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TERRORISM, MENTAL HEALTH AND MEDIA: BEYOND THE "CONTAGION EFFECT"

We have sadly become resigned to the recurrence of acts of ruthless and brutal terrorism by the most disparate groups of men trained to sow death and suffering, justifying their actions in the name of a misunderstood faith and of an avenging God. In recent times, mass murders perpetrated by single individuals defined as "lone wolves", often too arbitrarily labelled as terrorists have extended throughout Europe. Indeed, these fierce gestures in which single men kill dozens of innocent bystanders, at times blindly, at others according to a targeted design, are often carried out in the name of a faith or an exasperated and radical ideology; however, conversely, they may merely manifest the need for revenge against a specific person or thing. Particularly striking in recent events is the "sequential" repetition of these acts of violence, carried out at brief intervals one from the other, but in a wide extension of geographical locations and a variety of spatial and cultural contexts. This however is nothing new in the globalized world of today. The fact remains that the extremely rapid succession of such shocking episodes has forced the public to ask themselves whether the extensive media coverage of these acts could have led to a "contagion" effect - a possibility acknowledged by many, whilst being forcefully denied by others. Can the amplification of similar acts of violence by the media really result in emulation? The answer, based on reliable scientific evidence, is undoubtedly yes. Psychiatry has long acknowledged the so-called "Werther effect"^{1,2}, thus named after the protagonist of the famous novel by Goethe, whose "romantic" death by suicide was at the time emulated by many of his readers. For most people, the news of a suicide, which still today is often given excessive emphasis by the media despite the imposing of self-regulatory codes, may produce the dramatic and ultimate effect of inducing a minority of people to commit suicide. The presence of a "contagion" effect has also been demonstrated in the case of mass murder. Recently, a US study confirmed the existence of a significant increase in the probability (oscillating between 20 and 30%) of similar events during the 12-13 days following mass murder; moreover, 47% of the perpetrators of mass murder go on to commit suicide³. Awareness of the power of contagion linked to a frequently obsessive and excessive reporting of similarly dramatic acts of violence has led to a rethinking of the position occupied by the media, persuading several major newspapers, TV news and websites to limit or completely abstain from publishing headlines of this nature. As expected, this has stimulated a lively debate and a deep reflection both on the role of the media and freedom of the press; some people, even on an authoritative level, have been quick to defend this stance, arguing against any form of censorship or self-censorship. Unfortunately, the radicalization of positions generally fails to produce any appreciable result. It is not the freedom of press that is at stake, nor are the media expected to "conceal" specific realities, indeed an impossibility in current times given the multiplicity and substantial unaccountability of the media in the world at large. It is however legitimate to demand that these issues be governed by a series of defined forms of self-regulation, similar to the process implemented in numerous countries by the press following an invitation from the WHO, with regard to the reporting of suicide, although the self-regulations imposed continue to be not infrequently disregarded. The real issue therefore is not whether to

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inform but rather how to provide the information. In terms of a “contagion effect”, it is not the diffusion of the news that counts, but the emphasis given to the news (use of images, obsessive reiteration of content, emphasis on gruesome details, tendency to propose simplistic or ideologized explanatory hypotheses etc.). One of the most widely debated issues focuses on the reason why the information given may induce certain people to undertake violent acts. In the same way as almost all complex phenomena, multiple and scarcely univocal levels of explanation may be involved. However, a series of common features have been repeatedly highlighted in literature. For many, the opportunity to be seen by the world as a martyr or an avenger allows them to avail themselves, at least once in their life, of an identity and/or to give meaning to an invariably marginal and purposeless existence. Literature reports describe a virtually identical identikit for a mass murderer ⁴: male, young adult or teenager, deprived of meaningful relationships and of a supportive social network, unemployed or with lower and/or precarious working role; often victim of intra-family violence in childhood or bullying, with a compromised or entirely absent sense of personal identity; not infrequently attracted to strong or extremist ideologies, weapons and military life; mostly overloaded by resentment due to a sense of social exclusion experienced as an injustice; not infrequently with small criminal records in adolescence, and tendency to substance abuse. There is no doubt therefore that the contagion effect will find more fertile terrain in these socially and psychologically “fragile” people, with various studies indicating traits of narcissistic, obsessive or paranoid personality in these individuals ⁴. This however does not justify the superficial attribution of “madness” to their gesture. All too often the media superficially label terrorists or mass murderers as “crazy”, “depressed”, or “psychopathic personalities”. In attributing the label of “mentally ill” to these individuals, the media apply the well-known process of self-reassuring oversimplification, i.e.: being “mad”, they are “different”, which implicitly means “different from us” “normal people”. Attribution of these gestures to mental illness indeed represents a pseudo-reassuring explanation, essentially a mystification.

Although hard to admit, violence is a basic component of the human race. How could we otherwise explain the impressive statistics for domestic violence, war brutalities and exterminations? Thousands and thousands of mentally ill murderers? Far too convenient, too easy. No one is denying that in some documented cases the murderer may have been affected by a mental disorder; however, in the majority of cases this is not so ⁴. The risk of extremely severe violent acts among the mentally ill living in the community is considerably low ⁵. Being affected by some form of mental disorder is indeed associated with an increased risk of violent behavior, but this risk is fundamentally conditioned by other, more important, concurrent psychosocial risk factors ⁶. Indeed, to arbitrarily state that mental disorders, among others, may be a risk factor for violence certainly does not imply that *all* people affected by mental disorders are intrinsically violent. This is a prejudice, and is paramount to maintaining that Jews are all greedy exploiters, or that black people are less intelligent than white people. Regrettably, prejudice resides at the basis of stigma, and is capable of producing the discrimination, isolation and marginalization of the mentally ill from society. Indeed, stigma is one of the most potent barriers preventing access to the care system, both reducing and delaying the seeking of help ⁷. As psychiatrists, we should be aware that the amplification of mass murders (whether due to acts of terrorism or for other reasons) by the media and their flippant attribution of these acts to a mental disorder may contribute towards further increasing both prejudice and stigma. The emphasis placed by the media on acts of violence committed by the mentally ill is well known ⁸, together with the consistent misrepresentation of mental illness in the media and conveying of two unequivocal messages: the association of the mentally ill with violence, and inference that the mentally ill are dangerous and should be avoided ⁹. As psychiatrists however, we should likewise be aware of the relevant role to be played by the media in fighting stigma ¹⁰, recognizing that, as scientific societies, the time has come to set up solid and permanent forms of co-operation with the media, establishing together a “holy alliance” in the fight against stigma.

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