpose of incarceration. In turn, such views can result in increased prisoner resentment and resistance as well as despair and hopelessness, making it more difficult for therapists to establish a trusting therapeutic environment. Although prisoners can be manipulative and dishonest, often the result of many years in institutions, they can also be creative and capable. Research has shown that creative activities may be beneficial to the prisoners and the correctional institution. For example, Gussak (2007) saw evidence of improvement in behavior and compliance with art therapy, and Gibbons (1997) found that prisoners who engaged in creative activities showed improvement in mental health and attitude.

Aging issues such as slowdown of mobility, poor vision, and loss of hearing acuity are just a few of the natural processes of aging that can handicap the ADLs for aging female prisoners. Isolation, loneliness, and despair can result in depression and exposure of these feelings can add to the risk of predation. Despite all intentions of the criminal justice system to have prisoners conform to uniformity, these women are still humans with a need for identity and self-actualization. Recidivism rates show few prisoners overcome the many obstacles in their lives (Santos, 2007). Although technology continues to advance quickly in the outside world, efforts to respond to the correctional system remains stagnant. Warehousing female offenders and extinguishing hope while they wait for calendar pages to turn can only create more visits to the mental health unit. The lack of support and

rehabilitation renders the aging female prisoner the forgotten minority. Once in the penal system, the vulnerabilities of aging become exacerbated by inadequate facilities unable to meet the needs an aging population. Studies have indicated that older adults benefit from wellness programs and health initiatives (Wahidin, 2004). Although isolation may be the initial punishment, chronic warehousing diminishes functionality, increased recidivism, and ultimately costs everyone regardless of the risks. Programs such as art therapy can perhaps reduce the number of visits to the mental health unit and the need for costly medication.

Further research is needed, but art therapy clearly has an advantage in the often violent and stressful environment of prison. Older women are particularly vulnerable, and art therapy may provide an effective means of bypassing unconscious and conscious defenses, promoting disclosure and diminishing symptoms without verbal interpretation (Gussak, 2007). It is inspirational to see that even after 30–40 years of oppressive incarceration, the resiliency of the human spirit prevails through the creative power of art.

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