

SELF-INJURY IN CORRECTIONAL SETTINGS: “PATHOLOGY” OF PRISONS OR OF PRISONERS?*

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Although self-injury is not a new behavior, public awareness of it has increased dramatically since the mid-1990s (Adler and Adler, 2005). Self-injury is generally defined as the deliberate act of physically hurting oneself, usually without conscious suicidal intent, in a manner that results in superficial, rather than traumatic, damage to body tissue. Despite typically being perceived as psychological in nature (Favazza, 1998; Muehlenkamp, 2005), the etiology is not often clear. The bulk of self-injury behavior (SIB) research comes from a mental health perspective, rather than from sociology or related disciplines; yet the DSM IV (1994) says little about SIB, other than listing it as a symptom for other “disorders.” Clinically, self-injury consistently has been linked to a broad range of individual-level problems, ranging from intellectual and developmental difficulties to emotional dysfunctions, and to physical and behavioral maladaptation. Such typologies reduce the act to individual pathology rather than, as Kilty (2006) notes, a possible coping mechanism in a debilitating environment.

Estimates of the prevalence of self-injury in the non-prisoner population are inconsistent, varying from 1% to 4% and between 12% to over 40% among adolescents and college-aged samples (Muehlenkamp, 2005; White Kress, 2003). One of the few common claims across studies is that self-injury typically begins during early adolescence and tends to persist for an average of 10 to 15 years, although it may continue for decades (Favazza, 1998; Muehlenkamp, 2005).

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Because of the social stigma attached to it, self-injury among non-prisoners tends to be concealed from others (Adler and Adler, 2005). Although little research has been done on self-injury in prison, Kilty's article, consistent with Groves (2004), suggests that the pattern is similar behind the walls. In a study of Holloway prison in England, Cookson (1977) found that women who self-injured tended to be younger, were serving longer sentences, and had higher hostility scores than the average prisoner. Because about 55% of federal female prisoners in Canada are under age 34, and because about 85% are first-time federal offenders (CSC, 1999), we should expect to find a high proportion of women prisoners in the age cohort at high risk of self-injury. These figures are consistent with those in the United States, indicating that the issues are not border-specific for administrators, mental health specialists, and the women themselves.

As Kilty argues, viewing self-injury primarily as individual pathology leads to policies that emphasize control and punishment, rather than to an understanding of the broader context of the behavior. This approach has two consequences. First, policy responses to self-injury primarily seek to control or penalize it, rather than to address any broader institutional factors that may contribute to the behavior. Second, prison officials typically ignore the role played by the debilitating environment that both motivate and facilitate self-injury, thereby creating prison policies that retain a myopic thrust that may in fact encourage such behaviors.

THE VALUE OF THE STANDPOINT PERSPECTIVE

Feminist scholar Dorothy Smith (1987:211) long ago observed that "sociological texts characteristically relate us to others and even to ourselves as objects." Prison scholars, perhaps more than other social scientists, find themselves on the outside looking in, making objects of staff and prisoners. The result is that they tend to accept the institutional issues and problems as defined by those charged with maintaining the institution, and ignore how the corresponding practices organize the daily experiences from the standpoint of those who live them. Although not fully developed in her piece, Kilty argues that a standpoint perspective, an ethnographic approach to knowledge that centers on the lived experiences of research subjects as the primary interpretive framework for analysis (Smith, 1987), should drive prison policies that directly affect prisoners' well-being. Kilty suggests that current CCS policies may actually exacerbate the problem of self-injury. Rather than develop prison policies from the top down in response to the control mission of corrections, Kilty suggests that by implementing policies shaped by a standpoint perspective, prison staff

could initiate strategies that would more effectively address the needs of self-injurious women prisoners.

Expanding on Kilty's themes, we suggest that a standpoint perspective can contribute to prison policy in three ways. First, it can reduce the distance between keepers and kept by providing alternative ways of addressing women's needs from their perspective, which does not mean that prisoners "get what they want," as some critics have suggested. Instead, in dealing with non-security issues that affect their prison experience, women participate more fully in sharing their interpretation of their own experiences and engage in a dialectical process of information sharing. Second, standpoint shifts the definitions and images of policy-making by challenging what professionals presume they know about women's experience in general and self-injury in particular. Rather than see self-injury as a condition that reflects individual pathology, widening our gaze to view the contributions of a broader prison context opens up a wider window through which to view the conditions and impact of prison on prisoners. Finally, standpoint helps reduce the power asymmetry that can contribute to "acting out" as a response to isolation, deprivation, and confinement.

THE PROBLEMS OF SELF-INJURY IN PRISONS

Kilty asks: How do we balance the security and other administrative needs of staff with the needs of prisoners who act-out in ostensibly self-destructive ways that pose a potential threat to self or others? Cookson (1977:333) notes, for example, that prison staff often code self-injurious behavior as a desire for attention. Because the behaviors tend to occur in "runs," it is also seen as a response to boredom. Cookson suggests that a significant number of incidences of self-injury tend to follow events that result in feelings of depression, powerlessness, and reflect a "punishment of self" as an attempt to control the environment. In a more recent study in Canadian prisons, Wichmann et al. (2002) found similar results, adding that self-injurious behavior, especially suicide, is often accompanied by other adjustment difficulties. They suggest that a "coping deficit" might be a major contributing factor to SIB. Although they focus more heavily on suicide attempts, and although they note that suicide, self-mutilation, and self-injury are intertwined, they argue for a conceptual distinction between attempts to self-injure only and authentic suicide attempts in expanding future research directions. Like Kilty, they oppose the view that SIB should be considered primarily a matter of security and discipline.

In England, the HM Prison Service (2005) employs the "Assessment, Care in Custody, Teamwork" (ACCT) model, which, unlike most prisons in the United States or in Canada, involves not only the prisoners, staff, and mental health and other professionals, but also includes the family and

the community. Although intended to focus primarily on potentially extreme self-destructive behaviors, such as suicide, the ACCT model advocates training staff to recognize thoughts, feelings, behaviors, situations, and physical changes that could precipitate self-directed harm.

Unlike Canadian or English prisons, which are centralized and run by the government, the decentralized nature of prison governance in the United States, leads to disparate policies both across states and within prisons in a given state. For example, one experienced researcher in an East Coast prison reports that disruptive behaviors that do not involve rule violations are normally treated as mental health issues. Although self-injurers were not written up for disciplinary violations, they were often put in segregation “for their own good/safety” as were women attempting suicide. In another state, a former mental health professional in a large Midwest women’s prison stated that between 33% and 50% of all women prisoners attempted suicide at least once during incarceration, and that SIB was common, both in the mental health unit and in the general population (Mental health professional, personal communication, 2005). Such activity included cutting, swallowing objects, and occasionally inserting an object in a body cavity. Unlike the preliminary Canadian study by Cookson (1977), there was no evidence in this institution that SIB came in waves, nor was there evidence that one SIB incident motivated others to engage in similar behaviors. In this institution, SIB was managed on a case-by-case basis, depending on assessment of the problems by mental health staff, and any exacerbating circumstances in the prison.

Although our discussion, like Kilty’s, focuses on women, the problem may be even more extreme in male prisons, in part because of the higher level of aggression among male inmates, and because their SIB tends to be more violent. Drawing from her study in a super maximum security institution in Washington, Lorna Rhodes (2006) describes the problem of SIB in male institutions:

. . . in this small, all-male unit intended for the system’s mentally ill inmates, self-harm was a frequent occurrence. It was both a medical emergency, requiring immediate intervention by clinical staff and setting in motion a chain of bureaucratic reactivity, and an expressive act whose meaning was overdetermined and contested. Cutting, near-hanging, self-mutilation and swallowing sharp objects appear as bodily enactments of emotional pain that teeter at the brink of suicide. Prison staff, however, considered them an extreme and all-too effective bid for attention.

Prison administrators face a difficult, if not seemingly impossible, task in developing systematic policies to protect inmates while maintaining prison security. We agree with other scholars that policy makers should take a

more proactive role in addressing the issues of both male and female prisoners. The involvement of all stakeholders, as developed in the English ACCT model or the more modest, but still helpful, attempts to develop assessment measures of high-risk prisoners suggested by the CSC in *Creating Choices* (1990), are useful first steps. The value of Kilty's piece lies in raising attention to this by exploring the standpoint of prisoners and in addressing self-injury as a coping deficit in adjusting to prison culture, which affects both male and female prisoners. One issue, usually of secondary importance to policy makers, is how the coping deficit can be reduced. Because prisons are not generally observed as the most malleable of institutions, and because security needs trump all other concerns, some of our following discussion might seem unrealistic. However, historically, prison missions shift, prison conditions change, and managing "problem populations" more humanely has gradually become recognized as an effective (and efficient) custodial goal.

DISCUSSION: PRISONER OR ENVIRONMENTAL PATHOLOGY?

When conditions of existence become overwhelming, people may either acquiesce or resist (Milovanovic and Thomas, 1989). Exiled and powerless, prisoners have relatively few ways to resist either the control or the conditions imposed by their keepers, especially in high-security institutions. Rhodes (2004) has described the powerlessness of prisons in a super-max institution in Washington and expands in a more recent study (2006):

Prisoners in lockdown facilities live in a state of fairly minimal bodily existence; they lack independent access to basic amenities, are radically restricted in their actions, and have no control over others' access to their persons. Further, incarceration is usually numbingly boring. The emergency of self-harm disrupts this state.

Viewing inmate difficulties in terms of a "coping deficit" provides a policy guideline that, although recognizing the need to focus on the individual mental health of prisoners who self-injure, shifts attention to the broader context in which SIB occurs. Rather than see SIB as only the acting-out of aggressive prisoners or simply as an attention-seeking activity, we should examine the debilitating conditions of prison existence and culture as contributing factors. In this view, SIB becomes symptomatic not only of individual mental health, but of the pathology of prisons as well.

In critiquing the Canadian Service Report, Shoshana Pollack (2000) observed that one major flaw was that it over-emphasized the interpersonal and structural dependency of women and masked how historically organized and tightly constrained are options for individual choices. Barbara Zaitzow and Jim Thomas (2003) present similar arguments and note

that the special needs of women require policies that reflect gender differences between men and women. Empowering prisoners to contribute to decision making that affects them, even in prison, is one means of addressing SIB policy. But, is this realistic?

By definition, prisons punish, and implementing a standpoint perspective in addressing what appear to be simply “mental health” issues of male and female prisoners might seem excessively idealistic. However, in arguing for a need to move beyond the punitive model of correctional policy, Kelly Hannah-Moffat (2000:32) has pointed out that the “empowerment” model can easily coexist within the “reformist” model of prison administration. Even some women who might ostensibly seem “unempowerable,” either because of their crimes or assaultive behaviors, have potential. The *a priori* coding of some prisoners as unempowerable reflects “a criminology of the Other,” which isolates and stigmatizes some prisoners and trades in “images, archetypes, and anxieties, rather than in careful analysis and research findings” (Hannah-Moffat, 2000:34-35). The danger in stigmatizing, she argues, is that it creates policies that ignore the needs of prisoners, and instead emphasizes their criminogenic tendencies. What, then, should policy makers consider?

First, a few short-term policies seem obvious. Current “best practices” models for dealing with SIB prisoners that involve all stakeholders, such as the English ACCT approach, should be assessed, tested, and further developed, and staff training should be expanded to recognize and respond proactively to high-risk SIB prisoners. Punitive solitary confinement should be used only as a last resort, because it poses the irony of creating additional risks for prisoners and staff, even as it reduces others (Martel, 2000). Especially because SIB behavior tends to occur in isolation from others, isolation may increase both motive and opportunity for further self-injury.

Second, Kilty’s suggestion to integrate a standpoint perspective with policy has merit. Even while recognizing the custodial and punitive mission of the carceral, we can simultaneously incorporate the individual perspectives of prisoners—both men and women—to develop deeper understandings of how they experience their prison existence. Although some observers might interpret this as a “hug-a-thug” approach, it is the opposite. By empowering prisoners, at least some of the excessive and arguably unnecessary forms of prison control can be mitigated, and policies can include factors of depression, anger directed at self and others, and feelings of powerlessness often associated with SIB on a proactive case-by-case basis. A standpoint perspective provides prisoners the opportunity to express their needs and even participate in policies that affect their well-being and can enhance proactive and reactive strategies to deal with SIB and other problems as well.

Third, and most controversial, change prisons. Prisons can be “colleges of crime” not because prisoners learn better methods of criminal activity, but because prisoners learn coping mechanisms required for physical and psychological survival that may not be functional on the streets. About three quarters of all prisoners will be back on the streets within three years, and in the United States, 95% of all prisoners will return to free society. Younger prisoners, especially, should leave better prepared to cope in civil society than when they entered prisons. We offer several suggestions. First, drawing from the Finnish prison model, policy makers should consider the systematic exploration of an open prison system, especially for non-violent, first-time offenders, based on programming and the needs of offenders. This offers the possibility of cost-effective rehabilitation and re-entry skills. Second, the culture of prisons should be changed to reduce the dysfunctional and debilitating characteristics that lead to assault on others and SIB. Although not a suitable approach for all prisoners, continuing to house prisoners with disparate backgrounds and characteristics assumes a “one size fits all” perspective. This leads to the necessity of all prisoners to adapt to the lowest common behavioral denominator as a survival strategy.

In addition, systems in the United States might benefit from considering the principles of the CSC’s *Creating Choices* report in formulating policies that recognize the special needs of women. Rather than recreate the ultra-masculine control system of male prisons, gender should matter in formulating policies and methods of mental health counseling (Walsh, 2006; Zaitzow and Thomas, 2003). Fourth, as Brickman (2004) observes, there is little research on prison SIB, in general, and men, in particular. Both policy makers and scholars should expand research to include, at a minimum, three areas. First, a systematic study of the etiology, costs, and impact of SIB on stakeholders should be examined to provide a clearer understanding for policy making. Second, assessment, modification, and implementation of best-practices in institutions with innovative policies should be developed, whereas third, a standpoint-informed ethnographic studies should assess SIB and the prison experience as lived by prisoners themselves. From this evidence, scholars could build theories for hypothesis-testing in a way that guides all stakeholders in helping prisoners with a coping deficit to do their time and reintegrate into society on release.

Finally, the American Correctional Association (2002) advocates that, as a major principle of corrections, “The dignity of individuals, the rights of all people and the potential for human growth and development must be respected.” One way to work toward this principle is to implement a major reform in the criminal justice enterprise that shifts from the current emphasis on punishing the individual offender to development of, and commitment to, a restorative justice policy model from the sentencing to

the post-release phases, as is occurring in such states as Minnesota. As Walsh (2006) notes in a description of the goals and techniques of correctional counseling, community involvement is critical to all phases of corrections, especially mental health, extending beyond SIB. Space precludes elaboration of a restorative model for corrections, but Walsh (2006) provides heuristic guidelines that integrate counseling, policy, and reform.

Sociologist Bob Connell (1987:17) reminds us that “personal life and collective social arrangements are linked in a fundamental and constitutive way.” The theoretical integration of each is necessary in the process of understanding our collective and individual social existence and transforming that understanding into practice. Whether one agrees with her views expressed on SIB issues in this volume, Kilty offers a way to link policy, theory, and lived experience, instead of reaffirming existing images and unsuccessful policies without challenge.

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