Understanding Breivik and Sandy Hook: sin and sickness?

In a recent issue of *World Psychiatry* (1), I. Melle attempted to make sense of the case of Anders Breivik, the Norwegian convicted of killing 77 people in 2012. Sadly, in the same year, Adam Lanza stormed Sandy Hook elementary school in Connecticut and killed 26 people, including 20 children.

Heinous crimes like these beg for answers and demand action: why might people do these horrors and how can they be stopped in the future? In earlier times such events were attributed to sin, but in a more scientifically enlightened age we focus on psychiatric sickness, leading to calls for action “to better treat mental illness”. Focusing solely on mental health, however, offers an incomplete picture that distorts our understanding of these tragedies. This kind of misunderstanding generates flawed policy that further chips away at rights of citizens labeled mentally ill. We propose a conceptual unpacking to better understand these crimes, so that service providers respond to questions from reporters and government officials in ways that do not perpetrate further harm.

Social psychologists theorize that humans have an intrinsic need to understand events, especially those involving life and death; attribution theory, for example, attempts to make sense of killer actions by framing them in terms of personal responsibility (2). People committing heinous crimes cannot possibly be responsible for this kind of behavior (“How else to explain the inexplicable!”) and hence must be mentally ill. Conversely, attribution theory implies that shooters in control are sinners with significant moral flaws. Psychology’s focus on attributions of control parallels legal questions on criminal intent. According to the law, a crime is senseless (and hence based on mental illness) when its intent fails to reflect normative motivators of crime (e.g., greed, retribution, economic need, peer group pressure, and passion) (3). Normal motives are not obviously present with Breivik or Lanza, so mental illness is presumed. However, Western jurisprudence recognizes that not all instances of inexplicable crime represent mental illness. Absence of insanity leads to attribution of some kind of moral failing: sin.

Sin, as an explanation of behavior, is mostly absent from modern psychiatry and psychology, rejected by proponents of psychological determinism such as S. Freud and B.F. Skinner. However, proxies of mental illness and general human behavior are modestly associated with aggression at best (4). These small effect sizes make sense phenomenologically to mental health providers and researchers, who know the vast majority of people with

mental illnesses are unlikely to be violent. Might not some proxy of sin help to better explain the behavior of these vicious killers?

Of course, here’s the rub: how can behavioral science, mostly divorced from moral thought, develop a meaningful measure of sin? I do not propose a conceptual *rap-prochement* between sin and sickness, some translational bridge that might be used to answer questions about these tragedies. I, like most mental health providers, lack the skills and credentials to do so. Hence, we need to tell news reporters seeking answers: “I, as a mental health scholar, am not expert in this arena”. Or, if motivated to become proficient, then partner with those who might complement the mental health answer – social ethicists, legal scholars, or theologians – groups, by the way, that are assuming greater prominence in the practice of modern medicine.

Some might question the harm of a mental health focus on violent crime, arguing that this is an opportunity to advance resources for mental health (e.g., 5). I believe this “ends justifies the means” approach is problematic, because it further harms people labeled mentally ill as well as the community violated by this crime. First, research shows that public education programs stressing the connection between violence and mental illness fail to improve public endorsement of greater funds for mental health (6). On the contrary, media messages that link violence and mental illness significantly increase discriminatory calls for social avoidance, institutional segregation, and coercive treatment. Second, any predictive tool of violence yields massive false positives, leading to egregious civil rights violations (4). Third, fear of being labeled violent is likely to drive people away from needed services rather than drawing them in. Lastly, even if these civil rights threats are somehow justified, the police burden that results would be untenable. The number of people that would need to be monitored to avoid another Sandy Hook would easily overload any combined mental health/police effort.

So, let’s be clear on what to do next time a tragic crime occurs and news reporters come calling. Almost all of us are unable to answer questions like these. Instead, let’s direct them to the hand full of researchers who have tried to span the sin and sickness chasm. And let’s support scholarship attempting to make sense of this split.

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