Serious Mental Illness and Mass Homicide

SUMMARY

Studies of mass killings strongly suggest they began to increase in incidence in the 1980s, and that the incidence is increasing. The most comprehensive survey of mass homicides in the 20th century reported 73 such killings from 1990 to 1999. In 2017, nearly one incident meeting the federal government’s definition of “mass shooting” occurred each day. As to the percentage of mass homicides in which the perpetrator had an untreated serious mental illness, the answer varies based on how serious mental illness and mass killings are defined, the time period covered and other factors. In general, however, it appears that at least one third of mass killings are carried out by individuals with untreated serious mental illness, even when narrowly defined.

BACKGROUND

Findings regarding mass homicide vary considerably, depending on how the author defines mass killings. Some studies include all mass killings, including those associated with crime (e.g., mob-related killings in Chicago in the 1930s) and those in which a parent kills multiple family members. Other researchers define mass homicide as killing three people, others four people, and still others as few as one person if the intent was to kill more (e.g., MF Stone in 2015). For years, the federal government defined "mass murderer" as someone who killed four or more people; in 2013, the term was redefined to three or more people killed. Some studies include only mass killings in which guns were used (e.g., Follman et al., 2012) and exclude those in which knives, cars or other weapons were used (e.g., Adacia Chambers, diagnosed with bipolar disorder, who killed 4 and injured 48 while driving her car in Stillwater, Oklahoma, in 2015). The period covered by the study is also important, because mass killings were less common early in the early 20th century than in the late 20th century and since.

The most important variable is the definition of mental illness used in the study; studies using a narrow definition (e.g., psychosis) produce different results than those using a broad definition of mental illness and/or including substance abuse as mental illness.

REVIEW OF THE RESEARCH

Following are summaries of selected recent studies.

- In 2018, the FBI released a report on A Study of the Pre-Attack Behaviors of Active Shooters in the United States Between 2008 and 2013. The authors selected 63 cases on which records were more complete among the 160 total active shooter cases. The authors restricted their study to verified information in the FBI records; thus, there was much missing mental health information. They reported that 16 of the 40 (40%) on which such information was available had received a psychiatric diagnosis; 44 of the 63 (70%) had “mental health stressors” and/or “mental health concerning
behaviors” prior to the attack; and 30 of the 35 (86%) on which such information was available had suicidal ideation or had made suicide attempts prior to the attack.

• In 2018, the US Secret Service National Threat Assessment Center released a report on Mass Attacks in Public Spaces—2017. It analyzed 28 such incidents that had taken place in 2017. It reported that 18 (64%) of the attackers “experienced mental health symptoms prior to their attack; 9 (32%) were psychotic and 7 (25%) had been hospitalized for treatment or prescribed psychiatric medication prior to their attacks.

• In 2015, Michael F. Stone, PhD, a psychoanalyst in New York, published a study of mass killings. Stone selected 235 mass homicides that occurred in the United States from 1913 to 2015 and were reported in newspapers, magazines, books and websites. It does not appear that he personally interviewed any of the perpetrators. FBI statistics indicate there were approximately 1,000 mass killings in the United States between 1900 and 1999, meaning Stone’s sample covers less than one quarter of the incidents. Stone apparently selected cases for which sufficient information was available to make a psychiatric assessment. For 7 cases Stone noted the information was not sufficient to make a judgment; thus, his series consists of 228, not 235, cases.

For his diagnoses, Stone used a narrow definition of mental illness, psychosis. Thus, the mass killers identified as mentally ill by Stone were almost all diagnosed with schizophrenia or bipolar disorder with psychotic features. Stone judged each of these individuals to have either “clear-cut psychosis” or “probable mental illness.” His list of individuals with “probable mental illness” included many with well-identified diagnoses. Edward Allaway, for example, who killed seven people at California State University, Fullerton, in 1976, has been consistently diagnosed with paranoid schizophrenia and remains hospitalized to this day.

Stone concluded that 52 of the killers – 46 men and 6 women – were mentally ill, representing 23% of all 228 mass killers he studied. However, Stone’s study covered the period from 1913 until 2015, which included many years before the deinstitutionalization of mental patients and its effects became prominent. If one looks at the most recent years—from 2000 to 2015—Stone judged 28 of those 88 mass murderers, or 32%, to be mentally ill. Over this period, we see the full effects of the closing of state mental hospitals and reduction of community psychiatric services.

As a psychoanalyst, Stone’s specialty is personality disorders so it is not surprising that most of the mass murderers in his study were diagnosed with antisocial, psychopathic, narcissistic or paranoid personality disorder. This last category is of special interest, because paranoid personality disorder may become paranoid schizophrenia if the individual loses touch with reality.

Among the 48 mass killers Stone identified with paranoid personality disorder, a number would be identified by other clinicians with paranoid schizophrenia, which would have increased the finding that 32% of the mass killings were associated with serious mental illness. For example, Jiverly Wong, a Vietnamese immigrant who killed 13 people and himself in 2009 in Binghamton, New York, was diagnosed by Stone as having a paranoid personality disorder. However, Wong left a suicide note, available on the Internet, which described extensive paranoid delusions and auditory hallucinations (the police put “the music into my ear”), well-known symptoms of paranoid schizophrenia. Similarly, Stone classified George Hennard – who killed 23 people and himself in 1991 in a cafeteria in Killeen,
Texas – with paranoid personality disorder but acknowledged Hennard was “at the very border of mental illness.” Given Hennard’s documented belief that “treacherous female vipers” were trying “to destroy me and my family,” many clinicians would find that Hennard had crossed that line.

- A 2014 report by the FBI reported a sharp rise in mass shootings between 2000 and 2013. The average number of such shootings between 2000 and 2006 was 6.4 per year, according to the report. Between 2007 and 2013, the average increased to 16.4. The FBI did not include information on mental illness in this report but said that it would be reported later.

- In 2012, a survey in *Mother Jones* by Follman and colleagues identified 62 mass shootings between 1982 and 2012. The survey included only those incidents in which four or more people were killed (not including the shooter) and that were not “related to gang activity or armed robbery.” The review also included only those in which guns were used as the weapon and thus excluded individuals such as David Attias, diagnosed with bipolar disorder, who in 2001 drove his car onto a Santa Barbara sidewalk, killing four and injuring nine. (Attias left his car following the attack and announced that he was the “angel of death.” Five years previously, he had been hospitalized after trying to kill his sister.)

The survey suggested a trend of increasing mass homicide (see Figure 1):

- 1993–2002: 19
- 2003–2012: 29 (including 7 in 2012)

Although no attempt was made to obtain extensive psychiatric data, the authors reported that “a majority were mentally ill—and many displayed signs of it before setting out to kill.” Among the 62 shooters, 36 also killed themselves, and 7 others died in shootouts with the police, suspected of being “suicide by cop.” The authors concluded, “Mental illness among the killers is no surprise, ranging from paranoid schizophrenia to suicidal depression.”

- In 2007, Grant Duwe, PhD, a criminologist with the Minnesota Department of Corrections, published *Mass Murders in the United States.* He included all killings of four or more people within a 24-hour period, including felony-related mass killings such as those occurring in drug-related or other criminal activities. His primary data source was the FBI’s Supplemental Homicide Reports.

Duwe identified 909 such events between 1900 and 1999 and noted a marked increase from 1980, with 52% of the 116 “mass public shootings” taking place between 1980 and 1999. Duwe reported it difficult to estimate how many of the perpetrators of the mass murders were mentally ill, because information on the perpetrators’ mental health was missing from 40% of the cases, and 22% of the perpetrators were killed, by police or by themselves, at the crime scene. Among the others, at least 13% “were diagnosed with some form of mental illness” and another 15% “exhibited symptoms of mental illness” (p. 105).

- In 2000, the *New York Times* published a detailed survey by Fessenden of 100 “rampage killers” who committed mass killings between 1949 and 1999. The survey included all “multiple-victim killings that were not primarily domestic or connected to a robbery or gang.” The survey included crimes with “multiple victims, at least one of whom died, and to have occurred substantially at one time.” A total
Of 425 people were reported killed and 510 injured. The number of such incidents was as follows (see Figure 2).

- 1949–1959: 1
- 1960–1969: 3
- 1990–1999: 73

Fessenden concluded “the incidences of these rampage killings appear to have increased.”

The author also reported that of the 100 cases “63 involved people who made threats of violence before the event... In case after case, family members, teachers and mental health professionals missed or dismissed signs of deterioration.” For example, James Brady “told psychiatrists he wanted to kill people just days before he went on a rampage in an Atlanta shopping mall in 1990.”

The survey additionally reflected “much evidence of mental illness in its subjects. More than half had histories of serious mental health problems (and)... 48 killers had a formal diagnosis, often schizophrenia.” Of these 48 offenders, 24 had been prescribed psychiatric drugs, but “14 had stopped taking them.”

- In 1999, Hempel and colleagues at the University of North Texas identified 30 mass killings for which extensive information was available. The killings occurred between 1949 and 1998 in the United States and Canada. Mass killings were defined as those events where at least three people were killed, excluding the killer; only firearms-related killings were included. Even though the 30 killings they identified took place over a 50-year period, 21 (70%) took place more recently, from 1986 to 1998. This suggests that there has been an increase in the incidence of such killings. Twelve perpetrators had psychotic symptoms at the time of the killings, and another 8 individuals “exhibited behavior suggestive of psychosis”; thus 20 of the 30 perpetrators (67%) had definite or probable psychosis. The most common diagnoses were schizophrenia, delusional disorder and major depression. Fifteen of the perpetrators had a documented history of psychiatric hospitalization or visits to a mental health professional. Alcohol was found to play a role in only 3 of the 30 killings.
Figure 1. Mass shootings with four or more deaths (1982–2012), not including the person doing the shooting (Follman et al., 2012)

Figure 2. Rampage killings with multiple victims, at least one of whom died (1949–1999) (Fessenden et al., 2000)
REFERENCES


