

Science over speculation

Jennifer Wild on if and how psychologists should respond following mass shootings

On 20 July 2012, a young man walked into the premiere of the latest Batman movie in Denver, Colorado and opened fire, killing 12 people, and injuring 58. These murders occurred a year after Anders Brevik massacred 72 people in Norway.

While CNN, the BBC, Sky and several other international broadcast corporations were on the scene immediately, reporting the facts of the case, the overriding and unanswered question was 'Why?'

Was James Holmes mentally disturbed? CNN, Sky, and BBC World News contacted trauma specialists, including me, to ask questions about what James Holmes may be suffering from. What tipped him over the edge?

Having never met or assessed James Holmes, it's impossible to diagnose him. But what then can psychologists offer the media following tragic events, such as the Denver shootings or the Norway massacre, which take place at the hands of others?

James Holmes was apparently an ordinary young man who had recently dropped out of a doctoral programme in neuroscience. We can speculate on his recent life experiences, such as failing at graduate school, and a possible link between feeling like a failure and the

drive to immortalise his story. But these links are tenuous, especially without having met or assessed the man.

When interviewed, I certainly stressed the importance of assessing James Holmes before drawing any firm conclusions. This raises the question whether or not psychologists should be asked to comment on the mental health of suspects in the aftermath of trauma.

What, if anything, can psychologists say?

Rather than speculating about the motives of killers in the early days after mass trauma, psychologists have a pivotal role to communicate what can help the shattered community. We can raise awareness about effective early interventions that are based on science and that will offer the most support.

We can offer insights into established facts, if any, about the suspect's background and we can raise awareness about psychology as a clinical discipline, such as how psychologists make diagnoses, how reliable these are, and how symptoms may influence someone's behaviour.

Psychologists can comment on the psychiatric disorders that are linked to increased violence, such as antisocial or paranoid personality disorder. We can also talk about the factors that increase vulnerability to paranoia and antisocial behaviour, such as past violence in the home or chronic sleep deprivation.

We can highlight established facts about violence, what we have learned over the years about violence in the media and subsequent copycat killings.

We have the opportunity to relay

findings and facts that may actually influence people's behaviour positively. For example, speaking to the BPS for the website, Professor Ken Browne explained that teenagers and young adults from violent homes are more likely to act out violent scenes that they see in the media and incorporate what they see into their violent acts. There's a direct link between exposure to past violence, seeing violence in films and games, and acting it out. Knowing these facts may inspire people to avoid over-exposure to violence in media entertainment.

Psychologists inspire behavioural change with their clients every day. Conveying science accurately and sensibly may inspire change on a wider scale if we communicate sensibly with the media.

The problem arises when we venture beyond our area of expertise and make

comments based on feelings rather than fact. Whilst our speculations provide provocative soundbites, commenting on the fly about a topic we're unfamiliar with gives the message that we will comment on anything. Instead of reducing future contact with the media because we've failed to deliver

science, psychologists may find they're being called upon even more and asked to comment on topics weakly linked to their area of expertise.

The solution is one of responsibility to the profession, the media and to viewers and readers. Journalists work under enormous pressure to meet daily deadlines. They write or produce programmes on a wide range of topics they know little about. They rely on us to clearly communicate our expertise, to know where our limits lie and to be willing to recommend someone else when we're asked to comment on a topic outside our area. Then it's a win-win situation. We help the media find their expert. In so doing, they're more likely to convey science over speculation and viewers are more likely to gain accurate information that may help rather than just entertain.

Whilst black-and-white answers about why people kill grab attention, mass killings rarely have black-and-white answers. With this in mind, psychologists can portray the many shades of grey surrounding these tragic events and focus on what shattered communities can do to get through their trauma.



MEDIA PRIME CUTS

Tracking the 'he-she' gap in books

<http://t.co/m2aH0kis>

'Easy on the pop psychology, guys'

<http://t.co/P5lLU10o>

The psychology of heroism

<http://t.co/DMHEj86C>

Established science writers on how to write about science tinyurl.com/chcj3jn

contribute

The Media page aims to promote and discuss psychology in the media. If you would like to contribute, please contact the Associate Editor for the 'Media' page, Lucy

Maddox, on maddox.lucy@gmail.com. To share examples of psychology in the news and media, connect with *The Psychologist* on Twitter at www.twitter.com/psychmag.

The mental health debate – what next?

In June, Conservative MP Charles Walker stood up in the House of Commons, in front of TV cameras and Hansard scribes, and announced: 'I am delighted to say that I have been a practising fruitcake for 31 years. On occasions it is manageable and on occasions it becomes quite difficult. It takes one to some quite dark places.' Walker was speaking as part of a debate on mental health, tabled and led by Conservative MP Nicky Morgan, which ended up lasting four-and-a-half hours – you can (at the time of writing) still watch it at tinyurl.com/mhdebate.

Other MPs also spoke up: former Labour Defence Minister Kevan Jones revealed his history of depression; Conservative MP Sarah Wollaston shared her experience of postnatal depression and severe anxiety attacks; and fellow Tory Andrea Leadsom said the Commons session had been 'part debate and part group therapy' as she recounted her experience of postnatal depression. On Twitter, #mentalhealthdebate trended. The response seemed uniformly positive. Sue Baker, director of Time to Change, England's biggest mental health anti-stigma programme, said: 'This will go down in the history books as we have never before seen our political leaders and parliamentarians feel able to discuss their mental health problems openly without fear of discrimination. We want people from all walks of life to be able to do the same, and it's great to see politicians making a stand.' Conservative MP Robert Buckland said: 'I think the word historic is not an overstatement today.'

But what happened next?

Writing in *The Guardian* at the end of July, political correspondent Juliette Jowit, met Walker and Jones to find out. Did these MPs wake up full of regret the next morning? How did their family, colleagues, friends and constituents react? 'Whether it affects how people view me, I do not know,' Jones said. 'And frankly I do not care because if it helps other people who have depression or who have suffered from it in the past, then good.'

Walker and Jones both told Jowit of guilt driving them to speak out, and of feeling like frauds if they did not. Once the emotional high of the debate had subsided, did they regret what they had

done? Walker says he had 'little twinges' when he saw the headline in his local newspaper – "Fruitcake" MP praised for bravery' – but says he had no regrets about using the word. 'I have been involved in mental health for the best part of seven years – part of the problem is people are terrified of it and they shouldn't be. That's why I thought it was important to show a lightness of touch.

Since it's talking about my own condition, I can talk about it how I like. If we didn't laugh in my own home about my own particular manic phases, life would be so much more difficult.'

Jones admitted initial regret, 'but the response afterwards shows it was the right thing to do'. Jowit writes that 'a week after the debate, the four MPs between them have had more than 1,000 emails, letters and phone calls. Many colleagues have thanked them.'

Most of the responses, though, have been from ordinary people: MPs see many who are struggling with mental health problems at their weekly surgeries. Jones told Jowit about a woman he met in his North Durham constituency. 'In her late 50s to early 60s, a middle-class lady came up to me and said she'd had depression for 10 years, and was an alcoholic for seven. She said: "What you have said has given me strength." If I'd passed her, I'd never have guessed. If you walk down the street, you can't tell who has mental health issues.'

Jowit goes on to discuss research by Time to Change, a charity tackling the stigma surrounding mental illnesses, finding that 35 per cent of respondents said stigma had 'made them give up on their ambitions, hopes and dreams for their life'. 'By speaking out,' she writes, 'the MPs all hope to help others by showing the world that most – not all, they stress, but many – people with mental health experiences can lead interesting and fulfilling lives when they have had help controlling and dealing with their issues.'

Commenting for a news piece on the Society's own website, psychologist Ashley Weinberg said: 'If our elected representatives – who make such key decisions affecting our lives – can be encouraged to keep up open debate and have appropriate psychological help

where it is needed, we stand a much better chance of getting the support and quality of life, both inside and outside of work.' According to Society Vice President Carole Allan, 'The debate will be most remembered for the insightful contributions by MPs who have talked very movingly of their own mental health history. Certainly amongst those who listened to the speeches, they seem to have struck a chord of appreciation that at last mental well-being is something that touches people through all walks of life and therefore must be more widely understood. Our Society, in partnership with other organisations will continue to work to help improve attitudes to mental health and wellbeing.'

The debate raised important issues to take forward, such as MP Gavin Barwell's private bill, with cross-party support, to remove laws that institutionally discriminate against people who have had serious mental health problems – for example, barring them from being jurors. But as Jowit noted in her piece, 'if the afternoon has any lasting impact on those with mental health concerns, it will be because of the unsentimental but unsparring personal stories of those four MPs'.

For more personal testimony on mental health issues, it is well worth also watching the TED@London 'talent search' talk from Eleanor Longden. 'At 17, she had a promising future ahead of her; then she was diagnosed with schizophrenia. After a lifelong battle with the voices in her head, today she has a Masters in psychology and a second chance.' As one viewer comments underneath: 'A brilliant, moving and insightful talk'. Watch it at tinyurl.com/elongden. JS



Nicky Morgan MP

MEDIA PRIME CUTS

Locked-In Syndrome: Rare Survivor
Recounts His Ordeal <http://t.co/uvYLZKlo>
The birth of experimental psychology, by
@mkonnikova <http://t.co/rn05M8bD>
Psychologist on slaying the climate change
'dragons of inaction' <http://t.co/1mxZHirp>
How not to cover a mass murder
<http://t.co/4v1TpR1x>
Congenital analgesia: The agony of feeling
no pain <http://t.co/zWNyG0j>
Social media and the cognitive scientist
(PDF) <https://t.co/hFEspJW0>