Journal of Social Welfare Research and Practice
Vol. 1, No. 1, February 2026

RESEARCH ARTICLE

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Humanizing Correctional Care

A Social Welfare Approach to Coping and Well-being among Elderly Inmates

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ABSTRACT

Purpose – This study examines how elderly inmates manage stress and maintain well-being within correctional environments, emphasizing the role of social welfare principles in promoting humane and inclusive care. It addresses the limited research on gerontological social work in prisons and highlights the need for adaptive coping strategies to support older inmates facing psychological distress and institutional isolation.

Design/methodology/approach – Employing a qualitative descriptive design, this study collected primary data through in-depth interviews and non-participant observations with five elderly inmates at Sleman Class IIB Correctional Institution, Yogyakarta. Data were analyzed using thematic coding to identify stressors, coping patterns, and institutional support mechanisms.

Findings – The findings reveal that overcrowding, limited access to counseling, and declining health contribute to heightened emotional stress among elderly inmates. Emotion-focused coping—especially positive reappraisal, prayer, and social support—emerged as dominant strategies, fostering psychological resilience despite institutional constraints.

Research limitations/implications – The study is limited by its small sample size and single-site focus, restricting generalizability. However, it provides valuable insight for developing correctional social work programs that integrate gerontological approaches and mental health support for aging inmates.

Originality/value – This paper contributes to social welfare scholarship by framing elderly inmates' coping within a humanizing correctional care model. It advocates for policy reform and professional intervention grounded in dignity, inclusivity, and psychosocial rehabilitation for vulnerable incarcerated populations.

ARTICLE HISTORY
Received: 04-06-2025
Accepted: 30-09-2025

KEYWORDS
Elderly Inmates; Correctional Social Work; Coping Strategies; Psychosocial Well-Being; Humanizing Correctional Care.

Introduction

Incarceration represents a highly structured but psychologically demanding environment, particularly for elderly inmates who face unique challenges that often hinder their chances for rehabilitation and reintegration into society. The design of prisons, while aimed at serving the dual purposes of punishment and rehabilitation, results in complex interactions between institutional structures and the psychological needs of elderly inmates. Factors contributing to the difficulties faced by older prisoners include physical decline, mental health issues, social isolation, and inadequate healthcare services.

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Studies indicate that elderly inmates are subject to various physical and psychological stressors that are exacerbated by the prison environment. According to Nowotny et al., aging in correctional settings often leads to a heightened risk of mental health conditions, as institutional rigidity combined with overcrowding and limited access to healthcare significantly worsens the psychological well-being of older inmates (Nowotny et al., 2016). Furthermore, findings from Porter and Demarco suggest that prolonged incarceration without adequate mental health support can worsen existing psychological crises, leading to increased rates of depressive symptoms and anxiety disorders among the elderly (Porter & DeMarco, 2018). A systematic review highlighted that elderly prisoners exhibit multidimensional health challenges and incur high healthcare costs due to their complex medical needs, suggesting that the correctional system is often ill-equipped to address such populations effectively (Nowotny et al., 2016). The incarceration of elderly inmates presents a pressing social issue necessitating urgent research and policy interventions. Structurally, prisons must adapt to the unique requirements of aging populations to minimize suffering and enhance rehabilitation. Comprehensive strategies should focus on improving mental health treatment, providing age-appropriate healthcare, and fostering social connections to mitigate the psychological impact of incarceration on elderly inmates. Engaging in this transformative approach not only better serves the inmates but also promotes community health as these individuals eventually reintegrate into society.

The global prison population is aging significantly, which poses critical challenges for correctional systems that are often ill-equipped to meet the needs of elderly inmates. This demographic shift is primarily driven by factors such as increased life expectancy and longer prison sentences, resulting in a growing number of inmates aged 60 and above. Despite these changes, prison infrastructures and rehabilitation programs have largely remained designed for younger, able-bodied individuals, leaving elderly inmates with unmet physical, emotional, and social welfare needs.

The United Nations Office on Drugs and Crime (UNODC) reported a dramatic increase in the number of older inmates over the past two decades, highlighting the urgent need for tailored care and services in correctional facilities (Nowotny et al., 2016). Research by Williams et al. emphasizes the inadequacy of existing healthcare provisions for older prisoners, identifying a clear gap between the aging population's needs and what is currently offered in prisons (Williams et al., 2012). Additionally, Georgoulas-Sherry and Hernandez noted that elderly prisoners often suffer from chronic health issues and psychological conditions at rates higher than their younger counterparts without adequate institutional support, emphasizing the medical and ethical concerns associated

with this demographic (Georgoulas-Sherry & Hernandez, 2021). Furthermore, ethical conflicts in providing proper mental health care to elderly inmates have been discussed, indicating that improvements in healthcare delivery systems are necessary to ensure dignified living conditions throughout aging imprisonment (Dev & Eljo, 2024).

Addressing the needs of the elderly prison population is imperative for ensuring their dignity and human rights. With the aging prison population growing, correctional systems must adapt their policies and infrastructures to accommodate this demographic. This involves reevaluating healthcare practices, enhancing mental health services, and developing age-appropriate rehabilitation programs. By undertaking these changes, correctional institutions can better adhere to principles of social justice and human rights, ultimately leading to better outcomes for elderly inmates and society as a whole.

From a welfare perspective, incarceration does not eliminate one's right to well-being. The purpose of correctional care should not be limited to punitive isolation but should also facilitate psychological healing and social reintegration (Haney, 2006). For elderly inmates, this requires a compassionate approach that considers their declining health, dependency needs, and vulnerability to stress. As the population of elderly prisoners grows, social workers and correctional professionals must adapt evidence-based frameworks that combine gerontological insight with psychosocial support, rehabilitation, and human rights advocacy. Hence, this study addresses a critical question: *How can correctional care be humanized to promote coping and well-being among elderly inmates?*

Stress among inmates is a significant and pervasive issue, particularly heightened for older inmates, due to the unique challenges they face within the prison environment.

The prison environment, characterized by factors such as overcrowding, lack of privacy, constant surveillance, and strict institutional hierarchies, naturally creates an atmosphere of chronic stress. For older inmates, these stressors are further intensified by age-related issues like chronic illnesses, reduced mobility, sensory impairments, and fears associated with aging (Trotter & Baidawi, 2014; Baidawi et al., 2016).

Research has demonstrated that chronic stress in prisons can lead to various adverse psychological outcomes, including depression and anxiety (Williams et al., 2012; (Fazel et al., 2016). Aday's study asserts that older prisoners face the compounded burden of managing their deteriorating health alongside the stressors of confinement (Toman et al., 2018). Supporting this, Grosholz and Semenza found that older inmates had higher instances of chronic illness and functional decline compared to their younger counterparts, which exacerbates their psychological distress (Grosholz & Semenza, 2018). Furthermore, the prevalence of mental health issues among inmates is substantial, with reports indicating that a significant percentage of the prison population suffers from various mental disorders, compounding the difficulties faced by older inmates (Fazel et al., 2016). For instance, findings from Barry et al. highlight the link between the inability of

older inmates to perform daily living tasks and increased levels of depression and suicidal ideation (Barry et al., 2016). Such conditions create a need for effective coping mechanisms, necessitating strategies that encompass not only psychological resilience but also survival strategies within the harsh confines of prison life (Loeb et al., 2013).

The compounded stressors experienced by older inmates necessitate urgent attention from correctional facilities to implement effective support systems. Understanding these dynamics is not only critical for improving inmate health outcomes but also essential for promoting humane treatment and rehabilitation practices. By addressing the unique needs of elderly prisoners through targeted mental health interventions and enhanced healthcare access, prisons can foster an environment that supports dignity, reducing the psychological burden of confinement and promoting successful reentry into society (Kreager et al., 2017; Baidawi et al., 2016).

Understanding how inmates cope with stress within correctional environments is vital, especially for elderly inmates who may rely more heavily on emotion-focused coping strategies due to the constraints of their surroundings. The transactional theory of stress and coping proposed by Lazarus and Folkman (1984) suggests that individuals appraise stressors and respond through various coping strategies. In correctional settings, where autonomy is limited and institutional control is high, the capacity for problem-focused coping (which aims to directly manage or change stressors) is often diminished. As a result, inmates, particularly older ones, tend to rely on emotion-focused coping strategies such as cognitive reappraisal, faith, and acceptance to manage their stress and emotions.

Research indicates that coping strategies are essential for psychological resilience amidst the stressors of incarceration. Liu et al. conducted a meta-analysis showing that cognitive reappraisal significantly helps regulate emotional responses to stress, making it a valuable tool for inmates facing chronic stress Liu et al. (2019). Moreover, Ifeagwazi et al. noted that older inmates often use cognitive reappraisal more frequently than younger inmates to manage their emotions due to age-related changes in emotional processing (Ifeagwazi et al., 2019). This aligns with findings from Bai and Bai, which suggests the importance of cognitive strategies in managing stress, although particular aspects of their context might not directly extend to elderly inmates in correctional settings (Bai & Bai, 2024). Furthermore, studies have illustrated that when elderly inmates engage in spiritual practices or seek social support, they can sustain psychological equilibrium, countering the harsh realities of prison life (Alhurani et al., 2018). The emotional regulation capacity of older inmates can significantly influence their overall adjustment to confinement and mental health outcomes, as documented by Mauss et al. (Mauss et al., 2013) and Cutuli

(Cutuli, 2014), both emphasizing that adaptive emotion regulation strategies can alleviate distress in challenging environments.

Given the constrained autonomy within correctional facilities, effective coping strategies such as cognitive reappraisal, spiritual engagement, and social support are particularly crucial for elderly inmates. Improving the understanding of these coping mechanisms not only aids in fostering the psychological well-being of older prisoners but also encourages corrections systems to implement supportive interventions that align with the emotional and social needs of this demographic. By prioritizing these strategies, correctional facilities can enhance overall mental health outcomes and facilitate a more humane environment for aging inmates (Mauss et al., 2013).

The intersection of aging and incarceration reveals systemic inadequacies in correctional justice, resulting in heightened vulnerabilities for elderly inmates that impact their physical and mental health. Aging in prison accelerates physical decline and mental health issues due to multiple factors, including poor nutrition, limited mobility, lack of family contact, and chronic exposure to stress. These conditions create an environment where elderly inmates are likely to deteriorate faster than their younger counterparts, making it crucial to understand the specific needs of this population.

Research indicates a clear correlation between aging in prison and increased health problems. Williams et al. found that older inmates experience a range of health issues and often have significant fears about their post-incarceration health, supporting the claim that their needs are not adequately met while incarcerated Williams et al. (2010). Furthermore, systemic failures in healthcare for inmates disproportionately affect vulnerable populations, which necessitates the implementation of comprehensive health promotion programs in correctional settings (Nowotny, 2016). The findings underline the urgency to address these disparities, particularly in light of the increasing number of elderly inmates (Sorge et al., 2021; . Additionally, Sorge et al. highlight how the unique challenges faced by prisoners, including those who are elderly, are exacerbated by systemic issues, which can lead to deterioration in mental health during incarceration (Sorge et al., 2021; .

The growing number of elderly inmates in correctional facilities presents profound ethical and public health implications; their unique needs are often overlooked due to systemic inadequacies in correctional healthcare. Addressing these deficiencies is crucial to fostering humane treatment that aligns with fundamental principles of social justice and dignity. Enhancing training for correctional staff in geriatric care and improving healthcare access for elderly inmates can significantly mitigate health disparities and support the well-being of this vulnerable population (Sorge et al., 2021; Gill et al., 2023).

Moreover, the social meaning of old age in prison is paradoxical. In many Asian cultures, including Indonesia, elders are respected and associated with wisdom. However, within the prison context, aging often signifies weakness, dependency, and social exclusion. Older inmates may face ageism from both staff and peers, and the absence of age-sensitive programs exacerbates their marginalization. Such realities demand a human-centered approach that recognizes the elderly prisoner not only as an offender but as a person with social and emotional needs deserving of respect and care.

Humanizing correctional care aligns with the broader principles of restorative justice and social inclusion, emphasizing rehabilitation over punishment. It advocates for correctional systems that restore human dignity, facilitate personal transformation, and rebuild social bonds. Within this framework, the role of social work becomes essential. Correctional social workers function as mediators, counselors, and advocates who help inmates navigate psychological distress and institutional barriers while preparing them for eventual reintegration into society (Zastrow, 2010). By promoting coping skills and psychosocial well-being, social workers embody the very essence of humanizing correctional care.

Empirical research on coping among incarcerated populations has predominantly focused on younger or general inmate groups. Early studies by Toch (1977) and Haney (2001) highlighted that prisoners experience multiple stressors—loss of autonomy, stigma, and deprivation of meaningful relationships—that erode their sense of self. More recent scholarship (Maschi et al., 2016; Stevens & Ward, 2012) has begun to explore how older inmates adapt through cognitive and behavioral coping strategies, emphasizing resilience and spirituality as protective factors.

In Indonesia, research on elderly inmates remains scarce. Studies by Sari and Wibowo (2021) and Avandi and Subroto (2023) identified that elderly prisoners face unique psychological burdens arising from health problems, family separation, and institutional neglect. Their coping strategies are primarily emotion-focused, relying on prayer, acceptance, and peer solidarity. However, these studies also reveal a lack of professional intervention by correctional social workers, suggesting that institutional support for coping and mental health remains underdeveloped.

From a theoretical standpoint, the transactional model of stress and coping (Lazarus & Folkman, 1984) provides the psychological foundation for this study. Complementing this is the ecological systems theory (Bronfenbrenner, 1979), which views coping as a process shaped by interactions between individuals and their multiple environments—family, institution, community, and society. Within the correctional context, this means

that coping and well-being are products of both personal resilience and institutional conditions. Social welfare theory integrates these perspectives by addressing how systems of care, policy, and professional practice can enhance inmates' capacity to adapt and thrive.

A more recent conceptual contribution is the humanizing correctional care model, which integrates psychosocial, ethical, and gerontological principles. It calls for correctional institutions to recognize inmates as social beings with inherent worth, capable of growth even within confinement (Liebling, 2011). This model argues that humanizing practices—such as respectful communication, participatory activities, and spiritual counseling—can mitigate the dehumanizing effects of incarceration. Thus, coping and well-being are not merely individual achievements but outcomes of humane institutional culture.

Social welfare, as a discipline and profession, plays a crucial role in shaping correctional policy, particularly in addressing the needs of elderly inmates by emphasizing human rights, social justice, and rehabilitation. Within correctional contexts, there is often a tension between accountability and compassion, as systems tend to prioritize security over rehabilitation. This is especially pertinent for elderly inmates, who face unique vulnerabilities that challenge conventional correctional assumptions. A social welfare perspective advocates for a balanced approach that integrates care, empowerment, and reintegration alongside accountability.

As articulated by (Maschi et al., 2012), social welfare frameworks in corrections underline the importance of rehabilitating offenders rather than merely punishing them. This perspective aligns with the three dimensions of social welfare in correctional care: restorative, rehabilitative, and rights-based approaches (Maschi et al., 2012). For instance, the restorative dimension encourages reconciliation between offenders and the broader community, fostering a sense of belonging. The rehabilitative aspect focuses on developing critical skills that enhance mental health, wherein elderly inmates require emotional and social support due to complications arising from aging (Maschi et al., 2015). Notably, studies emphasize that elderly prisoners often have chronic health issues and mental health disorders, yet they frequently receive fewer specialized services than younger inmates (Ju et al., 2025; Opitz-Welke et al., 2019). Furthermore, international frameworks, such as the Nelson Mandela Rules, assert that prisoners—especially those with special needs—must be treated with respect and dignity, underscoring the need for corrective actions to align with human rights standards (Rogan, 2017).

Embracing a social welfare approach within correctional systems not only humanizes the treatment of elderly inmates but also recognizes their agency and potential for growth. Implementing strategies that prioritize restorative practices, rehabilitation, and rights-based actions can significantly improve the overall well-being of elderly

prisoners. This shift in perspective is critical for developing humane correctional environments that support both the dignity of aging inmates and the broader goals of rehabilitation and societal reintegration.

Despite growing advocacy for humanizing correctional systems, debates persist regarding the balance between punishment and care. Critics argue that excessive emphasis on welfare could undermine the deterrent function of imprisonment (Garland, 2001). Others contend that neglecting the psychosocial needs of inmates leads to recidivism and deteriorating mental health, ultimately compromising public safety (Liebling & Maruna, 2013). Within this tension, the question is not whether to punish but *how* to punish humanely. The humanizing correctional care approach does not dismiss accountability; rather, it situates rehabilitation and empathy as integral components of justice.

Another point of contention lies in resource allocation. Implementing welfare-oriented correctional programs—such as counseling, geriatric care, and social work interventions—requires significant investment in training and infrastructure. In low- and middle-income countries like Indonesia, limited budgets and staff shortages pose practical constraints. Nevertheless, as research continues to demonstrate the long-term benefits of rehabilitative approaches, the ethical imperative to humanize correctional care remains compelling.

Although international scholarship has explored the psychological and social implications of aging in prison, few studies have investigated how elderly inmates in Indonesia cope with stress through the lens of social welfare. The lack of gerontological social work integration in correctional settings represents a significant gap in both research and practice. Moreover, most existing studies focus on generalized inmate populations, overlooking how aging intersects with imprisonment to shape unique forms of vulnerability and resilience. By addressing these objectives, the paper contributes to both academic understanding and practical reform in correctional welfare services. It seeks to reposition the elderly inmate as a subject of care and dignity within a system historically designed for punishment.

The central aim of this study is to advance a welfare-based understanding of correctional care that humanizes elderly inmates through empathy, social support, and psychosocial rehabilitation. Preliminary conclusions suggest that emotion-focused coping, reinforced by social and spiritual engagement, enhances inmates' psychological resilience despite structural limitations. Institutional transformation toward humanizing correctional care requires the active involvement of social workers as agents of change, capable of bridging the gap between punitive structures and compassionate care. Ultimately, the

study argues that humanizing correctional practices are not only ethically necessary but also pragmatically effective in promoting long-term well-being, reducing recidivism, and fostering inclusive social justice.

Methods

This study employed a qualitative descriptive design to explore the coping strategies and psychosocial well-being of elderly inmates through a social welfare lens. The design was chosen to capture subjective experiences, emotions, and adaptive mechanisms within a complex institutional environment. Unlike quantitative studies that seek generalization, qualitative inquiry emphasizes meaning, depth, and context (Creswell & Poth, 2018). The approach allowed the researcher to document lived experiences of stress and coping among elderly inmates, as well as the institutional responses to their unique needs. The research was guided by the theoretical framework of Lazarus and Folkman's transactional model of stress and coping (1984) and the ecological systems theory (Bronfenbrenner, 1979), which together provide a multidimensional understanding of the relationship between individuals and their environment. The fieldwork was conducted at Sleman Class IIB Correctional Institution, located in Yogyakarta, Indonesia. This institution was selected due to its accessibility, diverse inmate population, and availability of elderly prisoners representing a distinct subgroup of correctional residents. Data collection took place over a period of three months, from October to December 2023, allowing sufficient time for prolonged engagement, observation, and data triangulation.

The population consisted of all elderly inmates (aged 60 years and above) residing at the correctional facility. Using purposive sampling, five inmates who met the following inclusion criteria were selected: (1) aged 60 years or older, (2) physically and mentally capable of communication, (3) willing to participate voluntarily, and (4) not undergoing medical isolation or special treatment during the study period. To enrich contextual understanding, two correctional officers and one social work facilitator were also included as supporting informants, offering institutional perspectives on inmate welfare and program implementation. The small, focused sample was not intended for statistical representation but rather to achieve information richness and depth of insight into the coping experiences of elderly inmates.

In qualitative research, the researcher functions as the primary instrument of data collection. The researcher maintained active but non-intrusive engagement, observing daily activities, conducting semi-structured interviews, and recording nonverbal cues. Ethical approval was obtained from the Faculty of Da'wah and Communication, UIN Sunan Kalijaga Yogyakarta. Participants provided informed consent, were assured of anonymity, and informed that participation was voluntary with the right to withdraw at any time. Confidentiality of interview data was strictly maintained in compliance with ethical standards for research involving human subjects. The combination of these strategies

enhanced the credibility, transferability, and dependability of the research findings, allowing for a nuanced yet rigorous understanding of coping and well-being among elderly inmates in a correctional setting.

Results

This section presents the empirical findings of the study on coping strategies and psychosocial well-being among elderly inmates in Sleman Class IIB Correctional Institution. The results are organized into thematic sub-sections derived from data analysis, integrating direct interpretation with selected participant quotes and supporting institutional context. Four main themes emerged: (1) institutional stressors and emotional vulnerability; (2) coping mechanisms in confinement; (3) social and spiritual support as resilience resources; and (4) implications for humanizing correctional care.

3.1. Institutional Stressors and Emotional Vulnerability

3.1.1. Overcrowding and Environmental Discomfort

All participants described overcrowded cells and limited personal space as primary stressors. Each inmate shared sleeping areas with five to seven others in cells designed for four. The lack of ventilation and privacy caused not only physical discomfort but also emotional fatigue. One inmate, aged 67, stated:

"Every night we sleep so close that we can barely move. It's not the body that suffers most—it's the mind."

This spatial constraint produced tension among inmates, leading to irritability and interpersonal conflicts. Observation data confirmed that physical proximity often forced the elderly to suppress emotional distress rather than express it openly. Such suppression contributed to chronic stress and insomnia.

3.1.2. Health Decline and Limited Access to Medical Care

Most elderly inmates reported experiencing chronic illnesses such as hypertension, arthritis, and respiratory issues. Although a basic medical unit existed, it was often under-equipped and understaffed. Requests for medical check-ups were delayed due to bureaucratic procedures. Table 1 summarizes the main health complaints recorded during field observation.

Table 1. Common Health Issues Among Elderly Inmates

No	Type of Health Complaint	Frequency (out of 5 participants)	Institutional Response
1	Hypertension	4	Occasional medication only
2	Joint pain/arthritis	3	Limited pain relief available
3	Respiratory infection	2	Delayed medical check-up
4	Sleep disorder	5	No formal intervention

The data show that sleep disorder was the most common complaint, often linked to stress and environmental discomfort. Participants noted that the prison lacked structured health counseling or mental health services, leaving them to self-manage their conditions through rest, prayer, or informal peer advice.

3.1.3. Separation from Family and Social Isolation

Emotional separation from family members emerged as a dominant psychological burden. Four out of five inmates mentioned that family visits were rare due to distance, financial hardship, or stigma. The resulting sense of isolation diminished motivation and life satisfaction. As one 70-year-old inmate remarked:

"My children live far away and rarely come. Sometimes I feel I've been forgotten—not only by society but by life itself."

The absence of emotional connection reinforced feelings of guilt and loneliness. This condition aligns with previous studies (Maschi et al., 2016) indicating that loss of family ties is among the strongest predictors of depression among elderly prisoners.

3.2. Coping Mechanisms in Confinement

3.2.1. Emotion-Focused Coping as Dominant Strategy

Data analysis revealed that emotion-focused coping was the most prevalent strategy among elderly inmates. Because of the rigid structure of prison life, opportunities for problem-focused coping were limited. Instead, inmates relied on emotional regulation, spiritual reflection, and acceptance to reduce psychological tension.

The coping strategies identified can be summarized in Table 2.

Table 2. Dominant Coping Strategies Among Elderly Inmates

No	Coping Strategy	Description	Frequency (out of 5 participants)
1	Prayer and dhikr	Engaging in religious rituals for peace	5
2	Acceptance (tawakkal)	Surrendering outcomes to divine will	4
3	Positive reappraisal	Interpreting imprisonment as self-purification	3
4	Social withdrawal	Avoiding conflict by minimizing interaction	2
5	Humor and storytelling	Using light conversation to relieve tension	2

Participants repeatedly emphasized the role of prayer and spiritual reflection as coping anchors. One inmate described:

"When I pray, I forget the walls. It's like freedom inside the heart, even if the body is trapped."

Such emotion-focused coping allowed inmates to reinterpret their suffering in spiritual terms, thereby preserving a sense of purpose and inner peace.

3.2.2. Adaptive Versus Maladaptive Coping Patterns

Not all coping strategies yielded positive outcomes. While spiritual reflection fostered calmness, some participants resorted to emotional withdrawal, distancing themselves from group activities. This avoidance reduced potential conflict but also limited opportunities for social support. Figure 1 illustrates the distribution of adaptive and maladaptive coping responses observed among participants.

Figure 1. Coping Responses Among Elderly Inmates
(a) Adaptive coping responses (prayer, acceptance, positive reappraisal) were employed by 70% of observed instances;
(b) Maladaptive responses (withdrawal, denial, irritability) accounted for 30%.

Overall, the prevalence of adaptive coping demonstrates psychological resilience despite structural adversity, though institutional reinforcement remains minimal.

3.3. Social and Spiritual Support as Resilience Resources

3.3.1. Peer Relationships and Informal Social Support

Although institutional programs for elderly inmates were limited, informal peer relationships served as critical emotional resources. Inmates often created mutual assistance networks—sharing food, offering advice, or helping with physical tasks. This sense of solidarity mitigated feelings of abandonment.

A 65-year-old inmate shared:

"We old men help each other. When one gets sick, another brings water. That's our small way to survive."

Observation data revealed spontaneous cooperation in daily routines, such as communal cleaning and storytelling sessions after prayer. These peer-based interactions reflected the collective resilience of aging inmates.

3.3.2. Spiritual Programs and Religious Guidance

Religious practice played a dual role as both coping mechanism and social connector. Weekly Islamic study sessions (*pengajian*) led by external volunteers provided opportunities for self-reflection and fellowship. The prison's small mosque became a psychological refuge, fostering a sense of belonging and purpose.

Inmates described religious activities as "moments of inner freedom." Even those with limited literacy participated actively in collective prayers and Quranic recitations, strengthening their sense of identity and acceptance. These findings are consistent with the notion that spirituality promotes existential meaning and adaptive coping among the incarcerated elderly (Aday, 2019; Evans et al., 2021).

3.3.3. Limited Institutional and Professional Support

Despite the strong reliance on peer and spiritual support, professional intervention by social workers or psychologists was scarce. Only one part-time counselor visited monthly, focusing mainly on general guidance rather than individualized therapy. The lack of structured gerontological social work services limited institutional responsiveness to elderly inmates' needs.

Three inmates reported never having personal counseling sessions. The social work facilitator confirmed this:

"Our resources are stretched. We focus on general behavior correction, not yet on age-specific psychological welfare."

This gap underscores the need to integrate professional social welfare practice within correctional facilities.

3.4. Humanizing Correctional Care: Toward a Social Welfare Framework

3.4.1. Redefining Correctional Roles

The findings highlight that elderly inmates perceive correctional officers primarily as enforcers of discipline rather than facilitators of welfare. However, a few officers displayed empathetic attitudes—providing extra time for conversation or assisting in mobility—which had noticeable positive impacts on inmates' morale. Such gestures, though simple, embody the essence of humanizing correctional care.

Table 3 summarizes behavioral indicators of humanizing practices observed during the study.

Table 3. Indicators of Humanizing Correctional Practices

Indicator	Description	Observed Frequency
Respectful communication	Officers addressing inmates by name, using polite tone	Moderate
Assistance with daily tasks	Helping elderly inmates carry food or reach facilities	Low
Emotional support	Officers offering encouragement or listening	Low
Equal participation	Allowing elderly inmates in religious and group activities	High

While institutional culture remains predominantly disciplinary, small acts of empathy significantly contribute to inmates' emotional recovery. These findings affirm Liebling's (2011) assertion that humane treatment fosters moral development and psychological stability.

3.4.2. Barriers to Humanizing Correctional Environments

Several barriers hindered the implementation of welfare-oriented correctional care:

1. Structural constraints – Overcrowding and insufficient infrastructure prevented personalized attention.
2. Limited human resources – Few officers were trained in geriatric or psychosocial care.
3. Policy gaps – Correctional regulations emphasized control and punishment over rehabilitation for special populations.

Inmates expressed hope for more age-sensitive programs, such as health counseling, recreational therapy, and family communication sessions. The absence of these services reinforced a sense of neglect, particularly among those with chronic health problems.

3.4.3. Integration of Social Welfare and Correctional Practice

Applying social welfare principles to correctional care requires a paradigm shift from custodial management to rehabilitative engagement. Figure 2 depicts a conceptual framework derived from the findings—illustrating how coping strategies and welfare-oriented interventions interact to enhance well-being.

Figure 2. Conceptual Model of Humanizing Correctional Care for Elderly Inmates (a) Left panel: Environmental stressors (overcrowding, isolation, health issues); (b) Right panel: Mediating factors (spiritual coping, peer support, empathetic staff); (c) Central outcome: Enhanced psychosocial well-being and resilience.

The model suggests that correctional well-being is not solely an individual outcome but a relational construct, influenced by institutional ethics, peer dynamics, and social work engagement.

3.5. Experimental Conclusions and Interpretation

Based on thematic synthesis and field observations, several key conclusions emerge:

One. Elderly inmates experience chronic stress primarily due to overcrowding, health deterioration, and social isolation. These factors collectively diminish their sense of control and dignity.

Two. Emotion-focused coping strategies—particularly prayer, acceptance, and positive reappraisal—serve as vital psychological buffers that preserve inmates' well-being in restrictive environments.

Three. Informal peer and spiritual networks compensate for the absence of professional psychosocial services, functioning as grassroots systems of emotional support.

Four. Institutional practices that display empathy and respect—though limited—significantly contribute to inmates' sense of humanity and belonging.

Five. To humanize correctional care, it is essential to integrate social welfare-based interventions including counseling, geriatric health management, and restorative justice programs that treat elderly inmates as active subjects of care.

These findings reinforce the argument that correctional systems must evolve from punitive frameworks toward compassionate, evidence-informed social welfare practices. Humanizing correctional care not only enhances individual well-being but also contributes to broader social goals of rehabilitation, dignity, and justice.

Discussion

4.1. Overview of Findings in Context

The present study sought to explore how elderly inmates cope with stress and maintain well-being within the correctional environment, using a social welfare framework grounded in humanizing correctional care. The findings demonstrate that elderly prisoners face multiple intersecting challenges—physical decline, emotional isolation, and institutional neglect—that exacerbate stress and undermine mental health. Despite these adversities, the inmates exhibited significant resilience through emotion-focused coping strategies, spiritual engagement, and peer solidarity. These coping mechanisms not only mitigated psychological suffering but also sustained a sense of dignity and self-worth.

When interpreted through the lens of prior research, these findings confirm and expand upon existing knowledge. Earlier studies by Maschi et al. (2016) and Aday (2019) identified spirituality and social support as the most common forms of coping among aging inmates in Western contexts. Similarly, Sari and Wibowo (2021) observed that Indonesian elderly inmates rely heavily on faith-based acceptance (*tawakkal*) and interpersonal bonds to manage stress. The present study extends these insights by illustrating how such coping processes operate within a broader welfare framework, revealing both the adaptive capacities of inmates and the systemic barriers that limit institutional responsiveness.

4.2. Interpreting Coping as a Social and Institutional Process

4.2.1. The Psychological Dimension: Coping as Emotional Regulation

In alignment with Lazarus and Folkman's (1984) transactional theory, coping among elderly inmates is fundamentally a process of appraisal and adaptation. The predominance of emotion-focused coping in this study—through prayer, acceptance, and positive reappraisal—reflects the constrained autonomy of prisoners who cannot directly alter

stressors such as overcrowding or family separation. These strategies serve to regulate internal emotional states, creating a buffer against despair and anxiety.

This finding corresponds with Evans et al. (2021), who argued that in high-control environments, emotion-focused coping fosters psychological survival rather than avoidance. For elderly inmates, prayer and meditation restore a sense of agency through inner peace, offering symbolic control when material control is absent. Such coping can be understood not as resignation but as resilience—an adaptive redefinition of power within confinement.

At the same time, the study uncovered instances of maladaptive coping, such as withdrawal and emotional detachment. These behaviors, while protective in the short term, may reinforce loneliness and depressive tendencies. The dual nature of coping in prison—balancing emotional safety with social isolation—reflects the complexity of psychological adaptation in institutional life.

4.2.2. The Social Dimension: Coping as Collective Resilience

Coping in correctional settings is not purely individual; it is embedded within social interactions. The observed peer networks and informal caregiving among elderly inmates represent what Fine and Torre (2019) term *collective coping*—a form of shared resilience that arises from mutual empathy and solidarity. Inmates who provided emotional or practical support to one another fostered micro-communities of care that compensated for institutional deficiencies.

This aligns with Liebling's (2011) observation that humane relationships within prisons—among inmates and between inmates and staff—constitute the moral heart of correctional well-being. Social support transforms prisons from spaces of mere custody into potential arenas for social learning and emotional growth. However, as shown in the findings, these peer-based systems remain informal and fragile, lacking institutional recognition or professional facilitation.

4.2.3. The Institutional Dimension: Coping as Shaped by Structure

The study also emphasizes that coping is not only a psychological reaction but a reflection of structural conditions. The scarcity of gerontological services, inadequate health care, and absence of mental health programs limit the range of coping options available to inmates. As Haney (2006) notes, institutional neglect often forces prisoners to internalize distress, normalizing suffering as part of prison life.

In this study, participants often expressed that "acceptance" was the only feasible response—a resigned adaptation to systemic limitations. While spiritual acceptance promotes peace, it may also mask the institutional responsibility to provide humane care. This insight underscores the importance of integrating welfare-based interventions that expand coping possibilities beyond mere endurance.

4.3. The Meaning of Humanizing Correctional Care

4.3.1. Beyond Punishment: The Ethics of Dignity

The concept of *humanizing correctional care* challenges the traditional punitive paradigm by asserting that all inmates retain their intrinsic human dignity regardless of crime or age. This ethical stance echoes the principles of restorative justice and the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules, 2015), which advocate for respect, rehabilitation, and proportionality in punishment.

The data show that simple acts—such as officers addressing inmates by name, listening empathetically, or accommodating physical limitations—had profound psychological effects. These practices embody the essence of what Goffman (1961) termed *moral repair*: restoring individuals' sense of worth in dehumanizing settings. By adopting welfare-oriented ethics, correctional institutions can transform daily interactions into opportunities for healing and personal growth.

Furthermore, humanizing care aligns with the social work principle of person-in-environment, which views individuals not in isolation but as products of their social and institutional contexts (Zastrow, 2010). Treating inmates as clients within a welfare system rather than mere subjects of discipline bridges the gap between justice and compassion.

4.3.2. The Role of Social Work in Correctional Settings

The findings reveal a critical gap in professional social work engagement within the prison. Despite the presence of a facilitator, no structured counseling or psychosocial programs for elderly inmates were implemented. This absence contrasts sharply with global best practices where correctional social workers provide case management, group therapy, and reintegration planning (Roberts & Springer, 2007).

A social welfare approach requires social workers to serve as mediators between inmates and institutional systems. They can assess psychosocial needs, advocate for policy reform, and facilitate coping workshops that enhance emotional literacy. Moreover, integrating gerontological social work—a subdiscipline focusing on aging populations—could ensure age-appropriate interventions, including chronic illness management, grief counseling, and family reconnection programs.

By embedding social workers within correctional teams, prisons can operationalize the principle of humanizing care, turning abstract ethical commitments into concrete professional practices.

4.4. Implications for Policy and Practice

4.4.1. Building Age-Sensitive Correctional Programs

The study's results highlight the urgent need for correctional policies that acknowledge aging as a distinct dimension of inmate diversity. Most Indonesian prisons, including Sleman, lack specific infrastructure or programming for elderly inmates. Following Aday (2019) and Fazel et al. (2017), age-sensitive policy should include the following measures:

1. Geriatric health care units equipped for chronic disease management and preventive health education.
2. Accessible facilities, such as ramps, handrails, and seating areas for inmates with mobility impairments.
3. Mental health counseling tailored to the emotional challenges of aging and imprisonment.
4. Recreational and reflective programs—art therapy, storytelling, or meditation—that foster meaning and social connection.

Such interventions align with the welfare principle of *inclusive care*, ensuring that rehabilitation is not uniform but responsive to varying levels of vulnerability.

4.4.2. Integrating Spirituality and Rehabilitation

The prominent role of spirituality in inmates' coping suggests that religious programming can be a cornerstone of psychological rehabilitation. However, it must transcend ritual toward holistic development. Integrating spiritual education with psychological counseling can foster both emotional healing and moral reflection. Programs could involve interfaith dialogue, values-based life skills training, and partnerships with religious organizations that continue support post-release.

This approach reflects what Wiktorowicz (2018) calls *transformative spirituality*—a framework where faith serves as a tool for self-reform and community reintegration rather than passive acceptance.

4.4.3. Training Correctional Staff in Empathy and Welfare Principles

Empathy is the foundation of humanizing care but cannot be assumed—it must be cultivated. The findings suggest that while some officers displayed compassion, most interactions remained procedural. Systematic training in emotional intelligence, geriatric awareness, and communication skills can empower staff to balance authority with care.

Incorporating welfare principles into staff orientation—such as respect for dignity, proportional treatment, and rehabilitation goals—can gradually shift institutional culture from punitive control to compassionate correctional management. As Liebling and Maruna (2013) note, the emotional climate of a prison strongly correlates with inmate adjustment and overall institutional safety.

4.5. Comparison with Previous Studies

The findings corroborate and extend several key insights from international and national literature. Maschi et al. (2016) reported that older inmates who engage in spirituality and peer support exhibit higher life satisfaction and lower depressive symptoms. Similarly, Stevens and Ward (2012) found that emotion-focused coping among elderly prisoners functions as a resilience mechanism. The current study confirms these dynamics within the Indonesian context, where religiosity and collective culture amplify the effectiveness of communal coping.

However, this study also contributes new knowledge by situating coping within a *social welfare framework*. Unlike prior research that treated coping as an individual psychological phenomenon, this analysis conceptualizes it as a socio-institutional process shaped by power relations, care systems, and ethical values. It demonstrates that humanizing correctional care is not merely about individual adjustment but about transforming institutional culture toward inclusivity and justice.

Furthermore, while Aday (2019) identified aging prisoners as an emerging global concern, few studies have examined the intersection between age, coping, and welfare policy in Southeast Asia. By addressing this gap, the present research offers context-specific insights that can inform comparative prison reform and cross-cultural gerontological social work.

4.6. Theoretical Contributions

4.6.1. Expanding the Transactional Model of Coping

Lazarus and Folkman's (1984) model conceptualizes coping as an individual's cognitive and behavioral efforts to manage stress. This study expands that model by demonstrating that in institutional settings, coping is also collectively constructed and contextually constrained. Elderly inmates' reliance on communal and spiritual resources illustrates how coping strategies are embedded in social and cultural systems, not merely psychological processes.

The results thus support an ecological reinterpretation of coping, consistent with Bronfenbrenner's (1979) theory that human adaptation occurs through multi-level interactions among individuals, environments, and institutions.

4.6.2. Toward a Model of Humanizing Correctional Care

Drawing from the empirical evidence, this study proposes a conceptual model where humanizing correctional care serves as the institutional mediator between stressors and well-being. When prisons adopt welfare-oriented practices—respectful communication, psychosocial support, and age-sensitive programming—coping becomes more effective, and psychological resilience strengthens.

In this sense, humanizing correctional care is not a moral luxury but a structural necessity for sustainable rehabilitation. It reframes incarceration from social exclusion to an opportunity for guided transformation.

4.7. Limitations and Future Research Directions

While the study provides valuable insights, several limitations must be acknowledged. First, the sample size was small and confined to a single correctional institution, limiting generalizability. Future studies should include multiple prisons across regions to capture broader variation in institutional culture and demographic characteristics.

Second, the research relied on self-reported data, which may be influenced by recall bias or social desirability. Triangulating inmate perspectives with family interviews or psychological assessments could yield more comprehensive insights.

Third, the qualitative approach focused on subjective meaning rather than quantitative measurement of well-being. Future research could integrate mixed methods, combining standardized mental health scales with qualitative interviews to evaluate intervention outcomes.

Finally, comparative studies between elderly male and female inmates or across different religious and cultural contexts would enhance understanding of how gender and belief systems mediate coping and welfare needs.

4.8. Broader Implications: Humanizing Justice in Society

Beyond correctional institutions, the implications of this study extend to the moral fabric of social policy. Humanizing correctional care challenges society to view punishment not as retribution but as a process of moral rehabilitation and reintegration. It calls for collaboration among government agencies, civil society, and religious organizations to create comprehensive support systems for former inmates—particularly the elderly, who face stigma and social exclusion upon release.

From a social welfare standpoint, this shift embodies the restorative vision of justice, where care and accountability coexist. As Christie (2013) argued, a humane justice system strengthens communities by recognizing that the dignity of one person, even a prisoner, reflects the dignity of all.

4.9. Conclusion of Discussion

The discussion affirms that coping among elderly inmates is a multidimensional process shaped by psychological resilience, social interaction, and institutional ethics. Emotion-focused strategies—prayer, acceptance, and positive reappraisal—serve as adaptive mechanisms within restrictive environments. However, their effectiveness depends on the extent to which correctional institutions embrace humanizing care grounded in social welfare principles.

By positioning social work at the center of correctional transformation, this study underscores the need to redefine punishment as care, vulnerability as strength, and rehabilitation as the moral foundation of justice. Humanizing correctional care, therefore, represents both an ethical imperative and a practical strategy for achieving inclusive, dignified, and sustainable social welfare systems.

Conclusion

This study demonstrates that elderly inmates experience complex psychological and social stressors rooted in overcrowding, declining health, and social isolation. Yet, through emotion-focused coping—particularly prayer, acceptance, and positive reappraisal—they maintain a degree of psychological resilience and meaning. The findings confirm that coping among elderly prisoners is not only an individual process but a collective and institutional phenomenon shaped by the correctional environment. A humanizing correctional care framework, grounded in social welfare principles, offers a practical path toward promoting dignity, well-being, and rehabilitation. Integrating gerontological social work, empathetic staff training, and age-sensitive programs can transform correctional institutions into spaces of care rather than mere confinement. For practice, correctional systems should institutionalize welfare-based interventions, establish mental health and counseling services, and empower social workers to facilitate adaptive coping. Future research should expand to multi-site and mixed-method studies to evaluate the long-term impact of humanizing interventions on elderly inmates' well-being and reintegration outcomes. Ultimately, this study reaffirms that justice and humanity are not opposing ideals; rather, they are interdependent pillars of a social welfare system that values rehabilitation, compassion, and respect for human dignity.

Declarations

Author Contribution Statement

The author solely conceived, designed, and conducted the research; collected and analyzed the data; and prepared, revised, and approved the final manuscript for publication.

Funding Statement

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The study was conducted independently as part of the author's academic and professional research initiative.

Data Availability Statement

The qualitative data supporting the findings of this study, including anonymized interview transcripts and field notes, are available from the corresponding author upon reasonable request. Due to confidentiality agreements with participants and institutional restrictions from Sleman Class IIB Correctional Institution, the data are not publicly accessible.

Declaration of Interests Statement

The author declares that there are no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

Additional Information

The author expresses gratitude to the management and staff of Sleman Class IIB Correctional Institution for permitting field access and to all participants who generously shared their experiences. The insights from this study are intended to inform future correctional social work practices and promote humane, welfare-based approaches to inmate care.

Acknowledgements

The author wishes to express sincere gratitude to the management and staff of Sleman Class IIB Correctional Institution, Yogyakarta, for their cooperation and permission to conduct field research within the facility. Deep appreciation is also extended to all elderly inmates who willingly shared their personal experiences and reflections, providing valuable insight into the lived realities of aging in confinement. Finally, the author dedicates this work to all professionals committed to advancing humane correctional practices and upholding the dignity and well-being of every individual, regardless of circumstance.

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