

Mass Shootings: Rare Yet Undeniable

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RESEARCH QUESTION

- What makes someone become a mass murderer?
- Are there risk factors that we can look for?
- How can we prevent mass murder?

GENDER AND MENTAL HEALTH

- Gender roles and biology contribute to differences in mental health symptoms and help seeking behavior¹⁹
- Men are less likely to seek psychological help due to traditional gender roles and emotional expression concerns²⁰
- Men might be more likely to seek psychological help if it is thinking-focused²¹

MASS MURDER DEFINED

- A form of violence
- Two FBI definitions;
 - o “three or more killings in a single incident” (p. 9)¹
 - o “a number of murders (four or more) occurring during the same incident, with no distinctive time period between the murders” (p. 8)² *this definition is more widely used/accepted*
- “Willful injuring of five or more persons of whom three or more are killed by a single offender in a single incident (all incidents within 24 hours)” (p. 480)³ with no cooling-off period⁴

GENDER

- Men more likely to be violent and 10x more likely to commit murder than women^{13,18}
- Men have more difficulty identifying feelings than women¹⁹
- Learning traditional masculine ideology in childhood is a risk factor for violence¹⁹
- Boys block expression of certain emotions because they are made to feel ashamed by parents and friends¹⁹
- Males view vulnerable emotions (i.e., sadness or fear) as meant only for women, so they translate them into aggression²⁰
- Boys are exposed to more violence and behave more violently than girls which results in stress, depression, and anxiety^{7,21,22}

MENTAL ILLNESS AND VIOLENCE

- Mental illness can lead to violence and violence can lead to mental illness
- 26.2% of adults have diagnosable mental disorders and about 6% suffer from a serious mental illness⁶
- Being violent is a risk factor for depression and anxiety⁷
- Adolescents exposed to violence more likely to experience anxiety and internalizing behavior⁸
- Dangerously violent males more likely to show clinical levels of anger, post-traumatic stress, and dissociation⁹
- Mass killers have a history of personal psychopathology (ranging from extreme immaturity to depression, paranoia, anti-social behavior and/or borderline personality disorder)¹⁰
- More than half of all mass murderers have documented cases of extreme depression⁵
- Having a history of violence, not getting treatment for a mental illness substance abuse, premorbid personality traits, and being male, are risk factors for violence^{11,12,13}

PROFILE OF MASS MURDERERS

95% are male and 98% are black or white⁵

Display moody, antagonistic, rebellious, frustrated, and violent behavior¹⁰

Sometimes diagnosed with a mental illness¹⁰

Cold and joyless appearance while killing⁵

Often die at the scene^{10,14}

Most common motives are revenge, power, loyalty, terror, and/or profit^{15,16}

Have feelings of anger and resentment, identify as a victim, & externalize the blame¹⁵

Look like clinical narcissists; personalities have them looking for infamy in any way they can^{5,10}

Plan for weeks or months¹⁷

Chose victims randomly based on specific characteristics or group they are associated with^{14,16}

Pick an easily accessible, public location, that contains a significant number of people¹⁰

FUTURE RESEARCH

- Assess the relationship between alexithymia and mass murder
- Further the education of society so that they will understand how to deal with their own and others' mental health

ALEXITHYMIA

- Personality trait (most common in males) identified by Peter Sifneos in 1973²²
- Defined as having trouble identifying feelings, not being able to distinguish between feelings and bodily sensations, and difficulty describing ones feelings to others (p. 324)²³
- Associated with impaired verbal and nonverbal recognition of emotions²⁴
- May be a reason men do not seek psychological treatment
- Normative male alexithymia hypothesis explains the restricted identification and recognition of emotions that is influenced by traditional male ideology²⁵
 - o Indicated that young males are taught not to express their emotions which results in a range of alexithymia levels (mild to traumatic)²³
- TAS measures alexithymia (i.e., ability to identify and distinguish between feelings and bodily sensations, difficulty describing feelings, and externally-oriented thinking) at clinical levels^{24,26}
- Concrete, empirically-based treatments to help patients who have alexithymia are lacking