Suicide in Prisons: Active Deviation Profile

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Abstract - The interpretative path of suicide finds its maximum expression in the theorizations of Émile Durkheim who classifies suicide as a social pathology and as a result of a general social fragility. The more generic theme of "deaths" in prison began to arouse the interest of scholars around the mid-19th century, a period in which "suicide death" was linked to the influence of both exogenous factors, such as socio-family environmental ones and socio-relational before prisonization and suitable for suicide, which are endogenous, referable to the status of prisoner, regardless of the nature of the individual, his cognitive abilities and his adaptation skills. Often, the institution's attitude towards the "suicidal" or "attempting suicide" prisoner coincides with the labeling of a subject deemed insane and the self-suppressive conduct almost always an expression of active deviance.

Index Terms- Prison, suicide, deviance, prisoner, society, prevention.

I. INTRODUCTION

With the work "Le Suicide, Etude de sociologie" by Durkheim (1897), self-suppressive conduct gradually begins to move away from the sphere of religion and morals to be addressed in the social sciences. Suicidal conduct and the person who carries it out are intertwined in a new relationship that becomes the object of research. Durkheim clarifies in the following work "Determination of the moral fact", how the individual enters society by doing violence to his nature and exceeding his individual level. The man thus described is a subject, therefore, contradictory, better identified as "homo duplex". Man moves between two opposite poles: his individual or profane nature and his social or sacred nature. As an individual, man tries to pursue his own particular purpose; as a member of society he is led to pursue general collective purposes. But this is necessary, according to Durkheim (1897), because the individual left to himself would tend towards cancellation and disintegration; To make collective behavior better than individual behavior, it is therefore necessary that the company itself actively intervenes. According to Durkheim (1897), an external, social constraint must lead the individual to the highest level and that he does not perceive this constraint as an extraneous force. Durkheim (1897) classifies suicides according to "three social modalities" from which derive three types of suicide which he defines as "selfish, altruistic and anomic". On the basis of a series of data, he comes to establish the following "general sociological law": "suicide varies in inverse reason to the degree of integration of domestic society" (family) and that "suicide varies in inverse reason to the degree of integration of political society ". A classification of reasoned suicides, according to the forms and morphological characters is practically not possible due to the almost total absence of the necessary documents. In fact, in order to be able to attempt it, one should have descriptions of a large number of particular cases. It would be necessary to know in what psychic state the suicide finds itself in the moment in which he made his decision, what drives him to the implementation, how he finally put it into action, if he was depressed or agitated, calm or enthusiastic, anxious or irritated and etc. The suicide is led to deceive himself and the nature of his dispositions, for example, he believes he is acting in cold blood, while he is at the height of excitement. The social modalities of suicide classified by Durkheim (1897) are: 1) selfish suicide, considered as characteristic of modern societies. The person isolates himself by having loosened or broken the bonds that united him to other individuals. For this reason, the bond between man and his life is also weakened, thus making him fragile and at risk of killing himself in the event of even the slightest adverse circumstances. The term egotic does not refer to "thinking only of oneself", but to what the Protestant culture claims, for which it is necessary "to allow the subject to develop his own freedom, therefore his own individual self". According to Durkheim, the subject who tends to commit suicide tends to impose his or her freedom, leading to the breakdown of relationships and leading to social disintegration. The only solution to selfish suicide is the integration of the individual with the group they belong to; 2) altruistic suicide is characteristic of "primitive" or "inferior" societies, in which there is a close bond of subordination of the individual to the group; the individual's ego loses its sense of belonging by confusing itself with something different from itself and, therefore, its action finds an explanation within a group of which it is a part. In such peoples, suicide does not represent the exercise of a right that is believed to have, but the fulfillment of a duty. According to Durkheim (1897), poor individualization and too much integration make the individual interchangeable and depersonalized. Therefore, in altruistic suicide the character of fulfillment of a duty is found, so it would be more

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correct to define it as compulsory altruistic suicide. Furthermore, optional altruistic suicide can also be identified: this type of suicide has in common with the obligatory altruistic type, the type of social context tending to totally depersonalize the individual whose life is nothing of source to society. It differs from compulsory altruistic suicide in that the man, in the optional one, kills himself without being expressly kept there, often for reasons that Durkheim (1897) defines as futile or, solely, for the joy of sacrifice. In the optional altruistic suicide the individual aspires to strip himself of his individual being to annihilate himself in that other thing which he considers his true essence; 3) anomic suicide derives from social imbalances, from moments of crisis or economic disasters, before and after revolutions, in cases of sudden changes in socio-economic situations or careers. The relationship between individual and society is so strong that it pushes the subject to sacrifice. Society is not only something that attracts individuals' feelings and activities with unequal intensity, it is also a power that regulates them. There is a relationship between the way in which this regulatory action is exercised and the social rate of suicides. Anomy is, therefore, in our modern societies a regular and specific factor of suicide (called anomalous note) that does not depend on the way in which individuals are linked to society, but on the way in which it disciplines them. Anomic suicide derives from the fact that men's activity is unregulated and they suffer from it. In anomic suicide, individual passions are left without a regulatory brake. In the opposite case, if the society regulated too much, according to Durkheim (1897), the cases of "fatalistic suicide" would increase instead, that is, the one committed by individuals whose future is completely closed, predetermined and whose passions remain coerced due to an excessive discipline. In this regard, it is necessary to underline how the formulation of the Durkheimian theory was influenced by two factors of fundamental importance: the risk of disintegration of society in European countries and the need for sociology to recognize its scientific identity in the academic world. Durkheim, considering suicide as a symptom of social pathology, omits the contribution of other human sciences such as psychology. These setting limits are all the more evident when considering how suicide, perhaps more than other human action, depends on numerous psychosocial, cultural, political and biological causes and that it is not possible to try to provide an explanation that wants to be exhaustive, taking into account the results of research conducted by anthropologists, historians, psychologists, biologists.

II. The reactions to Durkheimian theory

After the publication of Durkheim's work there were divergent reactions: Esquirol (1838) and others clearly rejected these assumptions, believing that suicide rates could be explained exclusively in terms of mental disorders and, therefore, sociology could not deal with the phenomenon as a product of psychopathological rather than social conditions. Blondel (1933) attempted to integrate the conflicting positions by arguing that although the social situation of the suicide was decisive, at the origin, however, there is always a depressive personality with tendencies towards the suicidal act, hoping for an interaction between psychiatrists and sociologists in order to study suicides more fully. For Gurvitch, (1939) unlike the clear Durkheimian opposition between society and individual, it was necessary to highlight the constant interpenetration between these two entities and, therefore, social facts could not be studied as entities external to the individual and not even consider society as a summation of individual consciences (Tarde, 2010). Halbwachs (1930) accused Durkheim of excessive generalization in exposing the motivations that lead the European individual to suicide. These argued that factors such as religion, nationality, employment, education, socio-economic status, family relationships, before being confronted with suicide, had to be analyzed in relation to both rural and urban-industrial societies, in consideration of the diversity of cultural models of the respective residence groups. Halbwachs (1930) believes that a high suicide rate represents a particularly accurate index of the amount of suffering, imbalances, disease and sadness that exist in a group.

III. Studies and research on self-suppression

The first studies on suicide began in the Enlightenment period, in the context of criminological theories based mainly on legal aspects which, with the advent of positivism, however, gradually changed into a more "social" perspective. Consequently, a greater concentration of scholars' interest was observed on the reasons that could have led the subject to commit suicide. The need to study social phenomena therefore became pressing through empirical scientific analyzes. The first statistical studies for the analysis of social facts were conducted in the mid-nineteenth century: the ultimate aim was the attempt to explain the root causes of these events taking into account for the first time the social environment in which they took place. In the second half of the nineteenth century, Morselli (1879), an exponent of moral statistics, was the first scholar to undertake significant research on suicide. He assumed that suicide, like any other social phenomenon, is the consequence of events that occurred in previous periods and therefore responds to laws and specific influences deriving from society. The study of suicide, therefore, detached itself for the first time from the religious and superstitious perspective to take on predominantly psychological and social connotations. In this sense, the use of statistics became of fundamental importance, intended as a tool that allowed to collect social facts to present them under a common denominator. In the essay "Social structure and anomia" Merton (1938) carries out a systematic analysis of the social and cultural factors that determine the deviated behavior. Among these, he considers legitimate goals and regulatory rules of fundamental importance. The former represent legitimate objectives for each member of society regardless of the individual social positions occupied. Regulatory rules
perform a control function over legitimate methods of reaching goals. According to Merton (1938), in general, in order to pursue the culturally approved goal, individuals prefer to adopt the most effective behavior, regardless of its cultural legitimacy. Thus social instability would gradually develop, developing the phenomenon called "anomia" by Durkheim (1897). The "demoralization" would therefore be generated by the exalation process of the end with the consequent de-institutionalization of the means with particular reference to those companies in which there is no high degree of integration between goals and regulations. Starting from Durkheim's assumption (1897), according to which the suicide rate varies inversely proportional to the degree of integration of the individual in society, Gibbs and Martin (1958) start an animated debate on suicide theories. The development of their hypothesis is inseparable from the clarification of what is meant by the term integration, without forgetting the need to formulate a quantitatively verifiable hypothesis. By broadening the definition of Durkheim, the two authors trace integration to the stability and duration of social relations within a community. However, even these two variables are not easy to measure. Therefore, starting from the assumption that all individuals occupy a status (age and sex, for example) within a wider system of status (race, occupation, marital status, etc.), the two scholars base their theory on the concept of integration of status. The anomia state theory developed by Powell (1958) presupposes, for the definition of suicide, the existence of a self, immediately highlighting the socio-psychological nature of his study. Powell's theory, in fact, arises as a reworking of the concepts of I and Me proposed by Mead (1966): according to the latter, the conjugation of the car (Io) and hetero-referentiality (Me) comes to be determined the Self, understood as the product of a social process of self-interaction in which individuals report to themselves the dynamics that guide the situations in which they act, and the resulting action is conditioned by the interpretation of those same dynamics. The theme around which Powell's theory is based is that the nature and incidence of suicide varies with social status; unlike Gibbs and Martin (1958), however, he defines status as a precise position taken by a subject within the social system, just as the role held within it is attributable to rights and status obligations: in this sense, the role of an individual held first in the family, later in the peer group, and finally as an adult within the community, is incorporated into the structure of self. Starting in the 1920s, a group of scholars, later recognized as the "School of Chicago", gave rise to a tradition of empirical research, the results of which profoundly influenced the study of many different phenomena and disciplines. One of these is that of human ecology, which applies, perhaps at times in a forced way, the behavioral characteristics of plant ecology, biotic order, to human societies, considered the foundation of the social order. Within this approach, a current develops aimed at studying the origin of deviant behaviors and suicide, being able to distinguish three different areas of thought: the first focuses on the causal relationship between social action and physical involvement of the subject, considering the action the result of the pressure exerted by the environment; the second traces the social action to the interdependence between the different social units (populations) and, finally, the third places emphasis on the meanings that the individual attributes to their own actions and those of others. Despite numerous studies, the ecological approach to suicide presents a strong weakness, that is, affirming the existence of a direct connection between social disorganization and the suicide rate without any empirical evidence to support it. An unprecedented innovation in the American suicide literature is undoubtedly represented by the work of Henry and Short (1954) who place murder and suicide on the same level, considering them both the result of aggressive social behavior in response to conditions of frustration generated by external restraint. The two phenomena differ only in the fact that in the case of suicide, violence is directed towards oneself, while in murder it is directed towards others. The main purpose of the two authors was to combine psychological and sociological variables to explain changes in suicide rates. Starting from the observation that both suicide and murder are both forms of aggression, one self-directed and the other heterodirect, Gold (1958) attempts to elaborate a theory that connects psychological theories with sociological ones. His starting hypothesis is that moving towards suicide rather than murder depends on the type of sanction used in the socialization process. Among the first to analyze the phenomenon was Esquirol (1838) who, in "Des Maladies Mentales", claimed that suicides were committed by alienated people who attempted their lives only in a delusional phase. Adler (1967) instead identifies suicide a form of communication through which others are forced to appreciate the one they have lost and what they represent. In the face of painful states of being, in which we witness a physical, moral and social devaluation of the ego, to the same thus, the way of fear, of flight, of struggle, the behavior of taking one's own life represents an extreme attempt at defense. Sullivan (1953), stressing the interpersonal component of the suicidal gesture, also considers it as a "chance fatality" in which the real goal of self-suppression is represented by an individual who in the past had a highly negative influence, destructive for the subject who decides to end it. Wahl (1957) highlights the connection between the suicidal act and the desire to reincarnate, the mystical choice of a new life and individual regression based on magical and omnipotent aspects. Hillman (1964) also focuses attention on the relationship between suicide and soul in a broader perspective that includes law, the Church and society in general. In fact, he highlights how the law has judged him a crime for a long time, religion a sin and society rejects it, tending to undermine it or to justify it with madness, as if it represented the largest of the antisocial aberrations. For the author, however, the meaning of the gesture is exclusively of a personal nature and the attempt to understand it necessarily passes through opening up to death, intimate knowledge and identification. Suicide is intended as a path to enter death, determined by the deepest fantasies of the individual soul. It represents not only a way out of life, but also a path of entry into death. The consequent regeneration of the soul means that the suicidal act can be considered not as a gesture against living, but as a satisfaction of an overwhelming need for a fuller existence. Menninger's vision of suicide appears complex (1938) who claimed that three psychic components must coexist for suicide to be achieved: 1) the death instinct, that is, the desire to kill determined by primary aggression; 2) the desire to die from guilt and as a search for atonement; 3) the desire for death to find refuge from the adverse circumstances of one's life and to end one's conflicts. Therefore, according to Menninger (1938), at least three wishes can contribute to a suicidal act: the desire to kill; the desire to be killed; the desire to die. The author therefore identified the following types of self-suppression: chronic suicide, where the subject chronicizes self-destructive behaviors, inflicting suffering that causes the gradual deterioration of their vital functions (alcoholism, masochism, anorexia-bulimia, behavioral disorders, etc.). In this way he proceeds by
"delaying" his death; localized suicide: self-destructive behavior is focused on a single part of the body (onychophagy, surgery, frigidity, impotence, etc.); organic suicide: development of organic pathologies induced by conflicting factors of psychogenic origin (oncological pathologies, and so on). Zilboorg (1936), developing some theoretical aspects of Menninger (1938), argued that in every suicidal act there is an unconscious component of hostility and a great inability to love others. He also identified the narcissistic aspect of this primitive gesture by considering it a means by which the individual tries to make his fantastic instances of immortality concrete. In the phenomenology of the suicidal act, Fornari (1967) considers the depressive anxieties caused by the loss of the love object to be of fundamental importance and, consequently, suicide would result in the desperate attempt to see his relationship with the lost object reaffirmed. Furthermore, he underlines the meta-communicative aspect of self-aggression that the suicide would represent with "a denial of death", in fact believing that the suicide desperately searches for his relationship with the world, although apparently he denies this relationship. In addition to the aggressive aspects, Stengel (1977) identifies further non-destructive motivations in suicide with particular reference to the desire to be able to affect the feelings of others. Therefore, in the suicidal gesture, it highlights a sort of appeal function, therefore an unconscious call to obtain the attention of the environment. It also highlights how in the suicidal gesture there is not always a lucid determination in ending it: this would instead often be determined by a state of confusion. The author then concludes that most suicidal people want neither to live nor die, but to do both at the same time. Deshaies, (1951) in "Psychology of suicide" considers the latter as the result of an integration of psychological, social and physical factors. He illustrates the following six types of suicide: defensive suicide against an unsustainable situation; the self-punitive one, determined by a very strong sense of guilt; self-assault suicide, through the internalization of an aggressive act; the ablative one, as a "sacrificial act"; playful suicide, by imitation or curiosity, and finally tanatological suicide, determined by the death instinct. Biswanger (1973), founder of existential analysis, focuses attention on the fragmentation of the temporal dimension of the suicidal subject, emphasizing his inability to project himself into a future dimension. Hendin (1963) argues that depressive psychopathology alone is not sufficient to push the subject to commit suicidal behavior, assuming that different psychodynamic organizations may be involved in suicide: meeting with the loved object; death as revenge on the other; suicide as self-punishment and atonement for blame; suicide as a fantasy of rebirth. Musatti (1949) considers aggression towards oneself as the constitutive essence of melancholy, which can proceed from purely psychological aspects and elaborations until it reaches its most extreme physical form represented by suicide. With regard to the etiopathogenesis of suicide, the author identifies the following two trigger mechanisms: the first is represented by the psychological imbalance caused by the impossibility of going beyond the libidinal investment for the loved and lost object, with the consequent subjective identification with this the latter and its elimination through self-suppression. The second consists in the psychologically fragile individual's inability to face external reality, with the consequent liberating reaction of transformation of his hetero-aggression into self-elimination. Baechler (1975) elaborates a theory that integrates some aspects of dynamic psychology and others of a biological nature. The basic hypothesis is that each individual, in relation to his/her learning skills and biological functions, tends to develop a reactive mode in relation to specific environmental conditions. Shneidman (1985) developed a three-dimensional integrative theory also known as "cube theory". He highlights how often suicide represents the only way out when the cognitive and reactive abilities of the individual are overwhelmed by intense psycho-physical pain, by a strong disturbance (recordable based on the intensity of the subjectively perceived stress) and by a high degree of compulsion. From the etiological point of view, the author puts forward the hypothesis that suicidal behaviors can be traced, in a schematic way, to the three dimensions of this geometric figure which would precisely coincide with: 1) pain: understood as a subjective experience of an unbearable suffering psychological; 2) disturbance: general psychological state of a disturbed person. It is intended as the relative ability of the individual to control agitation, impulses and the tendency to act compulsively. The latter aspect, for the author, would be decisive in relation to the lethality of the suicidal act; 3) compulsion: considered as the determining factor of individual psychological reactions in reference to thoughts, feelings and behaviors. This would correspond, therefore, to the resultant of the influences on the subject of both intra-subjective and social relationships. At the basis of deviant behavior there is a lack of development of cognition as stated by Walters and White (1989). Deviance is determined not by external influences but by the irrationality and inadequacy of the individual's mental patterns. Among the various deviant behaviors, suicide represents the validity of the relativistic conception of deviance.

IV. The types and significance of intramural suicides in the modern perspective

Aggressive suicide differs from an aggressive suicide according to the quality of the emotional behavior. This bipartition refers to the distinction between active and passive deviance elaborated by Parsons (1951). By adapting the theory of deviance to this phenomenon, suicide can be traced back to a form of passive deviance, because in the end it is an act that translates into self-death and implies the most extreme renunciation. On the other hand, it can be considered a form of active deviance, when it takes on a meaning of protest and, therefore, expresses an (active) reaction in the face of an uncomfortable situation. Different types are configured in relation to the object of aggression or not of suicidal behavior: 1) renouncing (or anaggressive) suicides, in which no form of heterodirect aggression is highlighted. These are episodes in which the subject does not react in the face of adversity at all: he does not translate his impatience into hostility, just as it does in the case of rebellious acts; 2) suicide by depression, in which the subject suffers his own pain without reacting by performing an act of passive deviance. This passivity occurs, in fact, with an act both physically and symbolically self-aggressive (unlike rebel suicides where the gesture is an act only physically, but symbolically hetero-aggressive since the subject kills himself, but in reality he would like to kill a other). Analyzing the ideal type of suicide by depression, several ideal subtypes of suicide can be distinguished: a) suicide / melancholy, defined as the self-suppressive gesture that follows the
Suicides, disaster health care, deaths from unclear causes, overdose
Prisoners who died in Italy from 2000 to 2020 (September)

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**REFERENCES**


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