

What Causes Mass Shooting In America?

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Introduction

In this week's episode of the podcast, I interview Dr. Ragy Girgis, a clinical researcher at Columbia University in New York where he also completed his residency in psychiatry in 2009. He received a T32 (training grant) during this time and now conducts clinical trials and high-risk psychosis research. He practiced privately for a time, but is now a full-time clinical researcher. Although primarily a schizophrenia researcher, his interest led him to research the relationship between schizophrenia and mass shootings, leading to the creation of what may be the largest database on mass murder and mass shootings, studying cases dating all the way back to 1900.

Compiling the database

Over the last few years, Dr. Girgis has become interested in the relationship between psychosis and violence. He was finding that while mental illness very slightly increased the risk of violence, the vast majority of those who commit acts of violence, and especially mass murder, do not suffer from any type of psychotic disorder or mental illness. He wanted to compile a database that showed conclusively there is minimal to no association between mass murder and psychotic illness.

The rate of mass shootings is not decreasing. Schoolchildren and parents have become increasingly frightened of being the victim of a school shooting. Additionally, while the stigma surrounding mental illness has improved over time, there remains a very large segment of the population that believes mental illness is the primary cause of mass shootings.

For these and other reasons, he and his colleagues compiled the Columbia Mass Murder Database (Brucato et al., *Psychological Medicine*, 2021 Feb 17;1-9). Containing the data of almost 1,800 personal-cause mass shootings (i.e., not related to war-, state-, or group-sponsored terrorism, crime, or gang-related activity) and other types of mass murder, it is the largest such database in the world.

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Results of database research

They wanted to have two groups to compare. Unless there is a comparison, many variables can confound or confuse a result. The main comparison was between people who commit mass murder with firearms and those who did not use firearms. They found that while 8% of people among mass shooters had history of psychotic illness or psychotic symptoms, the percentage was much higher, 18%, among those who perpetrated mass murder without firearms. In other words, the conclusion was that those with mental illness who commit mass murder are much less likely to use firearms than other methods (e.g., arson). The comparison shows that there isn't a specific relationship between mass shootings and psychosis. When a mass shooter/murderer has a mental illness, it is usually incidental.

These results generally suggest that while individuals with serious mental illness are slightly overrepresented among mass shooters, they are responsible for a small minority of cases. Additionally, the vast majority of mass shootings are perpetrated by males. The mechanism by which mental disorders slightly increase the risk of violence is by impaired impulse control. This is significant because the effects of mental illness on impulse control are greater in women, who tend not to use firearms when perpetrating mass murder. So this information supports the findings that psychotic illness does not have a specific relationship with guns and mass shootings.

The worldwide prevalence of mass shootings was stable at 7 per billion people between 1900-1970, at which time it began to grow to its current rate of 28 per billion people, a fourfold increase. Mass murder committed with methods other than firearms increased twofold from a stable rate of 7 per billion people between 1900-1970 to about 14 per billion people now.

As this study examined the relationship between psychotic illness and mass murder, results indicated that while the rate of mass shootings has increased, the proportion of mass shooters with a history of psychotic illness has actually decreased.

Psychotic Illness vs. Bad Behavior

Many people do not understand what mental illness actually is, still equating it with immorality, bad behavior, demons, moral failure or sin. Bad behavior is most often not associated with mental illness. Behavior has a lot of causes.

There is a moral component to mass shootings. Evil does take its course. But many who commit mass murder have trouble with impulse control. While mental illness can decrease impulse control, as we see that most mass shooters do not suffer from mental illness, we can look at other causes of

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decreased impulse control such as chronic or acute life stressors and lower levels of personality organizations (borderline or psychotic on psychodynamic terms) with varying degrees of comprehending reality, levels of defenses, and identity diffusion. It is quite possible to go through life in the lower levels of personality organization without committing mass murders, but sometimes when those who function at these lower levels are presented with some sort of stress they may be unable to handle and act out.

Identifying with the lower levels of personality organization (borderline and psychotic) does not qualify someone for a diagnosis of a psychotic illness. The majority do not have a DSM-5 diagnosis. Instead, this is a personality description or character structure, describing how we interact with the world.

Medication being attributed to mass shootings

Whenever a mass shooting occurs, the role of psychiatric medication playing a factor in the event concurrently arises. However, looking over another mass shooting database, very few perpetrators were on medications at all.

It can be said with confidence that psychiatric medications play no role in mass shootings and mass murder. With almost 1,800 mass murders closely examined in this database, only approximately 1-2% percent were perpetrated by a person on medications at the time of the event. Even when medications were detected in the blood, the levels were below therapeutic levels. So within the very small percentage of those who incidentally had mental illness and perpetrated a shooting, most could be considered unmedicated because their levels were so low. Instead, there is a wealth of data supporting that therapeutic levels of psychiatric medication specifically improve impulse control.

However, those with mental illness who commit these crimes tend to receive more media attention than those who do not.

Commonalities among perpetrators of mass shootings

In the context of this finding, the oft-reported relationship between mass shootings and suicide, with a focus on school shootings, was re-examined. The psychological profiles and motivations of these perpetrators were examined. With exceptions, many of these individuals tended to be younger males who were empty, angry, and nihilistic, felt rejected by society, were socially, occupationally and/or academically unsuccessful, and blamed society for their failures. These individuals tended to have very fragile egos and were highly narcissistic, feeling they were much more special than they actually were and deserving of fame and notoriety. They harbored a strong desire for this notoriety and infamy. Committing a mass shooting instantly produces these results in today's culture.

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In this context, it becomes clear how these individuals are different from other criminals and why they chose firearms. In most cases, it appears that these perpetrators wanted to commit suicide or be caught. They sought the greatest level of exposure for their actions. It is well known that firearms are the most effective method of suicide. The bottom line is that most mass shooters seem to have no desire to escape. On the contrary, if they don't want to die, they are seeking the infamy and notoriety that come along with mass, and especially school, shootings.

Why is it so difficult to prevent school shootings?

There are three barriers to any mass shooting. The first is one's own conscience. The second is the conscience that we generally internalize from those who raised us, those with whom we are closest (often parents, close family, or friends), or society. The third and last is the fear of capture by law enforcement. When there is no fear of capture by law enforcement due to a plan for suicide or the desire for capture, it becomes very challenging to prevent these sorts of tragedies.

Fortunately, there are solutions. First, we must cease the romanticization of gun violence and gun culture perpetrated by movies, television, video games, and the music industry. This is a cultural phenomenon and likely partly explains the great increase in mass shootings since 1970 (especially compared to the slower increase in other types of mass murder) when entertainment began to exert a disproportionate and greater influence on young people, as opposed to before 1970 when parents and educators had the greatest influence on young people.

Additionally, news media and social media influencers (who have gained many followers while covering such events) should stop publishing any personal and detailed information or photographs of mass shooters, giving them the fame they desire. Society needs to be educated on how to not glorify the shooters. When potential mass shooters realize that they will receive no notoriety or infamy were they to perpetrate a mass shooting, they will be less likely to perpetrate them. This will form a feedback loop that will lead to fewer mass shootings.

It should not be ignored that the vast majority of school shooters seem to have no interest in escape, but rather suicide and/or capture and infamy. This should be strongly taken into consideration when law enforcement decides how to respond to future mass shooting events.

Of course, there are many types of, and motivations for, mass shootings. However, there are easily implementable cultural modifications that could allow us some sense of control over these heinous tragedies.

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Further reading:

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