

The Seven Myths of Mass Murder

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Introduction

FOR THE PAST 15 YEARS, my colleagues and I have conducted research on adolescents and adults who commit mass murder (see our research at www.forensis.org). We define mass murder as the intentional killing of three or more individuals, excluding the perpetrator, during one event. We have studied cases in both the United States and overseas, wherein this criminal phenomenon has its roots in the ancient behaviors called *amok* (Hempel et al. 2000).

With the second mass murder at Ft. Hood in April 2014, and the subsequent killing of six college students in Isla Vista, California, it is important to note the public misconceptions about these rare and frightening acts. I would like to take this opportunity to shed some light on what I consider the seven myths of mass murder.

Myth 1: They “Snap”

Immediately after a mass murder, there is a steady stream of newspaper headlines, and what I call “entertainment profilers” who appear on television, who proclaim that the individual “snapped.” There is no known psychological term called snapping, but it appears to be the assumption of many that anyone who commits a mass murder has done it impulsively, without any planning or preparation, and has completely lost control—the hidden premise being that anyone who gave such behavior any thought, even if emotionally troubled, would not engage in such behavior since it is so horrifying and antithetical to the general goodness of the human spirit. This is a myth in virtually all mass murders. Our research (Meloy 1997; Hempel et al. 1999, 2000; Meloy et al. 2001, 2004; Katsavdakakis et al. 2011; Knoll and Meloy 2014; Mohandie and Meloy 2014) and others’ studies have consistently shown that mass murderers, whether adolescents or adults, will research, plan, and prepare for their act of targeted violence over the course of days, weeks, and even months. In fact, the fantasy of committing a mass murder may have incubated in the mind of the subjects for years—even though the time, place, and target of the killings had not

yet been determined by them. The act itself usually occurs after a major loss in love or work, and I believe this may actually “start the clock.”

I have forensically evaluated a number of mass murderers in prison or forensic hospitals, and with few exceptions, there was no evidence of a high state of emotional arousal when the killings occurred. We have confirmed this by studying the interviews of witnesses who have survived mass murders, and they invariably describe the shooter as cool, calm, and deliberate. This lack of emotion is a corollary of violence that is planned and purposeful. Threat assessors, moreover, must be careful not to confuse tactical efficiency—otherwise known as speed of attack—with a high degree of emotional arousal.

Myth 2: They Can Easily Be Divided into “Psychopaths,” “Psychotics,” and “Depressives”

David Cullen, (2009), the journalist and author of *Columbine*, an excellent book on the high school mass murder in Colorado in 1999, has asserted this formulation. Unfortunately, his diagnostic classification of these individuals is much too simplistic. Most of those we have studied in our research, and I have evaluated for court purposes, are complex in their motivations and psychopathology and cannot be placed in such simple categories. In our language, the perpetrators often have both mental disorders and personality disorders. Mental disorders range from chronic psychotic disturbances, such as schizophrenia diagnosed in the Jared Loughner case, to major depression, other depressive disorders, bipolar disorders, and other paranoid disorders, such as persecutory delusional disorder. Fully understanding the range and complexity of these individuals’ disturbances is critical.

Personality disorders also abound in this group of dangerous subjects. We have found that personality disorders in mass murderers are often a mixture of antisocial, paranoid, narcissistic, and schizoid traits—someone who habitually engages in criminal behavior; is suspicious of others’ actions; is self-centered and grandiose with little empathy for others; is chronically indifferent toward others; and is detached from emotional life. It takes little imagination to see how such an individual, in the right circumstances, could intentionally kill others. Cullen mischaracterizes the millions of individuals in the United States and overseas who are clinically depressed or have a psychotic disorder, and who pose no more risk of violence to others than your neighbor

Adapted from articles published in *Psychiatric Times*, Jan. 28, 2014 blog post; *Psychology Today*, April 21, 2014, publication in the *Forensic Files*; and Oxford University Press blog post, Sept. 28, 2012. © J. Reid Meloy.

who is ostensibly normal. I have told a number of groups when I speak that Jared Loughner has given schizophrenia a bad name—many other factors contributed to his attempted assassination and mass murder. Schizophrenia is quite treatable with medication and other psychotherapeutic support, and few people with schizophrenia are violent.

Myth 3: Incidents of Mass Murder Are Increasing

When a mass murder occurs, it receives worldwide news coverage that is instant and pervasive, as we witnessed once again in the Lopez case at Ft. Hood. Unfortunately, we humans are prone to overestimate the frequency of an event by its prominence in our minds—what is known as availability bias—and mass murder is no exception. This is a very rare phenomenon, and is neither increasing nor decreasing in the United States. Since 1976 there have been about 20–25 mass murders a year. Casualty numbers vary considerably with each event, and typically the more people killed, the more press coverage the event receives. Violence sells. The year 2003 was the most violent year for mass murder, with 30 incidents and 135 victims. One of the quietest years for mass murder was 2001 if the 9/11 terrorist attacks are not considered. The Washington Navy Yard; Virginia Tech; Ft. Hood; Edmund, Oklahoma; and San Ysidro still resonate in the public consciousness, however, reminding us that these events do happen. Perhaps these tragic events are all the more frightening because of their perceived randomness and the enormous suffering they engender. A positive counterpoint, however, is that rates of all violent crime have significantly decreased over this same time period, from 48 victims per 1000 persons in 1976 to 15 victims in 2010. The most lethal school mass murder in U.S. history? It was in Bath, Michigan, in 1927, and the bombing resulted in the deaths of 45 people, mostly children in the second to sixth grades.

Myth 4: Firearms Are Not an Issue

Of course they are. They are the *means* by which people can easily kill themselves and others. Mass murders are typically committed with firearms or explosives, whether in the United States or internationally. Perpetrators usually bring two or three firearms to the scene of their massacre. Assault weapons were used as the killing instruments in both Aurora, Colorado, and Newtown, Connecticut, in 2012. A shotgun was initially used at the Washington Navy Yard. Lopez used a .45-caliber pistol in the most recent Ft. Hood shooting. Banning assault weapons, however, will unlikely reduce the *frequency* of mass murder in the United States. Between 1994 and 2004, when the federal assault weapons ban was in effect, there was no decrease in the average number of mass murders per year; however, there were no studies as to whether there was a specific decrease in the use of assault weapons in such crimes. The trend line for frequency of mass murders remained flat. However, limiting firearms *capacity* would likely reduce the number of casualties at any one massacre—Jared Loughner was tackled by three senior citizens in Tucson when he attempted to reload.

What should be center stage, moreover, is regulation of firearms. It is more difficult to buy the over-the-counter drug

Sudafed than a semiautomatic pistol. As a gun owner myself, and a supporter of the second amendment, I find it appalling that virtually anyone can purchase a firearm in the United States with little effort, money, or time. Can we drive an automobile without a license? Do we have to demonstrate competency in its use before we can obtain a driver's license? Can automobiles be utilized as lethal weapons through negligence or intent? Of course. I would much rather have a drunkard riding a bicycle than driving a car in our neighborhood. I think firearms ownership is a right with restrictions (as most U.S. constitutional rights are), such as demonstrable competency in firearm use and mental stability.

Myth 5: Psychotic Individuals Cannot Plan in a Precise and Methodical Manner

Although this may seem an academic point, when it comes to mass murder, it has been disproven time and time again. Some adult mass murderers—and few adolescent shooters—are psychotic, meaning they have broken with consensual reality, and now perceive the world in an idiosyncratic and often paranoid way. Yet they may research the Internet for the appropriate weapons, practice video games that do sharpen their marksmanship, purchase weapons and ammunition online, conduct surveillance of the target, probe for security protecting the target, and tactically carry out their mass murder, *all from within a delusion*. Paradoxically, delusions may help mass murderers eliminate any ambivalence in their mind and commit them irrevocably to a path of homicidal destruction. Our research has also found that mass murderers who are psychotic have a higher casualty rate than those who are not (Hempel et al. 1999). Typically, they will select victims who are complete strangers, yet in their mind those strangers make up what the sociologist Norman Cameron called a “paranoid pseudocommunity” of persecutors bent on their destruction (Cameron 1959).

Myth 6: It Must Be the Drugs They Are Abusing

It is true that most violence involves drug use, particularly alcohol. In cases of spousal homicide, either the victim or perpetrator, or both, are often intoxicated at the time. In mass murder, however, drug use is minimal, whether alcohol or other illicit substances. We think the reason for this counterintuitive finding is that mass murderers do not want any drugs to cloud their consciousness at the time. Drugs could interfere with their planning, preparation, and most importantly, their tactical success, which is often to maximize the casualty rate. We have even found in two cases that the mass murderer had utilized therapeutic amounts of sedating drugs—benzodiazepines or phenobarbital—to help him remain calm during the shooting, according to data gathered from toxicology reports following the perpetrator's autopsy.

Myth 7: Mass Murder Can Be Predicted

Unfortunately, predicting a mass murder cannot happen because of the simple fact that we cannot predict such an extremely rare event. If we attempt to do so, we will grossly overpredict its occurrence and perhaps infringe upon the

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freedoms and the rights of those wrongly accused, or the population at large. However, we can *risk mitigate* such events by paying attention to behaviors of concern. “If you see something, say something.” This stopped Richard Reid from bringing down an airplane over the Atlantic in December 2001, when a passenger sitting next to him noticed he was trying to light his sneaker with a match. It contributed to the prevention of another ideologically driven mass murder in Times Square on May 1, 2010, when two street vendors noticed a suspicious van parked on a busy corner and alerted the police. Two days later, law enforcement arrested Faisal Shahzad as he sat on board a plane at Kennedy bound for Dubai, and he was subsequently convicted by a federal jury of conspiracy to use a weapon of mass destruction and attempting an act of terrorism, among other charges.

Such situational awareness is critical to interdict someone in the final stages of an attack. But there is another warning behavior that is quite frequent: mass murderers, both adolescents and adults, will leak their intent to others. This *leakage* has been defined by Mary Ellen O’Toole and me as the communication to a third party of an intent to attack a target (Meloy and O’Toole 2011). Put more simply, it is a phrase expressed to another, or posted on the Internet, that raises concern. It may be overt: “I’m going to kill my supervisor and his cohorts tomorrow”; or it may be covert: “don’t come to work tomorrow, but watch the news.” It was reported in the *New York Times* that Lopez posted the following on his Facebook account the same day he bought his .45-caliber pistol on March 1, 2014: “My spiritual peace has all gone away. I am full of hate; I believe now the devil is taking me...green light and thumbs down, it’s just that easy.” This is what the forensic psychiatrist James Knoll calls the “psychology of revenge and obliteration” (Knoll 2010). Jared Loughner wrote on his MySpace page on December 20, 2010—19 days before his mass murder—“I HAVE THIS HUGE GOAL AT THE END OF MY LIFE: 165 rounds fired in a minute!” A week earlier, according to FBI files, Loughner wrote that he was glad he hadn’t committed suicide. “I’ll see you on National TV! This is a foreshadow...why doesn’t anyone talk to me?”

The logical consequence of such comments should be to alert someone in a position of authority. However, most people don’t. The sad reality is that the leakage surfaces after the event, with the rationale, “I just didn’t think he was serious.” Words matter. Trust your emotional reactions of anxiety, wariness, or fear. Mental health clinicians should probe for more objective data as to whether or not the threat is serious and exercise their legal obligations and best treatment practices to mitigate risk.

In summary, mass murder specifically, and gun violence in general, is a hard problem in the United States: its difficulty is matched by its importance. The way forward may be to treat gun violence as both a criminal and a public health problem, with primary prevention focusing upon risk factors in the general population (poor public mental health care, lax regulation of firearms, no demonstration of competency to purchase or use a firearm), and secondary prevention focusing upon individuals of concern who may be planning or preparing an act of targeted violence. In the latter case, behavioral threat assessment may offer the best hope, where prevention is the goal rather than prediction.

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