

SOCIOLOGICAL PSYCHOSIS

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The only way we as a society can effectively address “gun violence” is to first admit that the term is overly broad. Discussions over gun show loop holes, background check failures and weapon types alone leave out a critical element to the problem of mass shooting. That element is “mental illness” and how it is defined and confronted by the therapeutic community. I implicate no malpractice here by way of recommendations for new psychiatric diagnoses and designations. The operative word is “new” as I am departing from what has been construed as “a standard of care” related to recent mass murders in the news now compounded by the killings in El Paso, Texas and Dayton, Ohio.

Psychosis is narrowly defined as loss of contact with reality. However, medicine will define it as “psychiatric” if there is no medical or organic condition (brain tumor or systemic disease for example) to explain it.

Regrettably, this concept of reality contact loss is too broadly linked to the psychiatric disorder schizophrenia when the rare “organic psychosis” just noted above is not found.

Now in the horrible wake of El Paso and Dayton, we have new double evidence of mental illness in the two mass shooters Patrick Crusius and Connor Betts. Crusius’ derangement was heavily influenced by hate but that per se is not a rational “explanation” for the slaughtering of innocents. His manifesto spoke to disturbed thinking obviously from many perspectives. Betts may have been “piling on” but again that kind of copy cat spree is also not simply another “gun violence” episode. He also had a “hit list” in high school and killed his own sister during yesterday’s murder nightmare.

It is too early to explore the potential mental states of Crusius (in custody) and Betts (now dead) but suffice it to say no mental health professional will want to limit a diagnosis to the most common psychosis, schizophrenia, in these two cases conceivably with or without mania and/or substance abuse.

Defining schizophrenia rather narrowly was I believe one reason Parkland killer Nikolas Cruz was not institutionalized or Sandy Hook killer Adam Lanza was not committed acutely to a psychiatric facility.

More important than not labeling Cruz or Lanza individuals with schizophrenia was the lack of recognition or downplaying of their psychosis. (Cruz and other mass killers should also have a comprehensive blood test battery and brain scanning although the yield is likely not to be high in uncovering a metabolic or structural abnormality to explain this aberrant behavior).

Whereas acute schizophrenia or a schizophrenic crisis often involves bizarre paranoia plus manifestations such as auditory hallucinations or belief that one's thoughts are being broadcast to the universe, acute or sub-acute psychosis may simply involve irrational beliefs in one's powers or in a deranged agenda meant to correct some societal problem ascertained by the individual so afflicted.

In fact, Crusius, Cruz and Lanza were overtaken with such psychotic plans. Cruz had decided to assume the deranged role as a "professional school shooter" and Lanza was "saving kids from their school".

Similarly, although no such oral or written proof exists, Stephen Paddock, the October 2017 mass killer in Las Vegas, also likely was displaying some sort of "necessary corrective action" for the United States by ending the lives of those many he slaughtered.

My major point through all of this is that we, in the mental health/psychiatry/neuropsychiatry fields, are fixated on a particular type of psychosis often seen in classical schizophrenia and are thereby diminishing if not ignoring the kind of psychosis that affected the killers last week along with Cruz, Lanza if not Paddock.

The result of this is a downplaying of "mental illness" by some that underlies the majority of mass shootings the result of which has led to horrible consequences. It reinforced relative kid glove interventions of Cruz and Lanza pre-shooting and may have prevented the uncovering of a Paddock plot as his anti-anxiety medications probably were administered based upon usual and customary relatively superficial exploration of inner thoughts by his mental health team of prescribers.

No psychiatric patient should be relegated to some sort of low-life status because he may have violent thoughts. However, defining ideations of violence needs to be raised to a new paradigm.

In the cases of Cruz and Lanza and implicitly in the analysis of Paddock, what progressed in them all was what I would advance as a new kind of psychosis designation- Sociological Psychosis.

Both traditionally defined sociopathic and psychopathic behavior includes a disregard for law and social mores, a failure to experience guilt and a violent tendency. Psychopaths are felt to have no empathy and sociopaths often kill with little planning. None of these qualities should have dominated an understanding of the totally irrational mass murder all committed. Indeed, all three could have been viewed as sociopaths in some of their pre- mass killing activity. To narrowly define them as psychopaths because they killed many without remorse is to also side step the more important issue in all.

Their rationale for killing was psychotic. Was it as psychotic as suggesting that all victims were space aliens or speaking to them from hell demanding they be slaughtered through machine gun deaths? Probably not. However, the motive for the mass killing was psychotic. None of the killers were threatened by those they killed. No justification based in reality existed for their murders.

But what kind of psychosis was operable here given these individuals' pre-murder functioning and symptomatology?

It was a psychosis extraordinarily colored by societal influences. The killings would elevate the shooters to sensationalistic heights with wall to wall coverage by all media outlets and their names engraved in history as perpetrators of the worst mass slaughters in the United States. Etiologically speaking, that represents a sociological trigger for this mental illness.

Of course, poorly understood genetic influences exist as well. Sociological Psychosis shares a kinship with sociopathy, psychopathy and schizophrenia. However, rents in our mental health system that contributed to the improper evaluation and treatment of these people were caused by a deficient appreciation of their psychoses. In fact, with Paddock, the diagnosis of psychosis was likely never made. With Cruz and Lanza, many other less important aspects of their psychiatric dysfunction led the way in their evaluation and treatment. Psychosis, via specific approaches including in-hospital psychopharmacological therapy should have been used in both cases.

Hindsight is always 20/20. There are millions of Americans who have had violent thoughts whose psychiatric diagnosis does not involve psychosis or its prevention. However, whether needed gun control laws are enacted or not, our society remains one dominated by violence- in the movies (exemplified by recent *Live by Night* film about the Mafia- loaded with gratuitous violence I suppose in the name of doubtful “historical accuracy”), through video games or through isolated shootings on our streets. How all of that specifically contributed to the unraveling of the recent killers in addition to Cruz or Lanza remains to be seen. However, denying a sociological influence on the behavior of mass shooters would be vapid thinking. Similarly, being shackled to the arbitrary diagnostic designations in psychiatry is even worse.

Crusius, Betts, Cruz, Lanza and Paddock exhibited psychotic behavior. Their multi-dimensional psychological profiles included a variety of features. However it was their psychosis that was the critical foundation for the mass killing they carried out. The diagnosis for all five should be Sociological Psychosis. I believe such a classification or evidence for a lead up to same diagnosis by mental health professionals and physicians who encounter such individuals can increase the chance of preventing heinous mass killings.
