

Suicide Among Males in Prison—Why Not?

HENRY E. PAYSON, M.D.*

I. The Question in Two Small State Prisons

Many¹ who are familiar with prisons regard the lives of incarcerated felons as intolerably degrading and therefore expect among prisoners a high rate of suicide.² Usually students of the subject focus on the existential despair thought to be commonplace in prison.³ Studies of the lives of suicidal persons in free society also reveal psychological states which would appear to be comparable to those of prisoners. Murray⁴ (citing Faberow) describes clinical manifestations which he believed to be associated with suicidal behavior: 1) forlornness and grief; 2) blaming others, anger and aggression; 3) blaming oneself; 4) assertion and egression from a previous site of attachment; and 5) affectlessness. All of these manifestations are observed in felons beginning their prison sentences, particularly after first-time convictions. Each newly admitted man who is willing to talk at all will admit feelings consistent with a desire to lose consciousness of the immediate painful situation. Acute grief, suicidal ideation, blame of oneself and others are indeed common. Prison administrative procedures also support an expectancy of suicide; many prisons have special procedures for screening, predicting and prevention. I have found reports that the suicide rate among inmates is indeed very high, but these reports are poorly documented. Perhaps the general assumption is based upon the well-documented⁵ frequency of mutilation and drug overdose in self-labeled suicide attempts⁶ in prisons and on the known high incidence of completed suicide among pre-trial detainees.⁷

Although criminality *per se* is apparently not related to suicidal behavior,⁸ there are other reasons to expect suicide among prison inmates. A great majority of inmates in our state prisons come from broken homes. Most have histories of abandonment by one or both parents at an early age and have spent a significant portion of childhood and adolescence in foster homes, orphanages, reform schools and other institutions. Home life has been often disrupted by frequent changes of parents or surrogates and even more frequent household moves. These conditions have all been reported to be associated with suicide in later life.⁹ Over 29 per cent of the inmates at one prison have histories of alcoholism, another indication of a predisposition to suicide attempts.¹⁰

Yet to me the actual incidence of completed suicide among convicted felons is not impressive. For several years I have been an active psychiatric consultant to two rather mean custodial-type all-male prisons where suicide has been a rare event. One, with an average census of 230, had its last suicide in 1967 (excluding one death in 1973 caused by poor management of diabetes, which might be interpreted as being suicidal). In the other, with a census until four years ago of over 200, one suicide has been reported in 23 years. This is not to say, however, that both prisons have not had frequent episodes of suicidal or self-destructive behavior. In one, over 15 per cent of the inmates expressed verbal threats and made overt suicidal gestures during the duration—particularly during the initial portion—of their sentences. (In other state prisons actual self-injury is variously reported to be between 1.4 per cent and 11 per cent.¹¹) This behavior consists mostly of lacerations on exposed parts of the body; less commonly, overdoses of hoarded drugs, prescribed or contraband; more rarely, ingestion of poisons, gasoline and caustic cleaning materials; and most rarely, attempted hangings. A few cases of

* Dr. Payson is on the faculty of the Dartmouth Medical School.

suicidal behavior have seemed to come close to success. For example, one inmate partially exsanguinated before discovery. None, however, has died either before or after transfer to a hospital following an attempt.

Neither prison has had a suicide prevention program, nor has the staff behavior shown particular vigilance or concern about prevention. Some inmates and some guards in the vicinity of self-destructive activity have been responsible for alerting others and initiating intervention. But other inmates have been observed to support and encourage suicidal behavior by offering razor blades, ropes or drugs, standing "lookout" or creating distractions for the guards. Indifferent if not negative attitudes toward prevention have been expressed by staff: "Don't do it on my shift!" Sometimes administrative response has been directly retaliatory: After suturing some inmates have been placed in solitary segregation but with *continuing* access to drugs and sharp instruments. There are also expressions of rejection or hostility by other inmates as well as the guards. Hostility from outside the prison has also been expressed in letters from home: "What good are you if you can't even do that [unsuccessful exsanguination]? Go hang it up, you creep!"

It is fair to point out that a strong effort has been consistently made to transfer to security wards of state hospitals inmates thought to be severely suicidal. At least superficially this effort does seem to indicate desire to prevent inmate death, although at times the staffs of both prisons expressed more concern about public reaction* if a suicide took place "anywhere except in a hospital where it is expected." One of these security units is more physically deprived than the prison itself, but none of these units have reported suicide of transferees. During the three-year tenure of a particularly punitive and anti-rehabilitative governor, transfers to the state hospital have been greatly restricted. Most of those who have threatened or gestured toward suicide have been retained in prison—without subsequent suicide. Mental health services in both institutions have been narrowly limited to counselling and replacement support by non-psychiatrically trained social workers and to occasional medication prescribed during weekly or less frequent psychiatric consultations. We do not know that these services have decreased the incidence of suicide.**

II. Other Prisons and Free Society

The number of men in these two prisons makes impossible an incidence calculation that would be comparable to the suicide rate of a much larger population. For this reason, I have used numbers made available by the American Correctional Association, the Federal Bureau of Prisons and the U.S. Department of Health, Education and Welfare to compare, through the following tables, the incidence of felon suicide with that of the U.S.A. as a whole, a comparison to which I would like to refer briefly.†

* The suicide is one of the few events which can often overcome ingrained public denial of the failure of the correctional system. Apart from the esteem-maintenance that this denial serves for those in the roles of prosecutor, judge, warden or guard, it serves the concealment of the largely unconscious retributive need of our society.¹² The perspective of a man hanging in his cell contradicts the comfortable myth that the man was put there to be rehabilitated or saved. Knowledge of his death is a conscious indicator that something worse than correction was really taking place. The high recidivism rate of ex-convicts does not overcome the denial, since recidivism merely self-fulfills the prophecy of bad behavior that the public expects.

** Although they may have provoked increase in self-mutilation. Shortly after the initiation in 1972 of a one-year full-time psychiatric program under my direction, wrist and arm slashing markedly increased among inmates with whom the program had had no prior contact. An attempt to make psychiatric services more easily accessible to all inmates may have been responsible for the rapid return of slashing incidence to "baseline." This suggested that although the slashing was self-labeled as suicide, in some cases the inmates perceived it as a necessary method of communicating need for medical or psychiatric attention.

† Official statistics on suicide are of dubious reliability. (See Douglas' excellent criticism.¹³) To date no carefully standardized nationwide surveys exist; such a survey might be modelled after that of the Los Angeles Suicide Prevention Center.⁵

TABLE I
Death Rates (per 100,000) in 1970 U.S.A.

	Total			White			Non-White		
	Male	Female	Both	Male	Female	Both	Male	Female	Both
Suicide Deaths	17.3	6.8	11.8	18.2	7.2	12.4	10.3	3.3	6.5
Motor Vehicle Accident Deaths	41.4	14.4	27.4	40.1	14.4	26.9	49.9	14.3	30.9
Homicide Deaths	14.9	3.7	9.1	7.3	2.2	4.7	72.8	13.7	41.3

(From Table 1-6, Vital Statistics of the United States, and Table 189, U.S. Census 1970)

This shows the incidence of suicide in free society to be significantly less for non-white and female populations than for whites and males. Non-white males have significantly high motor vehicle accident and homicide death rates, while non-white females have higher homicide death rates. But most felons are in the 15 to 38 year age group. For that reason, Table II is presented to show incidence data for the same age group in free society.

TABLE II
Male Death Rates (per 100,000) in 1970 for Specific Age Groups in U.S.A.

	15-19		20-24		25-29		30-34		35-39		15-39	
	W	NW	W	NW	W	NW	W	NW	W	NW	W	NW
Suicide Deaths	9.3	5.5	19.6	20.6	19.9	20.8	19.9	20.0	21.7	14.0	17.2	14.9
Motor Vehicle Accident Deaths	66.78	45.9	86.2	86.1	53.6	72.9	39.3	66.0	35.8	54.9	59.3	63.6
Homicide Deaths	5.2	60.4	11.5	145.3	13.1	147.3	12.8	136.0	11.8	115.8	10.3	113.5

(From Table 7-5, Vital Statistics of the U.S., and U.S. Census 1970)

W = White

NW = Non-White

Table II shows that in the 15 to 39 year age group, the incidence of suicide is only slightly less (17.2) for white males than for white males of all ages (18.2). The 15 to 39 years of age white group had a higher incidence (17.2) than the non-white group (14.9). Motor vehicle-caused deaths for non-whites were about 8 percent greater in incidence than for whites, but the incidence of death due to homicide among non-whites was ten times greater. It should be noted that non-whites make up a majority of inmates in the more populated states, whereas whites make up the majority in those that are less populated.

TABLE III
Male Death Rates (per 100,000) for Specific Age Group in States #1 and #2
(the states of the 2 subject prisons)

	15-19		20-24		25-29		30-34		35-39		15-39	
	State #1	State #2										
Suicide Deaths	5.9	13.7	17.8	29.0	25.1	48.8	9.9	33.7	20.6	17.8	15.1	27.4
Motor Vehicle Accident Deaths	103.3	50.3	110.1	86.9	50.3	62.7	34.6	33.7	36.0	17.8	73.3	53.5
Homicide Deaths	5.9	0	3.6	5.8	16.8	0	0	0	0	0	0	0

(From Table 1-27, Vital Statistics of U.S.A., 1970, and U.S. Census, 1970)

This Table shows that while the two states associated with the small prisons mentioned above had dissimilar rates for free white males, state #2 had higher and state #1 had slightly lower rates than the rest of the nation. (There were insufficient numbers

to make a rate comparison for non-whites.) These figures indicate that these states do not have a lower rate than other states in the nation and, therefore, that there is no reason to assume that the rarity of suicide which I observed is a reflection of a lower local rate. Indeed, it may have indicated only a low order of frequency in most state prisons.

An attempt was made to obtain data from other states for the year 1970, without success. Many states maintain no permanent records of inmate deaths. But fortunately, a survey of violence statistics for 1972-73 was carried out by Dr. E. Preston Sharp, former Executive Director of the American Correctional Association. He queried all fifty states plus the District of Columbia. All but six gave replies, which were collated and published in a memo to all state correctional directors in July 1974. I found that one of the replies to Dr. Sharp inadvertently included 1972 data on misdemeanants and detainees (which I did not use), and I was able to receive data directly from one of the missing six. I made telephone inquiries to many of the remaining 45 states and was able to confirm that the 1972 figures given Sharp concerned felons and included few if any misdemeanants and detainees. The 1973 figures were surprisingly less reliable and for this reason were not used to compare with the 1970 U.S.A. Vital Statistics. What was found for 1972 is as follows: The sum of 58 suicides in the prisons of 45 states. The National Prisoner Statistics, U.S. Department of Justice SD MPS PSF-1, provided the number of 159,571 felons in the custody of the states on December 13, 1972. Thus, the suicide rate for incarcerated felons in 1972 was approximately 36.3 per hundred thousand. The incidence of suicide in the prisons of the 10 most populated states in 1972 was 33.1 per hundred thousand; the incidence for those of the least populated states was 34 per hundred thousand.

What about the federal prisons? Reiger¹⁴ reported that the total number of suicides from 1950 to 1969 was 41. He calculated a rate of 10.5 per hundred thousand. Ms. Cynthia Johnson, Research Analyst at the Department of Justice, Bureau of Prisons, kindly gave me the figure of 33 suicides from December 1969 to December 1974. The average prison population during this period was "approximately 22 thousand." This works out to a rate of 30 per hundred thousand. Thus, if the 1972 rate of suicides in both state and federal prisons can be assumed to be no more than that of 1970, and if one can assume that the suicide rate in the nation did not change dramatically between 1970 and 1972, my conclusion is that although the actual risk of suicide among incarcerated felons is indeed greater than that of the general population, it is less than the risk of automobile deaths outside of prison and much less than the risk among non-whites of being victims of homicide. Considering that the background, predispositions and circumstances of incarceration would be associated with a high incidence of suicide, and considering that the incidence of suicide "attempts" in various prisons has been as high¹⁵ as 10,800 *per hundred thousand*, why don't we see a much higher rate of completed suicide? Stated differently: what could account for the high proportion of suicide attempts to suicide? In a Belgian prison this proportion was found to be 2½ times the ratio of attempts to completed suicides in the general Belgian population.¹⁶ Wilmot explains this phenomenon as an expression of the "theatrical function of suicidal behavior in prison," but he quotes Hochmann's and Ringle's description of a presuicidal "sociopathic situation."¹⁷ The latter describes "an interaction between an individual and a group that is vitiated or insecurely constituted." This suggests that a suicide attempt can be a communication of a current suicidal crisis and of an individual's need for integration within a group. In the Belgian prison, group integration problems might be correlated with suicidal behavior.

III. Prison Life

Life in prison is much more than "doing time" and waiting. While ties with the outside world attenuate, relationships with members of the inmate world intensify and

preoccupy the prisoner. Space will not allow more adequate descriptions of this closed society, and there are many excellent ones¹⁸ which can be referred to for detail. I will merely summarize the characteristics which have impressed me most:

- A. Abandonment. There are progressively fewer visits by family and friends, diminishing mail, increasing spouse infidelity, and increasing divorce.
- B. Work Inhibition. There is perhaps ten minutes of real effort during any hour of "work time." Inmates quickly realize that greater effort is seen by other inmates as deviant and possibly dangerous. Vocational rehabilitation and educational opportunities are severely limited by low state budget priorities. Job experience such as the making of license plates is useless (also illegal) for employment after return to the street.
- C. Predation. This is carried out by inmate leaders and members of the most powerful inmate group. Its overwhelming power arises from collaborative* effort between leaders and prison staff to keep order and a quiet prison. This power is also enhanced by the unavailability of legal representation and guard protection. The currency of the inmate society is 1) any real money (rare and illegal) and canteen credits, 2) contraband drugs and liquor, 3) services such as hustling or homosexual submission and, 4) menace or violence.
- D. Degradation. This is a process by which external consensual refutation of personal identity (*e.g.*, as a citizen with equal rights under the law), values and achievement is accepted and internalized. The new self-image is abased unless the old values can also be replaced compatibly. Police apprehension, interrogation, plea bargaining, sentencing (occasionally with a personal condemnation from the bench), transportation in chains, divestment of personal belongings, and body orifice search are only the preliminaries to incarceration. As soon as the cell door closes and guards depart, other inmates, who have amazing access to official information and "quarantine" areas, begin status probes: questioning, offering, insinuating, taunting and threatening to determine strengths and weaknesses. Young, physically attractive men who seem insecure are the favorite targets.

Hans Toch, in his most recent book describing prison life, states: "fear in other words is more—much more—than awareness of danger. It is that too and in this sense it represents an indictment of settings in which the unscrupulous are left free to terrorize their fellows. But fear is also an index of self-worth, and it is used for this purpose by victims and predators—and spectators. The fear is para-

* Political premium is on a quiet prison which an undemanded, marginally trained staff can sustain only by collaboration with inmate leadership. Public need for a "correctional" instrument of retribution, and legislative reluctance to tax: both create the consequent inadequate funding and staffing of most prisons. Staff from warden to guard are not rewarded, and in fact, are often adversely conditioned when there is successful rehabilitation of convicts whom the public never really wants to see free again. Thus, prison personnel are placed in the double bind of being obliged to respond simultaneously to two conflicting and totally incompatible behavioral norms. The formal and openly avowed norm is the formidable task of rehabilitating and resocializing offenders. Implicit in this task is the achievement of personality or character change in habitual offenders. The informal or largely preconscious norm (which is politically reinforced) is to punish,¹⁹ avenge for wrongdoing, and keep the offender locked away from society for as long as the law will allow. Although most correctional staff can perceive integrity in their task to prevent escape, the role of injuring or sadistic custodian is perceived as degrading and is, therefore, demoralizing or undermining of self-esteem (see following note) as well as regressive to any correctional program.

For example, two men, originally sentenced to hang and subsequently receiving commutations to life imprisonment, became such ideal or model prisoners that the prison staff and parole department recommended parole after they had become legally eligible. Official and public reaction against this decision, apparently based upon the enormity of the crime, included rescinding parole and executive attempts to fire the head and some members of the parole board. The demoralization of the parole board has been severe and prolonged.

lyzing and incapacitating and leads towards self-entrapment. Fear also makes men vulnerable: fearful men become more dependent than most on the support of their fellows. It is ironic, therefore, that men who are afraid are unlikely to evoke sympathy, understanding, fellow feeling and support for by virtue of the stigma such men carry they promote distance, manipulation and contempt. They do so because they remind other men of the thin and precarious line that stands between respect—and self-respect—and social opprobrium. For in the power-centered male society those who are down tend also to be out. They are rejected because by virtue of their degradation they make the rest of us manly.”²⁰

- E. Small Group Support and Polarization. “Cell talk” begins immediately on contact with inmate community. For most inmates this group is comprised of neighboring cellmates or former, preincarceration associates. “Cell talk” begins immediately on contact from morning to late night hours. It serves to communicate about 1) the power and menace of inmate leaders and members of the “in” group; 2) the benefits of cooperation and non-interference with this power. The leaders “negotiate” with the administration and guards. Anyone else who does so may be in mortal danger as soon as he is even accused of being a “squealer” or “rat.” An inmate quickly learns that the safest course is to avoid whoever is known as an enforcer or “unpredictable,” to comply with leaders’ “requests,” and to avoid being a witness of anyone else’s business—legal or otherwise.

In the face of terror there is great pressure to seek the acceptance of and membership in one of the most powerful groups. Either affective or verbal expression of anxiety, depression or psychic pain is suppressed by most groups, which interpret such to be signs of vulnerability, weakness or unmanliness. Thus, there is little, if any, direct psychotherapeutic action except the confrontation of each member with the reality of menace, which displaces or externalizes need. One of the major functions of the group is to “watch out” and to secure each member against ambush. A much more important function, however, is the psychological support of sharing and mutual acceptance of values which are developed and emphasized during extensive cell talk. Loyalty to other members seems to be the presumptive central value of the groups, while subject matter of discussion focuses, at least initially, on institutional arbitrariness, administrative procrastination, sentence inequities, legal abandonment, alienation from family and outside friends and predative activities of other inmates who do not belong to the group. The apparent collaboration of guards* with the most dangerous anti-social elements in the

* Undertrained and undersupervised guards working isolated and in menacing situations are vulnerable to demoralization and reaction to narcissistic injury. Narcissism, according to Kohut,²¹ is “an integral self-contained set of psychic functions” that can be “mature, adaptive, culturally valuable attributes . . . institutionalized relatedness to idealized object(s) . . . In response to ostracism and suppression the aspirations of the grandiose self may indeed seem to subside and yearning for a merger with an idealized self object is denied. The suppressed and unmodified narcissistic structures (omnipotence and grandiosity), however, become intensified as their expression is blocked and the individual becomes ready to experience setbacks as narcissistic injuries and respond to them with insatiable rage.” Stated differently: In normal personality development, narcissistic functions which during early childhood are expressed (and tolerated) as omnipotence and grandiosity, are modified in adult life into socially constructive and potentially creative problem-solving approaches. These approaches are often modelled after idealized concepts of successful others. Lack of support and approval by superiors and peers diminishes self-esteem and results in regression to aggressive and sadistic methods of regaining “respect” by lowering the status of others. To me this is perhaps the best technical explanation of the progressive brutalization of guards who, in a double bind, are unprepared and frustrated in accomplishing their correctional roles by being rewarded only for a “quiet block” that inmate terrorists help maintain.

Guards’ backs seem to be turned when an obstreperous or uncooperative inmate is being beaten. One deputy warden, now retired after more than 20 years of service, expressed the sadism with a phrase commonly heard: “Doc, when I came here I did everything I could to help them, but I came to realize they are nothing but animals!”

prison as well as the unavailability of legal resources initiates, and perhaps enforces, a growing conviction in each group that Society as a whole is the real enemy.

Myer's and Lamm's valuable discussion²² of a polarizing effect of group process indicates that *participant* management is the effective strategy to evoke "social and information forces in the right direction." Concurrence seeking "as a form of striving for mutual support to maintain self-esteem results in the suppression of deviant thoughts." Anti-social inmate leadership in a vacuum of correctional guidance suppresses thoughts of social *conformity* which in an inmate society are very often seen as deviant. To outsiders one outcome of this polarization is observable in news reports of revolutionary statements made by inmate leaders who have become enhanced in their capacity to project offenses upon society, to protect themselves from self-blame, to reject previous loyalties (and values), and to reunite affective expressions with overt aggression against the external tormentor. It is easy to see that the tormentor is anyone who supports or condones any governmental system of criminal justice (although this does not mean that inmate groups do not condone their own system of criminal justice, which is usually harsh and swift). To those who work inside prisons it is easy to observe the displacement of conforming thought with frequent and prolonged interest in finding undetectable and unprosecutable ways of "beating the system."

To sum up, the prison setting of continuing personal indignity and danger literally coerces a depressed or suicidal individual to accept replacement of objects lost with the only available alternative: friendship and group loyalties of fellow inmates. Symptoms of anxiety and depression as well as self-destructive impulses rapidly diminish during incarceration as group acceptance and assimilation take place.

IV. Preliminary Report on Psychological and Behavioral Effects of Incarceration

During the past two years a research program has been conducted under the direction of Dr. Paul B. Breer in which inmates admitted to one of the prisons have been administered the Psychiatric Status Schedule (PSS) designed by Robert Spitzer and Jean Endicott.²³ This inventory was originally developed as a structured psychiatric interview to yield scores of severity of various signs, symptoms and degrees of role impairment in psychiatric outpatients. The original goal of this research was to develop a method of identifying inmates who would need psychiatric services. During the course of a follow-up study the original schedule was modified, leaving out items which assume a non-captive state. Those designed to measure forms of impairment unique to prison life were added. For example, some of the scales developed include: illegal behavior (sample item: currently restricted to cell for disciplinary reasons); aggression (sample item: has hit another inmate within the last 47 hours); victimization (sample item: goes about prison only when someone is with him); and anti-authoritarianism (sample item: has threatened a guard). Obviously, comparison of the results obtained in the original PSS with the modified schedule (prison PSS) has introduced an error which we have not yet been able to assess. Nevertheless, the items on the scales which measure subjective distress and behavior disturbances are unchanged. It can be argued that the addition and replacement of any items in the original inventory make the two schedules incomparable. For this reason, whenever possible, the prison PSS is now being administered to new inmates, particularly those who have been detained in jail prior to trial. To date a total of 71 inmates who were routinely given the PSS have been retested with the prison PSS after six months of incarceration. The results are shown in Table IV.

The percentages refer to the proportion of inmates who showed moderately severe or severe scale scores. In our opinion, the percentage changes are not yet significant because we do not have a sufficient number, and I repeat that these figures involve comparisons of responses to two actually different inventories. However, the differences suggest changes which are consistent with what we have observed clinically: during

TABLE IV
Spitzer-Endicott Psychiatric Status Schedule (PSS and Prison PSS)
Percentage of Inmates with Scores Indicating Moderate or Serious Impairment
At Intake and 6 Months Follow-up

	<i>PSS Intake</i>	<i>Prison PSS Follow-up</i>
<i>Scale</i>		
<i>Subjective Distress</i>		
Depression-anxiety	26	17
Suicide, Self-mutilation	10	4
Somatic Concern	2	3
Social Isolation	34	35
<i>Behavioral Disturbance</i>		
Inappropriate Affect, Behavior	8	16
Belligerence-negativism	3	8
Retardation—Lack of Emotion	5	9
Speech Disorganization	9	15
Disorientation	4	3

incarceration severities of symptoms and signs of subjective distress, particularly depression-anxiety and suicidal potential, *decrease* while disturbances in behavior increase. Further follow-up will help us confirm or correct this impression.

V. Discussion

Are the indignity and personal degradation that characterize imprisonment important contributants to suicide? All of the information available to me does *not* give an affirmative answer. Indeed, considering the many additional predisposing influences in prisoners' backgrounds, I suggest that events which follow incarceration of felons may even reduce their tendency to suicide. The image of governmental authority created by inadequate staffing of prisons, bureaucratic paralysis and arbitrariness combined with the polarizing influence of violence, predation and inmate anti-social support may be *enabling* to many who despair of finding effective conforming roles. This would be particularly true if a person finds relative degrees of acceptance and security against predation and menace in the prison anti-establishment society. Sharp's violence statistics showed that four of the 10 states with the highest prison homicide death rates in 1972 and seven of the 10 states with the highest prison homicide death rates in 1973 had lower than average prison suicide rates.* It would seem useful to study the various psychological support systems that may be available to inmates in these prisons—particularly if the homicide rates can be found to be reliable indicators of extensive predatory activity. Outside of prison, non-whites are poorer than whites, more deprived, from more unstable family backgrounds, more likely to be incarcerated and ten times more likely to be killed by homicide. Fear and predation appear to be omnipresent in urban areas where most of them live. Yet if vital statistics are correct, non-whites in 1970 had one-half the suicide rates of whites. If predation does not predispose to successful suicide, why not?

Osip Mandelstam and his faithful biographer-wife²⁴ discussed—on his way through horror to death in a Siberian concentration camp—how the suicidal *thought* can serve a

* The converse, however, did not hold. Only four of the 19 prison systems without homicides had higher than average suicide rates in 1972, and seven of the 17 without homicides had higher than average suicide rates in 1972. One state had higher than average suicide and homicide death rates.

tranquilizing function in the face of confusion or of certain agony and destruction. He had himself, leapt and slashed during moments when he was near delirium with fear. But at all other times the consistent desire to live was maintained. "Why do you think you should be happy" he would say. No one was so full of the joy of life as him, but though he never sought unhappiness neither did he count on being what is called 'happy'." Herman Melville is quoted by Murray²⁵: "The privilege, the inborn inalienable right that every man has of dying himself and inflicting death upon another was not given us without a purpose. These are the last resources of an insulted and unendurable existence." Melville did not actually attempt suicide, although he was long preoccupied with it. Even one like Sylvia Plath, who did kill herself, was considered by Alvarez²⁶ as not really wishing to die but rather willing to risk doing so in her effort to make creative change in her own existence. To quote Seneca: "Foolish man, what do you bemoan and what do you fear? . . . from each branch liberty hangs. Your neck, your throat, your heart are all so many ways of escape from slavery. Do you inquire the road to freedom? You shall find it in every vein of your body."

The prisoner's suicidal act, which often appears to be a cry for some kind of help, is at least sometimes an attempt to manipulate prison administrators' fear of public criticism. But Tabachnick²⁷ views the act as also symbolic of a crisis of imminent personality change. The new prisoner may not only be grieving for his loss of freedom and leaving behind old forms of personal security but also moving through terror and predation toward unnerving new situations which require anti-social identification. The prisons with which I am familiar seem to have evolved an almost perfect institutionalization of this procedure, the outcome of which is the production of an anti-hero;²⁸ someone who has successfully coped with decivilization by becoming identified with a better discipline—a mutually supportive and loyal anti-civilization. If this is the case, the more effectively prison life helps an inmate to identify himself as a predator and enemy of society, the less often he will need to consider the role of a suicide in crisis. Inmate replacement support will offer the inmate an acceptance in which successful value concurrence brings return of self-esteem. One would expect a higher risk of suicide among individuals who are unable to make successful identifications and allegiance with any inmate group. For example, one inmate who had been one of the most feared "enforcers" of the largest and most powerful inmate group severely lacerated himself when he was ejected by his leaders, who regarded some of his behavior as uncontrollable.

VI. Summary

The unimpressive suicide rates in highly predisposed, suicidally preoccupied and suicide-threatening prison populations may be a consequence of successful antisocial personality reorganization in institutionally contrived and resolved suicidal crises. Institutionalized predation can easily create and maintain circumstances of extreme indignity and personal degradation to force a suicidal crisis which can be best resolved through identification with the aggressive anti-social leaders of inmate society.

References

1. Mitford J: Kind and Usual Punishment, *The Prison Business*. New York: Knopf, 1972; Wicker T: *A Time to Die*. New York: Quadrangle, 1975
2. Donahue R: NYU Symposium: Suicide in prison. *Journ Psychiatry and Law* 2:1 73, 1974
3. Danto BL: *Jail House Blues: Studies of Suicidal Behavior in Jail and Prison*. Orchard Lake, Mich: Epic, 1973; Sartre JP: *St. Genet, Actor and Martyr*. New York: G Braziller, 1963
4. Murray HA: Dead to the world: the passions of Herman Melville. In Schneidman ES, ed, *Essays in Self-Destruction*. New York: Aronson, 1969
5. Toch H: *Men in Crisis: Human Breakdown in Prison*. Chicago: Aldine, 1975

6. Allen TE: Patterns of escape and self-destructive behavior in a correctional institution. *Corrective Psychiatry and Journ of Social Therapy*, 15:2, 50, 1969
7. Sloane B: Suicide attempts in the District of Columbia prison system. *Omega*, 4:1 37, 1973
8. Tuckman J, Youngman WF: Suicide and criminality. *J Forensic Sciences*, 10:104, 1965
9. Koller KM, Williams WT: Early parental deprivation and later behavioral outcome. *Australian & N Z Journ Psychiatry* 8:89, 1974
10. Sloane op cit
11. ibid; Toch op cit
12. Schoenfeld CG: In defense of retribution in the law. *Psychoanalytic Quarterly* 35:108, 1966
13. Douglas JD: *The Social Meanings of Suicide*. Princeton NJ: Princeton Univ Press, 1967
14. Reiger W: Suicide attempts in federal prison. *Arch Gen Psychiatry* 24: 532, 1971
15. Toch op cit
16. Wilmotte JN: Etude de comportements suicidaires en milieu penitentiare. *Acta Psychiat Belg* 73: 411-426, 1973
17. ibid
18. Danto op cit; Mitford op cit; Toch op cit; Wicker op cit
19. Sloane op cit
20. Toch op cit
21. Kohut H: Thoughts on narcissism and narcissistic rage. *The Psychoanalytic Study of the Child*, New York: Quadrangle, 27:364, 1972
22. Myers DC and Lamm H: The polarization of group process. *American Scientist* 63:297, 1965
23. Spitzer R, Endicott J, Cohen G: *The Psychiatric Status Schedule*. 2nd ed, Dept of Psychiatry, Columbia Univ, 1968
24. Mandelstam N: *Hope against Hope*. New York: Atheneum, 1970
25. Murray op cit
26. Alvarez A: *The Savage God, a Study of Suicide*. New York: Random House, 1971
27. Tabachnick N: Creating suicidal crises. *Archives Gen Psychiat* 29:258, 1973
28. Sartre op cit