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Alison Liebling

Prison Suicide and Prisoner Coping

ABSTRACT

An exploration of prison suicide can offer a variety of significant insights. It can help in the development of suicide prevention policy, but may also help in the broader understanding of the nature of prisons. There is an “additional strain” of imprisonment, and identifiable groups of prisoners are especially susceptible to it. There are discontinuities between the literature on adjustment to imprisonment and the literature on suicides in prison. Bringing together the separate literatures on coping, on suicide, and on the prison experience strengthens our appreciation of the distress suffered in prison and some of the reasons for it. The figures show relatively high and increasing rates of prison suicides, particularly among sentenced, and notably, life-sentence prisoners. Our profile of the suicidal prisoner is incomplete and biased. Different types of prison suicide can be identified, and problems of coping with various aspects of imprisonment take on special significance for some of these groups. Apparently mundane (or routine) features of the prison world can make huge demands on limited coping resources.

For prisoners . . . the death rate from suicide . . . is over four times as great. . . . Is this increased incidence of suicide also a direct effect of the prison environment; or is it due to the fact that persons with marked suicidal tendency are

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more liable to be imprisoned for crime? This question cannot be definitely answered from the statistical evidence before us, although, in the circumstances of the case, there can be little doubt as to what the correct answer should be. We know that the suicidal act does require a certain conjunction of favourable conditions for its successful accomplishment; and that these conditions would be least likely found in the prison environment, which, with its constant supervision of, and restrictions upon, a prisoner's actions, operates in every direction against his committing suicide easily. Consequently, we should assume that the greater the intensity of the suicidal tendency, the less would be the likelihood of the suicidal act deferred until a time particularly unfavourable for its consummation; but on the other hand, we would conjecture that, among persons possessing an equal tendency to commit suicide, the additional strain of imprisonment would inevitably lead to an increased desire of death among suicides. (GORING, *The English Convict* [1913], p. 152)

No . . . I wasn't on my own, I was in a cell with somebody else. He's in the hospital now with his nerves [laughs]—I must have lost nearly all my blood. (PRISONER)

It is like the blood is doing the crying for me. . . . It's not a cry for help. It's a cry of pain. (PRISONER)

It was serious and not serious at the same time. It relieves the depression, releases it. Outside, I'd go out and get into trouble. In here, your head just gets in bits. (PRISONER)

Psychological research has concluded that the effects of imprisonment are largely minimal (Banister et al. 1973; Bolton et al. 1976; Bukstel and Kilmann 1980; Walker 1983, 1987) or that prisoners cope surprisingly well (Richards 1978; Sapsford 1978, 1983; Zamble and Porporino 1988) despite an initial period of disorientation and serious anxieties about family and friends. These studies have also concluded that ex-prisoners are typically able to resettle after an initial period of restlessness on release (Coker and Martin 1983). Specific concerns such as overcrowding (see Gaes 1985) have been investigated in some detail, and concerns have been raised about the findings reported in some studies that high degrees of sustained overcrowding contribute to higher rates of disciplinary infractions, illness complaints, and more

deaths. Social density (number of occupants in housing quarters) has been found to have more negative effects than spatial density (space per person) (see McCain, Cox, and Paulus 1980; Cox, Paulus, and McCain 1984; Gaes 1985). On the whole, psychological research has characterized the experience of imprisonment as little worse than a period of “deep freeze” (cf. Zamble and Porporino 1988)—albeit a “deep freeze” imposed on people who are often poor copers to begin with.

The sociological literature by contrast has represented the power of institutions as brutal, mortifying, and damaging (see especially Sykes 1958; Goffman 1968; Cohen and Taylor 1972), but these studies have been subject to methodological criticism and accusations of ideological bias (see Sapsford 1978; Walker 1987). The “pains” identified by these studies, which remain largely omitted from or unsubstantiated by psychological research, include fear of breakdown (Cohen and Taylor 1972), fear of contamination, and loss of “self.” Sykes argued that the pains of imprisonment include the deprivation of liberty (resulting in lost emotional relationships, loneliness, and boredom), the deprivation of goods and services, the deprivation of heterosexual relationships, the deprivation of autonomy, and the deprivation of security (enforced association with other unpredictable prisoners, causing fear and anxiety) (Sykes 1958, pp. 63–78). These deprivations can constitute a serious attack on the personality and on self-esteem. The prisoner loses society’s trust, the status of citizenship, and material possessions, which might constitute a large part of the individual’s self-perception. The prisoner is figuratively “castrated,” and the minutiae of life are regulated with a “bureaucratic indifference” to individual need and worth:

Imprisonment, then, is painful. The pains of imprisonment, however, cannot be viewed as being limited to the loss of physical liberty. The significant hurts lie in the frustrations or deprivations which attend the withdrawal of freedom, such as the lack of heterosexual relationships, isolation from the free community, the withholding of goods and services, and so on. And however painful these frustrations or deprivations may be in the immediate terms of thwarted goals, discomfort, boredom, and loneliness, they carry a more profound hurt as a set of threats or attacks which are directed against the very foundations of the prisoner’s being. The individual’s picture of himself as a person of value . . . begins to waver and grow dim. Society did not plan this onslaught, it is true,

and society may even “point with pride” to its humanity in the modern treatment of the criminal. But the pains of imprisonment remain and it is imperative that we recognise them, for they provide the energy for the society of captives as a system of action. (Sykes 1958, pp. 78–79)

Reconciling these apparent contradictions in research on the effects of imprisonment can be achieved by addressing the question of suicide in prison. Prison suicide rates are high, and research on the causes of such disproportionate rates suggests that the experience of imprisonment is far from neutral. Studies of suicide in prison suggest that surviving prison demands a set of resources that are often in short supply. Pressures of isolation, inactivity, regulation, loss of control, and unpredictability cause considerable distress, particularly at certain stages of custody. The experience of imprisonment can be corrosive and demanding, particularly for vulnerable groups of prisoners.

Hay and Sparks characterize the “effects debate” about imprisonment as sterile (1992, p. 302). The operationalization of harm has been poor (Liebling 1992), and the focus of almost all the research has been on long-term prisoners because of an assumption that any harmful effects—if such exist—will be curvilinear, increasing with length of time in custody. However, there are several flaws in this latter argument and in the studies that have been built on it. The impact of custody is extreme at early stages: this is reflected in suicide rates and absconding figures (see, e.g., Ericson 1975; Sapsford 1983). It has been established that the early period of confinement subjects prisoners to a great deal of stress and a feeling of disorientation. It may be assumed that this early experience of imprisonment is especially true for first-time prisoners. Suicides early in custody also occur among persistent prisoners, and as this article shows, rapid return to prison may be an indicator of poor coping rather than a sign of indifference to the impact of imprisonment. Research shows that in time prisoners may adjust and cope, and thus generally do not suffer from long-term deterioration. Their styles of coping, and the social life that emerges in the process of coping has been the subject of interesting theoretical and sociological study (see Toch, Adams, and Grant 1989; Adams 1992). Prisoners who die by suicide do not, of course, appear in such “long-term” samples, nor do those who “exit” the prison experience by other means—for example, by transfer to psychiatric hospitals or by natural death. At the end of a substantial period of imprisonment, those who are left are the

survivors. (This may, however, include prisoners who have made unsuccessful suicide attempts.) None of the existing longitudinal studies of the effects of imprisonment estimate the extent of attrition from long-term entry cohorts by these means.

Many detailed studies have been carried out on the effects of imprisonment. Psychologists and criminologists have concluded their investigations with the following sorts of statements: "Research in British prisons—chiefly by psychologists—has done much to deflate the sweeping exaggerations—chiefly by sociologists—about the ill effects of normal incarceration" (Walker 1987). By contrast, Bukstel and Kilmann in their review article found from the available evidence that "confinement in penal isolation awaiting execution was quite stressful" (Bukstel and Kilmann 1980, p. 478).

These sorts of conclusions—and bland understatements—illustrate the failure of research on the effects of prison life to ask the right questions or to ask in an appropriate kind of way how imprisonment is experienced. Research methods typically employed have not tapped the subjective, cognitive, or affective contributions prisoners make to their own experiences of prison. Answering this question, "Is prison harmful?" is—at least in part—a matter of empathy or "appreciative understanding." These dimensions of the human experience do not contradict the research principles of rigor, care, or the need for empirical evidence. Prison research (particularly prison suicide research, but also most major studies on the effects of imprisonment) have largely proceeded without sufficient affective understanding, in deference to record-based measurement. Such studies rarely follow prisoners after release, and they rarely investigate psychological or emotional distress and disability (Grounds 1996). They look instead at skills and personality traits, omitting to consider those who have not survived (or who have almost not survived) the prison experience. It is by this route that such research has been able to conclude that imprisonment is not harmful. Studies that employ criteria of harm-as-deterioration, and deterioration as permanent negative change in IQ, cognitive functioning, or other such skills are seriously limited. Suicide does not require a permanent drop in such measurable psychological constructs. Pain is a harm that psychological scales have so far failed to reflect. Damage may be immediate, and cumulative, and yet independent of the amount of time spent in custody. Repeated short periods of custody may engender at least as much "risk" and pain as one long sentence. This issue of the cumulative effects of imprisonment is complex and needs

further exploration (see, e.g., Sampson and Laub's study of the cumulative effects of custody on reconviction [1993] and von Hirsch [1993] on "proportionality" and the differential impact of sentences on considerations of deterrence).

There is a second major difficulty with previous studies. Prison is not a uniform experience. Studies have tended to take large undifferentiated samples and to look for general patterns that omit the experience of particular groups and individuals. They have tended to omit specific groups (such as women, the young, prisoners segregated for their own protection, those spending long periods of time in segregation units for disciplinary reasons, etc.). As this article shows, particular groups may be especially vulnerable to suicide in prison. Their experience of imprisonment is qualitatively different from others' experience. Methodological failure satisfactorily to consider prisoners' own accounts of the prison experience, and the differences between prisoner groups, have resulted in the sterility to which Hay and Sparks refer.

The study of suicide in prison reveals that imprisonment is selectively directed at vulnerable groups, that the experience of imprisonment can be deceptively difficult and unpredictable, and that it may have devastating psychological consequences. Approaches to prevention should place due emphasis on alternatives to custody and general regime measures and should not focus exclusively on medical or psychiatric strategies of identification. Constructive regimes that provide activity, opportunities for change, contact, and support may offset some of the worst aspects of prison life. Coping with prison is a major, private, and individual struggle that, for some, is unbearable. The adaptation literature seriously underestimates the degree of anguish experienced by many prisoners through their own efforts to keep anguish and distress under control (Gallo and Ruggiero 1991). Coping, in other words, is partial, unstable, and arduous.

This article aims to consider the existing literature on prison suicide and to link this literature with current knowledge about coping with prison and the nature of the prison experience. Is there an "additional strain" of imprisonment, and if so, which prisoners are most susceptible to it? How does research on prison suicide assist in the broader search for understanding the nature of prisons? The article assesses current understanding of the nature and causes of suicide in prison, explores the validity of current studies and their relevance to the general field of prisons research, and considers the problems faced by prison staff in the management and prevention of suicides in custody.

This article is divided into four sections. Section I considers prison suicide rates, profiles of prisoner suicides and attempted suicides, and some of the reasons for both. Section II reexamines the concepts of coping, and not coping, and shows how this helps understanding both vulnerability to suicide and the nature of the prison experience. Section III considers implications for policy, in particular, the concept of risk management. The final section considers the implications of this reconceptualization of the significance of prison suicide for prison studies. I draw mainly on the English-language literature, although inevitably given my personal experience, most of the examples given are English.

I. Prison Suicide

This section considers the problem of measuring suicide rates and reviews the literature on prison suicide profiles. It shows that aggregate prison suicide rates require careful scrutiny and that our profile of the suicidal prisoner is incomplete and biased. Different types of prison suicide can be identified, and problems of coping with various aspects of imprisonment take on special significance for some of these groups. It argues that there are important links between suicide and attempted suicide, and it redresses the omission in many studies (and the serious underestimation) of suicides among women in prison.

A. *The Problem of Measurement*

There is an important distinction between the knowledge that someone . . . probably . . . committed suicide, and the *legal requirement* that one be *sure* that he . . . both intended the outcome, and had the capacity to take the action. In a court of law, one must be satisfied of the *intent* and of the *capacity*. A suicide is—historically—the murder of oneself, and the law requires it to mean just that. (CORONER, cited in LIEBLING [1992], pp. 83–84)

One of the major limitations in research on suicide in general, and perhaps in particular on suicides in prison, is the unreliability of figures on suicide. Official figures, prison service files, and other sources of recorded information provide the sources for much current understanding of suicide and suicide attempts in prison. Few studies reflect critically on this information as a data source, yet there are serious doubts about its validity, about recording practice and file content.

Many factors play an important role in the recording of such information, including preparation for inquests, the availability of time, training, staff priorities, and staffing levels.

Official suicide figures and records, based as they are on the outcomes of coroners' inquests, provide an inadequate data source for any analysis of rates or explanations of suicides in prison. Since 1990, the English Prison Service has been publishing figures for all self-inflicted deaths in addition to those defined as suicide at inquests. Also since 1990, several prison services (e.g., in the United Kingdom and Australia) and many of those engaged in research have tended to use "self-inflicted deaths," including those that did not attract suicide verdicts at inquests. A study by Dooley in the United Kingdom shows how "probable suicides" receiving other verdicts (such as "open," "misadventure," or "accidental") differ in significant respects from prison suicides receiving a suicide verdict (Dooley 1990*b*). In his study of 346 nonnatural deaths in prison between 1972 and 1987, those self-inflicted deaths not receiving suicide verdicts at inquests were more likely to be female, young, to die by means other than hanging, to have injured themselves before, and to have occurred during the day (Dooley 1990*b*; see also Liebling 1992, pp. 82–93). In other words, only those suicides that "look like" suicides (i.e., that fulfill prior expectations) are recorded as suicides. This limits the validity of research that takes such selective information as its starting point, as sociological critiques of suicide in the community have demonstrated (see, e.g., Douglas 1967; Atkinson 1982; Taylor 1982). As Stengel argued, "Doctors and prison officers are not unbiased in these cases. It would not be surprising if, unconsciously, they preferred to blame misadventure for a death which could possibly have been prevented by them, had they taken a different view of the situation" (1971, p. 14).

Our profile of the prison suicide may therefore be biased and incomplete. As with most statistical information on which criminological research is based, the requirements for recording such information are unrelated to the requirements of research: they are collected for another purpose (Kitsuse and Cicourel 1963). Even suicides, so often taken to be "unequivocal," cannot be assumed to be so.

A further problem inherent in record-based research is the unreliability of the information available in case records. File information may be incomplete (Dooley 1990*a*), incorrect (Dooley 1990*b*, 1990*c*), or selective (see also Griffiths and Rundle 1976; Zamble and Porporino 1988). Files may contain contradictory information, and it is apparent

that an inmate's understanding of events and decisions (which usually go unrecorded) may be different from those recorded in his or her file. Record-based studies miss a great deal of valuable information relating to suicidal activities in prison and the context in which they arise. Certain situational or institutional factors may appear in documentary material available to the researcher, such as the extent of overcrowding, hours spent out of cell, the prisoner's location, the ratio of staff to inmates, and so on. But this conception of the prison as a series of identifiable and recordable institutional variables is seriously limited, as other areas of prison research illustrate (McDermott and King 1988). Organizational and relational aspects of the prison (such as how prisoners are treated, how staff "deliver" regimes, etc.) are as real and important in terms of life inside as are visible and quantifiable factors such as hours out of cell, timing in sentence, and so on. The prison itself "does" very little in terms of its impact on prisoners: "the prison itself does not do anything . . . it just sits there. What really matters are the 'subtle specifics of each prisoner's participation in prison life'" (Wormith and Porporino 1984, p. 427).

What goes on in prison may be unavailable in any form of documentation, however carefully collected, and despite the increasing volume and availability of this sort of material. Similar criticisms of retrospective, record-based suicide, and suicide attempt research can be found in studies in the community (Hawton and Catalan 1987). Record-based information may be incomplete, biased, and unreliable (Liebling 1992).

Using official figures, then, for explanations of suicide, can be hazardous. Exploring epidemiological trends may be less hazardous, as recording differences between countries (and groups) tend to remain relatively stable over time. A World Health Organization working group found on careful examination of the evidence that official suicide statistics could be used for trend analysis (see Rutter and Smith 1995). I consider aggregate rates and prison suicide trends in the next section.

B. Aggregate Prison Suicide Rates

Most studies of prison suicide rates (except for the United States) do not separate remand (jail) populations from sentenced populations. Almost all studies find that the suicide rates of prisoners on remand or awaiting trial and sentenced prisoners are similarly high, once reception figures are taken into account. More than half of all prison suicides in any one year in all jurisdictions occur among sentenced prisoners (see Backett 1987; Dooley 1990a; Liebling and Krarup 1993; Towl

1997). It is consistently found in international studies of prison suicide that suicide rates calculated on the basis of average daily population (ADP) are at least four times higher than suicide rates for the general community (these studies are not generally controlled for composition, however; see below). Most of the studies looking at prison suicide rates over time in the United Kingdom (e.g., 1972–98) and elsewhere show an increase in the rate of prison suicides over and above any rate of increase in the ADP or in the number of receptions. Many show an increase in the ratio of suicides in prison to those in the community.

Despite being the most widely used base from which to calculate prison suicide rates, there are difficulties in using ADP as the base from which to make comparisons with the general community. (For a more detailed review of the complex arguments relating to the calculation of prison suicide rates, see O'Mahony [1994].) Some consideration of the reception rate and the length of stay (or “exposure-to-risk”) of prisoners should be included in any calculation of the relative rates of suicides in prison, particularly in the light of what is known about the higher risk of suicide in the early days of custody (Ericson 1975; Topp 1979; Sapsford 1983; Thornton et al. 1984; Backett 1987; Dooley 1990*a*; see also, on coping difficulties, Zamble and Porporino [1988]). Demographic differences between the populations in prison and the community (e.g., age, other sociodemographic characteristics, and gender) must also be taken into account. Only one study (in the United States) compares prison suicide rates based on “person-years-at risk” with the general population equivalent rate adjusted by age, sex, and race. This study found that the prison suicide rate is higher than the rate for the equivalent general population, but by a slightly smaller ratio than that reported in most recent studies (Winfree 1985). This type of calculation has not been carried out in the United Kingdom, and many of the studies carried out are therefore using unsatisfactory figures.

Recent studies carried out in the United Kingdom and elsewhere do show that prison suicide rates are increasing over time faster than the increase in either reception rates or ADP and that suicides in prison occur more frequently than might be expected from the age and other demographic characteristics of the prison population (Correctional Service of Canada 1981; Special Commission to Investigate Suicide in Municipal Detention Centers 1984; Hatty and Walker 1986; Bernheim 1987; Dooley 1990*a*). In 1997–98 there were seventy-two suicides in prisons in England and Wales, which had an average prison

TABLE 1
Self-Inflicted Death Rates in Prison in England and Wales,
Scotland, and Australia

	<i>N</i>	Average Prison Population	Average Suicide Rate (per 100,000)
England/Wales:			
1983–86	101	44,950	56
1987–90	181	47,700	95
1991–94	192	45,675	105
1995–96	123 (246)	53,150	116
Scotland:			
1980–83	12	4,830	62
1984–87	23	5,265	109
1988–91	20	4,930	101
1992–93	14	5,447	128
Australia:			
1987–90	80	12,320	162
1991–94	81	14,613	139
1995–96	50 (100)	16,165	155

SOURCES.—Suicide Awareness Support Unit, United Kingdom; McDonald (1988).

population of 62,500 prisoners (Prison Service 1998). This resulted in a prison suicide rate of around 120 suicides per 100,000 citizens. The suicide rate among young males (under twenty-five years old) in the community—the closest comparative statistic available—in England and Wales during 1996 was around seventeen per 100,000 (Samaritans 1997; see also Rutter and Smith 1995). Suicide rates in other jurisdictions are similarly high, compared with expected rates, suggesting that prison suicides can only partly be accounted for by the selective demographic nature of prison populations. Vulnerability and prison-induced distress (Backett 1987, 1988) may also play a part.

Table 1 shows increases in the rate of prison suicide against ADPs of prisons in England and Wales, Scotland, and Australia. It is interesting to note that a temporary reduction in the prison suicide rate occurred in Australia during the early 1990s (perhaps related to activities following the Royal Commission into Aboriginal Deaths in Custody; see McDonald [1994, 1998] for useful reviews).

Table 2 shows international prison suicides rates based on ADP. All studies show elevated rates compared with rates in the community (by

TABLE 2
International Prison Suicide Rates

	Rate per 100,000	
	Most Recent	Previous Studies (pre-1991)
Australia	155	(90–180)
Canada	94	(120)
Denmark	19	...
England and Wales	116	(56)
France	...	43–169
Netherlands	105	...
New Zealand	89	...
Scotland	128	(52)
United States	140–200	200

SOURCES.—Hayes (1983); Anno (1985); Hatty and Walker (1986); Backett (1987); Bernheim (1987); Dooley (1990*a*); Rowan (1994, 1997).

a factor of three to ten; see Hatty and Walker 1986; Backett 1987; Dooley 1990*a*; Rowan 1994).

Crighton and Towl (1997) reviewed two samples of self-inflicted deaths in prisons in England and Wales during 1988–90 and 1994–95 (one hundred and ninety-seven deaths, respectively), comparing them for changes over time. They found (as do all studies) that suicides consistently occur at a disproportionate rate among remand prisoners (prisoners awaiting trial), but that there has recently been a larger increase in suicides among sentenced prisoners. Life-sentence prisoners have a particularly high rate of suicide, despite relatively small absolute numbers (260 per 100,000 ADP in 1994–95 in the United Kingdom; Crighton and Towl 1997, p. 15). Although there has been a marked increase in the numbers of prisoners identified as at increased risk of suicide, the majority of those who complete suicide are not identified in advance. Most of those who kill themselves do not have a history of psychiatric intervention. Almost half of the deaths occur within one month of reception into custody. White and Asian prisoners show similar rates of suicide, while black prisoners show lower rates.

There is some evidence of a slowdown in the rate of increase in prison suicides in the United Kingdom since 1996 (Tilt 1998), in many states in the United States (Rowan 1994; Hayes 1995), and in Australia (McDonald 1998). There is also some evidence that reductions in prison suicide rates can be achieved through prevention strategies, in-

creased awareness, decarceration, and bail programs (Hayes 1995; Rowan 1998).

A more careful analysis of suicide rates both in and out of prison should be a prerequisite of future research. It is also important to consider whether prison suicides differ in qualitative respects from suicides in the general community.

C. The Prison Suicide Profile

The earliest studies of prison suicide in the United Kingdom were carried out by prison medical officers, who began the search for a profile of the “suicidal inmate” in their capacity as medical inspectors of prisons, whose annual reports considered mortality statistics (see Gover 1880; Smalley 1911; Goring 1913; Topp 1979; and reviews by Liebling 1992; Liebling and Ward 1995). This approach set the tone for most subsequent studies of prison suicide, which have been retrospective profile accounts based on small numbers of inmates (e.g., Danto 1973; Hankoff 1980). Because a death had occurred, medical knowledge was sought (Liebling and Ward 1995). All of these early studies observed that prison suicide accounted for a disproportionate number of deaths and proposed that the demographic profile of the prison population could account for this (for more detail, see Sim 1990; Sim and Ward 1994). There were anxieties that prison regimes contributed to some of the deaths—in which case the fine balance between deterrence and reform was wrong. Prison chaplains were held to possess greater knowledge than most about prisoners’ mental states and their possible motivations for suicide. The chaplain at Clerkenwell (London’s main remand prison in 1881; cited and paraphrased in Anderson [1987], p. 320) considered that “suicide, like every other kind of sin, crime and misery, was caused by intemperance, impurity, laziness, and bad temper, and nothing else” (quoted in Liebling and Ward 1995, p. 124). Attempted suicide was punished as a crime (so that a handful of prisoners were serving sentences as a result of attempted suicide in the community) and as a prison disciplinary offense until 1961. The growth of the power of medical officers (and the parallel decline in the power of chaplains) influenced an important assumption enshrined in suicide prevention procedures and in most studies that suicide was a medical (specifically, psychiatric) problem. The profile research approach grew out of this perception. This approach remained a powerful part of official thinking about suicide until the late 1980s (see Liebling and Ward 1995). Important changes have taken

place in some respects since then. A psychiatrist asked to investigate a series of young prisoner suicides in Scotland in 1985 concluded that "this is not a psychiatric problem, it's a management problem" (Scottish Home and Health Department 1985). For a review, see Liebling (1992).

Prison suicides "represent a profile which is distinct from the population of suicides generally, but little different from that of the general prison population" (Hankoff 1980, p. 166). Studies conclude overall that the suicide rate in prison is disproportionately high, that most completed prison suicides are male, that a disproportionate number are on remand at the time of death, that a third have a history of in-patient psychiatric treatment, that lifers are overrepresented, that most have previous convictions, and that 40 percent have been seen by a doctor in the week preceding death (see Topp 1979; Backett 1987; Dooley 1990*a*). Most completed suicides are accomplished by hanging, many have injured themselves before (often in custody), many have serious drug and alcohol problems, and many completed prison suicides are accomplished by the young (age range: 20–34) (Topp 1979; Backett 1987; Dooley 1990*a*; see also, Lloyd 1990; Liebling 1992). About a third of all prison suicides occur very early in custody (within the first week). It is significant, in particular, that a history of psychiatric treatment is less likely among prison suicides than among those in the community (Backett 1987, 1988). Only one-third of prison suicides are found to have a psychiatric history, as opposed to 80–90 percent of suicides in the general community (Backett 1987; Dooley 1990*a*; see also Barraclough et al. 1974; Barraclough and Hughes 1987). A high proportion are found to have psychological difficulties falling short of a formal psychiatric diagnosis, such as alcohol or drug problems, personality disorders or borderline personality disorders, self-reported anxiety and depression (see, e.g., Skegg and Cox 1993). This has important implications for prevention strategies, which have historically treated suicide risk as an exclusively medical or psychiatric problem.

Prison suicides are found to be younger than suicides in the community, reflecting the relatively young age profile of the prison population. The proportion of female suicides in prison is found to be proportionate to their numbers in the population (see Liebling [1994] and below). Ethnic minorities are represented in the prison suicide statistics proportionate to their numbers in the prison population in the United Kingdom (which vastly overrepresent ethnic minority groups in custody, of course) and disproportionately in some jurisdictions (e.g., in Australia, see McDonald 1998). Being married does not ex-

clude a prisoner from suicide, although it does operate as a protective factor. Isolation from relationships or a breakdown in communication may be more important overall than marital status. The constellation of factors relating family history to vulnerability to suicide out of prison have not been applied to research on prisoner suicide. This is despite the known high levels of family breakdown and discord reported among prisoner populations.

Offense history may be related to prison suicide, but research results are contradictory. Studies disagree as to whether completed prison suicides are more likely to have been convicted of acquisitive crimes or crimes of violence.

Inevitably, the profile approach to prison suicide seeks predictive risk factors. Risk factors identified in the literature include the use of drugs (both before and during custody), and problems with alcohol use, particularly among those suicides that occur early in a period of custody. Just as outside, almost half of all prison suicides are found to have a history of self-injury or previous suicide attempts. A quarter have injured themselves in custody before.

Over time, as an increasing number of studies were carried out, it became clear that situational factors were easier to identify than individual factors in the prediction of suicide in prison. Research results illustrated that predicting who might abscond was more difficult than predicting when such absconding might occur (Clarke and Martin 1971; Banks, Mayhew, and Sapsford 1975; Laycock 1977). The same was true of prison suicides (Liebling 1992). Most suicides occur by hanging and at night. A slightly disproportionate number occur at the weekend, during the summer months (when staffing and activity levels are low), and during the early stages of custody (both before and after trial). A disproportionate number of suicides occur in special locations, such as health care centers, the segregation or punishment block, and other areas of seclusion. Overcrowding may exacerbate problems contributing to suicide risk among the vulnerable, such as lack of access to medical and other specialist care, increased misconduct and assault rates, lack of time spent in activity, lack of clothing and food, unwanted interactions, feelings of helplessness, and rapidly changing hierarchies among inmates (see Liebling 1992).

The apparent motivation for prison suicide appears to be fear or loss: fear of other inmates, of the consequences of one's crime, of imprisonment, and the loss of a significant relationship. Shame, guilt, and psychiatric disorder play a relatively minor role (numerically) for the younger sentenced prisoner (Liebling 1992). The most common emo-

tion in suicides outside is hopelessness or helplessness, intense anguish, or “ennui” (see Beck et al. 1974; Diekstra 1987; Maltsberger and Goldblatt 1996). Prison-induced distress may be seen as a continuum that may contribute to suicide, particularly if a certain threshold is exceeded (Backett 1987). Where this threshold lies will depend on the coping skills and resources of particular inmates. Repeated disruptions and stresses may be as damaging as one particularly stressful experience.

1. *Suicide among Remand/Pretrial Prisoners.* One of the most consistent findings of research is that a disproportionate number of suicides occur among remand (jail) prisoners or early in custody (Topp 1979; Backett 1987; Dooley 1990a; Lloyd 1990; Liebling 1992). The high number of receptions arriving at remand centers does mean that far more prisoners are exposed to risk during what is arguably an extremely stressful stage of custody. Studies suggest that the disproportionate rate of suicides during the remand period is in part due to the greater number of prisoners exposed to risk (Crighton and Towl 1997). Other factors may contribute to an excess, however. These factors may include the stressful nature of early confinement, the tension and uncertainty of the pretrial phase, the proximity of the offense, overcrowding and staff shortages, the instability of a continually changing inmate population, and the high proportion of mentally disordered prisoners on remand. Alcohol and drug dependence play an important role, particularly among those suicides that occur within the first twenty-four hours of reception into custody. This group of suicides, who are a major cause for concern in jails and police lockups, have a literature of their own and are not the primary focus of this chapter. (For more detail, see, e.g., Danto 1973; Flaherty 1980; Hayes 1983; Hayes and Rowan 1988). Evidence suggests that the rate of prison suicides is at least as high as the rate of remand/jail suicides and may be increasing at a faster rate (see table 3).

2. *Suicides among Prisoners under Age Twenty-One.* In the United Kingdom, suicides among prisoners under age 21 have been a major cause for concern. Studies have linked these suicides in particular to bullying, inactivity, and lack of contact with families (see esp. Grindrod and Black 1989; Liebling 1992; Davies 1994). A group of thirty-one prison suicides under age twenty-one were identified in a study of all prison suicides occurring in England and Wales between 1972 and 1987; and a comparison made with the general pool of prisoner suicides (see Dooley [1990a] for the original study and Liebling [1992]

TABLE 3
Self-Inflicted Deaths per 100,000 ADP and per 100,000 Receptions

	Rate per Annum	ADP 1989*/1994	Rate per 100,000 ADP	Receptions	Rate per 100,000 Receptions
1988-90:					
Sentenced	20	36,700	54	72,912	27
Remand (untried)	21	8,672	242	56,687	37
Convicted unsentenced	5	1,727	290	16,589	30
1994-95:					
Sentenced	34	34,505	99	79,251	43
Remand (untried)	21	9,196	290	54,157	39
Convicted unsentenced	6	3,188	188	32,751	18

SOURCE.—Crighton and Towl (1997), p. 14.

NOTE.—ADP = average daily population.

*The average daily population for 1989 was taken from the House of Commons (1990, 1996).

for the analysis). The following results were found: Young prisoner suicides were more likely to cluster in particular establishments than were other prison suicides (partly because young prisoners are more likely to be accommodated in particular establishments or wings; young prisoners may also be more susceptible to imitation; see Phillips 1974; Lester and Danto 1993). They were more likely to be charged with or convicted of property offenses. They were likely to be serving slightly shorter terms and to end their lives within one month or at most one year of reception into custody. Young prisoners who committed suicide were even less likely to have received psychiatric treatment (13 percent as opposed to one-third of all prison suicides), and they were slightly more likely than all prison suicides to have injured themselves before. They were slightly more likely to die between midnight and 8 A.M. Almost half of these suicides were attributed to prison pressures (Liebling 1992).

Several studies also support the argument that the under-twenty-one age group differ from adults and may have a different susceptibility to suicide in prison (see Flaherty 1980, 1983; Scottish Home and Health Department 1985; see also Grindrod and Black 1989; Home Office 1990). Their offenses are less serious (usually property offenses), their suicide attempts are more frequent, and within an establishment, such attempts are more likely to occur in clusters. The young offender with a history of convictions for property offenses who is single, with no job or family support, and with a history of self-injury is found in other studies to stand out as a frequent type of prison suicide (e.g., Hatty and Walker 1986). Their need for support is intense, and their reactions to distress impulsive. Young prisoners may be particularly susceptible to threats or attacks from others, having few of the resources and skills necessary to avert such behavior. Rates of bullying and victimization in young offender establishments and in prisons that accommodate young offenders are high and may be increasing (Johnson 1978; McGurk and McDougal 1986; Shine, Wilson, and Hammond 1990). Young prisoner suicides may be more "situation specific" than adult suicides in prison. The term "young," however, can apply in this context to prisoners up to the age of about twenty-six to thirty, as many studies suggest that this highly situational susceptibility does not end at age twenty-one (Liebling 1992; Liebling and Krarup 1993; see also Hatty and Walker 1986).

There are useful lessons to be learned from the search for a profile of a suicidal prisoner. However, there are flaws in the "single profile"

approach. It may be more helpful to regard prison suicides as heterogeneous—consisting of different types (e.g., lifers, the psychiatrically ill, and younger prisoners with mainly property offense convictions), with different offense and demographic profiles, slightly different histories, and disparate motivations for suicide. These groups are not mutually exclusive. Removing a distinct group of prisoners facing homicide charges (therefore facing life sentences) from the total pool of prison suicides results in a slightly different criminal justice profile for other types of prison suicide.

3. *Flaws in the Single Profile Approach.* One of the problems with previous attempts to seek a profile of “the suicidal prisoner” is that treating all prison suicides as a single problem with a single profile and explanation is misleading. At least three distinct types of prison suicide can be identified in the literature (and would be recognized by most professionals working in prison). These are life-sentence prisoners (or domestic homicide charge cases facing life sentences), the psychiatrically ill, and “poor copers.”¹ Such a differentiated typology may have important policy implications, both in terms of developing appropriate prevention strategies in prison and in reflecting on broader criminal justice policies and practices.

Table 4 is a conceptual, heuristic typology, compiled from data collected by the Suicide Awareness Support Unit in the United Kingdom on completed self-inflicted deaths in prisons in England and Wales between 1987 and 1993.² Looking at the deaths individually, and categorizing them as shown in table 4 demonstrates this distinction. The three groups—life-/long-sentence prisoners, the psychiatrically ill, and “poor copers” each have a different profile; with regard to the age, history, possible motivation, and the types of situational factors that appear to contribute to their deaths, from the available information. Separating these types of prison suicides illustrates that treating them as a homogenous group masks important features of each type.

First, long-sentence prisoner suicides (that include a high proportion of domestic homicide cases and that may include for the purposes of this category prisoners on remand but facing life or long sentences)

¹ Hatty and Walker did carry out a cluster analysis in their study of deaths in Australian prisons (1986). They identified several distinguishable groups: the violent, the “unfit to plead,” and the young prisoner with property convictions. Danto (1973) has also described different suicidal “types,” although his typology is based on very small numbers.

² A group working in Prison Service Headquarters whose role is to support establishments facing inquests, to collect and disseminate information about suicides in prison, and to carry out and steer research.

TABLE 4
Prison Suicide: A Typology

	Life and Very Long Sentence Prisoners (1)	Psychiatrically Ill (2)	Poor Copers (3)
Motivation	Guilt/no future	Alienation, loss of self-control, fear/ helplessness	Fear/helplessness, distress/isolation
Age	30+	30+	16-30
Proportion of total	5-20 percent	10-22 percent*	30-45 percent +
Relevance of situa- tion	Chronic	Varied	Acute
History of previous self-injury	Low	Medium	High
Features	Often (76%) [†] on remand, after mid- night; some well into sentence	Psychiatric history present; single; no fixed abode	Often more typical of prison popula- tion, i.e., acquisi- tive offenses

*13 percent for young offenders under age 21.

[†]Dooley 1990a.

tend to be older than average. Some take their lives significantly later during their sentences. Links have long been established between domestic homicide and suicide before arrest (West 1982). Including this group of prison suicides in a general profile may distort the profile toward violent offenses and longer sentences. Removing them and treating them as a group enables one to regard their particular circumstances more appropriately.

Second, the psychiatrically ill. Again, it is well established that there is a strong association between psychiatric illness and suicide (Barraclough and Hughes 1987; Sainsbury 1988). This is especially true of those with a diagnosis of schizophrenia, but those with other psychiatric diagnoses are also disproportionately represented in the suicide figures. There is also an established link between the closure of psychiatric institutions and increases in suicides in prison among this population (Skegg and Cox 1993).

Finally, the group that this article characterizes as "poor copers." This group are the most significant in relation to the prison experience, as they resemble other prisoners most closely. They are arguably the most preventable group, despite being perhaps the most difficult to identify. It is important to note that the "poor copers" or vulnerable constitute the most numerous group of prison suicides and that the significance of the immediate prison situation may be most acute in

these cases. It is also important to note that more of this group have attempted suicide or injured themselves before.

4. *Prediction and Control Populations.* Finally, in relation to the “profile” approach to prison suicide, there is an argument that a preoccupation with the “individual” is conceptually limited. This has been raised in other areas of prison research: “This ‘individualization of blame,’ together with allegations or assumptions of ‘pathology’ in the etiology/motivation of disruptive behavior undoubtedly appeals to popular stereotypes and mirrors a similar long and now somewhat discredited theme in the history of criminological theory; from Lombroso in the nineteenth century to ‘dangerous offender/sexual psychopath’ legislation in the second half of the twentieth century” (Bottomley 1990, p. 12).

Most prison suicide studies do not include control data from the general population or from the prison population from which suicides and suicide attempters are drawn. Thus it is impossible to know whether characteristics found to be associated with prison suicides and suicide attempters are simply reflections of the characteristics of the general prison population. Where profiles are drawn up, they are only weakly predictive, thus diverting attention away from many at-risk inmates who do not share the typical characteristics of a suicide. The individual prediction approach to research has not succeeded in either understanding or preventing suicide. Recognizing vulnerability, so that it can be understood (rather than simply predicted), may be more useful. Profiles drawn up in the course of research on prison suicide should be explanatory, aiding in the development of preventive measures, rather than exclusively predictive. The search for the single suicidal profile dominated research until quite recently and has restricted theoretical approaches to the problem.

D. Suicide and Attempted Suicide

I wanted someone to stop me. But no-one stopped me. So
I carried on. (PRISONER)

No fully reliable figures on attempted suicide and self-injury exist, either in prison or in the community. Suicide attempt forms, on which annual figures and most research on suicide attempts in custody have been based, are infrequently and haphazardly completed (Tumim 1990). Part of the problem lies in the uncertainty over what actually

constitutes a suicide attempt. This issue has never been satisfactorily resolved, and definitions continue to differ. No guidance is given to prison medical officers regarding a suitable operational definition, and no consensus exists as to what might constitute a “genuine” suicide attempt. There may be factors discouraging staff from raising the relevant forms every time an incident occurs: the wish to keep incidents out of the “attempted suicide” figures, the time involved, the dislike of complex forms, and the possibly limited amount of information available on the prisoner concerned. There are serious difficulties inherent in relying on statistical information alone when trying to assess the incidence of attempted suicide in prison (the same can be said of other types of behavior such as assaults, cell thefts, etc.).

In the community, attempted suicide and self-injury have typically been treated as separate phenomena having a limited association with completed suicide. This is despite the existence of evidence that such a separation is artificial (see, e.g., Stengel and Cook 1958; Stengel 1971; Kreitman 1977; Morgan 1979) and follow-up studies of suicide attempts showing up to thirty times greater risk of suicide than in the general population. Studies of suicides and suicide attempts in prison often seek differences between populations who engage in these supposedly distinct behaviors (e.g., Phillips 1986; Griffiths 1990). The causes of the two behaviors are in fact found to be similar. Acts of self-injury, like suicide attempts and suicides, are associated with feelings of melancholy tinged with self-contempt (Cooper 1971), depression, self-doubt, and the search for relief (Toch 1975; Liebling 1992). They are acts of “dead-end desperation,” expressing, “an intolerable emptiness, helplessness, tension . . . a demand for release and escape at all costs” (Toch 1975, p. 40).

The populations involved overlap considerably, completed suicides often having a history of attempted suicide or self-injury. Half of all those who die by suicide in prison have injured themselves before—a third in prison (Dooley 1990*a*). In addition, in the controlled environment of the prison, many potentially lethal suicide attempts are prevented by chance intervention. The relationship between the two is complex and has been largely neglected or oversimplified in research, both in prison and in the community. It may be useful to see suicide—both in action and intent—as a continuum. Self-injury may be the first overt symptom of a level of distress only steps away from a final act of despair (see fig. 1; also see Liebling 1992, pp. 59–67; and Sparks 1994, p. 83).

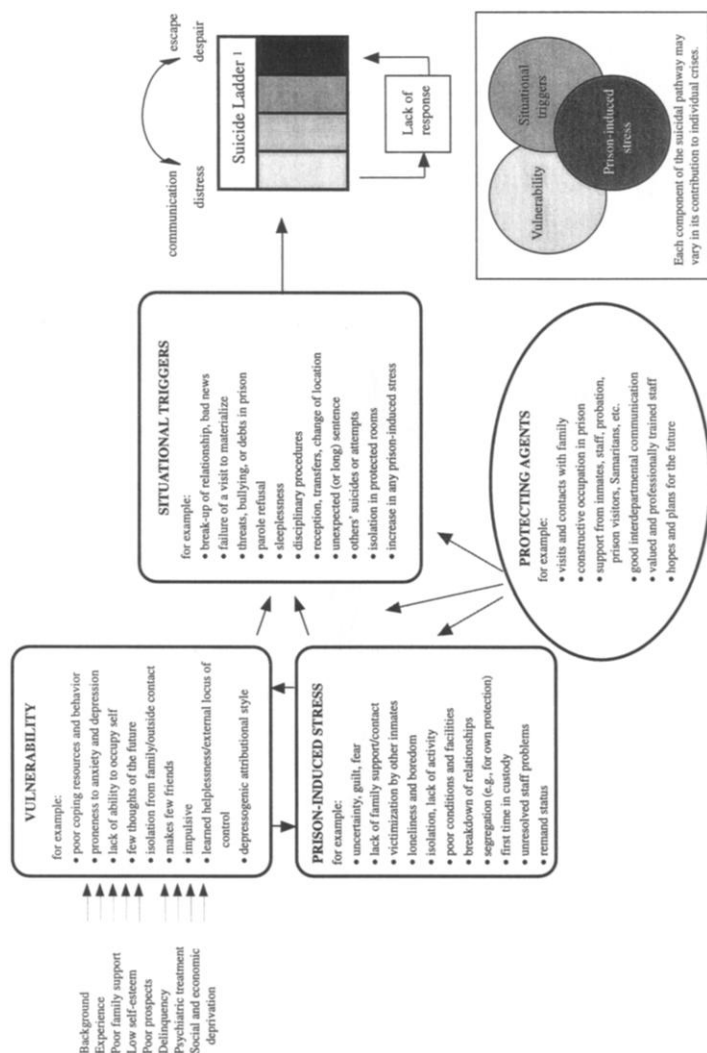


FIG. 1.—Toward a theoretical model of the prisoner's pathway to suicide. The "Suicide Ladder" (cf. Eldrid 1988) indicates a pathway from feelings and thoughts of suicide, through self-injury and failed suicide attempts, to completed suicide. The inmate may be propelled along the continuum of suicidal action by the (lack of) institutional response.

Several studies have been carried out on attempted suicide and self-harm in prison (Johnson 1976; Johnson and Toch 1982; Phillips 1986; Power and Spencer 1987; Wool and Dooley 1987; Thornton 1990; Liebling 1992; Liebling and Krarup 1993). Many recent studies see attempted suicide as an indication of low coping resources and destructive behavior patterns that render the individuals concerned especially vulnerable to suicide (see Liebling 1992; see also Toch 1975; Zamble and Porporino 1988). Stengel identified the “appeal function” of suicide attempts (Stengel 1970, 1971).³ If there is no response to what can be seen as a “last ditch” effort to change an unbearable environment, suicide may be extremely likely. Self-injury can incorporate a vast spectrum of “harm” to the self, and there is no direct relationship between level of harm or seriousness of injury and the level of intent reported.

Self-injury and suicide can be, then, “expressions of a common suicidal process” (Goldney and Burvil 1980, p. 2). The continuities between them (particularly in terms of motivation, causes, and prevention) may be far more important than their differences (see Liebling [1992], pp. 62–67, for a review). Both may be reactive rather than purposive (or, e.g., “manipulative”), to be impulsive rather than planned. When asked, “Did you think about it before you did it?” prisoners say, “I didn’t plan it. I didn’t think about it, but I knew it was coming; do you know what I mean?” (see Liebling 1992). It is important to inquire why the behavior occurred rather than what it was intended to achieve (Wicks 1974). Both may contain the cognitive ambivalence expressed by suicide attempters who live (see Diekstra 1987). Responding at the first step and providing alternatives—and support, and solutions—may divert prisoners from the destructive route along which they are setting (see, e.g., Shepherd 1991). There are convincing arguments, then, for studying suicide attempts in prison as a way of understanding completed suicide in prison (see Liebling 1992; Lester and Danto 1993).

E. The Gender Myth and Prison Suicide

You feel relief—and then disgust. It’s like the blood from
the injury is doing the crying for me; “letting” out the pain.
(YOUNG WOMAN PRISONER)

³ He did not consider the limited “appeal effect” of attempted suicide: there seems to be an inverse relationship between the “appeal function” attributed to a suicide attempt and its “appeal effect” on others (“if it was seeking to communicate or to achieve change, then it was manipulative”).

At first, I was repulsed by the very idea, when I saw other inmates who'd done it. Then one day I'd been locked up in strips, everything was getting on top of me. I'd had a bad letter from home, I wasn't getting any visits. I'd been thinking about the consequences of what I'd done. I was depressed. I hit out at the window—smashed it. I was shocked—but felt, for the first time, an inner peace, as though I was released from all the strain. (YOUNG WOMAN PRISONER)

There is a myth in prison research that women are overrepresented in the self-injury figures and underrepresented in suicide rates. The first half of the myth has some evidence to support it. The second half does not. Women in prison far outnumber men in terms of the number of incidents of self-injury per head of population. Cookson found that self-injury occurred in individual women's prisons at a rate of at least 1.5 incidents per week (Cookson 1977, p. 335). This was a cautious estimate at best. There may be a core group of women in one prison who account for most of the incidents that occur. Twenty or thirty incidents of "cutting" during one sentence is not unusual for particular women prisoners. Self-injury is more common among younger than older women (particularly up to about age twenty-six), and it is associated with low self-esteem. Research in the community suggests that women show less suicidal intent than men, the ratio of self-injury to suicide being much higher among women (Birtchnell and Alacron 1971; Stephens 1987; Lester and Gatto 1989).

The rate of suicide among women prisoners, however, has been seriously underestimated (Liebling 1994). The relatively small numbers of women in prison (an average of 4–5 percent in all countries, although this is increasing) leads to their neglect in several important ways, but failure to consider the specific question of suicide among women prisoners has led to several misapprehensions. Few official publications about suicides in prison include women, and most studies argue that one of the most important risk factors associated with suicide both in prison and in the community is being male (Home Office 1986). In fact, the suicide rate for women prisoners may be as high as the suicide rate for male prisoners. This would be highly unexpected, given the disproportionate male to female ratio for suicides in the community (suicides by men outnumber suicides by women by a factor of 2.5 to 1; see Birtchnell and Alacron 1971; Stephens 1987; Lester and Gatto 1989; Rutter and Smith 1995). Apparent suicides by women prisoners

may be significantly less likely to receive suicide verdicts at inquests (see Dooley 1990*b*; Liebling 1994; and below). They may instead attract verdicts such as “misadventure,” “accidental,” or “open” more frequently, as a result of assumptions of low intent. The suicide rate by women prisoners may be subject to large fluctuations. This is because of small numbers, which normally creates greater instability in statistical rates over time. (There is a general problem of studying low base rate events; Cookson and Williams 1990.) One study showed that if suicides and self-inflicted deaths were used as the baseline from which to calculate suicide rates, then the suicide rate for male and female prisoners was identical (Liebling 1994). This unexpected finding—that the suicide rates for male and female prisoners may be the same—requires explanation, given the disproportionate rates in the community. There are two possibilities: the greater vulnerability of the female prison population and the specific impact of imprisonment on women.

It is apparent that the female prison population differs from the male prison population generally in important respects. The size of the female prison population has been increasing faster than the male population in the United Kingdom; a higher proportion of women prisoners are on remand; women tend to be serving shorter sentences, and they are less recidivist; a far higher proportion of women prisoners are drawn from ethnic minorities, their average age is higher, and they have a lower number of previous convictions (Morgan 1997, p. 1155). A study of young women prisoners carried out in the United Kingdom found that women prisoners differed from male prisoners in several respects. This youthful group were significantly more likely to have been convicted of violent or drug-related offenses, robbery, and arson; they tended to be older than young male prisoners at first conviction and often had fewer previous convictions (Liebling 1992). They were less likely to have been living with or in touch with their parents before custody but had been living on their own or with friends. More than a third had children. They were more likely than young male prisoners to have received in-patient psychiatric care. They were far more likely to have been sexually abused (one-third), almost exclusively by male members of the family (Liebling 1992). They were also more likely to have experienced violence at home. Many of the young women had been involved in fighting at school, and many reported having used a wide range of drugs.

There is some evidence that the female prison population has a

higher level of psychiatric or borderline psychiatric disorder (although this finding may be seriously compounded by labeling: women prisoners tending to attract higher levels of psychiatric attention and pathologizing of their behavior; Allen 1987). The extremely high levels of sexual and physical abuse may render the female prisoner population especially vulnerable—they may be especially vulnerable to “control” (see below). This raises the second possibility—that the experience of imprisonment for women is qualitatively different.

There may be gender-specific effects of custody on women, particularly among women with children. Almost half of the women in prison have dependent children (Walmsley, Howard, and White 1992). Individual cases of suicide by women prisoners tend to be linked to the removal of children into care; or the use of drugs and its specific consequences for the future of the child.

Liebling (1992) found that women suffered particularly from problems associated with family and outside contacts. Decreasing contact with—or interest in—the outside world was an indication of suicide risk. In general, women prisoners were more likely than male prisoners to want to share prison accommodation and to make friends while in prison (rather than meet “mates” they already knew from outside). They reported fewer difficulties with other women but were more likely to be seen as a “disciplinary problem” within prison. They were more likely to have spent time in solitary confinement and to have been referred to the doctor or psychiatrist. They reported more problems relating to visits and more anxiety associated with visits, feeling more depressed afterwards. They spent more time thinking about their families. They often wanted to change something personal about themselves and were more likely to talk to someone in prison if they had problems. They were especially more likely than male prisoners to turn to staff when they needed help. They found the lack of freedom and lack of access to their families by far the worst aspects of imprisonment (Liebling 1992; see also Lyon 1994).

Self-injury is often an attempt to communicate intolerable distress. Feelings of helplessness and uncertainty may precipitate self-injury (Cookson 1977). Jack (1992) argues in his study of *Women and Attempted Suicide* that women may be more predisposed to feelings of (learned) helplessness than men. Women are found to be more driven by present feelings (such as feeling lonely or unwanted) than with feelings about the past (e.g., feeling ashamed or that they had failed in life). Other studies show that women are more likely to suffer from depres-

sion, lack of self-worth, and from a low sense of their “locus of control” (ability to affect their environment) (see Brown and Harris 1978; Jack 1992).

Coid and his colleagues carried out a detailed study of women self-injurers in Holloway prison (Wilkins and Coid 1991; Coid et al. 1992). Most of the women self-harmers injured themselves many times. They described a progressive buildup of symptoms of anxiety, dysphoria (unpleasant depressed feelings), irritability, and feelings of emptiness before the injury. Twelve percent said they intended to kill themselves. The remainder described wanting to relieve tension, anger, and feelings of depression. Those women who injured themselves were more likely than other prisoners to have been convicted of offenses of violence or property damage, to have received psychiatric treatment, and to have received a diagnosis of (borderline) personality disorder. They were more likely to have a history of alcohol abuse, disorders of appetite, and other “impulse” disorders. The extent of family disruption and physical and sexual abuse in their histories was “depressingly high” (Coid et al. 1992).

Of those women who injured themselves while in prison in the Liebling (1992) study, a quarter did not describe what they had done as a suicide attempt. However, several of those women who had not injured themselves, but who were randomly selected for interview as part of the comparison group, reported having thought about suicide at some stage during custody. Women thought depression was the main cause of suicide in prison. Young men thought not being able to handle the sentence was the main cause. Most of the women who injured themselves cut their arms, although some also cut their legs and faces. None of the young men cut their faces. In addition to these cuts (which they bitterly regretted), two women had also scarred their faces with scouring pads. Two of the three women who cut their faces asked the interviewer whether she thought the scars would heal and whether it spoiled their appearance (Liebling 1992). One woman cut herself all over her body, including her face, when she caught sight of herself in a mirror after a visit with her daughter. She had been in the segregation unit for several weeks; her hair had dried out; it showed dye growing out at the roots and her legs were (she said) “shapeless” after so long without proper exercise. The significance of gender, appearance, and the body, and their relation to imprisonment is a topic worthy of study in its own right (see, e.g., Howe 1994).

More of the women than men carried out their injuries in a dormi-

tory, sometimes in the company of others (Liebling 1992). The battle to eliminate potential “implements” (glass, laces, plaster from the walls, etc.) between staff and prisoners became fierce at times. All of the incidents occurred after 4 P.M. All of the women who had carried out an injury reported that they had done so impulsively. Many of the women felt they would repeat their injuries.

There may be, then, a “tension-relieving” aspect to self-harm. This has important implications for prison regime design as well as for individual preventive measures. Young women as a group may be extremely vulnerable and may need to be helped to develop alternative (or, at first, supplementary) ways of coping with unmanageable feelings, whose origins often lie in their severely troubled histories. Situational triggers may include cancellations of parole or home leave, receiving distressing or incomplete news, removal of a cell mate, an unwanted transfer, or problems with children and contact with family. Women who injure themselves often also become involved in disciplinary infractions in prison, are more likely to have received psychiatric treatment, and to have injured themselves before (Liebling 1992).

Research on self-injuring women in prison has tended to focus on the pathological and psychiatric aspects of their behavior (see Allen 1987; Coid et al. 1992; Jack 1992). This can be explained partly by the tendency to medicalize women’s problems and their criminality (Dobash, Dobash, and Gutteridge 1986; Sim 1990; Howe 1994) but also partly by real differences between male and female prisoners. Few studies seek to understand deliberate self-harm as a response to and expression of pain, which may occur well within the boundaries of “normal mental health.” Women themselves say, “Self-harm is a way of *controlling* anger and pain. . . . You *can feel* physical pain. It is easier to cope with than emotional pain. . . . Self-harm is a way of expressing that hurt. How else do you say, ‘Inside, I feel like my *soul* is dying?’” (Consumers of the Mental Health Services 1989).

Aggregate prison suicide figures show relatively high and, in places, increasing rates of prison suicides. This may be particularly the case among sentenced and, notably, life-sentence prisoners. Prison suicide figures require careful scrutiny, however. Our profile of the suicidal prisoner is incomplete and biased. Different types of prison suicide can be identified, and problems of coping with various aspects of imprisonment take on special significance for some of these groups. Suicide and self-injury may constitute a response (or a “solution”) to painful feelings. Both men and women who self-harm are at increased risk of sui-

cide. The possibility that suicide rates for men and for women in custody are similar is worthy of further investigation.

II. Prison Suicide and Prisoner Coping: A Reexamination

This section considers the existing literature on prisoner coping and adaptation, showing how an application of the coping model to prisoners at risk of suicide can account for differences between at-risk prisoners and prisoners who do not appear to be at risk of suicide. Bringing together the (typically separate) literatures on coping, on suicide, and on the prison experience strengthen our appreciation of the distress suffered in prison and some of the reasons for it.

A. Prisoner Coping⁴

An important study of coping behavior in prison argues that the interaction between situational and environmental factors and the inmate's coping ability will be a crucial determinant of prison behavior (Zamble and Porporino 1988). Coping ability is related to other aspects of lifestyle, such as the use of time and relationships with others (Zamble and Porporino 1988). Self-destructive inmates have been shown to have sharply limited coping and problem-solving skills (Toch, Adams, and Grant 1989), living a loose, impulsive, and unstructured life outside. Poor coping is associated with instability in relationships and residence, with low proportions of time spent in work and directed activities and with lack of planning and infrequent thoughts of the future (Zamble and Porporino 1988). Others have identified the significance of coping to prison life (Backett 1988; Toch, Adams, and Grant 1989; and see review by Adams [1992]). Although, as I argue in this article, there are important links between poor coping in the community and poor coping in prison, there may also be some important differences between the precise range of coping skills required for survival in the community and the specific coping skills required for survival in prison. The material reviewed here raises doubts about the popular assumption that some prisoners may prefer prison because they cope better with institutional life than with "freedom."

Most studies of coping behavior in prison have tended to take general prisoner samples as their starting point. Prisoners may, however, be differentiated according to the extent of this poor coping ability;

⁴ Coping is a mixture of thoughts and actions; individuals' coping styles and abilities can vary over time, and coping can be seen as a mediator of emotion (Folkman and Lazarus 1991).

those inmates least able to cope with the special environment of a prison will be those most at risk of suicidal thoughts and actions during a sentence. Zamble and Porporino show that depression in prison is associated less with background factors or expected variables such as sentence length or current offense than with cognitive appraisals such as reported problems, feelings of boredom, and expectations of the future (1988). As Sapsford argued, research needs to look more closely at attitudes and beliefs; what prisoners “do” and what they “think” (1983, p. 5). It is only through the use of long, semistructured interviews that this type of information can be sought.

Research projects carried out in this way have explored differences between prisoners who make suicide attempts and comparison groups drawn from the general prison population (Liebling 1992; Liebling and Krarup 1993). Major differences in inmates’ coping styles, and a relationship between “poor coping” ability and suicide attempts have been found (see Shepherd 1991; Liebling 1992; Liebling and Krarup 1993; see also Livingstone 1994; Blud 1995). In two of the first such studies carried out in the United Kingdom, few differences emerged between suicide attempters and nonsuicide attempters in relation to criminal justice variables (Liebling 1992; Liebling and Krarup 1993). Suicide attempters were found to have slightly more previous convictions. They had spent less time at liberty between sentences, suggesting poorer coping in the community, and had slightly poorer future prospects. Family backgrounds were unstable for both groups of prisoners, but a higher level of family violence (particularly witnessed) and (psychiatric) pathology was reported by the suicide attempters (Liebling 1992; Liebling and Krarup 1993).

In relation to their backgrounds, suicide attempters were found to have fewer qualifications from school than comparison groups. This is particularly significant as few were able to read and write without difficulty. They were frequent truants (although only marginally more than comparison groups), and they were significantly more likely to have been involved in violence at school, including having been the victims of bullying. They were more likely to have been in local authority care, and this was slightly more likely to have been for family or behavioral problems than for offending behavior alone. They were more likely to have received psychiatric treatment, both in and out of hospital, and they were more likely to report major alcohol and drug problems. More of the suicide attempters had injured themselves before coming into custody; only a quarter had not injured themselves in

any way before their sentence. On a range of background characteristics, then, suicide attempters could be differentiated from comparison groups, using a dimensional approach.

Most of the differences between suicide attempters and others were found in relation to their accounts of the prison experience. Suicide attempters were more likely than comparison groups to have spent time in custody before trial and to be at their current establishment as the result of a transfer. They were more likely to prefer to share a cell rather than live in a single cell. A large group were averse to physical education, which was rare among comparison groups. Suicide attempters were slightly less likely to describe any of their fellow inmates as "friends"; and those they did describe as friends, they were more likely to have met in prison than outside, unlike their contemporaries, who were almost as likely to know people from outside. Suicide attempters described themselves as more isolated or alone in the prison, and they were far more likely to report difficulties with other inmates. They had more complaints about the disciplinary system, feeling it to be less fair, and—perhaps related to this—they were far more likely to have spent time in seclusion or protective custody (which may involve varying levels of isolation or association during the day), for a variety of reasons including both punishment and suicide risk. These differences have been confirmed by further studies investigating links between suicide attempts and the experience of prison (Livingstone 1994, 1997; Blud 1995). These findings relate clearly to coping styles and have important implications for treatment, research, and prevention.

The view of prisoners as either internal or external expressers of disturbance is not confirmed by research, as in both studies, more of the suicide attempters also had disciplinary problems within the institution. This finding has also been reported by Toch, Adams, and Grant (1989). More of the suicide attempters had been referred to a doctor since coming in on reception, and more had been referred to, or were currently seeing, a visiting psychiatrist. Far more of the suicide attempt group reported current problems, and these were more likely to be prison problems or a combination of inside and outside problems. Suicide attempters received fewer visits, wrote fewer letters, and missed specific people (family members or friends) more. They had slightly less contact from the probation service, fewer finding their contacts useful. They kept in touch with the outside slightly less and found it marginally harder to keep in touch with the world outside, preferring to forget it, even if in the end, they could not.

In a Swedish study, Bondeson showed that over 80 percent of inmates in all types of penal establishments reported feeling more irritable, more anxious, more depressed, and more apathetic in prison than they did outside (Bondeson 1989, p. 75). The prison experience may be differentially perceived, however. The level of significance of some of the differences between suicide attempters and comparison groups in relation to their experiences of imprisonment are important. Suicide attempters in the two studies carried out in the United Kingdom were more likely to spend the time in their cells doing nothing; fewer would (could) read or write, or do anything else (draw, make matchstick models, engage in other hobbies, etc.). On a constructed variable, "active" (i.e., could the prisoners actively or constructively occupy themselves while locked in their cells?), significantly fewer of the suicide attempters could do so to any extent (46 percent, compared with 90 percent of the comparison group; $p < .0001$; see Liebling 1991, 1992). This particular group of responses relating to how time is spent in cells has important implications for suicide prevention procedures. It is also important in relation to understanding of prisoner coping. Suicide attempters spent significantly more time in their cells and were far more likely to feel bored than were other prisoners. They got more bored as the sentence went on, could think of less ways of relieving this, and were more likely to do something negative or destructive as a result (Liebling 1992; Liebling and Krarup 1993).

More of the suicide attempters wanted to change something personal about themselves (e.g., give up drugs, reorganize their lives, "sort their heads out"; Liebling 1991, pp. 215–16); they were more likely to daydream, were less hopeful about their release, had far more problems sleeping at night, and predictably, were more likely to have had more serious thoughts of suicide during the sentence or to describe themselves as having attempted suicide (Liebling 1992). They were more likely to perceive others' attempts as serious. They reported having found the prison experience more difficult, were more likely to have found being "banged up" the main problem of imprisonment, and they scored higher on a hopelessness scale (Beck et al. 1974; Liebling 1992; Liebling and Krarup 1993).

The most significant point to emerge from the responses to questions about the experience of imprisonment was the consistency with which prison suicide attempters were (and felt) worse off than their fellow prisoners in terms of the availability and desirability of work, education, physical education, and other methods of occupation and

distraction. They did not see as many opportunities for themselves in prison, nor did they seem able to make constructive use of their time. The combination of practical constraints and their own lethargy left them helpless and resourceless in the face of hours of unfilled time. Suicide attempters appeared to be less able to occupy themselves when locked in their cells. They felt more bored, did less, ruminated on their problems, became more bored as the sentence went on, and yet spent more time in their cells. This is a “vulnerability factor” in prison research that has not been satisfactorily explored and yet which is clearly related to the concept of coping. If some prisoners cannot read or write, and spend so much time staring at four walls, the inability to relieve this prison pressure could contribute directly to the crossing of a threshold that otherwise may never have been reached. It is their inability to occupy themselves constructively, combined with enforced idleness (Home Office 1990), isolation, and forced contemplation, that increases their vulnerability to both impulsive acts of self-harm and suicidal thoughts.

The theoretical model toward which this analysis is moving provides an understanding of coping and vulnerability (see fig. 1). This specific type of vulnerability may precede many prisoner suicides. It may constitute part of a suicidal process, in which the prison situation plays a crucial role in exposing the lack of coping resources inmates have. Of equal relevance to policy and understanding are the immediate (precipitating) and background (distal) situational factors provoking such distress. Inactivity is a central variable in this context. Can analysis move toward a link between what is known about vulnerability to suicide, what is known about prison suicide, and the experience of prison?

B. Suicide, Prison, and “The Cry of Pain”

To understand the vulnerability to suicide is to understand the psychology of despair. (MALTSBERGER 1986, p. 1)

Suicide can be seen as having three main causes, which coincide: lack of strong social bonds and support, lack of meaning, and suffering (see, e.g., Maris 1981; Diekstra and Hawton 1987; Shneidman 1993). There has been a marked cross-national increase in suicide among young males in the general population, mainly from lower social classes (Kreitman, Carstairs, and Duffy 1991; Rutter and Smith 1995). Risk factors among young people include depression, conduct disorders,

and substance misuse. Explanations for suicide include the rising divorce rate and changes in family structure, geographical mobility (leading to lack of support, fragile relationships), unemployment, disempowerment, and decreased religious affiliation (e.g., Rutter and Smith 1995). These variables explain the lack of social bonds and the lack of meaning. Durkheim used the term “*anomie*” to describe social “detachment” or disintegration. The more strongly any individual is integrated into a social group (such as a close knit family or religious group), the less likely they are to commit suicide (Durkheim 1952). Researchers are relatively knowledgeable about the lack of social bonds and the lack of social meaning—incidentally, also thought to be responsible for much crime (see, e.g., Sampson and Laub 1993).

Less is known about suffering. There is evidence to suggest that some people can summon the resources to cope with adversity and that others have more limited access to such resources. Some individuals may fail to realize or be able to sustain the bonds that connect them to other people, even if those bonds are there. It is the combination of poor circumstances and few resources to sustain the individual that leads to suicide. Prisoners may as a group be especially vulnerable to suicide and to all the other risk factors that can lead to suicide, such as unemployment, family breakdown, poor relationships generally, abuse of drugs, and involvement in criminal justice. What is the—as yet almost unexplored—connection between the “known about” risk factors and the “less known about” experience of despair?

The risk factors associated with suicide in the community are highly prevalent among prisoners. Factors found to predict suicide and suicide attempts in the general population include previous suicide attempts; a diagnosis of personality disorder; alcohol misuse; previous psychiatric treatment; unemployment; low social class/economic status; drug abuse; a criminal record; violence; being single, widowed or divorced; being a white male; problems of affective control (anger, impulsivity); and suicide in the family (see, e.g., Maris 1981; Barraclough and Hughes 1987; Diekstra and Hawton 1987; Sainsbury 1988; Rutter and Smith 1995; Williams 1997). Studies of suicide attempts in the community have found that coping styles are significantly associated with suicide (Beck et al. 1979; Rotharum-Borus et al. 1990). Suicidal individuals report significantly fewer alternatives for solving problems, have negative attributional styles, engage in fewer activities, and ruminate more on problems than controls (see Rotharum-Borus et al. 1990).

Large groups among prisoner populations share those characteristics associated with increased suicide risk in the community: adverse life events, negative interpersonal relationships, experiences of violence and other forms of abuse, social and economic disadvantage, alcohol and drug addiction, early contact with criminal justice agencies, poor educational and employment history, low self-esteem, poor problem-solving ability, learned helplessness, and low motivational drive (see, e.g., Zamble and Porporino 1988; Walmsley, Howard, and White 1992; Liebling and Krarup 1993). Arguably, the prison population is carefully (but, of course, unintentionally) selected to be at risk of suicide. Two studies in the United Kingdom found that 17–18 percent of prisoners reported having thought about suicide while in custody (Liebling 1992; Liebling and Krarup 1993) (compared to 8.9 percent of the general population, according to other studies).

The impact of these features of a life history on the psychological circumstances and emotional state of the individual is rarely addressed. The situational aspects of suicide in prison (such as bullying, lack of activity, isolation, the breakdown of relationships, parole refusal, an unexpected sentence or change in location, etc.) may be crucial in the onset of suicidal thoughts for particular groups. What matters most is how these experiences are interpreted and experienced subjectively by the prisoner. The most common idea verbalized after a suicide attempt is “the situation was so unbearable, I had to do something and I didn’t know what else to do.”

What is it to experience the “unbearable”? Often there are multiple “motivations” that can include the above, as well as wanting to die, wanting to escape, wanting to get relief, communicating desperate feelings, and trying to change a situation. These are not mutually exclusive.

Williams argues in his study of suicide in the community that those suffering from personality disorders, or those attracting diagnoses of borderline personality disorders, may be especially at risk of suicide (see Williams 1997; see also Adler and Buie 1979). As argued earlier, a disproportionate number of prisoner suicides are found to have diagnoses of personality disorder and borderline personality disorder. Borderline patients suffer from affective instability; that is, they may feel “at the mercy” of powerful feelings. They tend to have a history of self-damaging acts and damaging relationships, chronic feelings of emptiness and boredom, intolerance of being alone, and they may have brief dissociative episodes, often associated with flashbacks of physical

or sexual abuse (Williams 1997). Evidence shows that between 4 and 10 percent will eventually kill themselves, although up to half may attempt suicide at some stage in their lives.

The sort of suffering reported by those who go on to kill themselves, or who have made determined attempts, involves feelings of uncontrollability, helplessness, and powerlessness (Abramson, Seligman, and Teasdale 1978; Beck 1979; Seligman 1992). This is one reason why changing circumstances (even a change in location) in prison can be so devastating. These feelings—of upset mood, anger, anxiety, and confusion—occur against a background condition of low self-esteem or a feeling that one is not deserving of care; problems in integrating with others and in achieving a sense of fulfillment from life. Williams argues that the pain of these acute feelings when they occur are like the expressed pain of an animal caught in a trap. The animal lets out a squeal—the squeal is a cry of pain; it communicates the pain; it represents an attempt to escape from the snare, but it is primarily an expression of pain and fear (Williams 1997).

Williams has found that those at risk of suicide are vulnerable to acute sensations of pain and despair for particular reasons. Suicide attempters appear to attribute problems in their lives to global and stable causes; that is, they are pessimistic about themselves and their capacity to make life or their relationships better (Williams 1997). This is consistent with a theory of learned helplessness, or external locus of control, where reactions to stressors may be especially negative (see Rotharum-Borus et al. 1990). Their main problems in living are interpersonal as a result of underlying emotional and cognitive maps (Beck 1979).

Locus of control theory (a version of social learning theory), first fully developed by Rotter (1966), asserts that individuals differ along a continuum as regards the perceived influence of “their own actions . . . in maximizing good outcomes and minimizing bad outcomes” (Baron and Byrne 1991, p. 511). Some believe that their own actions can play a very large part in shaping outcomes: these individuals are said to have an internal locus of control. At the other extreme, others believe that what happens to them depends very largely on luck, fate, and other uncontrollable features of the external environment: these individuals are said to have an external locus of control. There is consistent empirical support in the research literature for the contention that “working class” individuals (those with low socioeconomic status) and those with low educational attainment are more likely to have an external locus of

control (see Baron and Byrne 1991; Jack 1992; see also Brown and Harris 1978; Monat and Lazarus 1991; Seligman 1992; Williams 1997). Those with high internal locus of control will “prepare for mastery,” seeking information, learning, and using information once it is acquired, using feedback and exerting greater control and effort in their activities. Those with low internal control (but high external control) may trust the environment less, expect little success, and use information less “strategically” in their own favor. This is highly significant in relation to other areas of prison life (such as response to punishments, privileges, and rewards; see Liebling et al. 1997), but for purposes of this article, it is the relationship between perceptions of control and the experience of despair that are of most interest.

Williams found that people who have made suicide attempts are more passive and less active in their problem solving; they show more avoidance; they judge their problems more negatively than others might; and importantly, when asked to retrieve memories of events from their past, they tend to remember their past negatively and in a summarized, overgeneral way (Rotharum-Borus et al. 1990; Williams 1997). They think far less into the future, and what little thinking about the future is engaged in is lacking in positive events. Highly hopeless people tend to lack short-term routines, as well as long-term plans and goals. Their emotions and lives are experienced as chaotic and full of anguish. This is highly significant in prison, where routine takes on a special significance (see Sparks, Bottoms, and Hay 1996; and below).

Their relationships with the world—especially with significant others or those who come to represent significant others—tend to degenerate into hostility, demandingness, and conflict, or eventually, into apathy. They are poor regulators of emotion, and they experience instability, impulsivity, and anger to intolerable degrees (Williams 1997). They are prone to perceive abandonment and rejection even where it does not exist and to react as though any experienced abandonment were already complete at its first sign. Their behavior toward others may range from clinging to rejecting in a moment (Williams 1997, pp. 91–99; see also Adler and Buie 1979). Feelings of distress, aloneness, and rage, and of wanting to punish others for abandoning them are common. These feelings are usually linked to earlier experiences of loss and abandonment, when the vulnerability and aloneness were real and were experienced as literally life threatening. If individuals’ self-perception is of low status, of being a failure, being “re-

jectable,” they may “invent for themselves a punitive environment” (Williams 1997, p. 149). Many “disruptive” prisoners match this profile (see, e.g., Toch, Adams, and Grant 1989). Such feelings of worthlessness, uselessness, inferiority, and powerlessness can lie behind lack of interest in engaging in activities or social relationships—the psychological “anomie” of feeling isolated and excluded, different, and unworthy (Rotharum-Borus et al. 1990; Williams 1997).

This insight can be applied to the question of coping with the prison experience. Prison is a “critical situation” (Bettleheim 1960; Giddens 1984), a radical shattering of continuity and routine—both integral to the survival of the personality (Giddens 1984, pp. 60–61).⁵ Prison disrupts accustomed forms of life, sweeping away an already fragile sense of trust, tearing apart families and friends, requiring a kind of psychological distancing from oneself that is in itself damaging. Prison has been described as a dislocation, shown to have similarities with those overwhelming dislocations experienced by victims of disaster or trauma, leading to severe problems of relatedness and identity (Grounds 1996).⁶ Such trauma produces intense fear and helplessness, sometimes overwhelming an individual’s psychological coping mechanisms.⁷ Traumatic experiences seem incomprehensible, shattering one’s assumptions about the world; they can rupture attachments to others and can leave individuals with a constant sense of threat. It has been shown that widely different kinds of trauma can produce a similar set of clinical symptoms, including severe difficulties in forming—or reforming—relationships. The key to traumatic experiences seems to be that they are uncontrollable, incomprehensible, and intense; control over one’s fate is swept away. It is this question of control, wielded by an unpredictable and external “other” or “others,” that seems to do damage.

⁵ Bettleheim describes the conscious efforts made by concentration camp survivors “not to observe” or “not to know” in situations where survival depended on such “not knowing” (see Sutton 1995, pp. 147–49). Survivors of other forms of trauma (e.g., sexual abuse) describe the same mechanism, although the “not knowing” process might be unconscious, a natural ego defense mechanism against unbearable attacks. Both processes have damaging consequences for future psychological health, leading to feelings of unreality and depression.

⁶ “We find ourselves in an extreme situation when we are suddenly catapulted into a set of conditions where our old adaptive mechanisms and values do not apply any more and when some of them may even endanger the life they were meant to protect” (Sutton 1995, p. 153; see also Bettleheim 1979).

⁷ Again, while this account may have a particular relevance to first-time prisoners, it would be premature to assume that repeat prisoners are not also vulnerable to these experiences. The suicide figures would suggest that rapid reconviction and repeat imprisonment do increase vulnerability (Liebling 1992).

Control in prison can be at once strictly routinized and erratic. The unpredictability of life in prison, under the deceptive aura of apparent (but highly selective) predictability, is one of its most acute pains. Prisoners prefer order, consistency, and predictability to instability and change. Perhaps this is some beginning of an explanation for the deeply felt need for order, justice, and consistency reported by prisoners (see, e.g., Ahmad 1995; Sparks, Bottoms, and Hay 1996). Prisoners respond extremely negatively to sudden or unexplained changes to routines and rules. Giddens describes a state of “ontological insecurity,” where the future is impossible to plan, and all tasks seem senseless.⁸ Prisoners’ accounts of radical changes in policy (e.g., swiftly introduced new restrictions on temporary release in the United Kingdom), the changing of parole eligibility, the experience of sudden transfers, and the discretion invested in staff, have analogies with these accounts. Prisoners describe separation from families as one of the greatest sources of distress. This is a clearly identifiable and powerful source of pain. Another less clearly documented and articulated source of distress is the loss of the capacity to act, the loss of self brought about by regulation and discipline, the “afflictive control” exerted in order to reform (Gallo and Ruggiero 1991). As discussed above, Sykes and others did describe precisely this aspect of the prison experience. The subjective significance of routine and unpredictability—and the extreme but dual nature of the reality of prison (certainty and uncertainty, routine and disruption, control and chaos)—has not received serious criminological attention since. Again, survivors of concentration camp experiences say that “only prisoners who managed to maintain some small sphere of control in their daily lives, which they still regarded as their ‘own,’ were able to survive” (Giddens 1984, p. 63).

It is significant that research has shown that those prisoners who find themselves able to exert control over their lives in prison are more likely to recover from suicidal feelings (Dexter 1993). Some prisoners forgo the possibility of obtaining parole because the experience of permitting unpredictable choices to be made about one’s life is intolerable (i.e., they cannot face submitting themselves to the uncertainty of the selection process). It is especially intolerable if life has exposed them to such threatening experiences before.

⁸ Bettelheim, who shared Giddens’s concern for order and freedom from arbitrary power, was writing about concentration camps. Giddens was drawing on Bettelheim in

In order to survive, and to address the unbearable anxiety experienced at such a loss of control, prisoners sometimes forgo their orientation to the outside world and turn inward, reconstituting themselves as agents by integrating themselves deeply into prison life, participating in its rituals, and chastising the staff for not following the rules (Mathiesen 1965). Psychological survival may require such adaptation. Is it so surprising that prisoners begin to exert control over each other and that those over whom random violence and control is exerted find the experience catastrophic? Surviving prison requires a form of self-regulation (see Garland 1997)—a certain amount of distress is caused by “the effort to keep distress itself under control” (Gallo and Ruggiero 1991, p. 280). Gallo and Ruggiero described custody as “a factory for the manufacture of handicaps,” a world of “de-communication” and aggression (1991, p. 283). Prisoners live in a constant state of anxiety, fearing violence or deterioration (Cohen and Taylor 1972), or more discipline. Why did Foucault, Giddens, and others never apply their theoretical ideas to observational study of the inner life of prisons? A rigorous research agenda must operationalize both quantifiable regime characteristics and these subjective feelings of distress and powerlessness, and should aim to consider attempts made by prisoners to manage their emotions (see, e.g., Roger 1997).

The topics of suicide and suicide attempts are not unusual subjects for discussion among prisoners. There exist a series of explanations for and opinions about these activities that all inmates share. A language (argot) is perceptible: he’s slashed up, she’s “cut-up” again, he’s got “tram-lines,” they “topped themselves.” More suicide attempters see self-inflicted injuries by other prisoners as “serious,” suggesting that the generally hostile and negative attitudes toward suicide attempters found among prisoners and some staff mask empathetic feelings among “those who know” (Liebling 1992).

Most of the existing studies of suicides in prison have failed to answer the question, why do prisoners commit suicide? Many did not pose the question in this way but restricted their studies to the establishment of risk profiles. Any satisfactory model needs to address individual and situational factors, interactions between these variables and the meanings attributed to environments and to actions taken. If asked,

his more general theory of the significance of routine, predictability, and structure for identity and social life (see Giddens 1984, 1991).

those who attempt suicide in prison say “they do it because it’s too much pressure on them, it gets to them and that, they’re sick of being locked up, and they’re sick of taking orders, and they’re sick of no-one caring. . . . It does your head in, doesn’t it? Completely” (suicide attempter).

When asked about specific triggers or events that might have provoked their attempts or injuries, almost a third of suicide attempters (30 percent) said there had been some problem with other inmates before the incident: threats, bullying, teasing, or arguments (Liebling 1992). Prison pressures were most often chosen from a list of alternative problems that might have precipitated the suicide attempt. Twenty-two percent of prison suicide attempters said they had recently received a long or unexpected sentence; a quarter had recently been punished or segregated; 12 percent had received (or were expecting) a “Dear John” letter; 8 percent had either been transferred or moved from one location in the prison to another; and 4 percent had received a parole refusal (Liebling 1992). The attempts or thoughts were usually brought about by identifiable problems. Ten percent of suicide attempters said that the major motivation was an outside problem, usually to do with family or girlfriend/boyfriend. Almost a third said it was a prison problem (Liebling 1992; see also Backett 1987; Dooley 1990a): “Being padded up on my own, it was a bit hard, I felt depressed and all that, there was no-one there to talk to, and I was scared, I just didn’t want to be on my own.”

Over half mentioned motivations that were a combination of problems inside and outside of prison: “I just couldn’t do any more time in prison, and I didn’t know if my girlfriend would visit on Saturday, and . . . you know, I’d just had it.”

Many of their own explanations for the suicide attempt differed from those found in their prison records. It was not unusual for prisoners to express feelings during the interview of having been under pressure to “tell the doctor what he wanted to know”: (“I had to say that, you know? It’s what they want you to say . . . I couldn’t answer their questions . . . I didn’t know what to say.”). Prison suicide notes expressed anger and resignation, and were concerned with lack of contact and concern. The most frequent sentiment indicated was “I’ve had enough.”

When prisoners are asked, in the context of a long, semistructured interview, “Would you say, then, that you had ever had serious thoughts of suicide on this sentence, and if so why?” their responses

are often fluent: "It was everything—my brother's death, the sentence, my family, worrying if everything was going to be all right, prison—it was everything—even being in prison. . . . Loneliness . . . it's a very lonely place. . . . You just feel that there's no hope, when you're banged up just looking at four walls. . . . It was the sentence . . . how long it was, feeling down."

Many mention isolation, not being able to turn to anyone, not feeling like anyone cares: "People just haven't got time for me." "Did you tell anyone?" "I thought the screws or probation might laugh at me." "No-one will talk to you, it's mad, it was doing my head in. No-one asked me about it—they did ask me why I'd done it, I didn't want to say aught because, you know, I didn't want to tell them the reasons because I knew they'd just shove me back in the strip cells."

The precise reasons can be varied; sometimes they are specific, and sometimes they seem impossible to define: "I don't know . . . I was just fed up at the time, just a build up of things. I didn't think, I just did it."

The feelings expressed, however, are common: "I just felt so helpless. . . . I just felt that there was nothing. . . . There was no-one to talk to."

The prison suicide attempter is vulnerable in many respects. He or she is "a lonely child without friends and without firm ties" (Rood de boer 1978) who does not feel safe or loved (Bowlby 1965; Diekstra 1987). Difficulties in communication and isolation expose this resourcelessness. In prison, this vulnerability is crucial.

The trigger for a suicide attempt in prison might consist of something that, in the eyes of staff (and in the eyes of many) appears relatively trivial: a threat by other inmates, a bad letter, a visit that does not materialize, too much time alone, a sleepless night. But the context for this precipitant is an emotional state of despair. The threshold at which prison-induced distress becomes unbearable varies according to the vulnerability (or the coping ability) of the prisoner, as shown in figure 1. As argued above, the pains of imprisonment may vary according to the inmate's situation as well as his or her resources (see also Toch 1975).

Prisoners attempting suicide in custody share certain characteristics that distinguish them to some extent from the rest of the inmate population. These characteristics are shared by only a proportion of those who attempt suicide, and they may also be shared by many prisoners who do not (Liebling 1992). A profile of the vulnerable inmate can be constructed: this profile should not be regarded as a predictive tool,

but as an aid to understanding. (There is a widely held assumption explicit in prison suicide prevention procedures that suicides can be predicted and action taken to avert them. This assumption is of crucial importance at inquests and may influence the verdict. The extent to which individual suicides are in fact predictable remains a complex and confused issue. Prison staff tend to assume that “genuine” suicides will never be predicted. Both assumptions are flawed. It is likely that certain types of suicide are more predictable and preventable than others.) The lack of coping resources and ability provides a useful way of conceptualizing these findings (see the appendix).

This is a very particular form of poor coping. There are other ways not to cope in prison (including being aggressive or disruptive), although these are not mutually exclusive. It is the resourcelessness and emptiness of their lives that distinguishes those vulnerable to suicide from those less vulnerable: the degree of deprivation and the scale of their problems. They show a “psychological anomie.” Unable to help themselves, and receiving little support from elsewhere, their actions are desperate expressions of unhappiness (Rood de Boer 1978). The suicide attempt, and all that comes before it, is a declaration of bankruptcy, of “psychic collapse and hopelessness or impotence” (Diekstra and Hawton 1987, p. 44; see also Toch, Adams, and Grant 1989). The “cognitive triad” of self, the future, and the environment are all negative (Beck 1979, pp. 11–12). The contribution of isolation in stripped conditions, the boredom and inactivity of a stagnant regime, the removal from sources of support, and the exposure to uncertainty and constraint cannot lead to the reconstruction of the self, the future, or this environment (Liebling 1992).

C. Toward a Theory of Prison Suicide

Most of the available studies fail to incorporate, develop, or test a theoretical model of prisoner suicide. Two notable exceptions are the study by Hatty and Walker (1986) and the study by Kennedy (1984). Hatty and Walker suggest that the “importation” and “deprivation” theses have implicitly organized studies of the causes of prison suicide (Hatty and Walker 1986; see also Clemmer [1940], Sykes [1958], Sykes and Messinger [1960] on the “deprivation thesis,” and Irwin [1970] and Jacobs [1977] on “importation”). The deprivation model assumes that prisons are total institutions and that its social life arises from its deprivations. The importation model argues that the walls are more

permeable and that its social life is “imported” via the characteristics of its inmates. They conclude that insufficient data exist to validate either approach but argue that some integration of the two approaches is necessary (e.g., Thomas and Petersen 1977). Kennedy argued that the concept of “prisonization” could be applied to those suicides occurring early in custody (Kennedy 1984; see also Clemmer 1940). The elevated levels of anxiety and depression associated with the transition from street to jail may be especially likely to precipitate suicide. Once the prisoner adjusts, this “transition trauma” diminishes. Anxiety levels may increase again toward the end of a sentence, although levels of depression may be slightly lower. Both applications of sociological ideas to the prison suicide problem raise interesting possibilities, but neither approach incorporates the “duality” of agency and structure necessary to explanation (Giddens 1984): the prisoners’ subjectivity is missing.

There are clearly difficulties in developing a satisfactory theoretical model of suicide in prison. Such a model would need to take account of the structural context in which prison populations are produced, the structural environments of prisons, and the lived experiences of the prisoner. A general theory of prison suicide should (at least) be formulated that is capable of addressing individual, situational, and “interactive” dimensions of the problem. Identifying and understanding vulnerability, and then returning to the prison experience and showing how vulnerable prisoners may be “tested” by such an environment takes one further than concepts like “prisonization” on their own. Research reviewed in this essay shows that vulnerable groups of prisoners have different experiences and perceive their situation differently, often finding themselves worse off than others in terms of their contacts with outside and many aspects of their daily life inside.

The studies of coping and prisoner suicide already referred to have attempted to generate a theoretical model of vulnerability to suicide (see Liebling 1992; Liebling and Krarup 1993). This model is further developed here (see fig. 1). Suicidal behavior and intent may each be viewed as a continuum along which the vulnerable may quickly progress (O’Mahony 1990). Self-injury, once accomplished, increases the risk of suicide by a factor of between ten and one hundred (Kreitman 1988; Pallis 1988). Inquiring into the reasons for self-injury (particularly where the stated intention is suicide) is a valid route toward understanding the pathway to suicide. Looking at the overlap between

these traditionally distinct concepts provides a clearer understanding of suicide risk than looking at either behavior alone or at the distinctions between them.

Contributory factors may include the disruption of relationships, lack of communication and support, bullying, threats, fear and violence, uncertainty, isolation, boredom, "enforced idleness," insomnia, and the prospect of a long or meaningless sentence devoid of future hopes or plans.

Inmates who do nothing during the day, or sleep through hours of inactivity, become restless and anxious at night. Common feelings of hopelessness, helplessness, loneliness, isolation, depression, and boredom are expressed by those who come close to the suicidal act. Many unseen features of the prison experience have a direct bearing on the buildup of suicidal feelings. For prisoners with fewer coping resources, aspects of the prison situation may be particularly important. Younger prisoner suicides may be less likely to resemble suicides in the community and are even less likely to show evidence of psychiatric illness than other prison suicides. The role of imitation, boredom, and bullying may be of particular concern in young offender institutions and remand centers or wings (Lester and Danto 1993). It may also be that the threshold at which suicide is reached is lowered by the presence of others who make suicide attempts. Prison pressures for younger offenders may include physical, economic, and psychological victimization (cf. Bowker 1980). With no escape route, legitimate or illegitimate, suicide becomes an alternative to distress. The impulsivity of young prisoner suicide attempts may persuade staff that they are not "serious and genuine" attempts. Such an assumption is wrong. The most common motivation for suicide attempts is a mixture of escape and communication. As Hawton and Catalan found in their study of suicide attempts among adolescents, what is being communicated is the declaration that "things got so unbearable, I didn't know what else to do" (Hawton and Catalan 1987, p. 44). Those who are most at risk are those who cannot generate their own solutions to problems. This is what it means to be "vulnerable to suicide."

It is the combined effects of feelings of hopelessness, their histories, their current situation, and the fact that they cannot generate solutions to that situation or find others to help them generate solutions that propel prisoners toward suicide. Situational triggers or provoking agents may be decisive in a suicide attempt at different thresholds, de-

pending on both the prisoner's vulnerability, and the level of stress he or she experiences. These situations include inactivity, lack of or dwindling contact and support from outside, pressures from other inmates, and lack of support in prison. Different sets of circumstances can produce many outcomes. Those inmates who are most vulnerable often find themselves subject to the worst stresses in prison. They are more likely to be isolated, to be without activity, and to be without contact from home. Those inmates who are least resourceful are exposed to the most severe provoking agents. These constellations of variables are interacting: poor family support may act as a predisposing factor, rendering the inmate vulnerable to feelings of anxiety and low self-esteem; it may also provide a situational stress, as promised visits fail to materialize. Likewise, fear may act as a prison-induced stress (Adler 1994), increasing at particular times, perhaps ultimately providing the final catalyst to suicidal action once a particular threshold is reached. The ability to cope with imprisonment varies between inmates and is amenable to simple investigation by prison officers.

The above account calls into question any conception of prisoner suicide as an exclusively or predominantly psychiatric problem. A move away from the medical model of the earliest studies has been reflected in more recent prevention programs (see, e.g., Prison Service 1994). Suicide in prison is—at least in part—a problem of coping and of psychological distress. The main solution currently offered by medical resources for being unable to cope is the option of temporary sanctuary in a hospital. Nonmedical solutions must be part of any effective suicide prevention strategy.

Figure 2 shows how different groups of prisoners, at different stages of custody, may enter “the pathway to suicide” in different ways or at different places. A differentiated model of suicide, which can distinguish between, for example, jail populations and prison/sentenced populations, has the potential to radically improve our understanding. Links can be drawn between what is known about suicide and suicide attempts among these different groups and other studies of prison life and prisoner populations. In a study of suicide attempts in sixteen prison establishments in England and Wales (Liebling and Krarup 1993), different types of suicidal pathways were identified. These prisoners' suicide attempts seemed to be related to slightly different features of their personal histories and prison experience, such as prisoners in pretrial confinement, long-termers, the young, first-timers, and

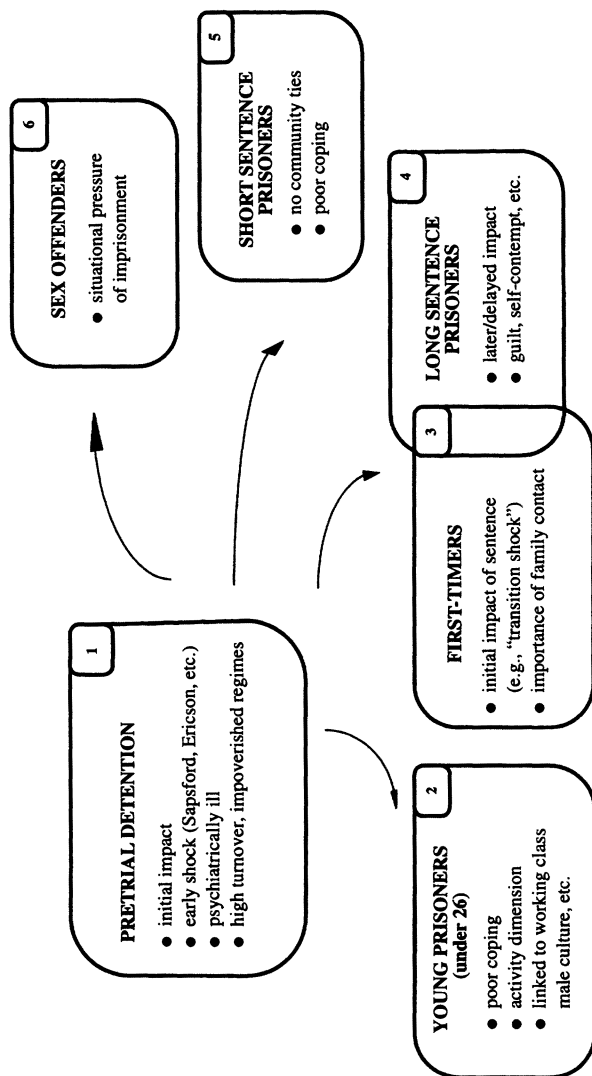


Fig. 2.—A differentiated model of prison suicide vulnerability

those on Rule 43 (administrative segregation for their own protection). Figure 2 illustrates the main distinctions between these groups (which may overlap; for more detail, see Liebling and Krarup [1993]). What the figure shows is that the nature (and degree) of suicide risk in different establishments may vary according to the populations concerned. These distinctions are generalizations only and may serve as guides to risk management rather than “predictors.”

As seen in the diagram, pretrial detainees may be especially at risk, particularly in the very early stages of their time in custody (i.e., within the first seven days). This is in part because that population contains all the most vulnerable groups (the young, first-timers, the psychiatrically ill, etc.) at a highly stressful time, under difficult circumstances, when the uncertainties of charge, conviction, sentence, family contact, and allocation are at their greatest, and when feelings of guilt and shame may be acute. “Family problems” can be especially distressing at this stage, and at-risk prisoners in jail expressed having problems with other prisoners and not knowing how to get problems solved. For young prisoners under the age of twenty-six, it is the prison situation that is particularly important. Compared to older prisoners at risk of suicide, younger prisoners are less likely to be suffering from psychiatric illnesses or from problems relating to shame and guilt. They may be unable to cope with the prison environment, often having problem histories (such as violence at home, sexual abuse, being bullied at school, etc.). They may be especially dependent on activity, structure, and contact with family, staff, and others (i.e., “sustaining external resources”), and may be especially prone to boredom and/or bullying. Their need for support is marked, and their reactions to distress may be impulsive. First-timers expressed severe difficulties in dealing with custody (many reported having been devastated by receiving a sentence). Among the first-timers, those who attempted suicide were significantly younger and had fewer previous convictions than their peers (Liebling and Krarup 1993). Their relative youth and inexperience meant that they were particularly dependent on (and therefore vulnerable to) outside contacts. Suicide attempts were more likely to occur at the weekends (e.g., after visits). Short-term prisoners at risk of suicide showed distinct problems relating to lack of community ties and release plans. This group was most likely to have received news of separation or divorce, had few plans for employment or accommodation, and had few family ties. Among long-term prisoners, suicide attempters were significantly more concerned about losing contact with their

families. They were more likely to be receiving treatment for depression, and they regarded staff as less helpful than their peers did. Suicide attempts occurred much longer after arrival than among other groups, and they had often been planned over long periods. Clearly, the sex-offender population is a highly vulnerable population, their protected status reflecting the particular pressures of the prison environment for this group. The suicide attempters in this group had the most troubled histories and were most likely to have injured themselves before. They were most likely to report difficulties with staff and other prisoners.

What this account suggests is that exploring accounts of suicide and suicide attempts in prison can aid in understanding how the prison environment can be experienced as traumatic and overwhelming for many, with those who die by suicide existing at the extreme end of a “continuum” of intolerable affect. To recap:

1. Those who are vulnerable have specific vulnerabilities while in the community. They have few external and personal resources.
2. These deficits then lead to poor general adjustment in prison; particularly to quasi-depressive features of apathy, inactivity, sleeplessness, rumination, and so on.
3. The prison experience generates an extraordinary set of special pressures and traumas for this population. The vulnerable are much less well situated to cope with these pressures, and they may be exposed to greater pressures because they are least likely to “glean” jobs and courses, they may become the targets of others’ aggression, and so on.

This account shows how apparently mundane (or routine) features of the prison world can make huge demands on limited “coping” resources.

III. Implications for Policy

This section considers implications of the above account of coping and vulnerability to suicide for policy, in particular, for the concept of risk identification and management, which has limitations. It looks at prevention strategies aimed at the reduction of suicides in prison, arguing that carefully focused training can improve knowledge and attitudes, and that clearer understanding of the nature of the prison experience should be emphasized.

A. Risk Identification

There are two problems with the “risk identification” approach to suicide. One is practical—few improvements have been achieved in the

identification of those at risk of suicide (Topp 1979; Dooley 1990a; Crighton and Towl 1997). The numbers of "false negatives" (prisoners at risk who are not identified) and "false positives" (inmates wrongly thought to be at risk) are unacceptably high. The distinction drawn in Section III between understanding and prediction is important here. There are major unpleasant consequences of being falsely identified, both for the individual and the institution, particularly when risk identification (and not risk reduction) forms the main strategic approach to suicide prevention. The problems of small numbers pose difficulties in any risk assessment. Suicide is a classic example of this general problem. Figures 1 and 2 show how complex the pathway to suicide can be. Inmates can enter and leave it at any point and as a result of vulnerability, prison-induced distress, or situational triggers, to very different degrees. Suicide risk is not a fixed characteristic of the individual. The second problem is theoretical and explains some of the difficulties with the first: this is an era of risk and risk management (e.g., Beck 1992; Sparks 1997). There are limitations to its usefulness and dangers in many of its assumptions. The "risk society" is a way of thinking; risk is linked to fear and blame (Douglas 1992); risk calculations assume predictable (rational) human behavior; they are always based on insufficient information (Sparks 1997). A risk strategy can result in defensive behavior by staff: it is a defensive strategy. The benefits of a "risk climate," however, are that institutions are persuaded to become reflexive, self-critical, and responsive, and to develop systematic ways of dealing with perceived risk. This can be an effective spur to improved practices.

It is possible, based on the review of research summarized here, to begin to formulate a new conception of suicide risk that may be seen as complementary to the traditional profile approach to prevention. The conventional profile suffers from several limitations; the most important of which is its failure to identify individual inmates who may go on to make a suicide attempt. Based as it is on limited statistical probabilities, many of those inmates who are especially vulnerable to suicidal thoughts in prison will not be identified by its narrow parameters. Nor will these "typical characteristics" necessarily distinguish individuals at high risk of suicide from the rest of the prison population, many of whom share those characteristics found to be associated with suicide on the outside. It has been argued in several studies that the prison population is a particularly "suicide-prone" group. This is a result of inmates' propensity to show those risk characteristics associated with

suicide outside, and because of the poor coping skills and the limited future prospects shown by many prisoners. The evidence for this can be seen throughout in their lack of any constructive use made of either idle or occupied time. Opportunities are missed, nothing is planned, and consequently, the sentence is lived in the present. For most inmates, prison serves no purpose and provides no support.

A better understanding of risk should be based on the notion of vulnerability to suicide. Staff with current training in the identification of risk see it as a specialist skill that they learn to carry out as a separate and distinct part of their work. This rather limited and unsuccessful notion of risk identification should be rethought: Inmates can and will participate in their own risk assessment; they may indicate their own vulnerability, admit their current problems, and even attempt to avoid some of the stresses leading to suicidal feelings in custody. Suicide risk may be reframed in terms of inmates' coping ability; it is indicated in indirect ways by evidence of poor coping in other areas of prison life. In order to assess this ability, or its absence, staff should be engaged in the process of listening and communicating. The questions, "What do you do when you're locked in your cell?" and, "What sort of plans do you have for when you get out?" may be better questions and may be more accurately answered than, "Are you feeling suicidal"? These are the sort of questions that personal officers (or other prison officers) could pursue, without having to concern themselves exclusively with the question of suicide. The proportion of suicide attempters who disliked physical education in my study (Liebling 1992), for example, may have been expressing difficulties with other inmates or an inability to achieve the level of activity expected of other inmates. An attitude toward an everyday prison feature may indicate other important feelings. Prison officers could be encouraged to make these sorts of inquiries as part of their general welfare role, taking an interest in all inmates without concentrating exclusively on the suicidal. As part of a series of related questions, officers could look for signs and symptoms at least, of stress, or an inability to cope.

Lack of contacts with outside, or lack of interest in the outside world, are already well-established indicators of risk. Visits and contacts are evidently an important area for inmates, whether they are receiving them or not. Lack of socialization within the prison may be another indicator of risk, particularly if the inmate has few friends inside, spends a lot of time on his own, has difficulties with other in-

mates, or knows few other inmates from his own area. Importantly, inmates who present disciplinary problems to the staff cannot be assumed to be (just) manipulative, or obvious troublemakers (Toch, Adams, and Grant 1989). Their disciplinary problems may be another feature of the difficulties they are experiencing in coping with prison.

The essential difference between the concepts of “risk” and “vulnerability” are, then, that risk is probabilistic and static; it is based on factors external to the prisoners (e.g., previous history), and it neglects regime features. Vulnerability, on the contrary, has to include the prisoner’s subjective (and affective) state; it is dynamic, and it incorporates a regime dimension. It makes clear that the process of identifying vulnerability is not enough. The assessment of vulnerability poses a question: what then to do with the vulnerable prisoner, or the poorest copers. Identification does not comprise a solution in itself, just as isolation in stripped conditions fails to address the problem of suicidal feelings. At present, at worst, inmates at risk of suicide are moved between health care centers and wings, or between different prisons, with neither doctors nor prison officers feeling that the problem belongs in their hands. The practical implications of this state of affairs have been seen in lack of care verdicts returned by inquest juries. A view of suicide risk as either present or absent, as either the psychiatrist’s problem or “one for the discipline staff,” is inadequate. A paper by Towl and Hudson on risk assessment and management begins with a useful warning about dividing populations into “at risk” and “not at risk” when serious errors can be made and suicide risk can fluctuate along a continuum. “Risk has a dynamic quality” (Towl and Hudson 1997, p. 61). Maltsberger argues that the search for prediction should be replaced by a search for “alertness” to the danger of the possibility of suicide (1986). Given the difficulties of risk identification, proactive management approaches and regime-level improvements should form part of any comprehensive suicide awareness strategy. It is to these sorts of preventive measures that this section now turns.

B. Preventive Measures

Recent research by Cutler, Bailey, and Dexter, on evaluating suicide awareness training for prison staff demonstrated that carefully focused training can improve both knowledge and attitudes among both uniformed and nonuniformed staff (1997). It is also clear from research

on situational prevention that constraints and opportunities matter (Clarke and Lester 1989).

Policy on suicide prevention in prisons in the United Kingdom has until recently been informed largely by studies of those risk factors found to be associated with suicide risk on the outside (such as previous psychiatric treatment, depression, alcohol abuse, and social isolation). In prison, many of these characteristics are exhibited by a large proportion of the inmate population, thus detracting from the relevance of such factors in providing an indication of suicide risk. There may be other important factors in the prison situation, for particular groups of prisoners, and as argued above, a different conception of risk is required. Considerable progress has been made in the United Kingdom and elsewhere in developing suicide prevention strategies, improving training, and developing multidisciplinary teams with responsibility for the implementation and review of policy for prisoners at risk of suicide (Office of Corrections Resource Centre 1988; Basedow 1990; Northern Ireland Prison Service 1990; Biles and MacDonald 1992; Prison Service 1992*a*, 1992*b*, 1994; Scottish Prison Service 1992; see also Hayes 1994; Rowan 1994) in response to increasing suicide rates in prison. Research commissioned by the Home Office and the Scottish Office in the United Kingdom (Dooley 1990*a*, 1990*b*; Lloyd 1990; Liebling 1992; Liebling and Krarup 1993; Gunn 1995; Biggam and Power 1997), several significant reviews of current procedures (Scottish Home and Health Department 1985; Backett 1987; Home Office 1990; O'Mahony 1990), and several other jurisdictions (Hatty and Walker 1986; Green et al. 1993) together confirm a growing awareness of the potential impact of prison regimes, staff training, and carefully planned suicide prevention procedures on minimizing the likelihood of suicide (Hopes and Shaull 1986; Cox et al. 1987; Ramsay, Tanney, and Searle 1987; Backett 1988; Bagshaw 1988; Rowan 1994). Thorough induction procedures based on alertness to vulnerability are helpful (see Blud 1995), provided support is on offer for those identified as "at risk." Staff require clear guidance, workable instructions, and support in order to deal effectively with suicidal prisoners. Clearer understanding of the nature of the prison experience, the vulnerability of the prison population, and the importance of diversity should be emphasized. In the event of a completed suicide, adequate postincident support, prompt communication with families, and confident preparation for inquests can minimize the damage done to staff and prisoner mo-

rale, thus reducing the likelihood of further suicides in establishments (see Langlay and Bayatti 1984; Liebling 1992; Prison Service 1994; Ward and Coles 1994).

Distinctions should be drawn between sentenced prisoners and those in pretrial detention, whose populations may be distinct in their levels of psychiatric morbidity in addition to the crucial difference between the population in the stage of custody that they experience. The adult male remand population has a high prevalence of psychiatric disorder, including schizophrenia, alcoholism, depression, and other problems that are related to suicide (Gunn, Maden, and Swinton 1991). Many may be in prison for the preparation of medical reports for the courts because of suspected psychiatric disturbance. The sentenced population, however, shows relatively low levels of depressive illness and schizophrenia—conditions known to be associated with increased suicide risk—while problems such as drug abuse, personality disorder, and sexual disorders are high (Gunn, Maden, and Swinton 1991). Psychiatric explanations may contribute to the suicide figures among remand prisoners to a greater degree than among the sentenced population. A psychiatric assessment may be more relevant for remand prisoners thought to be at risk of suicide than for sentenced prisoners showing evidence of psychological distress rather than psychiatric illness. General health screening may be more appropriate for sentenced prisoners.

It may be that distinctions should be drawn between short- and long-sentence prisoners, and between young prisoners and adults, in the formulation of suicide prevention policies. Procedures that stress interaction and support should supplement identification and assessment systems that prevent by physical restraint. In addition to pre-release courses, inmates should be offered coping-skills courses that address pretrial, sentence, and postrelease survival. Legitimate alternatives to self-injury should be provided and made obvious to inmates experiencing difficulties. Under no circumstances should the response to a suicide attempt be punitive: isolation in stripped conditions is sometimes assumed by inmates to be a punishment for their behavior. Staff training should supplement the identification of risk factors with a thorough discussion of the meaning of a suicide attempt and the reframing of the concept of risk. To attribute a unitary meaning to these acts (i.e., attention seeking) is potentially dangerous and misleading. Training should be aimed at encouraging all staff to appreciate the

complexity of such behavior and its possible causes and motivations, which are multiple. It should be stressed that so-called attention-seeking behavior often precedes suicide.

Most evaluation studies of treatment and training in suicide prevention in the prison context (of which there are few in the United Kingdom) show that therapeutic intervention is both possible and effective (Wicks 1972; Jenkins, Heidemann, and Powell 1982; Hopes and Shaull 1986; Sperbeck and Parlour 1986; Ramsay, Tanney, and Searle 1987). The authors of these studies also agree that more systematic research is needed on suicide attempters in the prison setting. The use of behavioral contracts, psychological counseling and support, and a change of environment, including movement to a different wing or to shared accommodation, have all been shown to contribute to recovery from suicidal feelings (Sperbeck and Parlour 1986; Ramsay, Tanney, and Searle 1987). Prisoners may have distinct and individual needs. There seems to be a case for making available, for those who wish to undertake them, courses on problem solving, coping skills, tackling offending behavior, addressing motivation, and emotion control. There is a case for developing innovative methods of psychological support. As indicated in studies carried out in the community (e.g., Hawton and Catalan 1987), different groups of prisoners are found to respond to different types of treatment. Prisoners should not be isolated in response to suicidal feelings as they do not cope well in single cells (Sperbeck and Parlour 1986). Good morale among staff is essential to successful treatment (Langlay and Bayatti 1984; Scottish Home and Health Department 1985; Sainsbury 1988; Bluglass 1990).

Listener schemes ("buddy" schemes in the United States), whereby inmates are trained (e.g., by the Samaritans) to act as "listeners" in confidence to other inmates in distress, sometimes in specially prepared rooms, have been evaluated positively (Davies 1994) and are shown to have favorable effects on rates of suicide and self-harm, on staff-prisoner relationships, and on the role of others in the prison. A study of young prisoners showed that good staff-prisoner relationships led to significantly reduced levels of anxiety and depression (Biggam and Power 1997).

Clearly, frequent or current referrals to the doctor or psychiatrist indicate possible problems, but far more significant is the finding that, when asked, suicide attempters report far more problems than their contemporaries, often relating to the prison situation or a combination of inside and outside problems (Liebling 1992; Liebling and Krarup

1993). This suggests that, given a willing ear, inmates may indicate their own vulnerability. The listening ear needs to recognize and acknowledges these signs as signs of risk—or as “cries of pain.” Having serious problems sleeping at night, daydreaming, signs of hopelessness, and viewing others’ self-injury as serious and genuine, could all be indicators of the risk of “the onset of a suicidal crisis,” particularly if these immediate responses have a context of poor release plans and hopes, few outside contacts, and disappointments in relationships. Protective responses to suicide attempts include offering support, allowing the expression of feelings, resolving personal problems, a high level of involvement with the woman concerned, and practical help (Liebling 1992). What women prisoners who attempted suicide said they wanted in response to their “cries for help” or “cries of pain” was as follows: “We want *nurturing* . . . we want to *talk* . . . we want to take the pain away . . . we want to feel clean, and loveable. We want to be mothered . . . we want carers who may not understand, but who can *accept* . . . a chance to scream, to shout, to cry. . . . We just want to be listened to . . . by another human being.”

Staff also require effective support and training in the management of self-injury, which can be extremely distressing, both at the time and subsequently. The fear of self-injury causes enormous anxiety among staff (Liebling 1990).

Much can be learned from community studies in the search for preventive approaches to vulnerability in prison. Proper clinical assessment takes time (Hawton and Catalan 1987), negative attitudes from staff interfere with recovery (Hawton and Catalan 1987; Morgan 1979), nonmedically qualified staff can assess the state of the patient as well as medical staff (Gardner et al. 1982), and patients will report their own problems and may participate in the provision of appropriate treatment. Cognitive or group therapy is found to be an effective method of treatment with some (Sainsbury 1988), and trained prison staff can be very effective agents of therapy as they are in daily contact with prisoners. Staff should be encouraged to “engage in casual and frequent conversations with inmates, since these may often reveal cognitive and affective suicidal cues” (Sperbeck and Parlour 1986, p. 97). If memory and the future are key problems, sensitive and realistic sentence planning could actually address the question of survival. Prisons, and prison staff, need to be encouraged to develop a tolerance for anguish—to allow talk of despair. The best help for an individual feeling suicidal is not “‘how do you, I, or we make it all different,’ since often

we cannot, but ‘how do you, I, we, take care of you just now?’” (Williams 1997, p. 227). Staff need careful training, support, and taking care of themselves. Studies suggest that “high self-esteem” among prison staff may be linked to good overall job performance and can contribute to lower suicide rates (Rowan 1998). A minimal requirement should be an orientation to prison life that respects and assists the individual. Respect for the individual requires hope, for “we are not what we appear, but what we are becoming; and if that is truly what we are, no penal system is fully just which treats us as anything else” (Bedson, cited in James 1990, pp. 43–44; see also Bottoms 1990).

Prisons differ. They differ in the extent to which they resemble the deliberately destructive institutions described by Bettelheim, Goffman, and others in the many powerful studies of “total institutions” available. Prisons are less deliberately destructive than concentration camps; and their propensity to damage (or sometimes, to repair) may vary in important ways. It is important that one understand the nature of this difference between individual establishments and establish the reasons for it. Not enough is known about why some prisons offer fewer “invitations to suicide” than others. Why is one prison (or often, one wing) better than another? Why do staff behave sensitively and professionally in one establishment and with indifference in another? Prisons could learn more from each other, and from research on prisons that permit, or encourage survival.

IV. Implications for Prison Studies

There are several implications of the above account of prison suicide research for the broader field of prisons studies. These are the neglect of prison suicide in sociological studies of prison, implications for the “effects” debate and understanding of the prison experience, the methodological lessons to be learned from prison suicide research, the (unexplored) links between prison suicide research and studies of criminal careers, and the significance of prison staff.

A. The Neglect of Suicide in General Studies of Prison

In the general field of prisons research, prisoner suicide has barely featured. In the classic Clemmer-Sykes-Jacobs tradition, despite powerful accounts of “the pains of imprisonment,” there is no account of suicide. One can only speculate as to the reasons for its neglect in otherwise thorough and imaginative studies of prison life—its hidden nature, assumptions sociologists make about its “medical” status, or the

“individual” nature of the suicidal process, the pain of the topic, its lack of “attraction” compared to problems of violence to others, disturbances, and so on, or perhaps the methodological difficulties associated with its study. As this essay has tried to show, suicide is a sociological phenomenon, with a rich tradition of sociological analysis in the community. Much of this analysis could be “brought in” to prison, but has not been. Looking at prison suicide in this way helps in understanding the impact of control in prison: at once deceptively predictable and yet unpredictable (e.g., see Price and Liebling [1998] on the use of staff discretion), with devastating psychological consequences. Surely, no significant conclusions can be drawn about prison and the interactions between individuals who are imprisoned and their environment without considering suicide. It raises some of the most important questions about prison in a particularly acute form. How does one describe and understand the social world of a prison? What is the relevance of “anomie” to prison life? of power and powerlessness? of control and self-control? What is the role of prison staff, and what difficulties do they face in their work? How does one understand prisons in their social context? As I argue below, prison suicide may also have a relevance to broader criminological questions, such as the study of criminal careers.

B. Implications for the “Effects of Imprisonment” Debate

The effects literature is without a sufficient affective dimension. Fear, anxiety, loneliness, trauma, depression, injustice, powerlessness, violence, rejection, and uncertainty are all part of the experience of prison. It is this “hidden,” but everywhere apparent, feature of prison life that medical officers, psychologists, and others have failed to measure or take seriously. Sociologists of prison life knew it was there, but have to date largely failed to convince others in a sufficiently methodologically convincing way that pain is a harm. It is increasingly recognized in other spheres (especially in psychoanalysis and psychiatry) that pain damages. Suicide is perhaps its most dramatic outcome, but there are many other consequences: increased aggression, bitterness, spiraling violence, and the erosion of any capacity to love. Is there a deep unwillingness to consider this unwelcome (or is it unwelcome?) feature of imprisonment? It stands awkwardly next to the belief that “prison works.” It may be the apparent failure of the sociology of imprisonment to engage with relevant psychological research that has deprived critical sociological analysis of the prison of one of its most powerful

tools. That this harm is without any legitimate justification leaves staff, prisoners, and policy makers confused. Who are the prison population? How do they live the imprisonment experience—or fail to live it? What are the intended effects of imprisonment?

In the debate over the effects of imprisonment (see esp. Walker [1983, 1987] and the review by Bukstel and Kilmann [1980]), it should be noted that those prisoners who have died by suicide have never had a voice in such studies. The operational measures of “harm” in such studies have been inadequate, failing to take into account the subjective world of prisoners. Suicides are disproportionately likely early in custody (see Backett 1987; Dooley 1990a; Liebling 1992) just as absconding (see Clarke and Martin 1971; Sinclair 1971; Banks, Mayhew, and Sapsford 1975; Laycock 1977) and extreme anxiety (Ericson 1975; Sapsford 1978, 1983) were found to be. The “pains of imprisonment” may be concentrated at particular points in time: arrival, parole refusal, following a visit, at weekends, at night, or among particular groups within the prison population (see Sykes 1958; Cohen and Taylor 1972; Ericson 1975; Home Office 1986). These findings are illustrated in the suicide figures (see Lloyd 1990; Liebling 1992) and in what is known about suicide attempts (Liebling 1992; Liebling and Krarup 1993). Most prisoners “cope” (cf. Johnson and Toch 1982; Sapsford 1983; Zamble and Porporino 1988; Toch, Adams, and Grant 1989), but only just, and not all prisoners are able to do so (Liebling 1992; Liebling and Krarup 1993). Prison is not a uniform experience—its effects have been underestimated by research that has taken average populations as its base line and insensitive measures of pain as its tools. Evidence suggests that the pains of imprisonment are tragically underestimated. Researchers may not be asking the right questions, either of prison or of those imprisoned. For some, prisons may contain “invitations to suicide” (Williams 1997, p. 196).

C. Methodological Lessons

Prison suicide research has remained isolated from advances made in other areas of prison research and from sociological critiques. Historically, the study of prison suicide reflects some of the methodological tensions of much of criminology: the medical model, the prediction approach, sociological critique, and the absence of theory in otherwise useful administrative studies. The role of individual factors has always been prominent: psychiatric explanations have been assumed to play a major role in accounts of suicides both in and out of prison. Research

in prison sociology first indicated the importance of environmental variables in understanding issues such as absconding, riots, and disturbances, but a broader and more critical sociology was also available long before it was applied to the study of prison suicide. The “new realist” preference for interactive explanations is now perceptible (see Young 1997), as prisons and corrections services struggle with increasing suicide rates, some jurisdictions manage to reduce their figures and enhance the skills of their staff, and better quality data is available on both aggregate suicide rates, individual cases, and “the meaning of imprisonment.” Suicide as a topic is notoriously amenable to projection. In the absence of the subject, the deceased becomes the object of others’ assumptions, fears, and constructions. In such a field, but in prisons research more generally, it is essential that the voices of prisoners and staff are heard. The methodologies developed in prisons suicide studies have important implications for future research. The pains of imprisonment are many and varied. They are also, often, hidden. It is not so much to the visible eye or the measuring instrument that they are perceptible but to the “informed heart” (Bettleheim 1960). Among those who have taken their own lives are Bruno Bettleheim, Arthur Koestler, Primo Levi, Virginia Woolf, Sylvia Plath, and Ernest Hemingway. All were gifted and creative commentators on the human condition, whose wisdom is widely acknowledged. As Bettleheim said after his experiences in concentration camps, to have survived is to be wealthy. Those who have attempted suicide in prison possess a wealth of knowledge about the prison experience. Their accounts constitute an important part of the truth about prison. Research and policy should take account of what they have to say.

Research should approach official data with caution; recorded rates and official files require critical evaluation. Sensitive interviewing of prisoners who have survived suicide attempts, and of control groups, focusing on the experience of imprisonment and on coping behavior, should continue. The research methods employed in such investigations should be sufficiently “grounded” to permit the prison experience to emerge. Generally speaking, sociological accounts of prison life have reflected the “real world” lives of prisoners (and occasionally those of staff) more deeply than psychological and medical studies (although exceptions can be found; e.g., Sapsford 1983; Zamble and Porporino 1988). Both strategies are required in order to temper the damaging claims of the selectively informed on both sides of the methodological divide. Particular prisoner groups: for example, prisoners

not physically attempting suicide but expressing suicidal thoughts and the specific question of suicides among life-sentence prisoners could be addressed. Future research is required on long-term outcomes, on prisoners who successfully recover from suicidal crises, and on those who go on to repeat their attempts. More work is needed on differences between males and females in the development and expression of suicidal feelings (see Liebling 1992, chap. 7). The role of appeals against conviction and sentence in first sustaining and then dashing hope during a long-prison sentence should be explored. A closer study of suicide verdicts and of inquest procedures—particularly of differences in proceedings and outcomes between cases of apparently self-inflicted deaths in custody and those in the community—would provide an important context in which prison suicide figures could be properly understood (see Liebling 1992, chap. 4). Research is urgently required on treatment methods, on staff training, and on comparisons between prisons. What this essay argues above all is, first, that prison suicides should be considered sociologically, and, second, that the affective dimension of the prison experience should be included in studies of the prison.

D. Links between Prison Suicide and Criminal Careers

There are implicit and unexplored links between the poor coping or vulnerability model of prisoner suicide developed in this review essay and the concept of “vulnerability to reconviction” developed in studies of criminal careers (Farrington 1997). It is significant that those prisoners who had attempted suicide in prison were significantly more likely to have returned to prison quickly between sentences (Liebling 1992). Criminal career research has identified a core group of persistent male offenders whose offending begins early, is frequent and serious in nature, and who are rapidly reconvicted (e.g., Blumstein et al. 1986; Farrington and West 1990; Farrington and Wikström 1993; Farrington 1994; Burnett 1996). These offenders, who typically constitute approximately 5–6 percent of known offenders are responsible for at least half of all known offenses (Wolfgang, Figlio, and Sellin 1972; West and Farrington 1977; Home Office 1987; Wikström 1990; Farrington 1994). Farrington has demonstrated how such persistent offenders’ careers are often preceded and then accompanied by a broader range of antisocial or dysfunctional behaviors that may include aggression and bullying, cruelty to animals, frequent lying, and frequent truancy in childhood, followed by heavy drinking, the frequent use of pro-

hibited drugs, poor job performance, failure to maintain close personal relationships, recklessness, and low frustration tolerance in later adolescence and early adulthood (Farrington 1994, pp. 28–29; see also Farrington and West 1977). These measures tend to be associated with high impulsivity, poor concentration, low empathy and poor abstract thinking (e.g., Farrington 1994). Such an underlying and continuous “syndrome” of conduct disorder has been associated with persistent or chronic offending and rapid reconviction in numerous studies (Robins and Rutter 1990; review article by Farrington [1994]) and has been shown to persist into adulthood as “adult social dysfunction in areas of work and social and sexual relationships” (Robins 1990; Zoccolillo et al. 1992; Farrington 1994, p. 31, 1997). The factors most frequently associated with the development of such a syndrome are poor (lax, aggressive, or rejecting) parenting, conflict in the home, having criminal parental or sibling models, low family income, poor housing, and low school attainment (e.g., West and Farrington 1977; McCord 1982; Fergusson, Horwood, and Lynskey 1992; Farrington 1994). These variables are all found to contribute independently to the development of delinquency, but they may also coincide and be interrelated (Farrington 1994, pp. 61, 78).

Criminal career research has thus identified a core group of offenders who are most vulnerable to rapid reconviction as a result of impulsive and antisocial behavior that is rooted in a complex constellation of personal, family, and social disadvantages. There is also increasing interest in relating these individual differences to area context (Farrington, Sampson, and Wikström 1993). It is a significant omission that criminal career studies have not considered suicide and attempted suicide, or affective aspects of offenders’ lives, despite high rates of suicide among offenders (e.g., Akhurst, Brown, and Wessley 1995).

Research on suicide and suicide attempts in prison has also identified a vulnerable group, with many overlapping characteristics, as described above. They share some of the background disadvantages and present behavioral and affective problems, and may share an elevated risk of rapid reconviction. There is a need for further theoretical and empirical investigation of these previously unidentified links between vulnerability to suicide and to offending and reconviction. There may be important continuities (but there may also be some important discontinuities) between these apparently overlapping groups, particularly in relation to affect, emotion control, substance use, impulsivity, risk taking, and thinking styles (see, e.g., McMurrin, Hodge, and Hollin

1997).⁹ Such a study could bring together the two previously conceptually distinct areas of criminological research on prison suicide and criminal careers, as well as considering the implications of these topics for the development of regimes in prisons.¹⁰

E. The Significance of Prison Staff

Appreciating the problems faced by staff in the management and prevention of suicides in prison is crucially important. This review essay has not included a discussion of prison staff. Their problems and concerns are addressed elsewhere (Liebling 1992; Liebling and Krarup 1993; Price and Liebling 1998). Apart from feeling inadequately prepared to deal with the problem in the way they are asked to (by identifying risk factors and referring the inmate to the hospital), prison staff also perceive major problems of cooperation and communication between departments. They feel inadequately trained and yet see themselves as held accountable for decisions they make about potential suicide risks. They have no say in decisions to return an inmate thought to be at risk of suicide from the hospital back to the wing. Completed suicides occurring on wings may be bitterly resented by those who discover the body, particularly among staff members who had been seeking some support for the inmate. If there are nonmedical aspects to suicide in custody, nonmedical staff should be more directly involved in prevention policy. However, they need training and support in order to embrace this responsibility confidently.

What is clear from the research reviewed in this chapter is that staff matter. They have a crucial role to play in the quality of life in prison. Good relationships with staff can insulate prisoners against suicidal feelings (Biggam and Power 1997). Prison staff “embody” the regime

⁹ The overlap can be conceived as the homicide-suicide, aggressive-depressive, or disruptive-disturbed dimension identified in several studies (e.g., Toch, Adams, and Grant 1989). See also Freud (1917) and others on the turning of aggression against the self and the many studies of aggression in suicide to follow (e.g., the collection by Maltzberger and Goldblatt [1996]). Few have studied the counterside to this duality, that is, the presence of depression in aggression and offending (although see Thornton 1990).

¹⁰ A literature review is under way on the linkages between vulnerability to suicide and propensity to reoffend, together with a reinvestigation of the results of the two previous prison suicide projects carried out by the author and colleagues in the light of the reoffending findings to emerge from the Cambridge Study in Delinquent Development, the leading British study of the development of criminal careers (see, e.g., Farrington 1994). This will enable a detailed exploration of the related concepts of vulnerability to suicide and to reconviction identified above. This work is being conducted as part of an Economic and Social Research Council Post-Doctoral Research Fellowship.

of a prison, determining by their every interaction with prisoners the perceived fairness of prison life (Bottoms and Rose 1998; Price and Liebling 1998).

An exploration of prison suicide can offer a variety of significant insights. It can help in the development of suicide prevention policy, but may also help in the broader understanding of the nature of prisons.

APPENDIX

Suicide in Prison: A Vulnerability Profile¹¹

Criminal Justice History:

- Many previous convictions
- Short periods in the community

Background:

- No qualifications/poor reading ability
- Frequent truancy
- Bullied at school
- Family and behavior problems (leading to care)
- Major drink and drug use/dependence
- Witnessed or experienced family violence
- Previous suicide attempts

Experience of Prison and Coping with Custody:

- Inactive in cell
- Cannot relieve boredom
- Avoidance of physical education/other activities
- Few friends in prison
- Difficulties with other inmates
- Disciplinary problem
- Experience of segregation/solitary confinement
- Frequent/recent referral to medical services
- Reports current problems
- Problems sleeping
- Finds prison (and "being banged up") difficult
- Feelings of hopelessness
- Not hopeful about release

Family and Outside Contact:

- Few or unreliable visits
- Writes few letters
- Misses family
- Little contact from probation
- Finds thinking of outside difficult

¹¹ Based on Liebling (1992).

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