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Self-injury of convicts in conditions of prison isolation

Samouszkodzenia skazanych w warunkach izolacji więziennej

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In penal policy, the most commonly used criminal measure against those who violate legal norms is imprisonment. The penalty of deprivation of liberty derive from the concept of punishment. The functions of the penalty are understood as the actual effects (consequences) caused by the penalty of imprisonment.

A repressive function is associated with a traditional prison, which emphasizes the severity of punishment understood as retaliation or a reprisal for a crime committed against the society. The punishment was supposed to act as a deterrent to the general public, i.e. future potential perpetrators, and thus prevent committing crimes. Supporters, who recognize the purely retributive nature of imprisonment, are of the opinion that the purpose of the punishment is to prevent offenses from being committed by means of isolating the criminals. The modern function of isolation consists in isolating the convict from the family, environment and society, ceasing to fulfill current social roles of the perpetrator, which results in protection of the society against the offender, as it prevents him from committing further crimes. The severity of isolation amounts to deprivation of liberty (in particular, spatial and legal restrictions). Punishment amounts to imprisonment, but without unnecessary repression and excessive liberalism. As freedom is, next to life, the highest human value (Nowak, p. 56).

Executing the penalty of imprisonment is not only a temporary isolation of convicts from the environment, but above all it has a social rehabilitation function. In the light of Art. 67. § 1–2 of the Executive Penal Code: “Execution of the penalty of deprivation of liberty is aimed at arousing in the convict the will to cooperate in shaping his socially

desirable attitudes, in particular a sense of responsibility and the need to respect the legal order and thus refrain from returning to crime. In order to achieve this goal, an individualized impact on convicts, within the framework specified in the Act on Punishment Execution Systems, in various types of prisons, is carried out". The Executive Penal Code in art. 81 assumes the execution of imprisonment in three systems: *programmed impact* – *p*; *therapeutic* – *t*, and *ordinary* – *o* (Executive Penal Code, Art. 67. § 1–2).

Penitentiary isolation is the most difficult form of isolation for a person, and its ailment results primarily from the depriving nature of the prison institution. Depriving a person of freedom is the most severe reaction of society to failure to meet its requirements in the field of compliance with legal norms. Long-term stay in conditions that make it difficult for an individual to meet various needs, especially: the need for closeness, emotional stabilization, adversely affects the psyche, becoming the cause of low effectiveness of rehabilitation interactions undertaken towards convicts. Therefore, the individual experiences stresses that one cannot always cope with. In addition, the activities that must be complied with (resulting from the organizational regulations of the penitentiary unit) violate personal dignity and increase frustration. The most characteristic features of prison isolation are (Poklek 2010, p. 65):

- *sensory deprivation*, resulting from the unmet needs related to the introduction of sensory stimuli coming from the environment. The architecture of prisons and pre-trial detention centres is characterized by a poverty of colours, routine behaviour and activities, which contributes to the formation of the so-called "prison boredom". The sense of time is also disturbed – on the one hand, for the convict, time flows slowly, even the period of prison existence standing in one place, and on the other hand, external (freedom) time is running out very quickly. The lack of stimuli from the world of freedom overlaps with the excess of stimuli characteristic of a penitentiary institution e.g. the sound of the bars being opened and closed, the sound of a key in the door of residential cells, the steps of an officer in the corridor, a characteristic smell of cleaning agents mixed with the stuffiness of an unventilated room and sweat;
- *information deprivation* is associated with limited information about the immediate environment for the inmate and the uncertainty of the source of information, it consists of reducing the visual stimulation that determines the variety of impressions and observations. Restricting contacts with relatives in accordance with the prescribed visits

(depending on the type of prison), usually in the presence of other visitors, under the supervision of an officer, hinders the free exchange of information, especially personal information, such as what happens with the closest ones, or how the matters not settled by them before the imprisonment proceed. The control of correspondence and telephone conversations means that the information provided is often incomplete, deprived of intimate details;

- *states of frustration and the associated feeling of mental tension* are the result of, inter alia, limitation of the living space of inmates. The life of several people in a small space leads to many difficulties and barriers in meeting basic needs. Overcrowding, interference by officers in all spheres of life of the convicts (necessity to undergo personal inspections, searching of the cell, the need to submit written requests to the management of the unit or the educator to settle current matters) lead to derogation, humiliation of personal dignity (depreciation of dignity) and cause people in prison to experience psychological stress and lack of emotional stabilization and security. Extremely unfavourable effects also result in not satisfying the needs of acceptance and prestige (recognition, importance). If the convicted person does not have the possibility of appearing in prison in a manner acceptable to the administration, e.g. to prove himself by performing work for the institution or residential ward, he seeks recognition in the informal group "prison subculture". Imprisonment does not give you the opportunity to pursue your interests and preferences. Obstacles or difficulties in meeting the needs are defined as situations of frustration (Chmielewska 2004, p. 167);
- *social deprivation* is manifested in the fact that contacts between convicts are full of distrust and suspicion, and often also lead to aggression. The lack of satisfactory ties with the environment, the superficiality of relationships, and the lack of satisfactory relationships are the causes of social deprivation. Prisoners feel the longing for family, friends and relatives acutely. They lack closeness, friendship, association and contacts with other people (Poklek 2010, p. 66);
- *sexual deprivation*, one of the most severe ailments of prison is also the inability to satisfy sexual needs in a satisfactory manner. Inmates try to satisfy them in an alternate way by masturbating, fantasizing, talking about sex, reading erotic magazines and watching pornographic photos. They also have a choice of abstinence or homosexual contacts (Poklek 2010, p. 66).

Mental changes occurring during isolation create a set of symptoms known as prison psychosis or reactive psychosis, and convicts affected by these symptoms show clear symptoms of mental deviations. Inmates have a feeling of insecurity, distrust and a considerable sense of threat, which in turn leads to a long-term anxiety. The situation of isolation favours the consolidation and shaping of defence mechanisms (Mazur 2008, p. 142).

Research on the emotional state of convicts (as in: Preventing Suicide, a Guide for Prison Service Officers) shows that they have strong neurotic disorders (neurosis and psychoneurosis). The clinical picture is characterized, *inter alia*, by the presence of: symptoms of aggression of varying severity and orientation (against oneself or others, or simultaneously against oneself and others); anxiety, suppressing their normal functioning, contributes to blocking the vital energy and limiting the possibility of free living; sexual anxiety resulting from the inability to lead an active sex life; weakening the functions of the mechanism of conscious control of moods; the emergence of labile and impulsive affection, which causes difficulties in emotional contact with other people despite the need and striving for it; distrust and aversion to honest contacts with people.

A specific phenomenon in conditions of prison isolation, apart from various forms of aggressiveness, is self-injuring, i.e. acts of auto aggression carried out by inmates in states of emotional breakdown in order to obtain various benefits, often known only to the author of self-aggression. Behaviour is considered self-destructive only when two aspects are met, i.e. it is harmful and intentional at the same time (Suchańska 1998, p. 55). This category also includes activities that are indirectly life-threatening, e.g. consciously taking risks associated with the possibility of losing health or life, unhealthy and unhygienic lifestyle (anorexia, bulimia), using stimulants, psychoactive substances and, as a result, addiction. For a behaviour to be considered auto-aggressive, it should, however, meet the intentionality criterion in terms of self-destruction (Suchańska 1998, p. 55). Therefore, it is concluded that self-destructive behaviour is associated with taking or omitting actions aimed at reducing or deteriorating the quality of life.

Self-aggressive behaviours concern especially juvenile offenders, temporary detainees and recidivists. The nature of a total institution, the deprivation of needs and frustration make the individual look for an outlet for their emotional states by performing various self-injuries. The most common are: skin and subcutaneous tissue incisions on the abdomen, chest, forearms, swallowing objects, refusing to eat food, inserting objects under the skin and deeper organs, blood drain, eye powders, oral poisoning and the so-called injection

consisting in introducing various substances into the subcutaneous tissue, e.g. saliva (Mazur 2008, p. 143).

Self-aggression is a form of attack on oneself, and its causes are usually similar to those that make up the decision to take a life (self-aggression based on: emotional reasons, prison subculture, instrumental, habitual). In the prison environment, there are cases where suicide is manipulative, as are some acts of self-aggression (e.g. the desire to take revenge for administrative decisions). The only difference between self-aggression and suicide is the fact that in self-aggression, death is not its ultimate goal, but sometimes the result is the same. Acts of self-harm of convicts are most often motivated by a strong intensification of pain and suffering, and the variety of forms of self-harm depends on the ingenuity and fantasies of the inmates (Szaszkievicz 1998, p. 148).

Self-aggression has a regulatory function; acts of self-aggression most often occur as a result of high levels of fear and anxiety and other aversive emotional states. In this way, people who decide to self-harm reduce the high intensity of mental tension, hence they can survive in conditions of penitentiary isolation. Inmates do not perceive this behaviour as an act of self-destruction, but as behaviour that helps to cope with anger, mental tension and anxiety. As a result of self-harm, mental tension is reduced and endomorphine is released into the blood suddenly, which can lead to a complete blockade of pain sensations, and as a result, to a compulsive self-harm. In such cases, the deprivation of the possibility of an act of self-harm – reducing tension – leads to symptoms similar to those in the case of discontinuation of the addictive factor (Barańska, Jastrzębska 2010, p. 152).

Cases of self-aggression occur in all penitentiary units and are one of the most important problems affecting the process of social rehabilitation of convicts. This behaviour is not only characteristic of members of the prison subculture, it is found in all groups of prisoners (Barańska, Jastrzębska 2010, p. 103).

To sum up, the main causes of self-destructive behaviour in penitentiary institutions include: reactive psychosis, or prison psychosis, which arises as a result of loosening and sometimes complete breakdown of contacts with the outside world. The convicted person must absolutely submit to new, often unacceptable rules in force in a specific type of prison. Sometimes one feels the impression of being treated too severely by educators, which is also significant in the genesis of self-harm. The high level of stress and anxiety accompanying the isolation, the lack of support from the loved ones leads to a long-term mental

crisis, exhaustion of own resources and methods of coping with the arduous situation. The convict experiences a feeling of insecurity that turns into a state of threat and gets lost in the unpredictable prison reality. The group of inmates is a highly diversified population, in which personality disorders conducive to self-destructive behaviour are also diagnosed. Problems in the mental functioning of convicts are the basic motives of acts of self-harm in penitentiary units (Barańska, Jastrzębska 2010, p. 152). It happens that the cause of self-harm in penitentiary institutions may be also the symptoms of a withdrawal syndrome, which appear in connection with the need to discontinue psychoactive substances. Long-term isolation makes the convict feel a psychological need to decide about oneself, then the act of self-harm provides a sense of independence in deciding own fate, giving the impression of agency and the illusion of control over their own life. Penitentiary psychologists also point to self-mutilation of an instrumental nature, which is preceded by the development of a strategy for its implementation; convicts decide to do so with full awareness of the behaviour and its consequences. Most often they are a form of protest against the activities and decisions of the administration of the prison, court or prosecutor's office. The reasons for the behaviour of self-aggression should be sought in the pressure exerted on the convicts by participating in the second life of the facility and the need to manifest their affiliation. In the prison subculture, the main motive for self-harm is the desire to impress group members, and in certain situations, group leaders force them to make a specific (individual or collective) form of self-aggression, which are perceived by members of the subculture as an act of courage, resistance and proof of belonging to the right group of convicts (Chojnacka, Karczewski 2003, p. 34).

In the further part of the article, the number of self-injuries undertaken by convicts in penitentiary establishments in the period covering the years 2015–2019 was analysed (see: table 1).

Table 1. Self-aggression of convicts in 2015–2019

Period	2015	2016	2017	2018	2019
I quarter	59	57	49	69	54
II quarter	54	46	65	58	60
III quarter	49	57	61	56	57
IV quarter	53	60	69	40	44
Total	215	220	244	223	215

Source: own study based on statistical data of the Central Board of the Prison Service.

Self-aggression is an overt phenomenon and is recorded by the prison health service. Based on penitentiary data for 2015–2019, it is stated that the highest number of acts of self-harm was recorded in 2017 – 244. Moreover, the number of self-injuries in the analysed period remained at a similar level.

There are many reasons for acts of self-aggression in the prison environment, so penitentiary statistics include reasons attributable to the administration of the prison, the pressure of the subculture, participation in the prison subculture, the activity of the court, the prosecutor's office and others not indicated in the statistics.

Table 2. Causes of self-aggression in the Polish prison system in 2015–2019

Specification	2015	2016	2017	2018	2019
Administration activities	43	36	46	40	40
Pressure of the prison subculture	0	0	0	0	0
Participation in the prison subculture	1	0	0	0	0
Activities of the court and prosecutor's office	7	10	14	13	5
Others	164	174	184	170	170
Total	215	220	244	223	215

Source: own study based on statistical data of the Central Board of the Prison Service.

As evidenced by the data on the causes of self-aggression in penitentiary institutions in the period 2015–2019; there are numerous cases of self-aggression not resulting from the application of the rules of subculture. The most common cause of self-aggression lies in the conditions of the so-called others (see: table 2), i.e. loosening or severing ties with the family, legal problems, refusal to consent to parole, notices that the wife/husband has filed a divorce petition, illness of the child, death of a loved one etc.

The reasons for self-aggression on the part of the administration of the penitentiary institution include: application for disciplinary punishment, refusal to call or receive an additional package or conflicts with the ward, educator.

Self-aggression is a broad concept whose terminology also includes self-mutilation and suicide attempts. Data for this category is presented in tables 3 and 4.

Table 3. Self-aggression-self-mutilation

Period	2015	2016	2017	2018	2019
I quarter	6	3	3	4	4
II quarter	6	5	5	2	3
III quarter	7	4	4	4	6
IV quarter	12	2	4	2	3
Total	31	14	16	12	16

Source: own study based on statistical data of the Central Board of the Prison Service.

In the literature on the subject, there are three types of self-mutilation (after: Boćwińska-Kiluk):

1. major related to amputation, damage to significant body surfaces, having serious consequences for health and life. They are undertaken in an altered state of consciousness, mainly in states of intoxication, under the influence of psychoactive substances, trance or religious orders;
2. stereotypical; in the clinical picture there are repeated self-destructive actions related to the body, e.g. hitting a part of the head or the whole body against a wall, biting the lips, fingers etc. They are characteristic of people with autism and intellectual disabilities;
3. moderate (superficial) most widespread in the group of people serving a sentence of imprisonment. They can be either compulsive or impulsive. The compulsive form manifests itself in the daily, repeated repetition of a self-destructive activity, which can become a ritualized activity (e.g. pulling hair out of the head) or an automated activity (e.g. scratching skin lesions). These activities accompany obsessive-compulsive disorder and are used to release tension. Very popular in the group of convicts are impulsive self-injuries, manifested by shallow cutting of the skin with a sharp tool or by punching or injuring, scratching, biting or pricking the body in a situation of an impulse difficult to inhibit, accompanied by strong affective tension. The sites of mutilations and incisions in the prisoner population are: arms, forearms, thighs, less often the abdomen and breasts.

Impulsive self-mutilation does not always prove the permanent state of an individual's functioning. Sometimes they are an expression of difficulties experienced from time to time or a reaction to a temporary crisis – then they are called episodic. In a situation when they are diagnosed as a way of coping with experienced tensions and they occur repeatedly, becoming a habit, they

constitute an important element of an individual's identity – assuming the term chronic.

Suicides, both committed and attempted, are undoubtedly the most serious disturbances in behavior (table 4).

Table 4. Self-aggression-suicide attempts

Period	2015	2016	2017	2018	2019
I quarter	49	50	45	64	50
II quarter	44	40	58	55	56
III quarter	40	50	56	52	51
IV quarter	40	57	64	37	41
Total	173	197	223	208	198

Source: own study based on statistical data of the Central Board of the Prison Service.

When analyzing the statistical data of the Central Board of the Prison Service, it is stated that in the period covering the years 2015–2019 the greatest number of suicide attempts was recorded in 2017 (223) and in 2018 (208).

In penitentiary units there are people with the highest risk of suicide, i.e. young people, people with mental disorders, characterized by many problems, growing up in unfavourable conditions, abusing alcohol and drugs, or having previous suicidal experiences. The cause of suicidal behaviour in the case of people serving a prison sentence is the reality of prison and the compulsion to submit to the reality and requirements of this institution, which causes a feeling of helplessness and humiliation. Lack of organization of free time, monotony and boredom, and above all the deprivation of needs, generate negative emotions. Prisoners with suicidal tendencies feel lonely, physically tired, they are characterized by apathy, sometimes depression and they tend to see the world in black colours. Suicide attempts are mainly committed by juveniles, remand prisoners and penitentiary recidivists (sometimes they undertake them several times in isolation) (Barańska, Jastrzębska 2010, p. 153).

The aim of the article, apart from presenting the theoretical aspect of self-injury, is, inter alia, to determine what kind of self-harm is committed by people serving a sentence of imprisonment and what are the reasons for their committing. The research was carried out at the Kielce Remand Centre in 2019 among a group of a total of 120 convicted men and women (penitentiary recidivists and people serving a prison sentence for the first time) during the implementation of the “Responsible parenthood” rehabilitation program.

The study included a group of people aged 20 to 60 years. Table 5.

Table 5. Age of prisoners

Age	Convicted women		Convicted men	
	number	percentage	number	percentage
20–30	8		10	
31–40	16		28	
41–50	25		14	
51–60	11		8	
Total	60		60	

Source: own research.

In the group of convicted women, most of the respondents were in the age range of 41–50 years (25) people, in the case of convicted men it was in the range of 31–40 years (28).

Table 6. Frequency of thinking about self-mutilation

The frequency of thinking about the will to self-harm	Convicted women		Convicted men	
	number	percentage	number	percentage
Persistent thoughts every day	24	40	31	51.7
I think about it often during the week	15	25	17	28.3
It happens occasionally	7	11.7	12	20
I have never thought about it	11	18.3	0	0
Others	3	5	0	0
Total	60	100	60	100

Source: own research.

As evidenced by the data presented in table 6, in the group of convicted women and men there are thoughts about the intention to self-harm. In the group of convicted women, 40% stated that thoughts appear every day and are bothersome (intrusive), 25% of the respondents admitted that thoughts appear many times a week, 18.3% never thought about self-harming. In the group of convicted men, 51.7% admitted having persistent thoughts about self-harm every day; 28.3% think about self-harm often, 20% say that they think about self-harm occasionally. None of the convicted men chose the option “I have never

thought about it". Therefore, it can be concluded that the tendency to self-harm is greater in the group of convicted men than in the group of convicted women.

To a question in a group of convicted men: Have you ever performed self-mutilation that exposed you to death? 24 respondents answered "yes"; 36 respondents chose the option "no".

Table 7. Types of self-injury in the group of respondents

Types of self-injury	Convicted women		Convicted men	
	number	percentage	number	percentage
Swallowing foreign objects	8	13.3	24	40
Cutting skin integuments	46	76.7	60	100
Inserting various objects into the body	6	10	21	35
Eye damage	0	0	8	13.3
Others, e.g. rubs, self-poisoning (drug overdose)	24	40	9	15

Source: own study (the results do not add up, the convicts could choose several types of self-injury).

In the light of the data obtained, it can be concluded that the self-mutilation carried out by the inmates mainly consisted of swallowing objects, cutting the skin or inserting various objects into the body. There were also cases of self-poisoning (drug overdose) and rubbing.

In the group of convicted women, the most popular type of self-harm is cutting the skin (76.7%), then rubbing, self-poisoning (40%); 8% had an episode associated with ingestion of objects. In the group of convicted men, the dominant type of self-mutilation is cutting skin integuments (100%), swallowing objects (40%), 35% had slightly fewer experiences of inserting objects into the body; 15% have experimented with self-mutilation in the form of rubbing and self-poisoning. Only in the group of men there was a type of self-injury in the form of eye damage 13.3%.

Skin incisions are the most common way of relieving tension and stress among prisoners. The psychological resistance associated with cutting the skin is easier to overcome than it is in the case of ingestion or other types of self-harm. One needs a single movement to do it. The convicts most often made cuts of the hand, skin layers on the abdomen, chest and thighs. Much fewer cuts occurred around the neck, back and face. Some were shallow, others deep and spread throughout the whole body.

Convicts swallow objects of all sizes. Among the most common are: nails, pieces of glass, plastic, cutlery, springs for bed nets, toothpaste tubes and other items. The weight of the swallowed objects ranges from a few grams to a dozen or so. Some convicts who swallow objects must be hospitalized – to have the objects removed by a surgery. In some cases, the swallowed items are often excreted spontaneously.

Apart from swallowing, there are also so-called “inserts”, which are implanted by convicts under the skin in the Remand Centre in Kielce, it is popular especially among convicted men. This type of self-harm is often used because it does not require complicated instruments and is not very life-threatening. For example, driving a sharpened bar under the skin, parallel to its surface, is relatively easy to perform, and its removal is not difficult. Deeper intramuscular inserts are either removed with a simple surgical procedure or left in the body if they are not inflammatory. According to the officers, the so-called inserts perpendicular to the skin surface in the area of the chest are dangerous, because such an object is pulled into the body by the lungs during breathing and requires a quick surgical intervention. The immediate reaction of officers and medical personnel is needed during the act of making so-called inserts in the skull or in the eye. These are sensitive parts of the body that are unique to health. In the case of the eye, prisoners mainly use pins for the inserts, and nails for the skull area.

A common type of self-injury in the group of convicted men was eye damage (sticking a copper wire into the eyeball, which caused a disease called coppice). Powder is another method of self-mutilation used among prisoners of the Kielce Remand Centre. The powder is grated graphite from a pencil or tungsten filings, which are in the bulbs. There are situations in which convicts do this on purpose in order to apply to the court to adjourn their sentence while being treated outside the prison.

Based on the results of the research (table 8), in the group of convicted women, the main reasons for self-harm are: sense of loneliness and longing for family (100%); problems with the administration, conflicts with officers (40%), health problems (43.3%), the desire to attract attention, perhaps raise one’s position in the group (30%) and legal problems (on-going proceedings, difficult legal situation of the family) (28.3%). In turn, in the group of convicted men, the authors see the causes of self-injury in: longing for the family (88.3%), a sense of loneliness (81.7%), the severity of prison isolation (inability to satisfy many needs) (63.3%), legal problems (18.3%), health problems (13.3%). The minor reasons for self-harm are those undertaken by the convicts in order to attract attention (5%).

Table 8. Motives of self-injury in the group of respondents

	Convicted women		Convicted men	
	number	percentage	number	percentage
Longing for the family	60	100	53	88.3
Problems with the administration/officers	24	40	34	56.6
Legal problems	17	28.3	11	18.3
A feeling of loneliness	60	100	49	81.7
Severity of isolation	6	10	38	63.3
Depression, health problems	26	43.3	8	13.3
The desire for attention	18	30	3	5

Source: own study (the results do not add up, the convicts could choose several types of self-injury).

The decision to self-harm requires a minimum amount of knowledge about how to self-harm, and often also courage. Skin incisions and swallowing objects usually do not require specialist knowledge (Szaskiewicz 1998, p. 149).

Despite many studies on self-injury in the group of convicts, this phenomenon is little known. Psychologists see the determinants of this phenomenon in personality disorders, which are characterized by: aggressiveness, irritability, tendency to impulsive and primitive behaviour, the predominance of emotionality over intellectual reactions, low self-esteem and sense of guilt. On the other hand, practitioners working in a prison on a daily basis believe that the deprivation of needs and frustration in conditions of prison isolation are the main source of this type of behaviour. The accumulation of negative factors characteristic of a total institution with simultaneous complete dependence on other people (functionaries) favours personality deformations, asocial behaviours rather than social rehabilitation interactions.

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SUMMARY

Prison isolation forces a person serving a sentence of imprisonment to comply with the organizational regulations of the penitentiary unit and to adapt to completely different, previously unknown living conditions. The conditions prevailing in the prison make it impossible to meet many mental and social needs related to freedom, sex, social contacts or preferences. Many studies on self-injury emphasize that the reality of prison and the fact of losing freedom adversely affects the behaviour and well-being of people serving prison sentences. Marking, standardization and degradation are related to the process of depersonalization. Behaviours directed against oneself concern all groups of convicts, especially juveniles, remand prisoners and penitentiary recidivists.

The aim of the article, apart from presenting the theoretical aspect of self-injury, is, inter alia, to determine what kind of self-harm is committed by people serving a sentence of imprisonment and what are their reasons. The authors look for answers to the research problems in the results of the research carried out in the Kielce Remand Prison in a group of a total of 120 convicted men and women (penitentiary recidivists, people convicted for the first time). In the light of the obtained research results, the convicts perform various self-injuries of the body. The most characteristic are: skin and subcutaneous tissue incisions on the abdomen, chest, forearms, swallowing

objects, refusal to eat, inserting objects under the skin, eye powders, oral poisoning. Psychologists see the determinants of this phenomenon in personality disorders, which are characterized by: aggressiveness, irritability, tendency to impulsive and primitive behaviour, the predominance of emotionality over intellectual reactions, low self-esteem and guilt. On the other hand, practitioners working in a prison on a daily basis believe that the deprivation of needs and frustration in conditions of prison isolation are the main source of this type of behaviour. In this way, people who commit acts of self-harm deal with enormous psychological tension. For them, it is also a form of survival in conditions of penitentiary isolation.

KEYWORDS: self-injury, deprivation of needs, prison isolation, convicts

STRESZCZENIE

Isolacja więzienna zmusza osobę odbywającą karę pozbawienia wolności do przestrzegania regulaminu organizacyjnego jednostki penitencjarnej i dostosowania się do zupełnie innych, nieznanych wcześniej warunków bytowych. Warunki panujące w więzieniu uniemożliwiają zaspokojenie wielu potrzeb psychicznych i społecznych związanych z wolnością, seksem, kontaktami społecznymi czy preferencjami. W wielu badaniach dotyczących samookaleczeń podkreśla się, że realia więzienia i fakt utraty wolności niekorzystnie wpływają na zachowanie i samopoczucie osób odbywających karę pozbawienia wolności. Znakowanie, standaryzacja i degradacja są związane z procesem depersonalizacji. Zachowania skierowane przeciwko sobie dotyczą wszystkich grup skazanych, zwłaszcza nieletnich, więźniów śledczych i recydywistów penitencjarnych.

Celem artykułu, poza przedstawieniem teoretycznego aspektu samookaleczenia, jest m.in. ustalenie, jakiego rodzaju samookaleczenia dopuszczają się osoby odbywające karę pozbawienia wolności i jakie są ich przyczyny. Odpowiedzi na problemy badawcze autorzy szukali w wynikach badań przeprowadzonych w Areszcie Śledczym w Kielcach na grupie łącznie 120 skazanych mężczyzn i kobiet (recydywiści penitencjarni, osoby skazane po raz pierwszy). W świetle uzyskanych wyników badań skazani dokonują różnych samookaleczeń ciała. Najbardziej charakterystyczne są: nacięcia skóry i tkanki podskórnej na brzuchu, klatce piersiowej, przedramionach, połykanie przedmiotów, odmowa jedzenia, wkładanie przedmiotów pod skórę, pudry do oczu, zatrucia jamy ustnej. Psychologowie upatrują uwarunkowań tego zjawiska w zaburzeniach osobowości, które charakteryzują się: agresywnością, drażliwością, skłonnością do impulsywnych i prymitywnych zachowań, przewagą emocjonalności nad reakcjami intelektualnymi, niską samooceną i poczuciem winy. Z drugiej strony praktycy pracujący na co dzień w zakładzie karnym uważają, że pozbawienie potrzeb i frustracja w warunkach izolacji więziennej są głównym źródłem tego typu zachowań. W ten

sposób osoby dokonujące samookaleczenia borykają się z ogromnym napięciem psychicznym. Dla nich to także forma przetrwania w warunkach izolacji penitencjarnej.

SŁOWA KLUCZOWE: samookaleczenia, pozbawienie potrzeb, izolacja więzienna, skazani

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