ClinicSearch

Journal of Scientific Research and Biomedical Informatics

Saeed Shoja Shafti

*

Open Access

Review Article

Mass Shooting: A Second Look

Saeed Shoja Shafti

Emeritus Professor of Psychiatry, New York, USA.

Corresponding Author: Saeed Shoja Shafti, Emeritus Professor of Psychiatry, New York, USA.

Received Date: January 27, 2022; **Accepted Date:** February 18, 2022; **Published Date**: March 23, 2022.

Citation: Saeed Shoja Shafti, (2022) Mass Shooting: A Second Look. *Journal of Scientific Research and Biomedical Informatics*, **1(1); Doi: 10.31579/2834-8745/001**

Abstract:

Mass public shooting, which is not a homogenous incident, is certainly a public health crisis and is comparable to terrorism. But, why should a compatriot take a gun and kill other fellow citizens, in addition to annihilation or termination of his own life, instead of working, loving, enjoying and teaming up with them to make a better society and future? On the other hand, mass shooting seems to be a psychosocial problem and demands a systematic attitude, instead of the customary descriptive psychiatric approach or a merely criminological attitude. Accordingly, mass shooting looks to be discussable more in the context of group or social psychology, though the crimes per se are not analyzable without considering the associated social dynamics. Although laws are a series of civilized formulations for the management of a number of problems at a specific time and place, they may be disrupted from time to time by mutinous people, who don't find them fitting with respect to their own values, benefits or patience. In the present article, mass shooting, as a social dilemma, has been reviewed, over again, to check its conceivable backgrounds, diversities, comparisons with other unlawful homicides and possible assuaging schemes or approaches, in short.

Key Words: mass shooting; multi-victim gun homicides; firearm homicides; shooting massacres; gun violence; unlawful death; forensic psychology; forensic psychiatry; criminology.

Introduction:

Let's start with this approximate question: why should an inhabitant, for example, a middle-class youngster, take a gun and kill his fellow citizens, neighbors, friends or classmates, with annihilation or terminationof his own life, instead of working, loving, enjoying and teaming up withthem ? What turns a former kind neighbor into a future foe? Mass shooting is a serious problem that usually has intricate ins and outs, whichhave roots in a mixture of sociological, cultural, historical, anthropological and psychological bases, and, so, demands a systematic approach, instead of the customary descriptive psychiatric approach or a merely criminological attitude. Sociologically, it seems that when overt public processes are not synchronizing with each other or covert societalcourses, and so, may flare up a series of social clashes or cognitive dissonances, a confounding dynamic arises which may lead to improper discharges by irritated, defiant or despairing people. Such kinds of incorrect expulsions, especially if they are occurring increasingly, must be probed thoroughly by sociologists, psychologists, criminologists and administrators, because sightless attempts at management or eradication of radicalism may reversely intensify existent prejudices and bring about further socia mayhem, and may not automatically end the miseries of victims or survivors. So, mass shooting is discussable, preferably, in the context of group or social psychology, as like every other misconduct, which is not properly manageable without considering the associated social dynamics. An idyllic society is not a community without crime, but a society which knows how to diagnose and handle the roots of wrongdoings, though attainment of such an objective, as well, is not, practically and perfectly, an easy task. Though illegal behavior is customarily defined as violation of the law, law per se is a formulation for management of a problem through a specific time and place. Therefore, though law is intrinsically a kind of solution, it may be disrupted eventually by mutinous people, who don't find it fitting with respect to their own values, benefits or patience. In the present article, mass shooting, as a serious social dilemma, has been reviewed, over again, to check its conceivable backgrounds, diversities, comparisons with other unlawful homicides and possible assuaging schemes or approaches, in short.

Background:

A) Mass Public Shooting: Description of a Fury

Gun violence is a multi-factorial and pervasive phenomenon [1]. While almost a significant number of lives are lost annually as a result of firearm ferocity, the gun violence rates are not the same in comparable states [1]. Mass public shooting, an incident in which four or more persons (not counting the committer) are murdered with shotguns in a public space, is, for sure, a public health crisis [2]. It seems that mass murders involving shotguns are incented by analogous happenings in the immediate past and, on average, this temporary increase in possibility lasts around two weeks [3]. Sociologically, while the level of citizens' trust in organizations, rich-poor gap, challenging public welfare spending and uneven economic opportunity are all associated with shotgun assassination rates [4, 5], recognizing how gun violence echoes and encapsulates organizations may help mental health experts to analyze specific dogmas which may exacerbate gun violence, or to identify barricades which may undermine appropriate access to mental health care [6].While some of mass shootings may be considered as a form of public act and demands to draw attention to one's protest and resentment towards the world [7, 8], some offenders of mass shootings are suicidal prior to their violence, and many take their own lives, or provoke law enforcement to do so [9, 10] (Table 1).

Mass Shooting With Suicidal Committer	Mass Shooting Without Suicidal Committer
Ideological: hyperbolic antagonism due to narcissistic injury of a resentful patriot, separatist , racist or xenophobe ± other types of psychopathology	Due to impulsiveness of a hyperactive or thoughtless person ± other types of psychopathology
Non-ideological: blown up enmity and revenge due to egotistic injury of a desperate person or sociopath ± other types of psychopathology	As an exaggerated maneuver by a sadistic-aggressive person for scaring others ± other types of psychopathology
Extended suicide: externalization and projection of internal pessimistic feelings of a depressed patient towards other familiar persons ± other types of psychopathology	Aa an vindictive justice or criminal wrongdoing
As an aggressive retaliation or discharge by a nihilist or tired person	A violent behavior which may be precipitated by blurred cognition or slipup due to abuse of psychoactive substances ± other types of psychopathology
As a political protest by a revolutionary devotee	Protective or retaliatory action of a delusional patient against illusionary enemies
As an actual terroristic attack	As an actual terroristic attack

Table 1: *Grouping of mass shooting based on suicidal ideation of perpetrator.*

B) Forensic Psychiatry and Mass Shooting: Suicidal Ideation and Mental complications as Latent Catalyzers of Unlawful Homicide

According to the outcomes of a study, 59 percent of mass shooters have had a mental health history, defined as a history of psychiatric hospitalization, psychiatric medication, psychotherapy, counseling, or earlier diagnosis of mental disorder [11]. Also, consistent with the findings of another study, a significant proportion of mass shooters were misdiagnosed and incorrectly treated or undiagnosed and received no treatment for their psychiatric ailments [12, 13]. Furthermore, a percentage of perpetrators seem to have both suicidal and homicidal ideations during the said massacre, or at least they didn't seem to be fearful of being slayed, like a martyr, during the incident [14]. It deserves to be mentioned that suicidal behavior is seen in the context of a variety of mental disorders, most commonly major depressive disorder, bipolar disorder, anxiety disorders, substance use disorders, schizophrenia, schizoaffective disorder, antisocial personality disorder, borderline personality disorder, eating disorders, and adjustment disorders. It is rarely expressed by persons with no palpable pathology, unless it is undertaken because of, for instance, a painful or lingering medical disorder, current stressful life events or traumas, martyrdom for political or religious reasons, protection of autonomy and dignity, or in partners in a suicide pact [15, 16]. Thus, though it has been claimed that ninety percentage of people who end their lives by suicide meet the diagnostic criteria for one or more psychiatric disorders, some records have shown that over half of deceased by suicide were by folks with no known psychiatric ailment [17], and seventy-five percent of patients who died by suicide have denied suicidal ideation the final time they were asked by a healthcare expert [18]. Loss of important associations, job, monetary safety, and self-confidence, in addition to abuse of alcohol and other substances, which may increase aggression, impulsivity, and cause decline in cognitive capacity and flexibility for finding useful coping strategies, may act as triggers of suicidal behavior in vulnerable persons [19].

C) Mental Health, Youngsters and Radicalness:

While mental ill-health is the leading cause of disability in young persons aged 10 to 24 years, suicidal behavior in children and adolescents occurs in the context of stressful, chaotic, and often unpredictable family events. Suicidal youngsters, usually, have poor self-esteem, poor personal identity, are often truant, and have poor school evaluations, which may lead to a sense of inadequacy. Similarly, issues of gender identity are well recognized as risk factors for adolescent suicides. The major risk factors for suicide in young people are the presence of a psychiatric disorder,

especially affective disorder, substance misuse, and borderline personality disorder [20]. While suicidal behavior ensues as a result of an interaction of socio-cultural, developmental, psychiatric, psychological, and family-environmental factors, it seems that, perhaps, radicalization is offering anomalous conduct to vulnerable youths for responding to endless worries, which are fired constantly by the global socio-political milieu [21].

D) Psychodynamic Approaches to Suicide:

As said by Freud, suicide represents aggression turned inward against an introjected, ambivalently cathected love object. Freud doubted that there would be suicide without an earlier repressed desire to kill someone else. Likewise, Karl Menninger described a self-directed death instinct plus three components of hostility in suicide: the wish to kill, the wish tobe killed, and the wish to die. Some scholars, as well, believe that fantasies like wishes for revenge, power, control, punishment, atonement,sacrifice, escape, rescue, or rebirth, reunion or identification with the dead or a suicide victim, or a new life, may inspire susceptible people to commit suicide. A study has shown that hopelessness was one of the mostaccurate indicators of long-term suicidal risk [22].

E) Violence, Self-harm and Firearm:

While some administrators believe that improving background checks to keep weapons from mentally disturbed persons and reforming mental health care systems will address the problem of mass shootings, epidemiological investigation discloses

that serious mental conditions contribute little to the threat of interpersonal vehemence but is a strong factor in suicide, which accounts for most shotgun mortalities [23]. Accordingly, parliamentary efforts to reduce gun-related risk among disorderly persons should focus on self-harm, not violence. Furthermore, statements that mental disorder is a main cause of gun violence may diminish help-seeking among folks at high risk for suicide [24]. On the other hand, keeping out all persons with a history of psychiatric hospitalization from obtaining firearms was estimated to decrease the number of gun violence victims by only three percent [25, 26]. Similarly, while it seems that state prevalence of firearm possession is meaningfully linked with the state incidence of mass shootings [3], shooting massacres are not prominent in nations with the highest firearm homicide rates in the world [27]. So, while the damaging impetuses must be found within larger cultural scripts and social structures [28], ascribing mass shootings to untreated serious mental disorder may stigmatize already susceptible and disregarded inhabitants and diverts public attention from constructive plan modifications that are most likely to decrease the danger of gun violence [29].

F) Domestic Terrorism vs. Foreign Assassination: Similarities against Dissimilarities

Although a mass shooting is usually known as a local felony, its description as a domestic terrorism, reflexively, matches it with real terroristic attacks, like overseas suicide bombing (Table 2). As said by some scholars, terrorism can be categorized into five waves: the anti-colonial or nationalist-separatist wave, the anarchist wave, the religious wave, the left or social-revolutionary wave, and finally, lone wolf terrorists, as the fifth wave, who are radicalized through the Internet and feel that they belong to the cybernetic community of animosity [30]. On the other hand, while group dynamics and collective identity may help to explain terrorist psychology, there are no specific mental physiognomies or psychopathologies which may separate terrorists from ordinary people. Likewise, while there are various kinds of terrorism, there should be a different spectrum of terrorist psychologies [30]. Moreover, while most of the investigations on suicide terrorism are performed politically and forensically, and comparatively few proper systematic studies of suicidality in suicide terrorists have been conducted, there is emerging proof that suicidality may play a role in a substantial number of such cases [31]. Alternatively, while there is little evidence supporting the concept of mental disorder as a part of, or cause behind radicalization to vicious extremism, organized terrorist groups seem to avoid mentally unstable persons [32]. Additionally, it cannot be repudiated that some kinds of terrorism can be a sensible subjective response to a situation of perceived intolerable injustice. So, special consideration should be given to the psychological and spiritual dynamics of suicide terrorism and what might motivate some people to give their lives for their motives [33]. Therefore, while mental illness cannot be ruled out as an epi-phenomenon, it is not a necessary prerequisite either [34]. Nonetheless, the extent to which psychiatry can, and should, contribute to the stoppage of radicalism is under debate, because it is a heterogeneous process and has determinants in individual and situational factors, like clinical, psychological, ethnic, and socio-demographic variables, [35, 36,37], though in a small number of extremists severe psychopathology may play a role [38].

Discussion:

Without a doubt, a complete understanding of radicalization and of how it may lead to political vehemence necessitates the integration of data across multiple levels of analysis and interdisciplinary standpoints from evolutionary theory, social, personality and cognitive psychology, political science and neuroscience [39]. Though, hypothetically, a psychiatric label may be found for every Tom, Dick, and Harry, in clinical psychiatry and after subtraction of shared behavioral processes and common reflexive emotions, and in view of standard diagnostic criteria, a usually rare amount of psychopathology may remain for essential explanation of most horrific incidents. A successful plan usually demands fit cognition, sufficient patience and organized preparation, which is usually unreachable for severe mental patients, like schizophrenia or mania, though they are not unfeasible for some psychoses, like delusional disorder, or non-psychotic ailments, like depression. Anyhow, most hostilities are not explainable by psychological complications and impaired reality testing, although mental problems may boost aggression or facilitate its expression. Legally, every person is answerable with respect to his or her conduct, except when lack of insight prohibits the perpetrator from distinguishing between the proper manner and unlawful activity during the incident, a definition which, occasionally, requires a huge struggle for revelation. On the other hand, though gun availability may influence the quantity and quality of damage, its misapplication is not the only cause for the enactment or increment of mass shooting, because given that level of depression, emotional exhaustion, hopelessness, post-traumatic stress disorder and suicidal ideation among law enforcement forces and military personnel is not slight [40, 41], despite that they have open access to weapons, mas shooting or gun violence is not more among them, in comparison with general population; a fact which may denote that firearm per se can be safe if its usage is attended with skill, insight and commitment. The collective unconscious of folks or a group of people may be impacted unintentionally by contrasting circumstances, and decides reflexively in favor of their interior proclivities, disregard for peripheral realities, proclaimed aims or ongoing exertions. Similarly, ideological, ethnic or cultural clashes between minority groups and the majority of society, if intensified messily, may make the milieu ready for further polarization and manifest hostility. In such a situation, passion dislocates logic and prejudice displaces objectivity. A dichotomized system, too, may intensify the problems, instead of mitigating them. In such circumstances, even seemingly unrelated issues, like globalization, may be considered as a cause for shrinkage of the subjective sense of happiness or contentment among susceptible peoples, by displacing investments from internal to external resources and slowing of improvement of infrastructures and sociocultural circumstances. Folks are usually in search of nearby and visible blamable for their own problems. While disturbance of emotion and / or conduct may be one of the clinical features of adjustment disorder in any person who meets significant stress, irritability and unusual conduct in a depressed adolescent is an acknowledged phenomenon in clinical psychiatry. On the other hand, around half of mature individuals

suffering from major depressive disorder may not be aware of their own mental problem, which may provoke wrongdoings due to the absence of fair-minded judgement. The said situation, if becomes aggravated by paranoid or schizotypal personality disorder or traits, may easily turn usual ideas, doubts or protective policies into secondary delusions and hostile tactics. Similarly, cognitive dissonance, which results from an unsolvable clash between their own certainties and nearby realities, is stress per se, which may warm up susceptible individuals for further complications. Though extended suicide may explain a number of mass shootings, it is not applicable to most of them, because it happens with reference to persons who are in close contact with suicidal offenders and it doesn't involve unfamiliar persons, pedestrians, classmates, or shoppers. Moreover, extended suicide is a delusionary deed for protecting murdered families or friends from further agony or hard luck, while mass shooting is frequently intended for imposing, aggressively, the most devastation or pain on targets and survivors. In spite of the domestic silhouette of mass shooting, there are some similarities between local mass shootings and other unlawful homicides, especially foreign terroristic attacks and suicide bombings (Table 2). For example, hatred, hostility and revenge have a key role in both, while a mass shooting is usually recognized as a non-political radical doing between subnational or native citizens and suicide bombing is usually known as a political brawl between citizens and nemeses. Nevertheless, as a matter of fact, there is no clear border between the said outlines or categorizations, because commonly a mixture of them may be found in different terroristic acts, depending on the cause or target. So, maybe there is no clear demarcation between fellow citizens vs. foreigners in the frame of mind of a non-mercenary combatant, who has decided to eradicate his supposed enemies. Among all the aforementioned dynamics, unsolved hate is sufficient for turning an ordinary disagreement or inclination into an absolute extremism, and displaces constructive problem solving tactics by radical maneuvers and catastrophic outcomes. History was never devoid of fratricide, civil wars and in-house skirmishes. Nevertheless, why should a compatriot attempt to assassinate other residents, instead of enjoying his life and backing his society? Maybe, because the prior objector, conformist or nonconformist has turned into a radical antagonist due to never-ending negligence of his values, life or destiny by a careless community; a subjective prejudice which may lack essential rationalization, and so, may never be solvable, as well. In any case, at all times and in all places, a series of sociocultural problems exist that have no immediate solution and demand enduring patience; a prerequisite that may not be applicable to everybody. It seems that when there is an unremitting clash between influential collective values and dominant settings, which can be deepened or catalyzed by other influences, like financial crisis or social strains, the milieu becomes ready for the budding of radicalism. In such a situation, hopelessness, impulsiveness, aggressiveness, and suspiciousness may bring about catastrophic reactions by a wrongdoer, who cannot find or recognize an apt problem solving strategy at the right time or right place. Injured narcissism in an egotistical person, antisocial inclinations in an antisocial individual, limited analyzability in a person with borderline intellectual functioning, relentless doubtfulness in a person with paranoid or schizotypal personality disorder or trait, aggressiveness in a sadistic, borderline, obsessive-compulsive or negativistic individual, and so on, may induce a corrupt and merciless outline of community in the mindset of imminent committer; a subjective or objective formulation, which prepare the said mentality for identification with aggressor. So, the offender may do what he thinks that others are doing to him. Low self-esteem, also, may facilitate poor judgment due to an increase in negative cognitive bias, which in itself may overemphasize, subjectively, the existent shortfalls, neglects or accidental mistakes. An explanation that is based on a wounded self-confidence, which may never heal, can be misleading enough for shaping horrible verdicts, especially if it is mixed with identity diffusion, alexithymia, perfectionism, or stubbornness, like cases with obsessive-compulsive personality disorder, or emotive ill-health, like dysthymia, unipolar or bipolar depression or depressive personality disorder (unspecified personality disorder). Hurting of an inflated, deflated or fragile self-esteem, morbid jealousy in any suicidal and narcissistic individual who cannot let others be alive when he or she wishes to die, perceived gap between ideals and deficits, exaggerated assertiveness, introversion or nonconformity, constant reception of biased or negative cognitive input, extravagant stranger anxiety during childhood or exaggerated xenophobia during adulthood, super-ego lacuna, sociocultural sequestration, overblown individualism, to be obsessed with killing, subjective misinterpretation of events and misconception of personal rights may help a susceptible person, who is not aware enough of sociopolitical or historical processes, to perceive genuine compatriots as fictional nemeses. Furthermore, maybe, there is an approximate link between perceived peripheral threats by a system and its projection or transference to in-house residents, which may eventually reverberate in radical discharges by tiring or irritated inhabitants. So, while cultural values, social circumstances and historical events, like previous civil wars or social bigotry and constant struggle between masses and subgroups may explain the different rates of mass shooting among different nations, a traditional bio-psycho-social approach seems to be helpful for psychological autopsy of perpetrators. Though sensible parenting, a peaceful household and a nonaggressive milieu may reduce the quantity of crimes, social complications like substance abuse, joblessness, rich - poor gaps and educational deficiencies may make suitable social balance a dreamy wish. Anyway, it seems that management of mass shootings, on a national scale, is not apart from controlling of crimes and management of social vulnerabilities. So, its management demands a multidimensional and longitudinal approach, instead of a merely forensic and cross-sectional attitude. Unfortunately, since quick settlement of the said parameters doesn't seem to be possible, at the moment, stereotypical and a licit encounter with the perpetrators is not avoidable. While, in the short-term, lengthening the break between such kinds of horrible incidents, by every combination of tactics, may gradually turn an active pattern into a dormant plot, its eradication may demand substantial modifications, which may not be attainable in short-term.

Unlawful Homicide	Mass shooting	Suicide bombing	Serial killing	Manslaughter
Politically aware conflict	Occasionally	Definitely	No	No
Ideological (based on radical chauvinism, racism, separatism….)	Occasionally	Occasionally	No	No
Due to Hatred	Yes	Yes	Maybe	Commonly Yes
As a retaliatory act	Occasionally	Occasionally	Occasionally	Occasionally
Acquaintance with Targets	Maybe known or unknown	Maybe known or unknown	Elective	Identified
Machiavellian abuse of Targets as indispensable sacrifices	Occasionally	Always	No	No
Suicidal ideation in the Perpetrator	Occasionally	Yes	No	No
As an Extended suicide	Occasionally	No	No	No
As a copycat	Occasionally	No	No	No
Due to mental problems	Occasionally	No	No	No
Derived from Impulsiveness	Occasionally	No	No	No
Sociocultural influences	Conceivable	No	No	No
Cultural militarism	Conceivable	No	No	No
Political militarism	No	Definitely	No	No
Offender's individuality	Of any kind	Of any kind	Of any kind	Of any kind
Familial background	Of any kind	Of any kind	Of any kind	Of any kind
Legal background	Of any kind	Of any kind	Of any kind	Of any kind
Gender	Male	Mostly Male	Usually, Male	Male or female

Table 2: *Comparing different types of unlawful homicide (an approximate sketching).*

Conclusion:

Though mass shooting is not a homogenous incident, an occurrence that is recurrent and many times involves a philosophical or hostile theme, or designated targets, seems more to be a sociological phenomenon, than a psychological condition. Nevertheless, it is not deniable that philosophy, psychology and sociology have overlaps and can impact, reciprocally, each other. While increased accessibility to mental health services for earlier detection and management of psychological problems, attuned political economy for lessening of overt or covert socioeconomic tensions and answerable administration may help to decrease the incidence of felonies, massacres and mass murders, their implementation at a national scale demands an inclusive list of items or reforms, which, unfortunately, is not at all times feasible. Development of accessible mental health services, for detection, assessment and management of manageable psychological complications, though it is a vital strategy, may not work enough if it is not accompanied by sociological, anthropological, and managerial probing and systematic detection of aggravating factors, which though may influence noiselessly, but irritate incessantly a percentage of vulnerable persons, who are indelible, quantitatively, and short-tempered, qualitatively. Though the psychological autopsy of a mass shooter includes the perpetrator's autobiography, and probing of associated inducers or motivations by means of insight-oriented and symptom-oriented interviews, occasional consideration of the mass shooter as a simultaneous offender and victim may increase the analyzability of the case. Also, an apt educational system seems to be vital for modifying the gap between obscured in-house temptations and explicit societal requirements (Table 3).

Disposing Characteristics	Conceivable Alleviating Mottos or Outlooks
Individualism	There will be no civilization without kind interaction with other residents
Narcissism	There will be no community without mutual care between honest and hardworking people
Desperateness	Enhancement of accessibility to mental health services
Cynicism	Promotion of trust in system and administrators
Antagonism	Proper anti-thesis against hostile thesis, with constant appraisal and feedback
Vengeance	Enhancement of faith in the judiciary system as organizer of the rule of law
Pessimism, lawlessness or Nihilism	Proper anti-thesis against anarchical ideas. In an insecure milieu, no one has safety, even the most extreme radicals.
Xenophobia	Proper description of historical processes or inevitabilities that make a mixture of ethnic groups an inescapable strategy or outcome

Table 3: *Conceivable traits of mass shooters and possible pacifying tactics*

References:

1. Sanchez C , Jaguan D , Shaikh S , McKenney M, Elkbuli A . A systematic review of the causes and prevention strategies in reducing gun violence in the United States Am J Emerg Med 2020; 38 (10): 2169 - 2178.
2. Borum R, Fein R, Vossekuil B, Berglund J. Threat assessment: defining an approach for evaluating risk of targeted violence. Behav Sci Law 1999; 17 (3): 323 - 337.
3. Towers S, Gomez-Lievano A, Khan M, Mubayi A, Castillo-Chavez C. Contagion in Mass Killings and School Shootings PLoS One 2015; 10 (7): e0117259.
4. Rosenberg M. Considerations for Developing an Agenda for Gun Violence Prevention Research Annu Rev Public Health 2021; 42: 23 - 41.
5. Kim D. Social determinants of health in relation to firearm-related homicides in the United States: A nationwide multilevel cross-sectional study. PLoS Med 2019; 16 (12): e1002978.
6. Metzl JM, McKay T, Piemonte JL. Structural competency and the future of firearm research Soc Sci Med 2021; 277:113879.
7. Lankford A, Silver J. Why have public mass shootings become more deadly? Assessing how perpetrators' motives and methods have changed over time. Criminol Public Policy 2020; 19 (1): 37 - 60.
8. Silva J, Greene-Colozzi EA. Fame-seeking mass shooters in America: severity, characteristics, and media coverage. Aggression and Violent Behav 2019; 48: 24 - 35.
9. Lankford A. Identifying potential mass shooters and suicide terrorists with warning signs of suicide, perceived victimization, and desires for attention or fame. J Pers Assess 2018; 100 (5): 471 - 482.
10. Rocque M, Duwe G. Rampage shootings: an historical, empirical, and theoretical overview. Curr Opin Psychol 2018; 19: 28 - 33.
11. Peterson J, Densley J, Knapp K, Higgins S, Jensen A. Psychosis and mass shootings: a systematic examination using publicly available data. Psychol Public Policy Law. Published online, 2021.
12. Cerfolio NE, Glick ID, Kamis D, Laurence M. A Retrospective Observational Study of Psychosocial Determinants and Psychiatric Diagnoses of Mass Shooters in the United States. Psychodyn Psychiatry 2022; 50 (3): 1 - 16.
13. Glick ID, Cerfolio NE, Kamis D, Michael Laurence M. Domestic Mass Shooters: The Association With Unmedicated and Untreated Psychiatric Illness. J Clin Psychopharmacol 2021; 41(4): 366 - 369.
14. Harmer B, Lee S, H. Duong T, Saadabadi A. Suicidal Ideation. Stat Pearls Publishing; Treasure Island (FL): 2022.
15. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington, DC: American Psychiatric Association 2013: 803.
16. Pierre JM. Culturally sanctioned suicide: Euthanasia, seppuku, and terrorist martyrdom. World J Psychiatry 2015; 5 (1): 4 - 14.
17. Bernert RA, Hom MA, Roberts LW. A review of multidisciplinary clinical practice guidelines in suicide prevention: toward an emerging standard in suicide risk assessment and management, training and practice. Acad Psychiatry 2014; 38 (5): 585 - 92.
18. Obegi JH. Rethinking Suicidal Behavior Disorder. Crisis 2019; 40 (3): 209 - 219.
19. WASSERMAN D. Suicide: Overview and Epidemiology. In: Sadock BJ, Sadock VA, Ruiz P, eds. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. 10th ed. Philadelphia: Wolters Kluwer; 2017: 2610 - 2618.
20. Dougoukolo Alpha Oumar Ba-Konaré [Religious conversion, psychological construction and holy violence] Soins Psychiatr 2016; 302: 29 - 31.
21. Bridge JA, Goldstein TR, Brent DA. Adolescent suicide and suicidal behavior. J Child Psychol Psychiatry 2006; 47 (3-4): 372 - 94.
22. Sadock BJ, Sadock VA, Ruiz P. Emergency Psychiatric Medicine. Kaplan & Sadock's Synopsis of Psychiatry. 11th edition. Philadelphia: Lippincott Wolters Kluwer; 2015: 763 – 764.
23. Swanson JW, Easter MM, Robertson AG, et al. Gun Violence, Mental Illness, And Laws That Prohibit Gun Possession: Evidence From Two Florida Counties Health Aff (Millwood) 2016; 35 (6):1067 - 75.
24. Baumann ML, Teasdale B. Severe mental illness and firearm access: Is violence really the danger? Int J Law Psychiatry 2018; 56: 44 - 49.
25. Kivisto AJ. Gun Violence Following Inpatient Psychiatric Treatment: Offense Characteristics, Sources of Guns, and Number of Victims. Psychiatr Serv 2017; 68 (10): 1025 - 1031.
26. Swanson JW, McGinty EE, Fazel S, Mays VM. Mental illness and reduction of gun violence and suicide: bringing

epidemiologic research to policy. Ann Epidemiol 2015; 25 (5): 366 - 76.
27. Shultz JM, Thoresen S, Flynn BW, Muschert GW, et al. Multiple vantage points on the mental health effects of mass shootings Curr Psychiatry Rep 2014;16 (9): 469.
28. Metzl JM, Piemonte J, McKay T. Mental Illness, Mass Shootings, and the Future of Psychiatric Research into American Gun Violence Harv Rev Psychiatry 2021; 29 (1): 81 - 89.
29. Hirschtritt ME, Binder RL. Reassessment of Blaming Mass Shootings on Mental Illness. JAMA Psychiatry 2018; 75 (4): 311 - 312.
30. Post JM. Terrorism and right-wing extremism: the changing face of terrorism and political violence in the 21st century: the virtual community of hatred Int J Group Psychother 2015; 65 (2): 242 - 71.
31. Sheehan IS. Are suicide terrorists suicidal? A critical assessment of the evidence. Innov Clin Neurosci 2014; 11(9-10): 81 - 92.
32. Köhler P, Krona H, Josefsson J. [Mental illness and terrorism]. Lakartidningen 2017; 114: EWLS.
33. Miller L. The terrorist mind: I. A psychological and political analysis. Int J Offender Ther Comp Criminol 2006; 50 (2): 121 - 38.
34. Gøtzsche-Astrup O, Lasse Lindekilde L. Either or? Reconciling Findings on Mental Health and Extremism using a Dimensional Rather than Categorical Paradigm. J Forensic Sci 2019; 64 (4): 982 - 988.
35. Lester D. Female suicide bombers and burdensomeness. Psychol Rep 2010; 106 (1): 160 - 2.
36. Aggarwal N. Rethinking suicide bombing. Crisis 2009; 30 (2): 94 - 97.
37. Post JM , Ali F, Henderson SW, Shanfield S, Victoroff J, Weine S. The psychology of suicide terrorism Psychiatry 2009; 72 (1):13 - 31.
38. Ridder B, Fassaert T, Grimbergen C. [Radicalization and psychiatry: a plea for a broad perspective] Tijdschr Psychiatr 2019; 61(8): 554 - 562.
39. Decety J, Pape R, Workman CI. A multilevel social neuroscience perspective on radicalization and terrorism. Soc Neurosci. 2018; 13 (5): 511 - 529.
40. Civilotti C, Maran DA, Garbarino S, Magnavita N. Hopelessness in Police Officers and Its Association with Depression and Burnout: A Pilot Study. Int J Environ Res Public Health 2022; 19 (9): 5169.
41. Logan JE, Fowler KA, Patel NP, Holland KM. Suicide Among Military Personnel and Veterans Aged 18–35 Years by County—16 States. Am J Prev Med. 2016; 51(5 Suppl 3): S197 - S208.