

# Negative Emotions and Ways of Overcoming them in Prison

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**Abstract**—The aim of this paper is description of the notion of the death for prisoners and the ways of deal with. They express indifference, coldness, inability to accept the blame, they have no shame and no empathy. Is it enough to perform acts verging on the death. In this paper we described mechanisms and regularities of self-destructive behaviour in the view of the relevant literature? The explanation of the phenomenon is of a biological and socio-psychological nature. It must be clearly stated that all forms of self-destructive behaviour result from various impulses, conflicts and deficits. That is why they should be treated differently in terms of motivation and functions which they perform in a given group of people. Behind self-destruction there seems to be a motivational mechanism which forces prisoners to rebel and fight against the hated law and penitentiary systems. The imprisoned believe that pain and suffering inflicted on them by themselves are better than passive acceptance of repression. The variety of self-destruction acts is wide, and some of them take strange forms. We assume that a life-death barrier is a kind of game for them. If they cannot change the degrading situation, their life loses sense.

**Keywords**—Self- destruction, Simulation, Negative emotions, Consequences of conviction.

## I. INTRODUCTION

DEATH is “one moment” according to Conrad from “*Forefathers' Eve. Part III*” by Adam Mickiewicz. The end of life is not tantamount to dying [1]. What is death for those in prison? What is life for them? Is what they think, what they feel and what they do compatible with the universal code of understanding the barrier between life and death?

We think that prisoners see death as a multilayered phenomenon. Committed and attempted suicides, or all kinds of self-destruction indicate a restrained will to live. Fromm [2, p. 48] states that “there is no more fundamental distinction between men, psychologically and morally, than the one between those who love death and those who love life [...]”. The majority of people have both tendencies in them, yet it is important which of them dominates and defines most of the behaviour and decisions taken in a life of an individual. An appetite for destruction manifests itself in the context of frustration of basic needs. A typical “syndrome of decay” involves the love of death, and the stronger it gets, the more deformed an outlook on life and individual’s behaviour becomes [3,14]. Adler believed that a desire for death is a defence reaction and a wish to get revenge for feelings of inferiority. Committing suicide creates a chance to boost individual’s self-esteem. Manninger, who borrowed the theory of the death instinct from Freud, explains the death instinct in terms of sadism and masochism complex. Suicide, in which

aggression is directed directly against oneself, is seen as confusion of subject and object [4]. A person who commits suicide chooses imaginary immortality. According to this interpretation, unconscious hostility together with an inability to love are the driving forces behind suicide [5].

## II. DISCUSSION

According to Fromm, the most basic life choice which has an influence on the whole life is the choice concerning the love of life or death [2]. However, it is the love of death that gained more popularity in a penitentiary environment. It must be clearly stated that all forms of self-destructive behaviour result from various impulses, conflicts and deficits. That is why they should be treated differently in terms of motivation and functions which they perform in a given group of people. Self-destruction is an expression of behaviour presented by an individual on various levels of consciousness and intentionality. It is not accidental but it is life-threatening.

Suchańska [6] proposed a differentiation between direct and indirect self-destruction. Direct self-destruction is a form of an intentional attack on life, health or body. This kind of act can be performed on various levels of consciousness and is not socially or culturally accepted. This kind of self-destruction involves: completed suicides, attempted suicides, self-harm – both stereotypical and surface (compulsive and impulsive). Indirect self-destruction is characterised by a temporal and psychological distance between behaviour and damage, the latter being often just probable and thus rejected. This form of self-destruction can be divided into: active (behaviour of negative consequences, dangerous behaviour) and passive (negligence). Favazza indicated a difference between suicidal acts and other forms of direct self-destruction. The author stated that the former aim to terminate life and stop feeling, whereas the latter are performed as ways of coping with problems. Both forms occur most frequently of all [6].

The imprisoned ones make use of strategic indisposition, i.e. self-destruction, from various, more or less conscious and related to each other, reasons. It is difficult to determine the precise reasons since everyone has his/her own individual motives. The explanation of the phenomenon is of a biological and socio-psychological nature [7].

Some authors relate self-destruction with neurophysiological disorders which result from genetic defects. Others point in the direction of brain lesions, mental disorders, or addiction to endogenous opiates that are released during acts of self-harm. The release of those substances results in local or general anaesthesia. An increased level of anaesthetic substances leads to no sensation of pain typically connected with experiencing a great deal of stress before committing an act of self-harm [1]. Criminals, especially with a psychopathic personality, show a lower level of cortical

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activity than others. Their inclination to irresponsible and violent behaviour stems from a constant need of strong and various stimulating sensations [7, 8]. On the other hand, their searching for strong sensations often leads to dangerous and conflict situations. Acts of self-destruction are always related to emotional tension while they are performed, and to the release of this tension afterwards. On the one hand, prisoners are driven to self-destruction by the desire to relieve the monotony and boredom. On the other hand, they are driven by a chance to ease the tension after a conflict situation [9,5].

Coccaro et al. indicate that self-destruction is caused by a low level of serotonin, i.e. a neurotransmitter responsible for the control and regulation of mood, impulsivity and aggression, and for mediating pain. People who are inclined to fit of aggression, emotional instability and impulsivity, have low levels of serotonin after suicide attempts. It is social contact that is conducive to the increase of this neurotransmitter. It means that biological grounds of self-destruction may have both constitutional and environmental roots [1, 4, 10].

It is worth looking carefully at the risk assessment of self-destructive behaviour in order to prevent it. The mechanism of malfunction of self-preservation is the key mechanism that conditions self-destructive behaviour. The development of a self-analysis ability which prevents an individual from destruction occurs in the context of relations with mother. An overwhelming majority of prisoners were brought up in a dysfunctional family in which the mutual relationships were based on aggressive behaviour [9, 11]. They frequently experienced the threat of pain or experienced pain. After some time, they get used to this kind of experience, and thus it is easier for them to cross the border of self-aggression. Objectively, they can be described as "tough guys". They are characterized by a high pain threshold, high level of insensitivity to other people's suffering, and no feelings of remorse. This all helps them to develop a fertile imagination which may make them threaten their life and health [12].

Another important hypothesis of self-destruction mechanisms concerns the regulating power of self-harm. Self-destructive behaviour is considered as an effect of:

1. Attempts to cope with emotions of fear, anxiety, hostility, anger, sadness, guilt and isolation;
2. Reduction of unspecified tension;
3. Attempts to cope with inferiority complex and low self-esteem.

Self-harm may result from an attempt to avoid psychological pain connected with experiencing negative emotions [13]. Thus, the emotions are a result of a frustrating situation, the essence of which is an inability to fight the frustrating stimulus. They may also result from a situation experienced and perceived as a personal threat [14].

Emotional self-destruction among depressed and discouraged prisoners is a sign of a their depressive illness. They cannot bear the fact of being imprisoned as it is perceived as a humiliating result of social violence. A lack of autonomy and privacy create a hardly bearable constant necessity to live with other people. The prison reality creates

frustration which is a result of an inability to fulfil one's needs and achieve one's goals in the context of growing obstacles and threats [6]. It can be expected that this frustration will lead to aggression. According to Dollard and Miller, aggression that cannot be expressed leads to self-aggression [14].

It was Fromm who also related self-destructive impulses with experiencing frustration of basic existential needs. Generally, aggression is caused by relative deprivation, that is a feeling that an individual has less than he/she deserves or less than people of a similar status [11]. Dollard and Miller proved that the stronger the stimulation to aggressive behaviour is, the more probable the channelling of aggression into a source of frustration is. This relation is modified in the context of solitary confinement where attacking others is punished. The blockage of aggression may be treated as another punishment and the more stronger the blockage is, the more intense the self-aggression mechanism is [12]. The only solution then is to channel the aggression into one's own body. It is a last-resort behaviour. It results from a conviction that this method is the best and the only way to convey information about the power of determination, desperation or intensity of one's preferences [14].

Self-aggression can be looked at from another point of view as it may be considered as an attempt to defend one's dignity from the threats related with prison. The necessity of obeying rules of prison and guards leads to a degrading feeling of one's daily routines being interfered and new norms being imposed [15]. The imprisoned believe that pain and suffering inflicted on them by themselves are better than passive acceptance of repression. Pragmatically speaking, self-destruction is a solution to the situation. The majority of self-destructive prisoners end up in a prison infirmary or a hospital where they find comfort. They get better food, they have more space, the guards do not write any reports and secret messages can be smuggled in an easier way [14]. Self-destruction sometimes realizes the need of being significant. In the eyes of prisoners and the prison subculture, all forms of strategic indisposition are an accepted, desired and recommended form of activity. They are a yardstick of respect, courage and efficiency in the fight against prison administration. The most ingenious and dangerous forms of self-destruction, those which are the most troublesome for the personnel, are the most valued ones [15].

Behind self-destruction there seems to be a motivational mechanism which forces prisoners to rebel and fight against the hated law and penitentiary systems [16]. Through dangerous forms of behaviour, prisoners express their advantage over the members of those systems. At the same time they express superiority over and contempt for their suffering, which is a manifestation of an attempt to protect their dignity and become significant [8].

Considering the motives behind self-destruction, we wonder what values system may prisoners have. Where, if anywhere, in their hierarchy of values is protection of health? We assume that health of someone who tries to experiment with his/her own life and health can be found on the lower level of values hierarchy than the health of other people. Values systems of prisoners are often shaped by the criminal and prison

environment, and are often based on achieving precise and immediate goals [9]. Values which are general, distant and require long-term actions are abstract. That is why the achievement of a lot of goals, which objectively speaking are very trivial, may bring great pleasure for prisoners. They may want to achieve them at all costs, however, the only cost is their health and their body. It may seem illogical, yet a limited control over their free will leads to degradation of cognitive processes [4,5].

Health is a value which is normally protected in an unconscious way, and people defend it against all elements that could harm it. Therefore, only those with malfunctions of the life instinct face the dilemma whether to get some benefit at the price of health or whether to get no benefit at all [1,2]. On this basis we can talk about masochistic tendencies in some of the prisoners. Sometimes even a talk about self-destruction enhances their mood and having some tools of self-harm is a source of greater satisfaction. Prison becomes a nightmare and prisoners try to highlight this fact to verify the state they are put in. Some prisoners find great pleasure and a kind of intoxication in self-destruction [13].

Acts of self-destruction are accompanied by mental disorders. Hysterical prisoners see forms of strategic indisposition as the only way to attract the attention of the environment and get some audience. Obsessive-compulsive patients find evil in themselves, which gives them reason for self-contempt [1]. Prison reality enhances this feeling and self-aggression becomes the only outlet of their negative emotions. Neurotic patients blow their problems out of proportion, and the resulting tension becomes unbearable. Not only cannot they face the problems but they also exacerbate them, which in turn leads to their malfunctioning [7]. Experiences of psychic and masochistic prisoners are usually unconscious and incomprehensible for them. Therefore, they look for their explanation in the environment which is expected to show them pathomechanisms of self-destructive behaviour [15].

All forms of strategic indisposition, from self-destruction to suicide, are a tragic example of self-aggression. Usually it is a series of events that lie at their foundation and lead to suicide. A factor that distinguishes suicide from self-destruction is that the latter is characterized by a greater deal of pain and suffering [16].

Techniques of complex forms of strategic indisposition and simulation are a closely-guarded secret of prison communities [12]. Veteran prisoners give the details only to the chosen ones. The popularity of certain techniques is closely connected with their expected efficiency and consequences for a prisoner's health, and with the diagnostic potential and professionalism of medical care in prison [5]. Among common techniques of strategic indisposition are:

- Cuts – they are the most common form of self-aggression among prisoners. Psychological barrier can be easily crossed, and the act of cutting lasts a short while as it requires only one quick move. The most common are forearm and wrist cuts, but prisoners also cut belly, chest, thighs, back, cheeks and neck. Sometimes, to achieve a stronger effect, prisoners cut themselves deeply into the veins [11]. The

resulting scars are treated by inmates with respect and dignity as a proof of fortitude and an active stance on breaking the imposed order, with its degrading rules and regulations.

- Ingestion – the second most common practice among prisoners. They swallow knives, spoons, mattress springs, pen springs, nails, wires, needles, safety pins, thermometers, razor blades, bucket handles. The “advantage” of ingestion is a wide range of objects to swallow, easiness of performance and easily-identified health hazard. Tools which help to perform acts of ingestion are: an anchor, a crosspiece, a crampon, and an umbrella. Ingestion during a medical examination is met with a special kind of respect by other prisoners [14]. Cunning and insolence reach their heights here. Experienced swallows sometimes try to make doctors helpless. Being driven, with the siren going, to a specialist surgeon and being operated on by an eminent professional brings pride and satisfaction. Simulation of swallowing is also common practice, e.g. sticking an object to the back with a sticking plaster so that an X-ray shows a swallowed object. Swallowing of objects hanging on a thread attached to a tooth, or swallowing of harmless objects, e.g. from cardboard, is a chance for a prisoner to be transferred into new comfortable hospital conditions [5].

- Sticking objects – prisoners stick a sharp object, most frequently a needle into the pupil of an eye, the heart or the liver. Sometimes they stab their foreheads and chests with nails, metal rods or knives [12]. According to doctors, stuck objects often do not require an operation. However, prisoners will demand being transferred to hospital. They will also write formal complaints concerning inappropriate medical care, highlighting the fact that they suffer and are seriously ill.

- Powder dusting – prisoners insert powder made from pencil lead, bulb glass, dirt or plaster under the eyelid. It leads to conjunctivitis, light intolerance and lacrimation.

- Self-poisoning – prisoners simulate that their illness is not a result of self-aggression but it developed naturally. They ingest various harmful substances, such as: concocted tobacco, chemicals, ink and others [11].

- Bloodletting – prisoners let blood in order to weaken their organisms or simulate a disease. Usually it takes the form of simulated hemorrhage, dysentery, cough and arranged excess during court trials [8].

- Injections (self-infection) – prisoners inject or insert infected substances into their veins, lungs, arms, legs, buttocks, abdominal muscles or under the nail in order to make them fester. A typical injection is made of soap, ink, saliva, urine, nicotine, tooth residue or milk [12]. The consequences of an injection into organs such as lungs or abdominal muscles may be fatal.

- Head injuries – it is an act of self-destruction used mostly by prisoners who are mentally ill or alcoholics. An injury or concussion may be a result of banging against a wall, radiator or other solid surfaces. This kind of act is reckless and taken in fits of delirium.

- Hunger strikes – they take two forms in prison: an official strike and an unofficial strike. An official strike is

usually some kind of open, reported protest. An unofficial strike is kept secret and its aim is to weaken the organism. By keeping a strike secret from doctors, a prisoner finally benefits from being transferred into a special medical unit. The medical staff suspect some kind of unusual and unknown disease. Hunger strikes require strong-will and high resistance to hunger pains. Hunger strikers claim that the first five days of the regimen are the worst of all [11].

The variety of self-destruction acts is wide, and some of them take strange forms. One of the convicts let 15 litres of blood in three years, another underwent 48 operations after swallowing nails, springs and spoons [14].

Forms of strategic indisposition, except from real and evident physical damage, are sometimes also simulated. Prisoners simulate their health problems, make use of medical tests and opinions done by corrupt doctors, or simulate pain they never feel. Simulation is always kept secret from the personnel and almost always from inmates. It is sometimes accompanied by self-destruction, which enhances the symptoms [5, 7].

The most common simulation techniques lead to fever, diarrhoea, tuberculosis, mental disorders, lung disorders and stomach ulcers on an X-ray examination. A carefully thought-out plan of action, abilities and perseverance of a simulating person are all significant, yet the final result depends on local procedures of dealing with the ill and on availability of medical specialists [1]. A simulated disease should be serious and easy to simulate. It is desirable when the nature of illness may pose a threat to life [4, 13]. It is true that prisoners adhere to the Machiavellian rule of "the end justifies the means", however they usually choose a bad means to reach an unethical end, so there is no justification here.

To sum up, we would like to highlight the fact that not all acts of self-destruction are the result of imprisonment itself. Some of them are a protest against the jury verdict, an expression of nervous breakdown after a great loss of someone dear to them etc. Yet most of the cases are the result of the bad influence of isolation and prison environment [4, 10]. Could those acts happen if those people were not imprisoned? After a careful analysis of motives behind the acts of self-destruction, it is difficult to give a definite answer. It may be safely assumed, according to the rule of transfer of aggression, that in such a situation other people would bear the physical and psychological brunt [4, 13]. The transfer of aggression could lead to serious health hazard, physical disability or even death of innocent people. The cases of habitual offenders prove the point here. There is no denying that an overwhelming majority of prisoners balance between life and death, whether their own or someone else's. They express indifference, coldness, inability to accept the blame. They have no shame and no empathy. Is it enough to perform acts verging on the death? [8].

### III. CONCLUSION

In this paper we described mechanisms and regularities of self-destructive behaviour in the view of the relevant literature. It is a part of an objective view on self-destruction.

The harmful consequences of self-destructive acts are an end itself for prisoners. The literature lacks precise analyses of motivational processes. Some questions remain unanswered, such as: what do prisoners think a week, a day, an hour, a quarter, a minute before committing an act of self-harm. Do they predict their chances of survival? Do they worry only about reaching their goal? We assume that a life-death barrier is a kind of game for them. They take the risk of dying because they are incapacitated and imprisonment is their worst failure. If they cannot change the degrading situation, their life loses sense. "Life has become hygienic. The pain has been removed, every detail has been improved so that, satisfying basic instincts, death would not leave a bad taste in mouth" [17, p. 514].

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