



Loneliness Among Aging Offenders Causes, Impacts, and Responses

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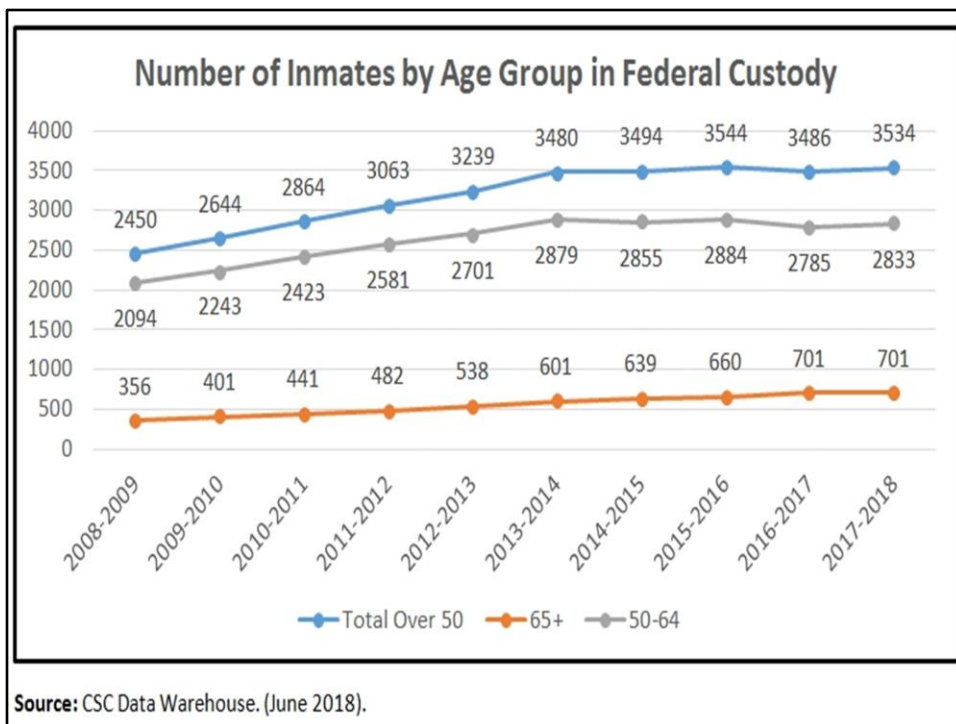
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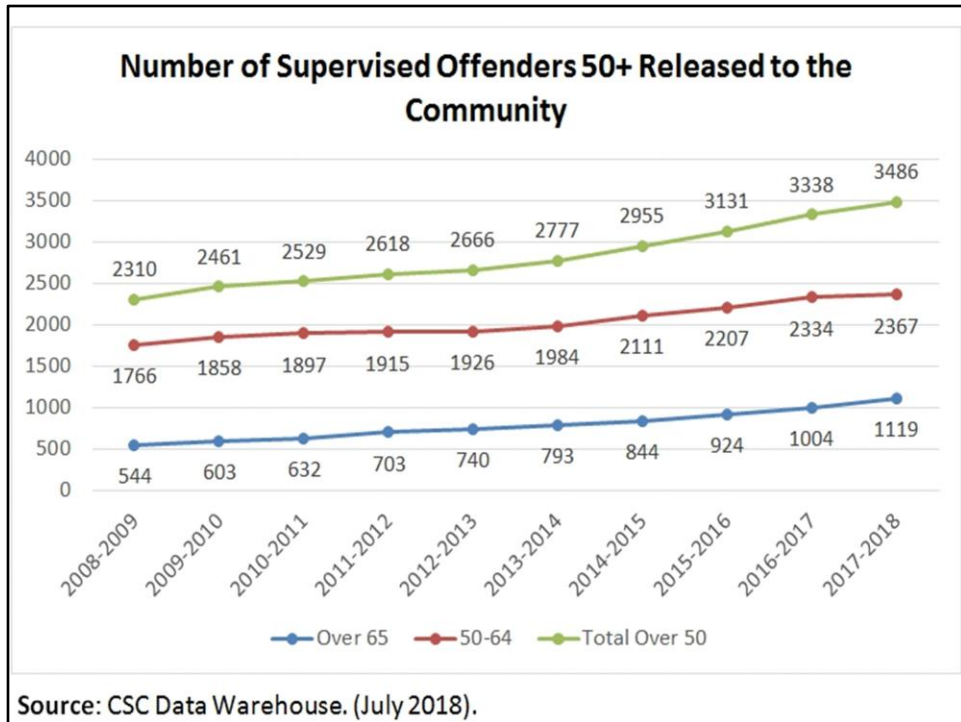
Please note: The views in this presentation are those of the author and not necessarily those of Correctional Service Canada or its committees. Full video of aging offenders webinar: https://youtu.be/UswQx_xsYfl

Graying of Offender Population



- Offenders aged 50+ now account for 25% of federal prison population in Canada
 - an increase of about 50% over last decade
- They also account for 40% of those under community supervision
 - again, an increase of about 50% over last decade





Reason for Rising Numbers

- Increased life expectancy
 - Rise in convictions for historical offences
 - Increase in minimum mandatory sentences
 - Increase in life sentences
 - Increase in consecutive sentences
 - Fewer parole approvals
 - Purposely seeking prison?
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- Reports of some older adults purposely seeking prison, most notably in Japan, where they have difficulty paying for basic life necessities
 - With longer sentences and fewer parole approvals, older offenders may end up aging and eventually dying in prison

Four Groups of Older Inmates



- Long-time first offenders: "lifers"
- Offenders sentenced after age 50 for historical crimes
- Offenders who committed crimes after age 50
- Recidivists

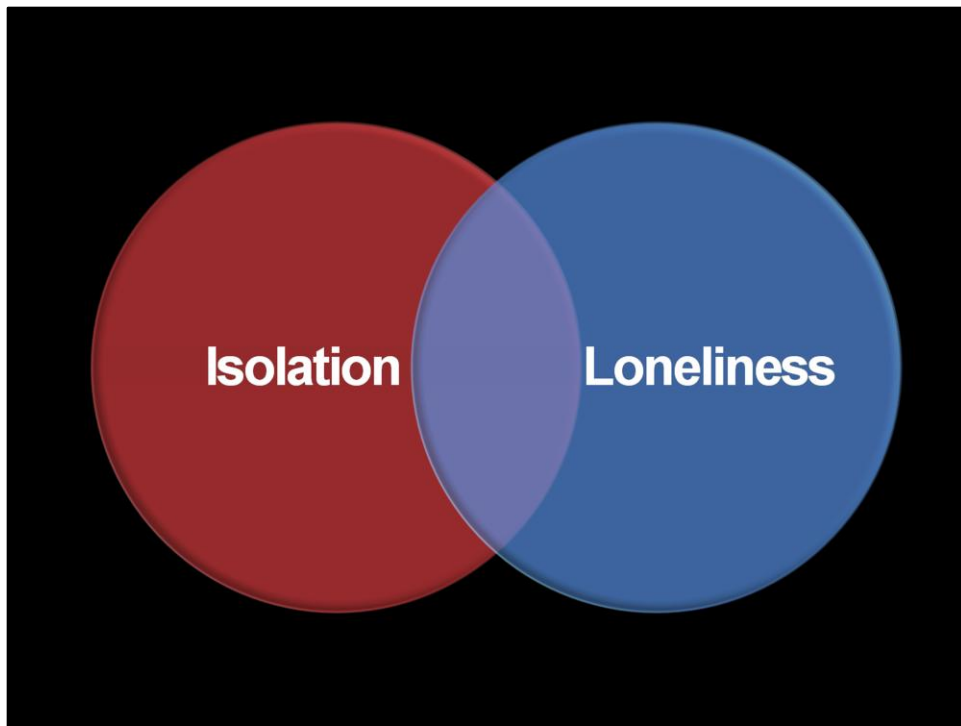
- Lifers committed their first offence when younger and are currently serving life sentences; these offenders have aged in prison
- Others were sentenced in later life for offences they had committed when younger, like sexual offences; prominent example is Bill Cosby, convicted at age 81 for sexual offences
- Another group were convicted for crimes committed after the age of 50
- Recidivists commit crimes repeatedly and consequently spend many years in and out of custody

Social Disconnection

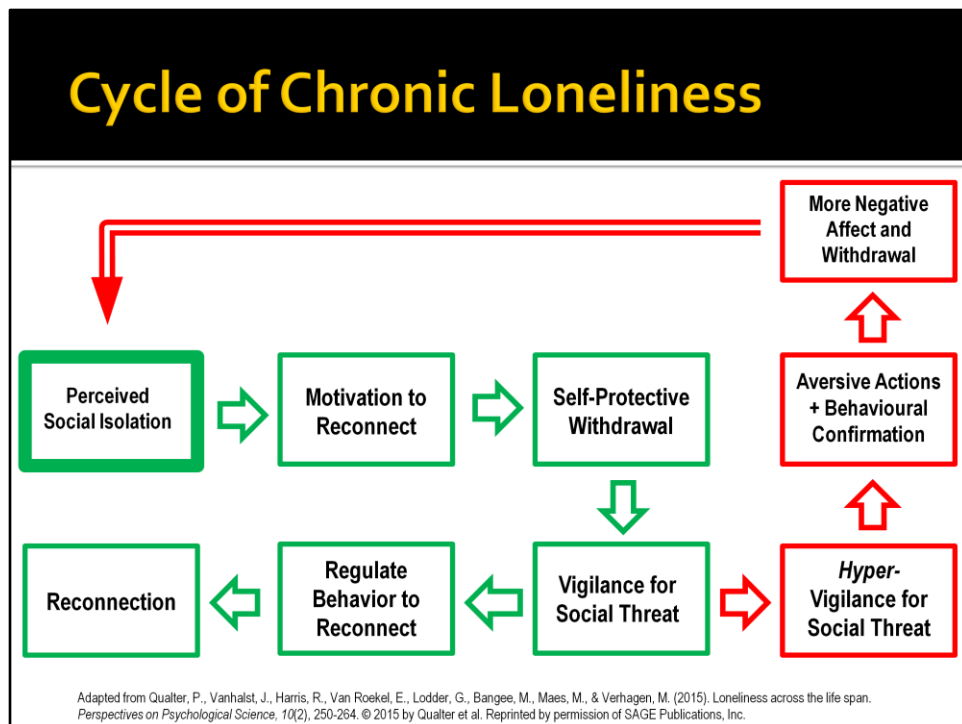


- Offenders more likely to be both isolated and lonely
- Isolation: objective
- Loneliness: subjective
 - aka *perceived isolation*
 - painful emotion
 - mismatch between desired and actual relationships
 - independent of network size
 - can be lonely by yourself, in a marriage, or in a crowd

- Offenders more likely than non-offenders to be both isolated and lonely
- Loneliness results more often from lack of satisfaction with *quality* of relationships, rather than mere *quantity*
- Loneliness is like hunger and thirst: warns us when our basic needs are not being met and motivates us to take corrective action



- Discrepancy between actual relationships and the subjective experience of those relationships is why there is only a modest association between isolation and loneliness (correlations usually no greater than $r = .45$, or 20% overlap)



- In most cases, loneliness is time-limited because it serves its purpose of motivating social reconnection; for some people, however, loneliness can become a vicious cycle that is difficult to escape
- Hyper-vigilance for social threat: excessive sensitivity to potential sources of social threat, including misperception of neutral or ambiguous social cues in a negative manner; over-attentiveness to negative rather than positive aspects of social interactions
- Aversive actions: ignoring people, pushing people away, questioning motives
- Behavioral confirmation: other people react negatively to this aversive behaviour, which then confirms the lonely person's belief that people are bad and can't be trusted (i.e., a self-fulfilling prophecy)
- Many older offenders have fallen into this cycle of chronic loneliness
- Question: Why do some people become hyper-vigilant and prone to excessive withdrawal?
- Most obvious answer is actual social isolation, which is an unfortunate reality for many older offenders; if by nature you're motivated to reconnect but there are no people to connect with, you'll become increasingly socially anxious and fear further rejection, and so you'll withdraw to protect yourself
- There are other reasons as well, which I will discuss momentarily (e.g., offenders may be hyper-vigilant due to criminal history, unpredictable nature of prison environment, and stigma)


Why is This Important?

Diseases & Medical Ailments Caused or Worsened by Chronic Loneliness

- Alzheimer's
- Heart Disease
- High Blood Pressure
- Obesity
- Neurodegenerative Diseases
- **Even Cancer** (studies show cancerous tumors can metastasize faster in lonely people)

- Hastens aging
- Mortality
- Impulsivity
- Poor health habits
- Poor medication adherence
- Poor sleep
- Increased healthcare utilization
- Recidivism
- "Contagiousness": loneliness spreads in social networks

- Many people feel that loneliness is a trivial issue, but on the contrary...
- It is a risk factor for many health problems, as well as early mortality
- Many offenders already have problems in these areas (e.g., impulsivity, poor health habits); loneliness just makes things worse
- Recidivism: absence of strong and supportive social network is risk factor for recidivism
- I emphasize *supportive*; unsupportive relationships are not helpful, and may even be harmful
- Some evidence that loneliness may spread within social networks



LIFESTYLE
Is loneliness contagious?
 Researchers find that desolate people make others feel the same
The Washington Post
 Wednesday, December 2, 2009
 Loneliness is like a disease.
 "I think it's an incredible piece of work."
 nations. And others hailed the work.

INTERPERSONAL RELATIONS AND GROUP PROCESSES

Alone in the Crowd: The Structure and Spread of Loneliness in a Large Social Network

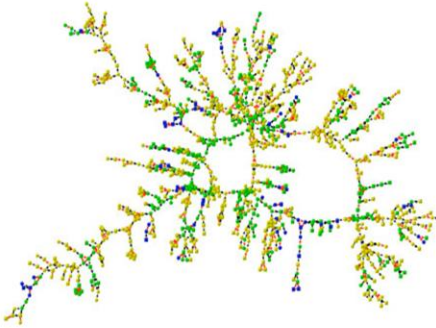

John T. Cacioppo
University of Chicago

James H. Fowler
University of California, San Diego

Nicholas A. Christakis
Harvard University

The discrepancy between an individual's loneliness and the number of connections in a social network is well documented, yet little is known about the placement of loneliness within, or the spread of loneliness through, social networks. The authors use network linkage data from the population-based Framingham Heart Study to trace the topography of loneliness in people's social networks and the path through which loneliness spreads through these networks. Results indicated that loneliness occurs in clusters, extends up to 3 degrees of separation, is disproportionately represented at the periphery of social networks, and spreads through a contagion process. The spread of loneliness was found to be stronger than the spread of perceived social connections, stronger for friends than family members, and stronger for women than for men. The results advance understanding of the broad social issues that drive loneliness and suggest that efforts to reduce loneliness in society may benefit by aggressively targeting the people in the periphery to help repair their social networks and to create a protective barrier against loneliness that can keep the whole network from unraveling.

Keywords: loneliness, social network, social isolation, contagion, longitudinal study

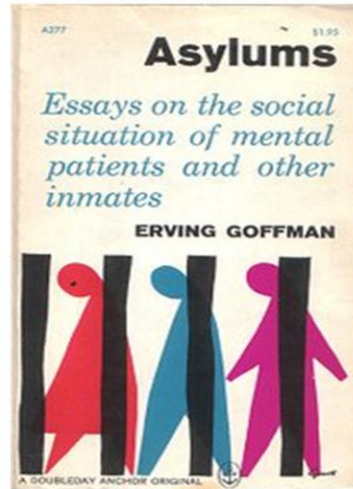
- The reason for this relates to the diagram I showed earlier... when chronically lonely, we may push others away, which makes others feel lonely and then they push people away, so you get a domino effect within social networks, especially in restricted environments

Accelerated Aging

- CSC defines older as 50+ because of *accelerated aging*
 - health profile similar to people 10 years older
- Possible reasons
 - socioeconomic factors
 - impulsivity and poor health habits
 - substance abuse
 - criminal activity
 - conditions of confinement
 - health effects of chronic loneliness!

Conditions of Confinement

- Separated from friends, family
- Little social contact with inmates, staff
- Discontinuity in care, supervision
- Physical barriers
- Recreational spaces closed during day
- Ageism, intimidation, bullying
- Crowding, chaos, noise
- Segregation
- Special units (e.g., geriatric)?
- Prison as a “total institution”
 - process of institutionalization
 - process of prisonization



- I spoke earlier about why some older offenders can fall into a cycle of loneliness
- Conditions of confinement are one reason – and the consequences of these conditions can have a long-term impact on offenders even after they leave prison
- Discontinuity in care/supervision: with staff turnover, offenders may have multiple parole officers over time, precluding development of long-term, trusting relationships; also delays release plans (e.g., new parole officer must review entire file and may order new assessments, etc.)
- During the day, recreational spaces like the library, gym, and hobby rooms are often closed, so many older offenders just stay in their cells
- Bullying, either directly or witnessing it vicariously, can be very traumatizing and breed fear and mistrust of people; also lowers self esteem
- Ageism: unconsciously, staff may feel that older offenders no longer have much to offer and that their lives are nearing an end, so they neglect them; as older offenders are also quieter and more compliant, staff may focus more attention on younger offenders who require more immediate supervision; older offenders themselves may not feel worthy of attention, so they self-isolate and no longer advocate for their own needs or even release from prison
- Crowding, chaos, noise: can increase social anxiety
- Special geriatric units: have their benefits, like better access to healthcare, but can also remove offenders from important sources of social support and increase stigma – nobody wants to be considered a ‘special’ offender
- Segregation may be needed to protect older offenders from younger ones, but at the expense of severe isolation and loneliness
- As Irving Goffman wrote, prison is a *total institution*, where an offender is stripped of their identity and nearly all aspects of their life are controlled by others; this can lead to dependency, passivity, low self-esteem, and a loss of motivation to self-advocate for one’s needs
- In extreme form, institutionalization can lead to learned helplessness – where an offender no longer even tries to advocate for better treatment, or for release
- The longer one stays in prison, the longer one also becomes *prisonized* – a term that describes the adoption of antisocial values of prison subculture; a form of socialization

Barriers to Family Connection

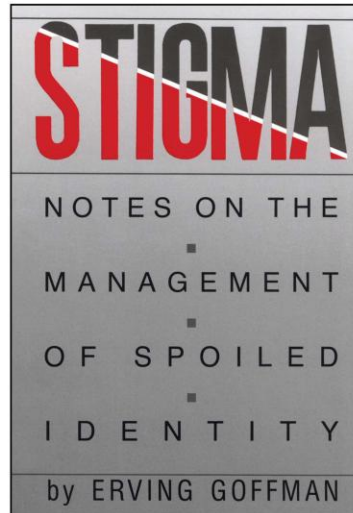
- Prisons in remote areas
- Family members too sick or old to travel
- Inadequate visiting spaces
- Unpredictability
- Visits can create continuous grief
 - withdrawal, compartmentalization
- Phone, Internet limited, \$\$\$
- Ties can become fragile, more distant over time
- Criminality, substance abuse
- Family is ill, has died, moved on or no longer interested



- Unpredictability (e.g., lockdowns – families never know when prison will be locked down and closed to visitors; may happen at very last minute before scheduled visits)
- Continual grief: some offenders may feel so much when visits end that they ask their family members not to visit anymore; then they compartmentalize (stop thinking about their family in order to avoid pain)

Social Anxiety and Stigma

- Social anxiety
 - overwhelmed by people
- Stigma
 - hard to hide criminal history
 - some offenders *highly* stigmatized
 - hard to find housing, work, healthcare, services
 - hard to make new friends
 - self-consciousness, shame, self-loathing
 - hyper-vigilance for social threats
 - anger, giving up on people



- Older offenders who have been in prison for many decades and are released into society may feel overwhelmed by people
- Sex offenders are especially stigmatized
- Long-term care facilities, if they are aware of a resident's criminal history, may be unwilling to grant admission; other residents, if aware of the offender's past, may treat the offender poorly
- Hard enough to find work as an older person, let alone an older person with a criminal history
- Stigma may also increase hyper-vigilance for social threat, thus exacerbating the cycle of loneliness shown on slide 8

Loss of Valued Social Roles

- Family roles curtailed, relationships strained
 - unable to provide for family
 - ashamed to be dependent
 - feel useless, incompetent
 - feel worthless
 - like an outsider
 - feel like a bad or absentee parent
 - may avoid new relationships until self-sufficient
- Estrangement from children, grandchildren
 - may not want to resume connections
 - feel abandoned
 - not as forgiving
 - ambivalent
 - prefer digital communication
 - childless offenders

- Going into prison, offenders lose important sources of status and respect
- They may regain some of that inside, but lose it again when they exit
- Some may try to regain roles and status through family, but offenders who are dependent or unable to provide financially for their family may have trouble in this regard
- For offenders who are not used to digital communication, it can seem cold and impersonal – and overwhelming for those who've never used it before
- Older offenders with no kids may have less to look forward to; they may feel less motivation to better themselves

Adjustment Difficulties



- Atrophy of social skills
 - how to talk to people, handle disagreements
- Unreasonable expectations
 - idealization
- Inability to cope with daily life
 - basic tasks
 - smartphones: foreign, shocking, isolating
 - simple choices overwhelming
 - unpredictability, lack of structure
 - end result: fear, withdrawal; attempt to return to prison?

- Offenders have social skills, but those skills have been adapted to prison life, not to community life
- May have trouble knowing how to approach and talk to people and form new relationships outside prison
- Many feel anxious over minor disagreements in relationships; remember: in prison, minor disagreements can quickly turn into big ones, dangerous ones...
- May also have unreasonable expectations for relationships
 - may expect that they can resume relationships where they left off before going to prison
 - may expect that someone will always be around when they need help or someone to talk to
 - long-incarcerated offenders may have trouble reconciling their idealized fantasies of relationships; this can have an impact on male offenders' relationships with women
 - some may also expect that relationships just happen with little or no effort
- Difficulty coping with everyday life underscores the critical need for comprehensive release planning that should begin early and not left to the last minute, so that offenders have time to learn the crucial everyday skills needed to survive in the real world

Mental Health and Personality

- Pre-existing mental health conditions
 - depressive disorders
 - social anxiety disorder
 - PTSD
 - delusional disorders
 - cognitive impairment
 - substance abuse
 - autism spectrum
- Personality traits
 - excessive shyness
 - neuroticism
 - (hyper)sensitivity to negative social information
 - rejection sensitivity
 - mistrust, suspiciousness
 - lack of empathy
 - self-focus
 - low self-efficacy

- There are a variety of mental health problems and personality traits that increase risk for (chronic) loneliness
- Many of these factors also exacerbate the various steps in the cycle of loneliness shown on slide 8 (e.g., hypersensitivity to negative social information, suspiciousness, self-focus)
- And as we know, many older offenders struggle with several of these issues

Location of Residence



- Community not welcoming
- Placement away from family
- Unwelcoming nursing homes
- Loss of neighbourhood connections due to
 - intentional distancing
 - gentrification
- Unsafe neighbourhoods, homes
- Ageist or age-inappropriate
- Ill-equipped families
 - elder abuse, neglect
- Miss old community in prison

- Older offenders may be released into communities that no longer welcome them due to their crimes
- In order to avoid substance abuse or criminal activity, offenders may avoid neighbourhoods which offer various temptations to engage in such behaviour; while that is beneficial on the one hand, it also means distancing oneself from one's old social networks
- Some offenders may be released into high-crime neighbourhoods, or into residences with younger offenders who might take advantage of them or bully them
- Families may not be able to provide care because of their own limitations, and older offenders may also be subject to elder abuse and neglect, especially if there has been a history of intergenerational violence
- All of these factors can lead to isolation and loneliness

Consequences of Loneliness

- External locus of control
- No longer self-advocate; more passivity
- Accelerated aging, cognitive decline
- Self-focus
- Suspiciousness
- Poor impulse control
- Social withdrawal
- Hopelessness, depression
- Contagious loneliness
- Anger, hostility
- Poor social reintegration
- Recidivism
- Self-sabotage to return to prison

- While many of these problems can cause loneliness in the first place, we know that loneliness itself can also cause these problems, so there are bidirectional and mutually reinforcing influences at play

Destigmatizing Loneliness

- Ask offender directly
 - or indirectly...
- Assess during release planning and intake
 - *UCLA Loneliness Scale*
- Discuss during programs
 - not easy for men...
- Emphasize
 - it's normal
 - loneliness serves a purpose (i.e., is a warning system; promotes social reconnection)
 - it's not just you; anyone can get stuck in chronic loneliness cycle



- Don't be afraid to ask about loneliness directly, but consider asking indirectly if you think the offender may be embarrassed or is likely to deny loneliness (this is especially the case with male offenders, and men in general)
- One way of assessing indirectly is by using loneliness scales, most of which avoid the word lonely
- Examples are *UCLA Loneliness Scale* and *de Jong Gierveld Loneliness Scale*; the latter distinguishes between emotional and social loneliness
 - emotional loneliness: perceived lack of a satisfying, meaningful relationship with a significant other (i.e., a close, reliable attachment figure like a spouse or best friend)
 - social loneliness: perceived lack of supportive relationships with a broader network of friends and family

Spotting Signs of Loneliness



- Clinging, talking a lot, complaints about health
- Social withdrawal
- Social anxiety, suspiciousness, rejection sensitivity
- Anger
- Passivity
- Compulsive behaviour
- Fragmented, unrestful sleep
- Distinguish from depression

- For many lonely older adults, they can't admit loneliness, so they try to get social needs met in other ways
- Will often complain about various health problems; this may be a cover for loneliness, but perhaps also a consequence of it (i.e., chronic loneliness → actual health problems)
- Withdrawal
 - not talking at all, especially if this is a change for the offender (i.e., if normally outgoing)
 - insistence on being left alone
 - pushing people away
- Compulsive behaviour: compulsive shopping, hoarding, eating junk food, substance use, repetitive trips
- Fragmented sleep: due to hyper-vigilance for social threat, chronically lonely people often "sleep with one eye open"
- These signs are not specific to loneliness, especially among offenders, but taken together, they suggest that loneliness should be explored
- Distinguish from depression: loneliness and depression share many signs/symptoms, but loneliness is more often the cause of depression rather than vice versa; loneliness is also specific to relationship perceptions, whereas depression is usually more global

EASE Back into Social Life

E: *Extend Yourself Slowly*

- small social interactions in safe spaces
- break the ice (e.g., ask or offer help)

A: *Have an Action Plan*

- plan sustained, meaningful activities
- do them even when you don't feel like it

S: *Be Selective*

- look for the right people, in the right places
- avoid being indiscriminate

E: *Expect the Best*

- remember what loneliness does to social perception
- don't expect too much, too soon

- Best way for offenders, or anyone really, to overcome loneliness is to ease gradually back into social, rather than jumping right back in
- Almost like one needs to do some systematic desensitization to gradually become accustomed to human beings again
- In a larger sense, this is what parole is all about – gradually easing people back into society
- But here I talk about it at an even more granular level
- There's a simple method devised by the late John Cacioppo, whom I consider the leading expert on loneliness
- Extend yourself: goal is not to make new friends or relationships; it's just to dip your toes into social world and become a little more comfortable around people
- Action plan: provides structure to one's day; lonely people often feel their days feel unstructured, which makes them feel anxious and also gives their mind opportunity to wander and focus on loneliness

Facilitated Access



- New groups can be overwhelming
- Some groups, programs not inviting
- Offender may not understand group's culture
- So, be extra supportive at front end
 - accompany offenders to programs, seniors centres, churches
 - provide moral support
 - encourage persistence
 - model social skills
 - gradually withdraw support as offender's confidence builds

- I imagine all of this is already done to some extent, but I wanted to re-emphasize it: some people really need to have their hand held, especially at the beginning when they are joining a new group or program
- Rather than just referring an offender to a group or program, go with them, at least for the first few times
- Important to encourage persistence: when lonely, people may be quite anxious to make new connections; but they forget that relationships take time, so if they join a group and don't make new friends quickly, they give up and don't return ("I tried but I didn't meet anybody!"); they might also want to quit because loneliness increases social anxiety and negativity

Other Strategies

- Respect autonomy, preferences
 - but dig beneath surface a bit
- Build self efficacy and confidence
- Model appropriate social skills
- Counseling for loneliness
 - positive psychology
 - CBT, ACT, mindfulness
 - grief counseling
 - family counseling, mediation
 - motivational interviewing



- Dig beneath the surface a bit: if an offender constantly says he wants to be left alone, is it because he really wants that, or is chronic loneliness making him wary of social contact? (remember the diagram on slide 9...)
- Build self-efficacy: provide offenders with opportunities for leadership and mentoring; this self-efficacy can hopefully extend to their personal relationships, too
- Modeling: we try to teach offenders appropriate social skills, but sometimes forget to follow our own advice; be mindful that offenders are observant and often looking to us for signs on how to behave
- Several types of counseling approaches have been shown to be effective for addressing loneliness

Other Strategies

- Pets
 - direct + indirect benefits
- Better access to technology, education, training
 - computers
 - Internet access
- Better pre- and post-release planning and supervision
 - do not leave to last minute
- Re-entry support services



- Pets can directly enhance feelings of well-being; they are also a great “conversation piece” and ice-breaker (ideal for people who are self-conscious)
- Important to provide older offenders with computer skills so they can navigate life on the outside; offenders need more access to computers and Internet in prison!

Re-Entry Support Services



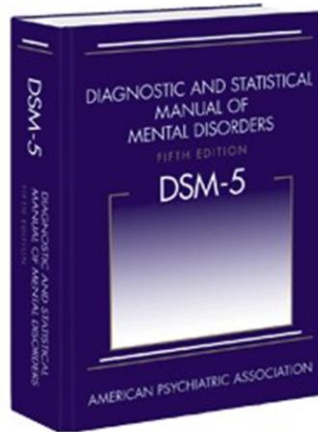
Service Oxygène

- Advocate and liaise with correctional services
- Inform about rights and policies
- Help build support network
- Assistance finding housing, services
- Employment skills
- Basic life skills
- Motivation and moral support
- Educate public and correctional staff about older offenders' needs

- There are a few organizations that provide re-entry services geared specifically towards older offenders
- Service Oxygène by Maison Cross Roads in Montreal is one example

What to Watch Out For

- Minimizing
- Medicalizing
 - “he’s just depressed”
- Infantilizing
 - treat like child
 - disrespect
 - elderspeak
 - people live up to expectations...
- Socializing for its own sake
 - not everyone likes it, esp. men
 - try group activities with purpose
 - provide leadership, mentoring role



- Avoid minimizing loneliness; it is not a minor problem, especially given its impact on health
- Overcoming loneliness is not as easy as just making new friends; if making new friends were so easy, we wouldn't have so much loneliness in society
- Avoid medicalizing; loneliness should be recognized as a distinct experience in its own right
- Older offenders, like many older people, don't like to feel like they're *recipients* of care and support; they often want to be the *providers* of it!
- Focus on each offender's unique strengths, talents
- If you treat someone like a child, or like they're incompetent, stupid, or cognitively impaired, they'll start to behave that way and *feel* that way...
- Activities/programs that focus on socializing for its own sake may not be appealing to everyone, and may feel quite overwhelming for lonely people; try to focus on activities that some type of purpose
- Would be beneficial to train and employ older ex-offenders as peer support workers in the community

For Offenders

- Make an inventory
- Check your thoughts
- Give people a chance
- Think about times when you were in control of your social life
- Make first move, open up more
- Don't put eggs in one basket
- Check expectations
- Distraction
- Cultivate positive emotions
 - 'flow' activities
- The basics: exercise, sleep, cognitive stimulation

**The 3 C's of
Cognitive Therapy**

Catch
Identify the thought that came before the emotion

Check
Reflect on how accurate and useful the thought is

Change
Change the thought to a more accurate or helpful one as needed

- Take an inventory of everyone in your life; you may be surprised who you've forgotten about
- Check thoughts: When having bad thoughts about a person or social situation, ask if those thoughts are accurate (e.g., if someone's not talking to you or is looking at you in an unfriendly manner, is it because they're ignoring you or disrespecting you, or is it because they're upset or distracted by their own problems?)
- Enhance feelings of self-control: think about times when you were successful with friendships and relationships; was all of that due to luck, or did you have some role to play in that?
- Don't put eggs in one basket: have a mixed-age social network so you don't rely exclusively on older people
- Flow activities: those which are so enjoyable and engaging that you forget about everything else and completely lose track of time (e.g., an immersive creative endeavour or hobby)

Peer Support, Education, Training

- Offender peer support benefits
 - valuable social role
 - self-efficacy, meaning, generativity
 - no longer feel dependent or like outsider
 - intergenerational peer support
 - e.g., computer training
 - older offenders have calming influence on younger offenders
- Correctional training in geriatrics
 - must be integrated, standardized
 - specific content related to relationship needs, isolation, loneliness



- Some prisons even provide valuable certifications for young inmates who provide peer support; e.g: offenders at the Federal Medical Center in Devens, Massachusetts, who receive training as certified nursing assistants as part of their work with offenders in the dementia unit
- In addition to benefiting older offenders, peer support volunteers develop valuable job skills and a sense of responsibility, which increases their chances for parole and successful re-entry into society; indeed, volunteers who participate in these programs are less likely to reoffend
- Generativity: for older offenders with no children, providing support to younger offenders can fulfill parenting desires
- Continuing need for geriatrics training for correctional staff, both within institutions and community-based correctional facilities
- Should be integrated into correctional curriculum, not just a few online modules or in-service workshops
- In addition, mainstream service providers in community must receive more education about the unique needs of aging offenders; some of these providers might say that they don't serve aging offenders, but there's often no way for them to know about a person's criminal background, so they should assume that a good number of their clients may well be offenders
- This knowledge may be useful in encouraging these service providers to expand their services to meet specific needs of aging offenders
- Community providers and long-term care facilities should be reminded that older offenders are generally at low risk to re-offend
- Also important to educate public about older offenders; CACs can play a role here

Aging in Place?

- Preference to grow older in one's own community
 - For some offenders, they may have a more supportive network inside prison than outside
 - Consequently, they may 'choose' to age in place
 - Two questions
 - Is it really a free choice?
 - Is there even any choice to begin with?
-
- Many people would, if given the choice, prefer to grow older and die in their own communities, rather than in an institution
 - Within corrections, the idea of aging in place has been extended to offenders; the idea is that some offenders may spend their remaining years inside because that's where all of their remaining supports are, included their adopted family
 - The Correctional Investigator of Canada took up this issue in his report on aging offenders and posed two questions:
 - To what extent does an offender freely *choose* to age in prison, especially given the dependency, passivity, and low self-esteem that can result from the process of institutionalization? Perhaps some offenders can simply no longer envision any alternative to dying in prison.
 - If an offender does want to age in prison, is that an actual choice? If there aren't the appropriate supports and services on the outside, perhaps the offender has only one option: and that's to age and die inside prison.
 - Nice segue to the next presentation, which focuses on providing age-appropriate supports and palliative care outside of prison

For Further Information

- Feel free to say hi or ask questions: elmer@eddyelmer.com
- Twitter: [@Eddy_Elmer](https://twitter.com/Eddy_Elmer)
- Full video of aging offenders webinar: https://youtu.be/UswOx_xsYfl
- For more detailed information and references about loneliness, see <https://www.seniorsloneliness.ca>
- **Please note:** The views in this presentation are those of the author and not necessarily those of Correctional Service Canada or its committees.
- Thanks for listening!