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Research report

Suicide risk and its possible reduction among incarcerated persons in the context of predictive capacity (pilot study based on qualitative analysis of four suicide events)

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1. Introduction

Within the adopted plan, the following aspects of suicide risk are distinguished:

1. The **individual dimension – involving the search for internal, personal determinants of suicide** (e.g., traits, tendencies, beliefs and attitudes, mental disorders and illnesses, etc.);
2. The **individual dimension – understood from the perspective of the environmental resources available to the individual**. This aspect considers environmental resources whose burden or deterioration results in increased suicide risk. In this area, it is proposed that we distinguish resources:
 - concerning the environment outside the penitentiary unit (e.g., having family support, the ability to return to previous work, having housing),
 - involving the environment in the penitentiary unit (e.g., sociometric position in the correctional group, nature of the crime, attitude towards prison staff);
3. The **structural dimension – concerning specific organisational and infrastructure aspects of the penitentiary unit** that may be considered determining factors with regard to the effectiveness of counteracting suicide risk (detention/prison facilities, age of the penitentiary facility, social and living infrastructure, location in terms of transport connections, capacity);
4. The **legal and functional dimension** – related to the adequacy of anti-suicide procedures with respect to the capacity of penitentiary units and their staff (e.g., conflict between the implementation of preventative measures and the numerous tasks resulting from other regulations and orders, insufficient technical resources, insufficient staff for the implementation of anti-suicide measures);
5. The **staff psychosocial dimension** – concerning levels of professional stress, burnout, social integration among Prison Service officers and staff, opportunities for constructive conflict resolution between officers.

As the present constitutes a pilot report, it was based on an analysis of four suicide events, focusing on the aspect concerning the first two factors implicated in generating suicide risk (personal characteristics and available personal and environmental resources).

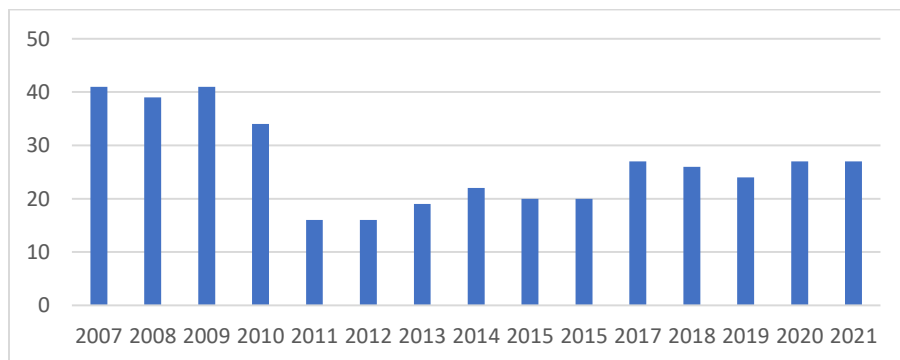
The first part presents global epidemiological data relating to suicide risk in the context of the issue of suicides in Polish penitentiary units. This analysis was performed in order to clarify community-wide key risk factors. The next section of the report introduces the psychological concepts to be used to predict and explain suicidal actions using variables related to the individual's characteristics as well as variables related to the availability of environmental resources (in the internal and external environments). The third part of the study is a qualitative analysis representing an attempt to identify key personal factors among inmates who have committed suicide which may play a significant role in its occurrence. This analysis was conducted to show the potential relationship between multiple risk factors and the survival period of incarcerated inmates. Due to the small size of the inmate group, verification based on the classical model of hypothesis verification by determining probability (that is, verifying hypotheses assuming the existence of relationships or differences) was not carried out; however, reference was made to the proportion between the multiplicity of deficits and the survival period in incarceration (analyses concerning hypothesis verification based on determining probability will be carried out as part of the main study).

2. Epidemiology of suicides in Poland and other countries – contexts relevant to penitentiary science

The *World Health Organisation* (WHO) has the most reliable data on suicide worldwide. Recorded as part of the WHO's activities, data have been collected since 1950 and come from 194 member countries. The organisation estimates that around 800,000 people commit suicide each year. Its projections are not optimistic, as they indicate that the number of suicides could reach 1.5 million per year in the coming years. It is also important to note that the estimates suggest that the number of unsuccessful suicide attempts may be 10 to 30 times higher than the number of suicides. This shows the scale of the phenomenon in terms of the number of people who may be categorised as being at high risk of suicide.

The data presented above suggest that an increase in suicides is possible also in prison environments, which poses questions on the potential need for further development of the prevention system; at the same time it should be emphasized that in recent years a decrease in the number of suicides has been observed due to the development of preventive procedures, as shown in Table 1 (below).

Table 1. Number of suicides in Polish penitentiary units from 2007 to 2021



Despite the clear declining trend in the number of suicides observed since 2011, due to high suicide rates among the general population, it cannot be ruled out that the Polish penitentiary system will once again be faced with the need to further improve suicide prevention. The observed trends related to suicide rates indicate that in the future, the Polish prison system may need to implement even more effective procedures and, given staffing constraints, it cannot be ruled out

that any new standards may have to use auto-detection technology, which, for example, will be increase the observational capacity of officers at the monitoring station. In addition, the possible need to further develop suicide prevention measures may necessitate the Prison Service's use of specialised risk assessment methods, the design of which will be based on psychometric procedures, allowing the development of a risk inventory characterised by highly reliable and accurate measurements and, consequently, by high predictive capacity.

WHO analyses of suicide rates take into account variables such as gender, age, economic status, background, cultural aspects, religiosity, and marital status. These statistics also refer to suicide methods.

When it comes to the issue of gender, there is no doubt that men are more likely to successfully commit suicide than women. This issue has not been clearly explained. It is probably because men much more often choose 'violent' methods, such as hanging, jumping from a height, or firearms. Women are more likely than men to attempt suicide by poisoning themselves with drugs or other substances (e.g., pesticides), for which there is a chance to provide effective medical assistance. General estimates indicate that men are nearly twice as likely to successfully commit suicidal than women. These findings lead to the conclusion that men are at much higher risk of suicide than women – including in the Polish penitentiary system. Given that the vast majority of inmates are male, it must be presumed that this fact alone determines a higher suicide rates rate in penitentiary environments than in non-custodial environments. At the same time, it should be taken into account that the discussed gender disparity in the prison population as compared to the general population indicates that any analysis of the effectiveness of the Polish penitentiary system with regard to suicide prevention based on simple comparisons that do not take into account the said disparity may lead to an inadequate, likely underestimated assessment. Note: It should be stressed that this problem not only relates to the failure to consider the gender disparity in such comparisons, but also to several other variables that are responsible for generating increased risk and significantly differentiate the general population from the prison population.

Regarding the age of people who commit suicide, the WHO's findings indicate that suicide risk increases with age. The risk of suicide among seniors is eight times higher than for other age groups. The second highest suicide rate is among those between 45 and 64 years old. These data suggest that age may also be a significant variable in determining inmates' suicide risk. In this respect, the issue of the future challenges for the Prison Service resulting from the ageing prison

population becomes more problematic. There is now a clear trend towards and increase in the number of seniors among both the general population and the prison population. Thus, we should expect the need to intensify preventive measures aimed at this age group, which may in the long term significantly reduce the number of suicides, or at least contain the possible increase in this phenomenon.

Analyses of the relationship between suicide rates and geographic and cultural areas indicate that Europe is characterised by high suicide rates – around 10 per 100,000 inhabitants. Poland is above average for European countries. Currently, the suicide rate in Poland stands at approximately 16 per 100,000 inhabitants. This rate is similar to suicide rates set for neighbouring countries such as the Czech Republic and Slovakia. This is another statistic indicating that suicide may pose a serious challenge to the Polish penitentiary system. The higher suicide rates in the general population relative to other European countries suggests that there may also be an increase in suicides among the Polish prison population if the effectiveness of preventative measures were reduced. As already mentioned, the suicide rate among incarcerated persons has been declining (relative to 2010 and earlier years). Within the Polish prison system, suicide rates are lower than in some other European countries. This downward trend has remained stable for the past 10 years (see Table 1). Considering that the suicide rate among the general population is higher than in other countries and that the rate in the Polish prison system is lower than in the prison systems of other European countries, we may conclude that the regulations and procedures introduced in the Polish prison system should be assessed as effective. To illustrate this point, see Table 2, which presents suicide rates in selected countries together with the corresponding rates in prison environments.

Table 2. Number of suicides in penitentiary facilities per 10,000 inmates in Poland and in selected other European countries in 2017 and the 2017 national suicide rates for each country

Country	Croatia	Greece	Georgia	Bulgaria	Poland	Romania	Moldova
Suicide rate per 10,000	0	0	2.1	2.9	3	3.9	3.9
National suicide rate per 100,000	17.0	6.2	14.3	11.0	19.7	13.3	22.8
Country	Czech Republic	Spain	Slovenia	Lithuania	Latvia	Slovakia	Germany
Suicide rate per 10,000	4.5	5.9	7.4	7.4	8	10	11.8
National suicide rate per 100,000	18.2	8.7	23.7	41.1	30.2	17.2	12.9

Source: 2018 SPACE I report¹ and data from: en.wikipedia.org/wiki/List_of_countries_by_suicide_rate²

When analysing the above statistical indicators, it is worth comparing suicide rates in the Polish prison system with the equivalent indicators in the Czech Republic and Slovakia. It should be noted that the Czech Republic and Slovakia have similar suicide rates among the general population, yet higher rates among their prison populations in 2017 than in Poland. Moreover, the relative effectiveness of the Polish penitentiary system with respect to suicide prevention is also supported by a comparison with Germany and Romania, where suicide rates among inmates were higher than in Poland, despite a lower rate among their respective general populations. It is also worth noting that Croatia has the lowest suicide rate among inmates compared to the rate among its general population, which indicates that it may be worth taking a look at the preventive mechanisms and the specificities of the Croatian penitentiary system in order to potentially implement selected preventive solutions in the Polish system.

In conclusion, it should be noted that despite the relative effectiveness of the Polish prison system in terms of suicide prevention, it is highly probable that in the future the system will face further challenges related to the increasing suicide risk among inmates (due to the possible impact of the multidimensional global risk factors mentioned by the WHO). As an example, it is worth pointing out potential changes including: factors related to the ageing global population, which

¹ 2018 *Space report*, source: [FinalReportSPACEI2018_190611.docx \(unil.ch\)](#)

² en.wikipedia.org/wiki/List_of_countries_by_suicide_rate

affect Western societies in particular; fluctuations in economic conditions linked to business cycles and geopolitical crises; cultural transformations relating to crises of values.

It is notable that in the period since 2000, the highest suicide rate was in 2009 (at 28.7 per 100,000 inhabitants). For subsequent years, the following rates were recorded: 28.0 (2010), 27.2 (2011), 27.7 (2012), 27.0 (2013), 25.8 (2014), 23.5 (2015), 20.5 (2016), 19.7 (2017), 18.6 (2018), 16.5 (2019)³. Taking into account the possibility of an increase in suicide risk due to the potential factors highlighted by the WHO, which depend on macro-social and economic variables, it cannot be ruled out that the prison population may again face the problem of increased suicide rates in the future (as a result of general social and economic factors linked to the situation and conditions in the prison environment). At this point, it is worth mentioning the problems associated with growing addiction rates (affecting around 2% of the Polish population⁴). The persistent prevalence of mental disorders (for example, depressive disorders, estimated to affect nearly 3.8 million Poles) may also have a significant impact on increased suicide risk in the future. The risk of suicide among inmates, conditioned by negative factors affecting the general population, suggests a need for periodic evaluation of existing procedures and their possible adjustment, along with the implementation of new both procedural and technological solutions.

In further review of the social and demographic variables identified by the WHO as significantly associated with suicide rates, attention should be paid to: social status, income, education, housing, and the presence of conflict, as well as health care and somatic health. The WHO report emphasises that low availability of the aforementioned resources is positively associated with increased suicide risk. It is worth noting here that social science research shows that the aforementioned categories of variables should be recognised as particularly important sources of psychological stress. Among others, we may consider S. Hobfoll's concept of resource conservation.⁵ Following his work on a questionnaire intended to measure which gains and losses of resources have a determining effect on stress levels, Hobfoll distinguished between categories of resources such as: professional skills, social support, employment, economic status, food, clothing, shelter, social support, group membership, availability of resources such as a home and a

³ Source: en.wikipedia.org/wiki/List_of_countries_by_suicide_rate

⁴ Source: [Polish alcohol problems \(parpa.pl\)](https://parpa.pl), 16.10.2022

⁵ S. E. Hobfoll, 2006, *Stres, kultura i społeczność. Psychologia i filozofia stresu*. Gdańsk, GWP.

car, jewellery, health, a steady job, marriage, availability of money, time, and knowledge. It is not difficult to notice the convergence between these categories of resources and the variables responsible for suicide risk as presented in the WHO report.

The WHO report also emphasises the link between suicide risk and the incidence of mental disorders and illnesses. It stresses that mental illness is responsible for the vast majority of suicides. It is estimated that the number of suicide attempts among those with mental health disorders is at least 10 times higher than in the general population. It is estimated that up to 98% of suicide attempts are among people with a mental disorder or illness. This would also seem to justify the increased suicide rates in the prison environment. In this regard, it is worth pointing out that a very high percentage of incarcerated persons are individuals affected by pathological factors in the broadest sense, from social pathologies, to behavioural disorders, to psychological pathologies such as personality disorders, mental illnesses, and even psychosis (in remission).

The WHO report also qualifies persons with somatic disorders, in particular chronic diseases, as a particularly high-risk group; at the same time, it should be noted that a significant proportion of inmates experience various somatic difficulties, which often result from poor hygiene.

In analysing the WHO report, it is worth noting that it also emphasises the role of attitudes, values, beliefs (the sources of which are found in our cultural conditioning) in generating suicide risk. This is related to C. Park and S. Folkman's concept of coping by making meaning⁶, which emphasises our ability to overcome life's difficulties by achieving a sense of meaning based on appeals to various types of meaning and value systems. This concept emphasizes the role of the meaning system in our ability to cope with stressful events and to adapt even to extremely difficult life situations. Referring to culture as a source of meaning and values in the context of the issue of suicide in the prison system, it should be emphasised that inmates often function on the margins of society and their socialisation often does not adhere to socially recognised norms and values. Due to the lack of proper socialization, these inmates have internalised cultural norms associated with criminal or prison subcultures, while socially acceptable goals and action patterns remain marginal in their lives. Thus, these individuals, lacking a broader category of culturally and socially conditioned points of reference, are subject to greater suicide risk, due to their limited capacity to

⁶ C. Park, S. Folkman, 1997, Meaning in the Context of Stress and Coping. Review of General Psychology, 30, 115-144. doi.org/10.1037/1089-2680.1.2.115

constructively elaborate their own life experience (based on a diverse and complex system of meanings and values).

3. Definition of suicide – doubts and diversity of the phenomenon in the context of psychological mechanisms

In an attempt to understand suicide as a result of strictly individual mechanisms, we must first define the concept of suicide. Suicide is defined as the intentional act of taking one's own life.⁷ However, suicidal acts are understood as having three distinguishing elements: a) the fact that a person has harmed himself, b) the intention to take his own life and c) the consequences of this action.⁸ However, it should be noted that these definitions refer to the motivation-based concept of intention. In psychology, this concept is multidimensional and ambiguous, which indicates the complexity of the mechanisms underlying suicidal acts.

With respect to the concept of suicidal motivation, this problem has been intensively emphasized within psychodynamic concepts. Sigmund Freud believed that human function was based on two competing instincts – life (*Eros*) and death (*Thanatos*).⁹ Menninger presented a similar position, who referred to the play of forces between the desire for death and the desire for life.¹⁰ The problem of self-destructiveness was also analysed by A. Store, who argued that: "*Suicide may be a single act, but the accidents, impulses and motives that cause such an act are complex, numerous and unknown.*" Among the psychodynamic concepts, the postulates of A. Adler, who pointed out that an important motive for suicide is to inflict pain on another person, which is an overcompensation of the sense of inferiority, seem to be more interesting and of greater scientific value.¹¹ The psychodynamic positions presented above, despite some descriptive value, seem not entirely scientific due to the limited possibilities of explaining and predicting suicide, as in the case of Store. This is due to limitations in the ability to conduct empirical verification of these concepts.

Some theorists who take a psychodynamic approach point out that an important suicide motive is to obtain peace or a state of nirvana.¹² This definition of suicide motivation, though embedded within depth psychology, seems to delineate theoretical elements within cognitive concepts that have a wide range of empirical data demonstrating the role of information processing in individual

⁷ *Stedman's Medical Dictionary*, Lippincott Williams and Wilkins, Philadelphia, 2006.

⁸ WHO *Suicide in the world...*

⁹ S. Freud, *Wstęp do psychoanalizy*, Wydawnictwo PWN, Warsaw 2004.

¹⁰ From: D. Kubacka - Jasiocka, *Autodestrukcja i autoagresja z perspektywy obronno – adaptacyjnych dążeń Ja*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2006.

¹¹ A. Adler, *Sens życia. Biblioteka Klasyków Psychologii*, Wydawnictwo PWN, 1986.

¹² From Kubacka -Jasiocka D., 2006, *Autodestrukcja i autoagresja z perspektywy obronno – adaptacyjnych dążeń Ja*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków.

functioning. In addressing the issue of suicide motivation within the area of cognitive framing, it seems necessary to recall Kelly's concept of cognitive complexity¹³, which states that suicide represents a quest to free oneself from the burden of being unable to differentiate and integrate experiences, which translates into the ability to solve problems and adapt. This may also be related to the processes of assimilation and accommodation postulated by Piaget, aimed at restoring cognitive balance. The state of permanent disequilibrium within the cognitive approach is a reference to the psychodynamic understanding of the experience of a lack of peace, which in its extreme form may become a motive for a suicidal act. L. Festinger's concept of cognitive dissonance¹⁴ or W. Lukaszewski's theory of information discrepancy may also be cited here.¹⁵ Within the concept of cognitive dissonance, suicidal acts should be conceptualised in terms of the persistence of a state of incoherence between incoming information and the individual's cognitive structures. Under the information discrepancy theory, suicidal acts should be understood in terms of the lack of coherence between the incoming information and internal standards and the inability to change this incoherence. The author of the concept of information discrepancy even distinguishes a level of discrepancy that may be associated with triggering self-destructive behaviour in the form of *traumatic discrepancy*.

In explaining suicidal phenomena, an important role should also be attributed to socio-cognitive concepts, which postulate that human behaviour is determined by both internal factors (e.g., cognitive style, belief system, goals or values) and situational factors.¹⁶ At the same time, it should be emphasised that this approach also has an extensive body of empirical data confirming the role of the interaction of situational and personality factors in regulating the functioning of an individual.¹⁷ A concept referring to the socio-cognitive current, which has considerable explanatory power for suicidal behaviour, was proposed by the aforementioned C. Park and S. Folkman. As mentioned in the previous section, these authors' theory refers to coping with stress by making meaning. However, it is worth specifying that it emphasises the role of the interaction

¹³ J. R. Adams – Webber, 1996, Cognitive Complexity and Sociality, British Journal of Social and Clinical Psychology,

¹⁴ L. Festinger, *Teoria dysonansu poznawczego*, Wydawnictwo PWN, Warsaw 2007.

¹⁵ W. Łukaszewski, *Osobowość, struktura i funkcje regulacyjne*, PWN, Warsaw 1974.

¹⁶ W. Mischel, Y. Shoda. A cognitive-affective system theory of personality: Reconceptualizing situations, dispositions, dynamics, and invariance in personality structure. *Psychological Review*, pp. 102, 246–268, 1995.

¹⁷ P. G. Zimbardo, R. I. Johanson, V. McCann, 2010 p. 73 *Psychologia kluczowe koncepcje - psychologia osobowości*, PWN.

of situational factors (the nature of the stressor, the stressful situation) as well as internal coping potential (e.g., coping strategies available to the individual) in determining the adaptation process. In research, this concept is used to explain human functioning in particularly difficult situations, e.g., severe somatic disorders.¹⁸ However, this concept's shortcomings lie in its primary focus on intrapsychic resources in the form of meaning-making potential as well as internal values and beliefs relating to the meaning of life (without socio-economic aspects). Psychological burdens are interpreted through the prism of subjective cognitive appraisal, which, as S. Hobfoll assumes¹⁹, in some situations, may be objective – universal in nature, little dependent on the intrapsychic predispositions of the individual²⁰, and rather determined by the objective characteristics of the stressor. Within Park and Folkman's conceptual framework, suicide should be conceptualised in terms of an inability to give a more positive meaning to events associated with loss and harm, leading to an intensification of ruminating thoughts, resulting in the accumulation of negative emotional states. In this understanding of the consequences of stress as experiencing suffering associated with threat or loss, suicide represents an act of release from negative emotional states and ruminating thoughts.

The concept that emphasizes the objective dimension of stress was proposed by S. Hobfoll, mentioned in the previous paragraph. Based on the socio-cultural determinants of stress, Hobfoll developed a theory of conservation of resources. It holds that adaptation is a function of the interaction between stressors and the resources at the individual's disposal. Within this theory, suicide is associated with an extremely unfavourable balance in terms of resource management, i.e., the occurrence of a situation in which the costs of coping far exceed the gains achieved via the coping activities undertaken. A resource loss spiral is then set in motion. Hobfoll's concept focuses on stress in terms of the proportion of resource loss relative to the resources held (with the level of resource assessment generally being objective rather than subjective as, for example, in Park and Folkman's concept). Adopting Hobfoll's perspective, it should be assumed that those with more limited resources are more prone to suicide, as for these individuals, the costs of coping with a given stressful situation require the mobilisation of a proportionally larger share of their resources than for individuals who have more resources at their disposal. Although Hobfoll's postulates stand

¹⁸ C. Park, S. Folkman, Meaning in the context of stress and coping. *Review of General Psychology*, 1, 2, pp. 115-144.

¹⁹ S. E. Hobfoll. *Stres, kultura i społeczność. Psychologia i filozofia stresu*. Wydawnictwo GWP. Gdansk 2006.

²⁰ *Ibid* S. E. Hobfoll.

in some opposition to the concept of coping by making meaning, as they point to the objective dimension of stress, they also include aspects that subjectivise the coping process. It should be noted that among the categories of resources, in addition to those with a strictly objective dimension, there are also those with intrapsychic properties leading to the subjectivisation of the assessment of life situations (e.g., optimism, wisdom). This concept thus suggests that both resources that are objective in nature (e.g., health, material resources) and those that subjectivise the assessment of life experience (e.g., optimism, wisdom) should be taken into account when assessing distress-related suicide risk.

When attempting to analyse suicide from the perspective of cognitive processes, it would also seem necessary to refer to the concept of information processing levels. This seems particularly relevant in the context of the cited definition of suicide and suicidal acts as deliberate and intentional. Here it is worth mentioning the behaviours involving taking one's life due to disruption of the normal functioning of higher cognitive processes as a result of mental illness, the influence of consciousness-altering substances or serious personality structure disorders. In these situations, we are dealing with abnormal processes of evaluation – and thus doubts as to their intentional nature. This problem seems to be solvable if we refer to E. Langer's concept of mindfulness/mindlessness.²¹ The perspective of levels of information processing postulated by the author allows suicidal intentions to be viewed from the perspective of the dimensions of their cognitive development. It should be noted that the extent to which higher mental processes are involved in a suicidal act can vary widely. Indeed, a distinction may be made between impulsive suicides that did not occur as a result of a deeper cognitive analysis and highly cognitively developed actions that occurred after deep reflection, leading to a conclusion undermining one's belief in the meaning of life. Thus, it is appropriate to differentiate between suicides by referring to the mindful/mindless continuum. Langer describes the presence of a state of limiting mindfulness as a factor that reduces adaptability and is thus associated with increased suicide risk. At the same time, referring to the aforementioned concept of coping through making meaning, the possibility of suicide cannot be excluded even when based on mindful processes under conditions in which, despite these processes, it is impossible to transform an extremely negative assessment of the situation into a more positive one. It should be noted, however, that activating mindful

²¹ E. J. Langer, 1993, *Problemy uświadamiania. Konsekwencje refleksyjności i bezrefleksyjności*. In: T. Maruszewski (ed.), *Poznanie – afekt – zachowanie* (pp. 137 – 179). Wydawnictwo PWN, Warsaw.

processes likely increases the chance for positive cognitive reorientation, which reduces the risk of suicidal behaviour. This is because mindfulness can lead to a reinterpretation of a difficult issue based on the available system of meanings or, as in Hobfoll's case, wisdom, though only if the individual has these intrapsychic resources at their disposal. Mindfulness may also to reorientation in the current system of meanings, or the constitution of wisdom, which in turn may contribute to an expansion of the capacity to adaptively reinterpret events and thus reduce suicide risk.

To summarise the analysis of suicide within psychological concepts, it should be emphasised that suicide is a multidimensional act that can be captured within a variety of psychological concepts. In the interest of trying to make the phenomenon more scientific, in order to reliably describe, explain, and develop optimal preventive measures, it seems most valuable to refer to cognitive and socio-cognitive concepts. It is proposed that we apply C. Park and S. Folkman's concept of coping through making meaning and S. Hobfoll's theory of conservation of resources to counteract suicidal behaviours. In assessing suicide risk, it is also important to consider whether the individual is experiencing a strong state of cognitive imbalance giving rise to high psychological tensions and at what level they process information related to their experience of a crisis situation (whether they have the capacity to engage in mindfulness, thus creating the potential for reorientation and re-evaluation). In general, these concepts indicate that individuals at greater risk of suicide:

- function in a mindless manner,
- experience emotional tension due to an inability to reduce the negative meaning (negative evaluation of difficult events, crises),
- have limited resources (seen from an objective, i.e., socio-cultural perspective, and understood in terms of intrapsychic potential (subjectifying experience), limiting one's capacity for a positive understanding of oneself and one's relations with the world).

4. Analysis of suicides in the context of psychosocial risk factors

Based on the above review of the WHO report on the epidemiology of suicide as well as the psychological concepts explaining the mechanisms underlying suicidal behaviours, an analysis of four cases of inmates who committed suicide was conducted. This analysis was performed to identify potential relationships between multiple suicide risk factors and survival rates in a prison environment (time elapsed between incarceration and death by suicide). For each case, the first section discusses the characteristics of the inmate, based on the investigation report. Each characteristic is discussed in the context of the presence of risk factors derived from the WHO report as well as the presented psychological concepts.

Case 1: inmate ZL, R-1/t:

Recidivist aged 32, classification R-1/t, mental health unit. Repeatedly incarcerated from the age of 20. Always placed in closed facilities. During his last period of incarceration, he required referral to a hospital unit for detoxification. Psychoactive substances used prior to incarceration: so-called kompot ['Polish heroin'], solvents, adhesives. In the past, he repeatedly exhibited self-harming behaviour. HIV and HCV positive. In 2008, he underwent treatment in a unit for psychoactive and psychotropic substance addictions, with results assessed as satisfactory. He was characterized during previous periods of incarceration as a fearful, suspicious, aggressive and quarrelsome person (data established in 2008). The community interview indicated that he functioned very poorly when out of prison (abusing drugs and alcohol, aggression, abusing family members, terrorizing neighbours). During his last period of incarceration, he exhibited a significant increase in coercive self-harming behaviours (related to day-to-day issues such as the television, as well as obtaining a transfer or psychotropic drugs). The inmate was involved in a fight with another prisoner. During his most recent period of incarceration, he was under suicide watch. Referred to addiction therapy – did not complete therapy due to problems with functioning in the addiction therapy unit. The inmate incurred debt with other inmates during his incarceration. He was given a double diagnosis (addiction together with severe personality disorders) with persistent self-harming tendencies – active self-harm, suicide attempts, and cutting. He got into numerous conflicts with other inmates (fights). The inmate had no family or other support from outside the prison unit. He could be classified as having low sociometric status due to difficulties with placement (no other inmates

willing to stay with him). Due to previous incidents of self-harm, he was placed on suicide watch for several months before committing suicide. He was not interested in more therapeutic activities, apart from one-to-one conversations. He committed offences such as burglaries and robberies. In interviews, he stated that he had committed numerous suicidal acts while out of prison. Apart from cutting, one form of self-harm was banging his head against the wall. Significant conflict in interactions with other inmates was observed. During his last period of incarceration, an attempt was made to refer him to therapy for alcohol dependence; however, this therapy did not take place due to an increase in maladaptive and self-harming behaviours. Initially, while in the mental health unit, stabilisation was observed; however, after a short period of improvement, the frequency of self-harming and conflict behaviours increased again. Direct coercive measures were used against the inmate on four occasions in order to enforce lawful behaviour and due to self-harming behaviour and to prevent an attack on an officer. The inmate received disciplinary penalties on dozens of occasions and was rewarded only once.

Diagnoses:

- Personality and behavioural disorders, addiction to psychoactive substances
- Mixed multi-substance dependence and dissociative personality disorder
- Polysubstance dependence
- Opiate and amphetamine addiction
- Abnormal personality
- Personality disorders with diagnoses of psychological degradation and drug and alcohol dependence; a high tolerance to clonazepam was indicated, the withdrawal of which caused an increase in aggressive and threatening behaviour towards himself and others

With regard to socialisation, it is important to point out that the inmate was raised in a dysfunctional family and that his father had a criminal record. The inmate started using intoxicating substances (glue and other inhalants) in his teenage years and was in emergency care on several occasions. He regularly consulted psychiatrists; when contacting a physician, he usually demanded that clonazepam be prescribed. The inmate was also addicted to nicotine.

Case 2: inmate AG, admitted to the unit on 15.06. 2018 as a pre-trial detainee

The inmate was incarcerated for the first time. He did not participate in a criminal subculture. He was suspected of making threats to life and destruction of property and physical and mental abuse of his mother-in-law and wife. His legal situation changed on 18.10.2018, when he received a sentence of 8 months' incarceration. The convict accepted the news of the sentence calmly. He did not declare suicidal intentions. He functioned well among other inmates and behaved in a manner consistent with prison regulations; he was not disciplined. The inmate received psychological counselling; the counselling revealed no distressing symptoms, no suicidal intentions. He had no history of self-harm and did not receive psychiatric, neurological, or drug treatment. A depressed mood was not observed. It was recommended that the inmate be subjected to preventative measures for alcohol abuse. The inmate was visited by his sister. The last time he saw his sister was 2 days before his suicide. No link was observed between his sister's last visit and his suicide (no mention of suicide in his conversations with his sister during her last visit). The investigations carried out did not conclusively establish the motives for his suicide; however, they identified the most likely factors underlying it. The investigators indicated that it was highly likely that the motive for suicide was related to the inmate's difficult personal situation and his impending trial for the abuse of his wife and mother-in-law. The importance of this issue was also indicated by other inmates, who confirmed that the convict complained about family difficulties.

Case 3: inmate LE, admitted to the unit on 20.03.2020 as a pre-trial detainee

Admitted to the unit as a pre-trial detainee on suspicion of committing an offence under Article 200 of the Criminal Code. As of the date of his suicide, he had participated in 3 hearings in the case. The last was on 17 September 2020. A 4th hearing was set for 26.10.2020 (when the suicide occurred).

The detainee was single, lived with his mother and did not admit to the charges against him. He had vocational training in mining. Prior to incarceration, he undertook casual work at a sawmill. He reported no health difficulties. He did not indicate the use of alcohol or other substances. No adaptation difficulties were observed after his admission to the unit. He was characterised as a calm, orderly individual. The only difficulty for the inmate was the need to place him in a separate group due to the nature of the charges against him. The atmosphere in the cell was assessed as appropriate. The inmate did not verbalise intentions of self-harm or suicidal thoughts in his

interactions with unit staff. Having been placed in a separate group, he did not report threats to his personal safety. His time was spent in his cell; he often chose not to go for walks. The inmate was not visited by anyone. He did not make phone calls. It is also likely that he did not maintain correspondence. He did, however, receive financial support from his sister (payments to his account) and parcels containing hygiene and clothing items. The investigators have not conclusively established his suicide motives. The inmate did not disclose adaptation difficulties and did not report feeling insecure. His cellmate stated that he periodically reported feeling hopeless, e.g., that he had nothing to go back to and that all he had was his ill mother. He also complained about the lack of steady work. The inmate was diagnosed with likely lesions in his central nervous system. According to the investigators, the likely factors behind his suicide motives were his personal and legal situation.

Case 4: JM R-1/z, admitted to the unit on 08.04.2019 as pre-trial detainee (suicide after sentence)

Sentence of 3 years and 2 months. He was a homeless person with no contact with his family. The information provided by the inmate indicated that he was not abusing alcohol and had not received psychiatric treatment. He was disciplined three times. He was not visited by anyone. He displayed aggressive behaviour towards other inmates (periodically) and was therefore disciplined (three times). He was not involved in any rehabilitation process. He was periodically placed in solitary confinement in a monitored cell due to his aggressive behaviour towards other inmates. He was isolated from other inmates due to fights. He had previously been incarcerated on four occasions. During a previous period of incarceration (2013-2016), he was categorised as posing a serious social threat or a serious threat to the security of the prison (under Article 88(1) of the Code of Criminal Procedure, referred to as 'N'). He periodically received pharmacological support prescribed by a psychiatrist. He was diagnosed with a dissociative personality disorder. A tendency towards impulsive behaviour was observed. In psychological terms, he was characterized as an expansive individual with poor behavioural control. Due to constantly recurring problems in relations with other inmates and negative attitudes towards others, the need to refer him to psychological testing was indicated. In the period preceding his suicide, the inmate was placed in solitary confinement in a monitored cell, during which time he was constantly observed to be developing negative attitudes towards other inmates as well as aggressive behaviour (which

required him to be interviewed in the presence of a security officer). The inmate also made bizarre statements. One of the psychological consultations indicated that the inmate's mental health problems related to past psychiatric treatment, anxiety disorders, hyperactivity and the likely occurrence of positive symptoms (e.g., regarding stalking by a neighbour?). As a result, the inmate was referred for psychiatric consultation; however, no mental illness was found. The inmate did not report suicidal thoughts and refused to take medication. No attempt was made to place the inmate with other inmates due to his persistent negative attitudes towards other inmates. It was determined that he functioned better in solitary confinement, as the presence of other inmates irritated him. The investigators indicated that a significant factor underlying the inmate's suicide was his diagnosed personality disorder.

Results of the analysis of the main suicide risk factors present in the aforementioned inmates

Case 1 (inmate ZL)

As part of the analysis conducted in relation to the inmate ZL, the judges identified 14 factors as significant determinants of the suicide (polysubstance dependence - highly advanced addiction, multiple incarceration, elevated aggression, elevated tendencies towards self-harm, health risks in the form of HIV and HCV infections, personality disorders, anxiety, tendency to conflict, serious difficulties in interpersonal and social relations before incarceration, highly destructive behaviour related to the use of self-harm to obtain medication (clonazepam), lack of family support, debts to other inmates, coming from a dysfunctional family. Using Kendall's W correlation test, a determination was made of the level of agreement of the independent judges' assessments of the significance of the above factors. A W value of 0.52 was obtained. This result suggests moderate correlation in assessing the importance of individual factors in the occurrence of a suicide. It is noteworthy that the judges, in making their assessment, indicated (in full agreement) that the most relevant factor was advanced addiction in the form of polysubstance dependence. They were also in full agreement as to the health risks in the form of HIV and HCV infections. Considering the two judges' assessments and the level of correlation thereof, it is possible to assume that, within the factors identified for the inmate ZL, it is possible to rank the individual factors in terms of their role in the occurrence of the suicidal act as follows (ranking from the most relevant to the least relevant factor in terms of increasing suicide risk, along with their identification as an internal (Int.) or situational source (Sit.):

- (1) Addiction – advanced stage (polysubstance dependence) (1), (Int.)
- (2) Severe auto-aggressive tendencies (2), (Int.)
- (3) Health risks in the form of HIV and HCV (2), (Int.)
- (4) Coercive behaviour related to self-harm aimed at obtaining psychotropic drugs (3) (Int.)
- (5) Severe personality disorder (3), (Int.)
- (6) Tendency to conflict (3), (Int.)
- (7) Repeated incarceration (4), (Int.)
- (8) Anxiety (4), (Int.)
- (9) Severe difficulties with social relationships prior to incarceration (5), (Int.)
- (10) Coming from a dysfunctional family (5), (Int.)
- (11) Lack of family support (5), (Sit.)
- (12) Aggressive tendencies (5), suspicious tendencies (5), (Int.)
- (13) Debts to other inmates (6) (Sit.)
- (14) Repeated cutting (6) (Int.).

Case 2 (inmate AG)

With regard to the analysis concerning inmate AG, the judges identified 5 factors as the main characteristics, predispositions, and qualities exacerbating the inmate's risk of committing a suicidal act. The qualitative analysis identified factors such as alcohol abuse, aggression towards family members, limited contact with family, fear of being sentenced, and fear of the breakdown of his relationship with his partner (wife). A high correlation coefficient ($W=0.75$) was found among the judges in assessing the significance of individual factors in determining the suicidal act. Considering the two judges' assessments and the level of correlation thereof, it is possible to assume that, within the factors identified for the inmate AG, the following order of individual factors in terms of their relevance to the suicidal act seems appropriate (ordering from the most relevant to the least relevant factor in terms of increasing suicide risk, along with their identification as an internal (Int.) or situational factor (Sit.):

- (1) Alcohol abuse (1), (Int.)
- (2) Limited family support (1) (Sit.)
- (3) Aggression towards family members (2) (Int.)

(4) Fear of sentencing (2) (Sit.)

(5) Fear of relationship breakdown (3) (Sit.)

Case 3 (inmate LE)

With regard to the analysis concerning inmate LE, the judges identified 7 factors as the main characteristics, predispositions, and qualities exacerbating the risk of committing a suicidal act. The qualitative analysis identified factors such as: limited contact with family, fear of sentencing – Article 200, need for isolation from other inmates, diagnosed changes in the CNS, low status in the prison community – Article 200 of the Criminal Code, feelings of hopelessness reported to a fellow inmate, fear of the prison environment. A high correlation coefficient ($W=0.75$) was found among the judges in assessing the significance of individual factors in determining the suicidal act. Considering the two judges' assessments and the level of correlation thereof, it is possible to assume that, within the factors identified for the inmate LE, it seems appropriate to rank the individual factors in terms of their role in the occurrence of the suicidal act as follows (ranking from the most relevant to the least relevant factor in terms of increasing the suicide risk, along with their identification as an internal (Int.) or situational source (Sit.):

(1) Low status in the prison community – Article 200 of the Criminal Code (1), (Sit.)

(2) Fear of sentencing – Article 200 (1), (Sit.)

(3) Fear of the prison environment (2), (Sit.)

(4) Thoughts of hopelessness expressed to a fellow inmate (3), (Int.)

(5) Need to be isolated from other inmates (3), (Sit.)

(6) Limited contacts with family (3), (Sit.)

(7) Diagnosis of lesions in the CNS (4), (Int.)

Case 4 (inmate JM)

With regard to the analysis concerning inmate JM, the judges identified nine factors as the primary characteristics and predispositions leading to the inmate's suicidal act. The identified factors included: Behavioural disorders in the form of bizarre statements, aggression towards other inmates, and dissociative personality disorder. Poor behavioural control, persistent negative attitudes towards inmates in general, need for solitary confinement due to risk of aggression

towards other inmates, need for periodic prescription of psychiatric medication, homelessness, repeated disciplinary sanctions.

A high correlation coefficient ($W=0.78$) was found among the judges in assessing the significance of individual factors in exacerbating the suicidal act. Considering the two judges' assessments and the level of correlation thereof, it is possible to assume that, within the factors identified for the inmate JM, it seems appropriate to rank the individual factors in terms of their role in the occurrence of the suicidal act as follows (ranking from the most relevant to the least relevant factor in terms of increasing the suicide risk, along with their identification as an internal (Int.) or situational source (Sit.):

- (1) Behavioural disorders in the form of bizarre statements (1), (Int.)
- (2) Aggression towards other inmates (2), (Int.)
- (3) Presence of dissociative personality disorder (2), (Int.)
- (4) Poor behavioural control (2), (Int.)
- (5) Persistent negative attitudes towards the prison population in general (3), (Int.)
- (6) Need for solitary confinement due to the risk of aggression towards other inmates (3), (Int.)
- (7) Need for periodic prescription of psychiatric medication (4), (Int.)
- (8) Homelessness (5), (Sit.)
- (9) Repeated disciplinary sanctions (6), (Int.)

In analysing these individual cases, the following numbers of suicide risk factors and survival periods from admission until death were determined for each inmate,

- Inmate ZŁ (Case 1) - 14 risk factors, with 35 days from admission to death
- Pre-trial detainee AG (Case 2) - 5 risk factors, with 5 months from admission to death,
- Pre-trial detainee EL (Case 3) - 7 risk factors, with 8 months from admission to death,
- Inmate JM (Case 4) - 9 risk factors, with 34 months from admission to death

In summarising the above cases, it is not possible to formulate a thesis on the existence of a negative relationship between the number of identified psychosocial risk factors and the survival period of inmates who have attempted suicide. In contrast, it is notable that the pre-trial detainees committed suicide after shorter periods of incarceration than the convicts (the pre-trial detainees after 5 and 8

months, and the convicts after 34 and 35 months). This result suggests that it may be appropriate to create separate predictive models for suicide risk for convicts and pre-trial detainees.

An analysis of the specific risk factors among convicts and pre-trial detainees indicates that the latter, despite lower levels of psychosocial pathologies, is likely to be at higher risk of committing suicide than inmates with more aggravating factors but with a stable legal situation. This suggests that the mere fact of remaining in pre-trial detention may represent a trigger for suicidal activity without the presence of a large number of other psychosocial burdens. And this risk may be further stimulated for those with no previous incarceration, who are unfamiliar with the prison environment.

In performing a qualitative analysis of the identified factors, it is possible to conclude that in the case of pre-trial detainees, external, situational, and environmental factors are more significant in the commission of suicide, while in the case of convicts, the primary factors determining suicide risk are internal – personality disorders, behavioural disorders, mental health disorders of a psychotic nature, addiction, limited emotional coping capacities, e.g., impulsivity.

Given that the comparative analysis does not establish the presence of a negative relationship between the number of psychosocial stress factors and the survival period of incarcerated inmates, and the comparisons made indicated a greater suicide risk for pre-trial detainees than for convicts, and this despite the presence of fewer psychosocial stresses (among the former), the hypothesis that as for pre-trial detainees, suicide rates are conditioned to a greater extent by situational factors than by factors connected with psychopathology; this assumption seems justified, as it is noted that as for convicts, the identified risk factors related primarily to traits and predispositions, while for pre-trial detainees these were situational factors.

In concluding the qualitative analysis of the factors identified by the judges as most relevant for determining suicidal risk, it is worth pointing out that these factors are crucial for assessing inmates' psychosocial functioning and adaptive capacity within several psychological concepts.

As regards addiction to psychoactive substances and substance abuse, it is worth noting that substance use may be considered from the perspective of stress management strategies, while recognising that its use carries very limited adaptive effects.²² At the same time, it should be emphasised that the psychological functioning of an addict is explained, *inter alia*, within the

²² Juczyński, Z., Ogińska - Bulik, N. (2009). *Narzędzia pomiaru stresu i radzenia sobie ze stresem*. Pracownia Testów Psychologicznych (PTP), Warsaw.

mechanism of addictive emotion regulation, which may be considered from the perspective of a maladaptive strategy operating on an emotional level. The maladaptive nature of the mechanisms underlying addiction has been well documented by, *inter alia*, confirming the association of addiction with suicidal intent²³ (Harlow, 1973) and lack of a sense of meaning in life.

Referring to the established factor constituting an individual's internal predisposition, directly triggering acts of self-harm in the form of tendencies towards self-harm, it is worth referring to the problem discussed by Kubacka-Jasiecka regarding the defence mechanism of the 'Self'. While this explanation emerges from a dynamic approach, the fact should not be ignored that this defensiveness may potentially carry the possibility of cognitive reorganization that creates the capacity for adaptation. At this point it is worth pointing out that, on a cognitive level, defensive self-harming behaviours may carry consequences that reduce informational discrepancy, which should consequently translate into reduced emotional tension. The question of the possibility of regaining control, or strengthening it, also seems relevant here. The aspect of cognitive reorganisation related to the redirection of cognitive processes, e.g., attention from a source causing severe stress, discomfort, and dissonance to an area related to self-harm and the consequences thereof should also not be ignored, as it may consequently carry effects similar to those attributed to avoidance strategies (e.g., related to distraction), which in some circumstances may have adaptive value. This self-regulatory mechanism may be particularly significant in individuals with extremely low cognitive complexity and extremely unaccommodating belief, goal and value systems. At the same time, it is worth noting that the problem of self-destruction may be considered on a continuum. The individual moves on a continuum from extreme destructiveness towards maximum constructiveness. The problem of destructiveness finds its origins within the ideas of S. Freud and later within the concept proposed by E. Fromm. Contemporary cognitive psychology refers to implicit theories of reality, e.g., S. Epstein's concept of automatic thinking. Rather, Fromm pointed to the persistence of the mechanisms underlying destructiveness. Epstein's model, on the other hand, refers to assumptions indicating the capacity to transcend destructiveness into areas of constructiveness (which is clearly emphasised within the work of Elis and Beck). In addressing possible behavioural analysis, it may be assumed that – also as concerns suicidal behaviour – there

²³ Newcomb, M.D., Harlow, L.L. (1986). Life events and substance use among adolescence: Mediating effect of perceived loss of control and meaninglessness in life. *Journal of Personality and Social Psychology*, 51, 564 – 577.

are various levels of severity of self-destructive tendencies and of suicidal intentions in those who carry out a suicidal act. A suicidal act may occur as a result of an extreme suicidal intention, but also as a result of more subtle suicidal tendencies, although in the latter case it is less likely and there must be specific triggers exacerbating the operation of these intentions. It is possible that the development of predictive tools to identify potential increases in the severity of suicidal intentions as well as the activity of the regulatory mechanisms responsible for self-destructive behaviour would be adequate as part of a risk assessment.

With regard to somatic health-related risks, it should be emphasised that their identification should be explained in reference to the concept of resource conservation. Poor health may be interpreted in terms of the deterioration of this resource area, which can consequently create stress. However, the deterioration of this resource in the context of Hobfoll's theory alone does not explain the occurrence of suicide. Rather, it seems that there must also be a depletion and disorganisation of other resource sources, leading to an inclination towards self-destruction in the area of resources related to the meaning of life, optimism, and wisdom, which should be understood from the perspective of deterioration of the system of values and meanings. At the same time, it is important to point to the concept of coping through meaning, which postulates that a highly organised system of values and goals and the capacity to efficiently reorganise them may be a factor leading to a situation in which even extreme deterioration of objective resources (such as health, financial resources) may be interpreted as not necessarily stressful and thus not giving rise to the dissonance that triggers self-destructive inclinations.

With regard to personality disorders and their various manifestations (e.g., anxiety, suspiciousness, tendency to conflict, impulsivity), it should be emphasised that they are also related to the intensification of suicidal intentions and the inability to eliminate them by reorganising cognitive structures such that the individual has the capacity to adopt a more adaptive vision of the world and/or themselves. In this, it is worth emphasising that personality disorders are often associated with deficits in active, problem-focused coping, as well as limitations in the use of social support-seeking strategies and inadequate behavioural passivity, lack of psychological engagement and uncontrolled emotional release.²⁴ Anxiety seems to be primarily associated with a reduction in

²⁴ P. Bijttebier, H. Vertommen (1999), Coping strategies in relation to personality disorders, *Personality and Individual Differences*, [26, 5](#), 1, pp. 847-856 doi: [https://doi.org/10.1016/S0191-8869\(98\)00187-1](https://doi.org/10.1016/S0191-8869(98)00187-1),

coping activity and withdrawal from activating coping processes, suspiciousness is associated with doubts as to the ability to obtain support with coping, and impulsivity with sudden, unpredictable and uncontrolled release of emotions that may give rise to self-directed destruction.

The lack of support from loved ones, or the threat of the breakdown of these relationships, may also be seen from the perspective of the deterioration of resources for effective coping; however, we should bear in mind that the deterioration of support can have an objective dimension, e.g., the death of loved ones and the breakdown of relationships, as well as incorrect interpretations of relationships with the world leading to their actual deterioration. In addressing this issue, it should be emphasised that, whatever may be behind the limited of social support, it appears to be important in terms of being able to cope effectively and increase adaptive capacity. Extreme deficits of social support and the interpretation of situations in the context of such deficits are related to limitations in the ability to solve life's problems, and thus one's perceived ability to cope.

As far as the issue of isolation or low social status in the prison population is concerned, it is an extension of the aforementioned theme, though strictly with respect to support within the prison environment. This seems related to the question of finding oneself in an environment with other incarcerated persons, gaining acceptance of the group and exclusion, which offers guarantees related to the avoidance of stress factors in the form of the many risks associated with functioning in a prison environment. It is worth noting at this point that incarcerated persons benefit not only from external support, but also from the assistance of other inmates. One important criterion for penitentiary prognosis is, *inter alia*, the question of acceptance by the prison community and the proper relations with fellow inmates and other members of the correctional group, which illustrates that the inmate has the resource of social support within the unit, the source of which is not only Prison Service officers and staff. Among other things, this criterion often makes it possible to place inmates in semi-open and open facilities. It should be pointed out that efficient functioning within intra-prison relationships guarantees effective coping with the difficulties of prison life, leading to a reduction in the risk of stress that could lead to a breakdown of the regulatory system and trigger suicidal intentions.

With regard to the strong concerns about the resolution of one's legal situation in relation to pending trial proceedings, it should be emphasised that this issue appears crucial to the analysed

cases of suicide. Indeed, a comparative study suggests that the presence of this factor significantly increases suicide risk in those with an unresolved legal situation. The problem of the uncertainty living conditions is related to the issue of experiencing stress and feeling threatened. Uncertainty and the assessment of the possibility of events exceeding one's coping resources, according to the concept of Lazarus and Folkman, are the basis for the occurrence of stress. If we consider that conditions of uncertainty interact with the inability to control a potential stressful event, that is, coping with incarceration, as in the case of the inmate EL there is a risk of escalation of suicidal intention. Its preservation is associated with formulating an assessment indicating that the individual is in a situation of significant threat to well-being, leading to a sense of pointlessness in life, in conditions that, in their understanding, cause more suffering than suicidal act.

5. Summary and conclusions

The risk factors identified within the presented cases of suicide seem to be related to psychological concepts relating to issues including information discrepancy with respect to the concept of stress and the assessment of events in terms of loss or threat to well-being, as well as impulsivity as a limiting factor in the ability to accommodate cognitive structures, the limitation of coping capacities in relation to resources deterioration of an environmental as well as intrapsychic nature. The comparative result indicates that the potential for a shorter survival period among pre-trial detainees relative to convicts, despite fewer psychosocial risk factors in the former group, is conditioned by uncertain legal situations and concerns about the threat to well-being under conditions of limited perceived social support. These factors give rise to particular risks related to the possibility of the constitution of heightened suicidal intentions.

The results obtained indicate that there is no simple translation of the multiplicity of factors in the form of psychosocial burdens on the survival of incarcerated persons, which is conditioned by the interactive basis of the suicidal act, i.e., the occurrence of a specific system of relations between internal and external resources that translate into adaptation and the ability to protect well-being and maintain self-regulation aimed at protecting one's own existence as an important value.

As regards the conclusions and recommendations that emerge from the presented analysis, it would seem appropriate to include risk criteria related to the status of pre-trial detainees and convicts within the predictive models. It is possible that in order to adequately assess suicide risk for the two categories of incarcerated persons, it may be appropriate to develop separate predictive models. The study also suggests that predictive modelling should take into account not only the presence of risk factors, but also their severity, e.g. in terms of the degree to which self-regulatory processes are disorganized, maladaptive traits, deterioration of resources and the severity of non-adaptive interpretations of events related to self-destruction, threats, perceived capacities for dealing with existing or expected problems related to incarceration as well as those not related to incarceration. In addition, it is reasonable to consider criteria related to the capacity to assimilate experience and accommodate cognitive structures in the context of the acceptability of life events.

The comparative study raises methodological implications for the study itself in terms of the need to develop an estimation tool to assess the risk factors present in inmates under each criterion. The development of such a tool will allow the creation of measurement conditions that

will enable the application of a statistical apparatus enabling verification of the relationship between the survival of inmates and the severity of the various dimensions of psychosocial risk factors, but also to establish possible interactions between these factors. It will also be possible to assess the relevance of individual factors affecting suicide risk.

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