

Madness, the Media and the Dark Knight Massacre

by

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It is impossible to escape the ubiquitous nattering of self-styled experts and so-called profilers who fill the TV airwaves in the wake of the shooting that left 12 dead and 58 wounded at an Aurora, Colorado, movie theater on July 20th. Law enforcement puts the evil genius-criminal mastermind spin on the alleged shooter, James Holmes. Prosecutors say that Holmes is faking insanity to get away with murder. Pop psychologists talk about “adopted child syndrome” or his rejection by girls on a dating site that just made him “snap”. Gun control advocates jump into the fray and right to bear arms groups fire back with 2nd Amendment arguments. Politicians of every persuasion grab air time by proposing hasty, knee-jerk legislation in a nation already stifling with too many laws that are largely ignored, ineffective or both.

While grief-stricken families mourn their murdered loved ones, a nation is stunned and horrified, seeking answers to why James Holmes, 24, a bright young man from a solid family, could allegedly massacre dozens of innocent people seemingly without motive or provocation. We asked those self-same questions 5 years ago, when an alienated student opened fire in a classroom at Virginia Tech.

On April 16, 2007, Seung-Hui Cho, 23, shot and killed 32 people and wounded 17 others in two separate attacks on that campus, approximately two hours apart, before committing suicide. This

massacre is the deadliest shooting incident by a single gunman in U.S. history and one of the deadliest in the world.

There are disturbing parallels between Seung-Hui Cho and James Holmes and in the bloodbath they perpetrated. Both came from intact, upper-middle-class families and were bright academic achievers. Both were described as normal and loving children until something began to unravel in their brains and they began their lethal spiral downward into unspeakable rage and madness. That “something” has a name –Paranoid Schizophrenia - and it fits the textbook criteria, according to the DSM-IV-TR, the manual that is used world-wide to diagnose mental disorders.

Cho began to show signs of a mental disorder in his teens and received psychotherapy throughout his high school years. In 2005, he was accused of stalking two female students and a Virginia judge declared him mentally ill and ordered him to attend outpatient treatment. Cho was erratic in his attendance at treatment and lax supervision allowed him to fall off the radar. Meanwhile, his mental health and social adjustment rapidly deteriorated exacerbating his paranoid delusions. Isolated in his room, nursing grudges against “rich kids” and “deceitful charlatans”, Cho obsessively penned an 1800-word manifesto complete with photos and 27 digitally recorded videos. In it he compared himself to Jesus Christ.

Fast-forward to 2012 - a peculiar-looking young man, with garishly dyed red hair and empty staring eyes, sits in a courtroom next to his public defender, barely aware of his surroundings and clearly oblivious to the monumental tragedy he has wrought in the lives of so many. He is obsessed with Batman and has told police that he is the Joker, Batman’s evil nemesis.

James Holmes, brilliant neuroscience student, began the downward drift and the cognitive impairment that characterize paranoid schizophrenia in his first year of graduate school at the University of

Colorado. Typically, schizophrenia first manifests in the late teens and early adulthood. Sometimes the onset of symptoms is rapid, sometimes more gradual but its devastating effects can destroy a person just as they are about to realize a promising adulthood.

Paranoid Schizophrenia is the commonality in every one of these senselessly violent crimes – left undetected, unmedicated and uncontrolled - and fitting the profiles of the perpetrators. All are almost identical in symptomatology.

And let's not forget Ted Kaczynski, the Unabomber, and brilliant MIT Ph.D. candidate, who sequestered himself in an isolated Montana cabin from which he penned his scathing social manifesto and engaged in a mail bombing campaign that spanned nearly 20 years. Kaczynski killed three people and injured 23 others before a family member turned him in.

I have personally examined America's Most Wanted Peter Braunstein, wannabe playwright, published social critic and NYU Ph.D. dropout, who impersonated a firefighter to kidnap and sexually assault a co-worker. While on the lam, Braunstein wrote his manifesto threatening the life of Vogue Editor, Anna Wintour, and vilifying the New York Fire Department for being "frauds" on 9/11.

The similarities continue in nearly a dozen of my own cases of murderous paranoid rage –Joel Rifkin, genius level IQ, who strangled 17 prostitutes. He worked out his delusions in rambling short stories that garnered A's in his college classes. Evan Sachs, National Merit Scholar, wrote chillingly violent fiction that he acted out in his random stabbing of an 8-year-old child at an amusement arcade.

What the prosecutors will classify as callous premeditation is clinically a first-rank symptom of paranoid schizophrenia. Delusions of persecution, grandiosity and jealousy are present and are always organized around a coherent theme. The more the deteriorating

person withdraws from social contact, the more he is isolated with his hostile and terrifying thoughts until they become his nightmare reality and feels compelled to act on them. The DSM-IV clearly states “*The combination of persecutory and grandiose delusions with anger may predispose the individual to violence.*”

Holmes obviously had insight that something was wrong with his mind. He could no longer concentrate on his studies and he was failing out of school. Although information is limited at this time, we know that Holmes was being treated by Dr. Lynne Fenton, a psychiatrist at the university’s counseling center. Dr. Fenton is described as an expert in schizophrenia and that seemed to be her working diagnosis of Mr. Holmes. It was to Dr. Fenton that Holmes mailed his own manifesto detailing and diagramming the vicious attack that he was to carry out. Unfortunately, the letter wasn’t discovered in time.

In my 30-year career as a Forensic Psychologist, I have examined over 400 psychotic murderers and managed the Secure Unit for the violent and criminally insane at New York State’s infamous Creedmoor Psychiatric Center. Despite a plethora of studies, some of which I myself have conducted, I know disappointingly, that predicting future violence is still more an art than a science. However, some clinicians are better at it than others and sometimes an ordinary observer is better than the best doctor.

In this case, the man who blocked Holmes from the gun range saw that there was something “creepy” about Holmes’ behavior and the weird Batman message on his voicemail. Unless a clinician accepts the fact that there is always a risk of violence with an angry paranoid patient, they will not ask the right questions. Perhaps a psychiatrist who has not sat, as I have, for endless hours listening to psychotic murderers describe how and why they shot, stabbed, decapitated, dismembered or otherwise dispatched their innocent victims, cannot even begin to imagine those questions. Maybe we need to actuate psychological

“swat teams” –clinicians specially trained in the prediction, detection and preventative treatment of potentially violent patients.

In the aftermath of the Virginia Tech shootings, a Review Panel Report made more than 70 preventative recommendations to colleges, mental health providers, law enforcement, law-makers and public officials in Virginia and elsewhere. It also led to the passage of a major federal gun control law strengthening the NICS. However, the panel ultimately concluded that “Cho himself was the biggest impediment to stabilizing his mental health.”

In 1998, a chronically mentally ill man who suffered from paranoid delusions randomly pushed a young woman, Kendra Webdale, to her death in front of an oncoming subway train. Advocacy groups like the National Alliance on Mental Illness and the Alliance on Mental Illness of New York State, were concerned that laws were preventing individuals with serious mental illness from receiving care until after they became "dangerous to self or others". They felt the law should work to prevent violence. As a result, the New York State legislature enacted “Kendra’s Law”, a mechanism of involuntary outpatient civil commitment for individuals who “suffer from a mental disease or defect that makes them a danger to themselves or others and a threat to the community welfare and public safety.”

A successful pilot program at Bellevue established that involuntary outpatient commitment could be effective at treating the mentally ill while protecting public safety. It was re-named assisted outpatient treatment (AOT) to emphasize the positive goals of the law.

It is a very difficult decision and awesome responsibility to exercise preventive detention. In 2005, the New York State Office of Mental Health conducted a study of those in the AOT program to assess its effectiveness. The study found: ¹

- 74 percent fewer experienced homelessness;

- 77 percent fewer experienced psychiatric hospitalization;
- 83 percent fewer experienced arrest;
- 87 percent fewer experienced incarceration.

Comparing the experience of AOT recipients over the first six months of AOT to the same period immediately prior to AOT, the OMH study found:

- 55 percent fewer recipients engaged in suicide attempts or physical harm to self;
- 49 percent fewer abused alcohol;
- 48 percent fewer abused drugs;
- 47 percent fewer physically harmed others;
- 46 percent fewer damaged or destroyed property;
- 43 percent fewer threatened physical harm to others.

I have utilized the AOT procedure for some of my own patients when they have begun to succumb to frightening paranoid delusions that they are not able to control. In every case, the individuals, once properly medicated and receiving psychological treatment, recovered from the hell of their delusional symptoms without incident. They are compliant with outpatient treatment and are able to function non-violently at home, at work or in school.

Researchers with the New York State Psychiatric Institute and Columbia University conducted face-to-face interviews with 76 AOT recipients to elicit their opinions about the program and its impact on their quality of life. The interviews showed that after receiving treatment, AOT recipients overwhelmingly endorsed the program:²

- 75 percent reported that AOT helped them gain control over their lives;
- 81 percent said that AOT helped them to get and stay well;
- 90 percent said AOT made them more likely to keep appointments and take medication.

One of my patients, a former Ivy League student, now realizes that his delusion of competing in the Olympics and his rage at the Olympic Committee's dismissal of the 100-page screed he mailed them was a product of his disease. His participation in the AOT program has helped him stop the angry voices in his head and allowed him to return to school and live peaceably in the community.

Could this type of AOT treatment have prevented Holmes from carrying out the horrifying massacre in Colorado? We'll never know.

When we continue to perpetrate misinformation and pejorative stereotypes of mental illness in the media, when we refuse to take responsibility for protecting society from the dangerously mentally ill and the mentally ill from their own demons, we will continue to be horrified again and again with massacres that could have been prevented. Even if we strip every citizen of guns, unbalanced brilliant people like James Holmes' will manufacture bombs or find some other way to act out their violent delusions.

¹ Carpinello, Sharon (March 2005), ["Kendra's Law Final Report on the Status of Assisted Outpatient Treatment"](#), *Office of Mental Health NY*, retrieved 2010-10-27

² Swartz, Marvin (06-30-09), ["New York State Assisted Outpatient Treatment Program Evaluation"](#), *Office of Mental Health NY*, retrieved 2010-10-27