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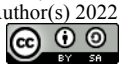
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Self-mutilation Before or During Incarceration? A Study Conducted on Inmates in Bucharest Rahova Penitentiary

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Abstract
Self-injurious behavior prevails in teenagers, as they have deficiencies in abstract thinking, a cognitive immaturity. Adults resort to such practices to get rid of problematic situations, to draw attention to themselves, or when they are looking for help. The forms of manifestation include hair pulling, the production of excoriations on the skin, ingestion of toxic substances, objects, such as needles, razor blades, acute voluntary drug intoxication. If the practice of mutilation finds its essence, in traditions, customs or law, self-mutilation is a deliberate act, which depends on the will of each individual. Psychosocial, affective, and cognitive factors, the level of education and culture have greater or lesser weights in the subject's decision. The ambient environment and social context also play a role that can be decisive in self-aggressive behavior. Self-mutilation represents such behavior, which has been studied for years, without reaching definitive conclusions. This paper is looking at the causes and sources that push inmates to resort to self-harm and how to proceed in these cases, as well as the treatment and multidisciplinary assistance necessary to limit these deviant behaviors. The universe of the penitentiary offers an environment whose essential coordinates are due to failure, stress, despair, and of pathological origin. The peculiarities of this institution clearly leave their mark on authentic human experiences. What prompts the inmates to resort to such practices as self-agression? What is the symbolic language of self-harm? What are their intentions: to communicate something, to overcome a problem, to transfer emotional pain into a physical one, to show that they are different, to defend themselves, to punish themselves or others, to see blood, to check if they are alive? Does human aggression depend only on environment and education, or also on the hereditary factor?

Keywords: *self-mutilation; inmates; behaviorism; self-aggression; therapeutic justices; imprisonment.*

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1. Introduction

Mutilation is the infliction of physical injuries that degrade the function and appearance of a living body. Since ancient times, many people have resorted to practices involving mutilation. Even today, there are some ethnic groups, especially African tribes, where we encounter such rituals. Circumcision, castration, burning, flogging, or tattooing are practices found in certain cultures. For millennia, women with small feet were considered more attractive in China. As a result, from the age of 4, the girls' feet were tied tightly, so that the bones of the foot and toes were repeatedly fractured until they were deformed. The goal: mutilated legs no longer than 10-12 cm. The custom was banned by the communist regime.

The Egyptian pharaoh Menephta ordered the mass sexual mutilation of over 13,000 Libyan prisoners by castration. In Ancient China, castration was required to be an official at the imperial court. In the Arab world, any man who worked in the serai area had to be a eunuch. During the medieval period until the 19th century, boys who were part of Catholic Church choirs were castrated to keep the vocal timbre thin. Among the Kayan tribe in Myanmar, women elongate their necks by inserting rings. The custom dates back hundreds of years and is still present. The long neck is appreciated by the natives as a sign of beauty. Female genital mutilation, practiced since ancient times including in Europe, is a topical issue in the Muslim area. Female circumcision can be translated as a social passport because it ensures virginity and chastity before marriage. In these cultures, uncircumcised women cannot marry. (Barstow 1999: p. 503).

There are no signs that this practice can be legally eradicated, but only by educating the members of the respective communities. The case of the Afghan girl Aisha Mohammadzai, who appeared on the cover of the Times magazine in 2010 with her nose cut off, went around the planet, showing the values of an anachronistic culture of our century. Aisha had tried to run away from her husband's house and being caught, was left with no nose and no ears.

Over time, the physical punishments applied in the institutional setting went as far as mutilation. In the times and systems in which justice went on the principle of an eye for an eye, there were cuts of hands, ears, tongues, genitals. On the other hand, self-mutilation is a form of unusual, injurious behavior without the intention to die, although this possibility exists. “It is episodic, involves little resistance, and produces a degree of satisfaction that is different from the release of tension or anxiety. This act of behavior helps them control their negative emotions like depression, loneliness, depersonalization, or satisfy other needs like self-punishment and manipulation of other people. Self-mutilation syndrome is a preoccupation with physically harming oneself, associated with a recurrent inability to resist impulses to self-harm, with an increase in inner tension immediately before the act and satisfaction or relief after it has been committed.” (Favazza 1996: p. 260).

2. Self-mutilation behaviors and risky behaviors

A distinction must be made between self-mutilation and self-injurious behaviors, which encompass this practice and are defined as the totality of behaviors that lead to physical and mental injury, done with intent. There is also a differentiation between direct self-injurious behaviors, done intentionally, and indirect, unintentional, risky behaviors. “Self-mutilation is a deliberate destruction of body tissues without the desire to die and

which can be major, stereotyped or superficial-moderate. The latter is, in fact, deliberate self-harm and is a direct, repetitive, and episodic form of superficial self-mutilation without intention of causing death and which produces alteration of the body shell." (Favazza 1996: p. 263)

In addition to social factors, genetic factors also contribute to the creation and development of aggressive temperament. "*Aggressiveness is innate*," claims Sigmund Freud. People are born with a predisposition to be violent, to aggress. Self-mutilation represents such behavior, which has been studied for years, without reaching definitive conclusions.

A simpler and more widespread definition: the term aggression refers to all forms of behavior aimed at causing suffering to another living organism, in conditions where it does not want such treatment. (Baron and Richardson 1994: p.7). Regardless of attitude, however, aggression implies intentionality. It's not an accident. In conclusion, aggression represents a form of behavior directed with intention towards objects, people or towards oneself (self-aggression), to cause injuries, destruction, damage. Relevant is the approach of P. Karli, who appreciates that it is not the situation that determines the aggressive behavior, but the interpretation given to it by the subject and sterile affects that accompany the process of perception and interpretation. Under these conditions, an aggressive behavior should not be considered, in a simplistic way, as an isolated response to a singular aspect of reality, but rather as a "revelator" of the individual manner (constituted over time) of understanding situations and to face them." (Karli 1991: p 4).

Aggressive behavior has both an innate character, determined by our origins, and a character acquired during our evolution. Therefore, the analysis of aggressive behavior in humans must be done on several coordinates: psychological, social, physiological, cultural, biological-ethological, psychoanalytical, etc. Aggressive behavior can take many forms, from an ironic retort to a hit, a bullet fired, or a missile launched. These extremely diverse forms of manifestation make aggression a complex psychosocial phenomenon, whose typology is not at all easy to achieve. The first to try it is Buss, in 1961. He identifies three large dimensions that can characterize aggression: 1) physical – verbal; 2) active – passive; 3) direct – indirect. Combining the three dimensions, Buss notes eight types of aggression (fig.1).

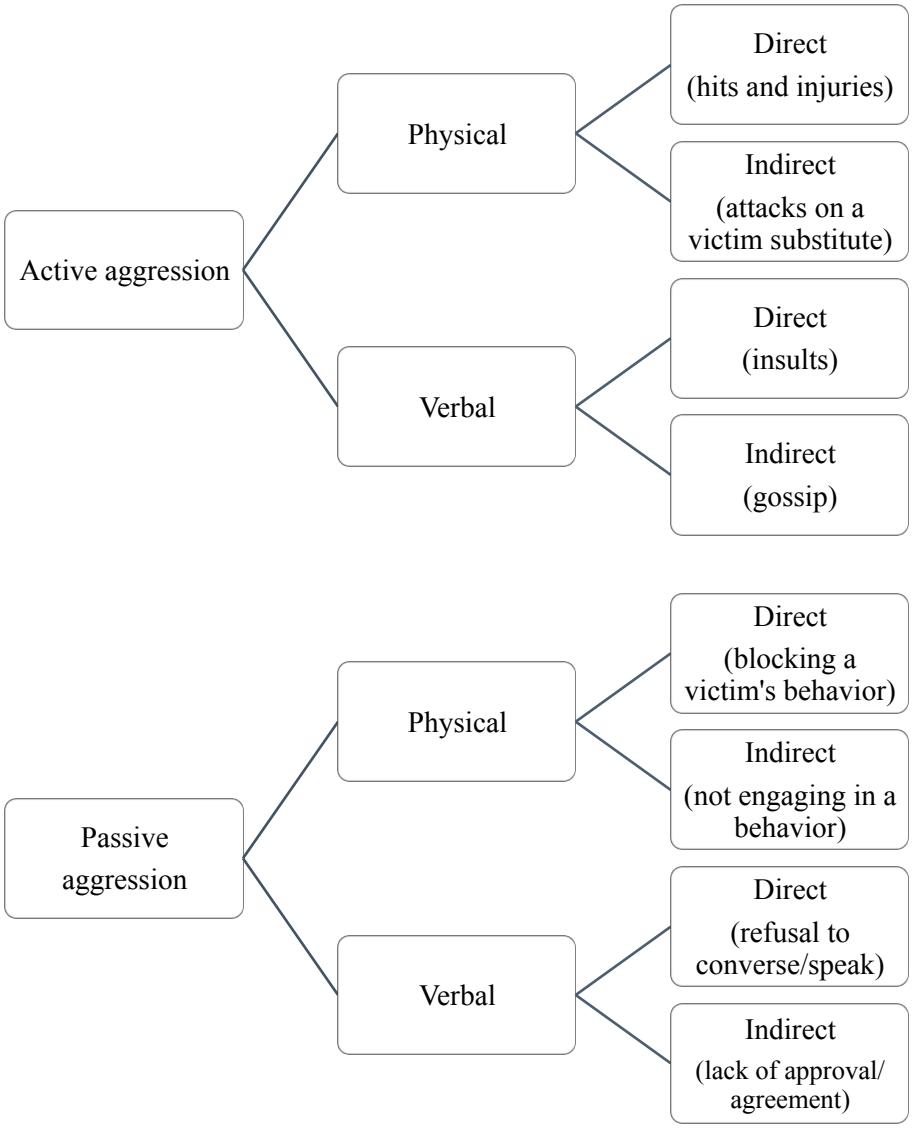

Figure 1. Types of aggression (Buss, 1961)

The sources that influence the aggressive behavior of individuals are extremely diverse. Many of them are difficult to fade, and others require colossal material investments or, simply, specialized treatment. Some of the sources relate to the individual, his conduct, and behavioral reactions. Other sources of aggression originate in the family environment, sometimes enlarged by mass media or social networks. "Communication affects our overall state of well-being because today's society puts a lot of emphasis on social support and relationships." (Anghel 2022: p. 21)

The investigations that considered the genetics of human aggressive behavior were undertaken on twins, at first by Rushton (1986), then by Miles and Carey (1997). They did not reach conclusive conclusions. The only relevant idea being that in the case of

aggression, genetic and environmental factors are difficult to dissociate. The next research, initiated by Jacob in 1965 and continued by Meyer – Bahlberg (1981), considered the "murder chromosome", the XYY syndrome in male individuals, whose karyotype has an additional Y chromosome. Studies have not led to a link between this sex chromosomal abnormality and aggression. Studies on testosterone – as a hormone of aggression, have shown that it favors violent behavior in males of certain vertebrate species, especially during the reproductive period. In humans, an increase in testosterone was noted in the winners of tennis tournaments, thanks to the study of Mazur and Lamb (1980), while in the losers – a decrease. "Therefore, it was concluded that there is no simple causal relationship between hormones and aggressive behavior. Hormonal activity does not allow predicting aggression except in the case of conflictual interpersonal situations." (Pahlavan 2011: p. 113). Two parts of the nervous system are involved in the triggering of aggressive reactions as a response to hostile stimuli: the cerebral cortex, involved in the functioning of the cognitive processes necessary for learning and decision-making, and the limbic system – controls fundamental emotions and motivations. Aggressive behavior is also linked to the sympathetic nervous system, part of the peripheral nervous system. "This system prepares the individual to fight or flight. The system reacts when the safety or life of the individual is threatened. The activity of the nervous system triggers a set of physiological reactions (dilation of the pupils, increase in blood pressure and pulse, jerky breathing) that prepare the organism to face or run away from the possible attack." (Pahlavan 2011: p.110). It follows that biological factors do not play a major role in triggering human aggression. Rather, they have a moderating role, particularly relevant within hormonal activity, but they are not the only factors influencing aggression. The relationship between basic human emotions – such as sadness, joy, anger, surprise or disgust, and social behavior, including aggression, is more direct than that between action and cognition. The same is true of learned emotions: jealousy, shame.

There is a common thesis that prisoners self-injure themselves out of a desire to transfer internal pain into a physical one. But what are the reasons that lead convicts to harm themselves. Here are the hidden meanings of self-mutilation, according to Mike Smith (2005): "to survive, to communicate, to overcome problems, to feel good, to transfer emotional pain into a physical one, to show that they are different, to belong, to see blood, to check if he is alive, to feel something, because he deserves to punish himself, to punish others, to have better control, to show that he has a complex personality".

Meeting an inmate who has mutilated his whole body is an increased difficulty for most assistants, who may show reactions of hostility, fear, shock, disgust. Such reactions are counterproductive, a neutral, professional, calm attitude is recommended. Kettlewell (1999) recommends "respectful curiosity" as a response to self-injurious behavior, *i.e.,* asking questions about what happened, what motivated the action, to open the doors to honest communication with the prisoner. The NICE guideline for self-harm (Kendall et al. 2011) recommends a psychosocial assessment of each individual with self-harming behavior to understand the behavioral distortions that have generated it. The subject should therefore be engaged in a therapeutic plan. We therefore shall refer to several behavioral therapies, as follows:

(i) one therapy is Linehan's dialectical-behavioral therapy. The targets of this therapy are regulation of emotions, improving communication in interpersonal relationships - tolerance of distraction, radical acceptance and the mechanisms of therapeutic schema production consists in validation of emotions – the therapist

as consultant, reduction of avoidance behavior – developing an attitude based on attention, improving the way to relate to others.

(ii) Berk et al.'s (2004) cognitive-behavioral variant expresses as the main targets of therapy addressing self-harming thoughts and impulses, conceptualizing irrational negative thoughts, formulating a plan in several steps and as mechanisms of therapeutic schema production: the therapist is active and directive, restructuring irrational negative thoughts and reduction of cognitive distortions.

(iii) Rudd *et al.*'s (2001) cognitive-behavioral variant of therapy has as main goals of therapy: addressing thoughts and impulses related to self-mutilation, restructuring of nuclear cognitive distortions, the development of interpersonal skills, improving problem solving. The suggested mechanisms of therapeutic schema production appear as follows: the therapist instills confidence and strength, restructures irrational negative thoughts, reduction of nuclear cognitive distortions. With the help of these variants, several types of interventions were implemented both in the case of a structured therapy and separately or together.

3. Theories on aggressivity

For the purpose of this study, we review the relevant literature by identifying the many theories presenting aggressiveness from various points of view and not completely, in its many forms. Albert Bandura, who applied the theory of learning to the study of aggression believes that the acquisition of aggressive behaviors occurs through direct and indirect interactions with the social environment. According to Bandura, the aggressiveness of a person in a certain situation is determined by: the individual's previous experiences of violent actions, both his own aggressive actions and those indirectly observed from peers, the degree of success of the aggressive actions carried out by the individual or observed in other peers, the degree of probability that aggressive behavior would be either rewarded or punished – the social, environmental and cognitive factors within the respective action. Skinner formulated basic principles as the basis of learning from direct experience (direct instrumental learning). "Reinforcement of aggressive manifestations increases the likelihood of acquisition of aggressive behavior, whether the reinforcement occurred in the context of a trial-and-failure attempt, through groping, or under the influence of instructions issued by socializing agencies. Reinforcement is important in the process of learning aggression through previous experiences." (Pahlavan 2011: p 127). Another type of learning is through observation. The vicarious process, indirectly, through observation, is influenced by the following socialization agents: familial, sub-cultural and symbolic. Familial: physically abused children who behave in the same way with their peers, after observing this type of behavior in their parents; Sub-cultural: teenagers who react aggressively after observing such manifestations in those around them; Symbolic: children or teenagers get such aggressive models from television, the Internet, or comics. Whether it's parents, friends, media personalities or virtual heroes, all these role models are rewarded for their aggressive actions. And children and teenagers tend to learn these aggressive behaviors precisely because of the reward.

In the socio-cultural theory Margaret Mead accredited the idea that cultural aspects influence aggressive behavior as early as 1935. This was after analyzing the traditions of some tribes in New Guinea and concluded that there are differences in behavior between

different tribes in this state. Another important finding of Margaret Mead in Samoa is that adolescence was not biologically destined to be a time of extreme stress and anxiety. On the contrary, the adolescent experience is shaped by the culture in which they grew up.

Behaviorism represents a trend promoted by John B. Watson, a behavioral approach to mental activity, rejecting the intermediate variable between stimulus and response. The current's name comes from the English word "behavior" which means attitude, way of life, hence the name "behavioral theory". Watson believes that, in the behaviorist view, psychology is "a purely objective experimental branch, whose purpose is the prediction and control of behavior, and introspection does not form an important part of its methods." (Darley, Gluksberg and Kinkia 1991).

The psychodynamic theory model was developed by Karen Horney. The author starts from two concepts that led to the development of the social side of psychoanalysis, namely fundamental anxiety, and helplessness in childhood. Karen Horney defines fundamental anxiety as "the feeling of being isolated and helpless in the face of a potentially hostile world." Paternal dominance, unfulfilled promises, excessive protection, parents' indifference towards children, isolation from other children, indifference or misunderstanding of children's personal needs are among the factors found in the primordial, familiar environment, which generate the individual's feeling of insecurity. All these factors work towards a general state of neurosis, which affects interpersonal relationships. In this situation, the child develops, as a shield, certain needs and techniques that do not have as their main objective their own satisfaction, but social security.

The father of psychoanalysis, Sigmund Freud starts from the idea of the existence of two instincts in antithesis: the life instinct (Eros) and the death instinct (Thanatos). Aggression is generated by the second, which works with the goal of self-destruction and targets others, the outside. Septimiu Chelcea sums it up perfectly: "When the first prevails, civilization develops; when the second one prevails, civilization self-destructs through endless wars and an increased crime rate." (Chelcea 2003: p.47) Freud's theory holds that there is only one trigger. That aggression occurs naturally, because of physiological tensions, and it will manifest itself with the aim of the individual de-tensioning in this way.

Reactive theories on aggressive behavior are based on the frustration-aggression hypothesis. In summary: any aggression is a consequence of frustration and vice versa – any frustration generates a form of aggression. There is a linear relationship between the two: the intensity of the aggressive response is proportional to the intensity of the frustration.

Berkowitz's model known as the cognitive-neoassociationistic theory of aggressive behavior aims to study fear and the resulting behavior because of the triggering of this emotional state. This feeling is generated by certain aversive stimuli or by negative emotional experiences. All this leads to the activation of associative networks – thoughts, feelings, actions, which generate violent behavior. Leonard Berkowitz appreciates that even the appearance of some stimuli can increase aggression. Together with A. LePage he carried out an experiment of the weapon effect. What it consisted of: one group of students had to administer electric shocks to another group, and vice versa. In the first situation, a gun was placed next to the device for applying electric shocks. In the experimental control condition, the "aggressive cue", *i.e.,* the weapon, was missing. It was noted that the presence of the gun increased the average number of electric shocks from 4.67 to 6.07. Berkowitz concluded that weapons stimulate the emergence of aggression. (Eysenck 2004).

4. Self-mutilation Before or During Incarceration?

Specific methods used by inmates to self-harm could be the effects of the deprivation of freedom, disturbance in the human evolution triggering certain disorders or disorders from a psychological point of view. The lack of freedom can affect the entire social life of the individual. The methods of adaptation are often very rigid, the integration to prison life never being total. Therefore, behavioral manifestations specific to the period of detention appear, called reactions to incarceration, such as: states of depression and anxiety, hallucinations, confusion, headaches, restless sleep, nightmares, refusal of food, tattoos, self-mutilation, all simultaneously with aggressive behavior. To control their violent tendencies but also to try to appear as fearsome as possible in prison, many criminals have the habit of self-mutilation, of decorating their bodies with all kinds of rings and jewellery. Some have tattooed almost their entire body, using rudimentary tools, which could cause very serious infections. Self-mutilation is very often confused with suicide because, in addition to the various injuries that the individual inflicts on himself with certain sharp objects, they also practice food refusal, which is also a disorder of the conservation instinct. The forms of self-mutilation are numerous, diverse and with a different degree of severity cuts with various sharp objects, sacrifice of integuments, removing an eye, cutting the tongue, amputating fingers/a limb, inserting nails into the head/hands, etc. Beating nails in the head, swallowing spoons, nails, etc. are also used as methods of protest, many detainees suffering up to ten surgeries to extract foreign objects.

Our study focuses on specific dimensions of non-cognitive abilities and social behaviors. Specifically, we pursue to understand the causes that led the inmates to self-mutilation and the period of time when the inmates self-mutilated (before or during detention). Also, another reason for choosing this topic is the personal motivation to discover the causes of this practice of torture at an individual level, if there is a cause that triggers this method in the penitentiary system, or it coexisted before the period of detention. During my experience as a mediator in penal mediation, I met people released from prison who had different scars from cuts on their upper limbs with sharp objects, which is why I decided to study this phenomenon of self-mutilation closely. The target group was formed by a sample of nine inmates of Bucharest Rahova Penitentiary, selected following the identification of various signs of mutilation/self-mutilation as well as the diversity of the methods of self-harm used. Six respondents were interviewed in 2019 and three in 2022. The pandemic did not impact the results of data collection, it was just an obstacle in continuing the research. The respondents were people aged between 18 and 41, victims of self-harm. The duration of custodial sentence varies between 3 and 15 years. The limitation of sample of nine people self-harmed is harm. due to time limitation required by the penitentiary rules and the duration of an interview, about 45 minutes – 1 hour (with one exception when we had to stop the interview after 15 minutes). We use research questions such as: *How duration of liberty deprivation of a person increases the risk of triggering self-harm behavior? How does the experience of aggression and violence in the family during childhood develops a behavior of self-aggression*? *How the guilt affects an inmate? Does the felt guilt develop self-harming behavior to punish himself?*

We chose to observe, based on a predetermined grid, what are the unbalanced behaviors and reactions to understand the reality faced by the targeted category in the present research. The research tool is built based on the specialized literature described above, focused on non-cognitive skills (emotional, affective, education). The observation allowed us to discover the moment when the respondents did not tell the truth or try to

avoid answering certain questions. In such situations, we stop the interview not to create a state of discomfort for the subjects or to relive certain moments that they are far too painful for them. Observation helped us to relate differently to each individual subject. We managed to have an effective, relaxing, pleasant, and trust-based communication and we successfully identified the typology of each subject and related to each one in a different way trying to adapt to each style of communication and cooperation. The observation grid tends to identify the non-verbal language by analogy with the types of communication mentioned by Adler and Rodman (1994/1997) through non-vocal communication (gestures, movements, physical presence, face expressions, etc.) and vocal communication (tone of voice, pauses in uttering words). All of these are characterized by spontaneous, natural reactions during the interviews. The scope of introducing this grid is to complement, from an emotional point of view, the puzzle offered by the perspectives obtained from the answer to the questions, bringing to the fore the feelings of guilt, regret, embarrassment, shame.

During the interview, we did not encounter any problems in dealing with persons deprived of liberty, on the contrary, we established from the beginning all aspects related to confidentiality and the fact that the discussion would be light and relaxing. Most of the subjects felt confident to answer all interview questions. At one point we met a subject whose answers were not extensive/developed, not wanting to provide too many details, which is why we did not insist and continued the interview on the same optimistic note, changing the direction of our discussion.

The answers provided by our subjects were negative for the correlation of the self-mutilation and the period of imprisonment. Also, the age of inmates appears irrelevant for our study. The same negative answers we received for the correlation of guilt and the reasons of self-harm or the inner intention of self-mutilation. As a proof to strengthen our arguments are the answers of most of the respondents, concerning the development of self-harm behavior through social learning, observation during childhood in the family of origin, a theory that has been debated by many theorists over time, but it is not the sole cause of such behavior. Contrary to common beliefs that people self-mutilate and, sometimes, end up killing themselves after entering in the penitentiary, we learned from our respondents that is not the reality but mere preconceptions.

As for the first question "*How duration of liberty deprivation of a person increases the risk of triggering self-harm behavior?"*, the subjects of the investigation explain that once they entered the penitentiary, they stopped exhibiting a behavior of self-harm. Although the crimes committed by the inmates are diverse and the period of detention varies in length (sentences between 3 and 15 years), the manifestation of self-mutilation behavior did not arise with the conviction or entering the penitentiary but long before the arrest. Two out of nine inmates motivated the initiation of self-aggressive behavior upon entering a criminal group. Due to the failure of a crime that was going to bring them a colossal amount of money, in a moment of uncontrolled anger, one of the subjects, under the influence of psychoactive substances, began to self-mutilate with a sharp blade. The other, in a fit of anger and rage, decided to injure himself to release his anger, being the only way he could calm down. Also, in other situations presented, the reasons that led to the initiation of this practice were drug consumption, the entourage that was mentioned by most of the subjects, as well as the violent family environment. As can be seen from the answers received from our respondents, the people showed self-harming behavior until they were sentenced to prison terms.

For the second question "*How does the experience of aggression and violence in the family during childhood develops a behavior of self-aggression*?", the information provided by the subjects emphasized that most of the subjects experienced violence and aggression in the family of origin in childhood. This reinforces the studies carried out over time by various theorists who support the fact that during childhood, with the help of the observation made by the minor in the family, a diversity of skills is obtained consciously or unconsciously. This is well stated in social learning theory and has been confirmed once again that the family environment plays an extremely important role in a child's education as well as their mental health. Most of the subjects mentioned the father as the precursor of aggression in the family and alcohol as the main trigger. Also, the majority stated that the relationship with the mother was a close one, keeping in touch with her including during the detention period. Four out of nine inmates stated that they do not keep in touch with their father.

The answers to the last question "How the guilt affects an inmate? Does the felt guilt develop self-harming behavior to punish himself?" coming from all our respondents mentioned other reasons for resorting to such extreme gestures than the imprisonment in the penitentiary. According to their confessions, it seems that they never intended to cause their own death by mutilation, but they really wanted to attract the attention of those around them. Most of them said they began to display this self-injurious behavior because of the lack of affection from the family, or because of the indifference of their parents compared to the attention received by their brothers or sisters. They also mentioned the fact that the parents became much more protective of them after they are self-mutilated, but later parents returned to the initial attitude. The fact that the parents did not give them the attention they needed, pushed the children to enter the notorious gang in the neighborhood, whose members also deal with drug trafficking. Two out of nine people deprived of their freedom claimed that they joined criminal groups to make themselves noticed and feel accepted, one out of nine started self-harming because of failure combined with drug use, three out of nine started self-harming to get attention from family and three out of nine began to self-harm concurrently with drug use. All subjects of the study began to exhibit self-injurious behavior prior to committing the crime. And after committing the crime, they were not tempted to reoffend, and even after the conviction was established, they did not show any self-aggressive behavior. Obviously, they had various thoughts that caused them to self-mutilate, but they controlled them. Four out of the nine were admitted to a psychiatric hospital before being jailed for causing self-harm. They explain that it was their own decision to be hospitalized as well as the decision of the family that took the necessary measures. From the above it follows that four out of nine inmates stopped exhibiting self-harming behavior because they were treated in a psychiatric hospital. Another subject claims that he self-mutilated only once, being under the influence of psychoactive substances, believing at the time that self-mutilation was the solution to escape from problems and release anger, and other reasons that he stopped self-mutilating because he left the group he belonged to and was no longer influenced to do so.

All claim that the penitentiary environment is a positive factor in their lives, especially referring to the fact that during the entire period of detention they never once felt the need to mutilate themselves. One in nine inmates claims that when he wanted or felt the need to self-mutilate, he did so only when he had a conflict with his family and in order not to react violently with them, he preferred to self-mutilate. Things seem to be different in the penitentiary. However, he does not feel the need to self-mutilate when he

has a conflict with one of his colleagues but prefers to hit him or argue with him. The reason for this different approach would be that he respects and loves his family. None of the respondents aimed to commit suicide at some point through self-mutilation. The real reasons were to draw the family's attention to them; to get rid of tension, anger; drug use; to take revenge on them for a failure; to hurt themselves rather than to hurt their loved ones in moments of anger. They therefore did not want to kill themselves for a moment, nor did they inflict serious injuries on themselves so that things did not degenerate and result in the death of one of them. There were moments when the prisoners were somehow overwhelmed by emotions, and we stopped in time so as not to cause them a worrying state. For example, one in nine inmates at one point had tears in his eyes when he was talking about his parents, and we had to interrupt the interview. However, we managed to get important information from him. Also, one of the detainees did not give any relevant, extensive answers about the subject in question, but rather answered with yes and no or used short and to-the-point sentences. We observed that he feels somewhat pressured by the fact that he must answer our questions, although he was assured, like everyone else, that the interview is strictly confidential, and the identity is fully protected. We were forced to finish the interview in a relatively short time in order not to disturb and create a state of discomfort for the subject. The other subjects, although they entered the office slightly timid, later after the breaking-ice discussion they relaxed, and they felt more relaxed upon receiving the questions we were about to address. This approach offered them time to think and settle.

5. Conclusions

As a result of the questions asked, it emerged that no inmate from the group we studied is a victim of self-mutilation anymore. However, the effects of self-mutilation are still visible, all subjects showing various signs on their upper limbs (the visible part that could be seen), but also on their lower limbs, abdomen and back according to their statements. Most felt ashamed of their marks/scars, reporting that they have faced various problems in society because of them. Finding a job as well as meeting a life partner is their main goal after release. Because they encountered various problems due to body scars, most of them tattooed all the areas that represented the source of discomfort and memories. The meaning of tattoos is either a spiritual one or an unimportant one whose purpose is to mask scars.

Since the subjects of the research in question, during the entire period of detention, did not show a behavior of bodily self-harm, this taking place before the period of execution of the sentence, the recommendation is to insist prevention measures. The self-mutilated persons represent a delicate emotionally category. Most of them come from violent backgrounds, where the sense of belonging and lack of affection has left its mark causing them to resort to self-mutilation to draw the family's attention. In case prevention measures fail, for the victims of self-harm would be advised to be offered multiple psychotherapy sessions throughout the execution, both individual and family sessions, to prevent the risk of relapse in self-injurious behavior. Some of them they have a history of psychiatric medication, and this increase the risk of relapsing. There are different categories of self-injurious behavior:

(i) “Major or stereotyped self-injury is characterized by compulsive or impulsive behaviors or acts and modern self-injury or self-mutilation is most common in psychotic and mentally retarded patients.”

(ii) Compulsive self-injury – "is habitual, repetitive and automatic, having the typical characteristics of compulsive behavior".
(iii) Impulsive self-injury – "is episodic, involves little resistance, and produces a degree of satisfaction that is different from the release of tension or anxiety. This type of behavior helps them control their negative emotions such as depression, loneliness, depersonalization or satisfy other needs such as self-punishment and manipulation of other people". (Marin, Baloescu 2009: p 151-152)

Starting from the definition of aggressive behavior, namely that it is a way of showing people to do harm or to be defensive about a situation, it can be noted that aggression does not necessarily involve physical pain but rather a form by which a subject manifest himself when he is dissatisfied and revolted.

Aggressiveness can determine a high or low self-esteem of the subject when the individual manages to obtain the desired effect by being aggressive. Aggression is associated with negative emotions, such as anger, motivations – the desire to take revenge, or negative beliefs – xenophobia, racism, sexual or religious prejudices. These are only factors that can lead to aggressive behavior, but their presence is not mandatory. The individual does not need to desire revenge to bully. But he can show cold blood when he commits the aggression. Regardless of attitude, however, aggression implies intentionality. It's not an accident. In conclusion, aggression is a form of behavior directed with intention towards objects, persons or towards oneself (self-aggression), to cause injury, destruction, damage, or harm. Aggression is often the result of challenges, situations or events that are aversive or stressful. Challenges can be classified as: physical challenges – such as unbearable noise, crowding, pecuniary or other penalties that intervene during a competitive action; verbal challenges: insults; frustration or inability to complete an assigned activity or task. Aggression is very often determined by the interaction of factors that include genetic predisposition, the environment, trauma to the central nervous system, temperament, violence in the family or in the social environment, poor material conditions, the application of inadequate punishments in childhood, the lack of a pleasant environment. Like it or not, in the end we must reach a middle ground in analyzing human aggression. Aggressive behavior has both an innate character, determined by our origins, but also a character acquired during our evolution. Thus, the analysis of aggressive behavior in humans must be done on more coordinates: psychological, social, physiological, cultural, biological-ethological, psychoanalytical, etc.

Most probably, the therapeutic justice is the solution for those who committed crimes and have a history of self-injury. Therapeutic justice applies both to persons who committed crimes and encounter psychiatric issues or are drug users. The incarceration is not the solution, but the way they are treated by the justice system and the proper therapies they must receive.

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