

# Understanding school violence: Comments on Szabo and Potterton

In two recent editorials published - in the *African Journal of Psychiatry* - on the high school samurai sword slaying in Krugersdorp last year, Szabo<sup>1</sup> and Potterton<sup>2</sup> made some clear-headed comments about the events that do (or don't) drive a teenager to commit a school rampage shooting, spree slaying, or other sort of violent, dramatic crime in a public venue. Both highlight the fact that South African society is not new to violence; we are after all, considered one of the most violent societies in the world. Violent crimes, including homicides and family murders, are part of our daily lives. However this incident, possibly because of its bizarre execution, has captured the country's attention.

Both Szabo<sup>1</sup> and Potterton<sup>2</sup> highlight the fact that violent school-related crimes occur throughout the world. School rampage shootings, such as Columbine, have in fact become commonplace in the United States and have been duplicated in Finland, Germany, Canada, China and other "peaceful" nations throughout the world. While the number of children killed in such events are few compared to those killed in car accidents, these events strike terror in the hearts of parents and children, convincing them that school is no longer a safe place. The emotional wounds and despair suffered by a community often last for decades and absorb considerable financial resources in lost work hours, school interruption and psychiatric counseling.<sup>3</sup>

The main thrust of both editorials is to try to answer some of the questions about adolescent rampage killings. Are such incidents provoked by heavy metal music or Satanism, as the popular media would have us believe? Szabo's points are worth repeating:

*"...adolescents with specific behavioral inclinations are drawn to certain types of music which, rather than caused to behave in certain ways (homicidal or self-destructive) provide more of a background soundtrack to their actions".<sup>1</sup>*

The great mystery is why people would ever believe otherwise. Has music ever driven anyone to commit a life-changing act? If so, the occasions are rare and the causation difficult to prove. In the 1930s a number of suicides were attributed to a morose Hungarian song "Gloomy Sunday" ("Szomorú vasárnap"), but the rate of suicides in Hungary was very high at the time even among those who shunned popular music, and a world-wide depression had increased the inclination of men, robbed of their self-esteem by their inability to support their families, to end their lives. Few people respond to advertising jingles, music contrived for no

other reason than to compel a person to buy a box of cereal or a toothpaste, a relatively trivial commitment compared with the slaying of another human being.

Szabo also questions whether association with Satanism could drive an adolescent to murder. "Satanism is generally a phase that reflects a search for meaningful affiliation or in fact simple curiosity and exploration".<sup>1</sup> The crisis of adolescence is that of creating a foundation for one's adult identity; Erikson referred to it as "identity versus identity diffusion".<sup>4</sup> When an adolescent enters high school, he moves from one social clique to another, searching for the highest status group he can affiliate with. Some teens, because they are unattractive and socially awkward, are rejected by one group after another and very quickly find themselves at the bottom of the pile, in a community of the excluded, the crazies, the rebels, the outcasts, and the delinquents. In order to be someone, he and his friends may informally "incorporate" themselves as Satanists, skinheads, Goths, or vampires, anything to suggest a degree of affiliation and power, even if it is only magical or imaginary.<sup>5</sup> This is also emphasized by Potterton<sup>2</sup> who uses the work of Newman<sup>6</sup> to point out that such perpetrators often find themselves on the periphery of the social group.

Also Szabo states that "the inclination to attribute violent acts to mental illness needs to be tempered as it creates an erroneous impression that all mentally ill patients are violent and that the perpetration of such acts need psychiatric intervention".<sup>1</sup> Indeed, apart from further adding to the stigmatization of mental patients, because he's crazy excuses a wide variety of behaviors while explaining nothing. In most cases with which we are familiar, even among offenders displaying the most severe pathologies, their acts of violence made sense in the context of their psychotic disorders. The murky question of what constitutes legal insanity and dispensation from criminal punishment is another question entirely, and one that we hope will be clarified some day soon in a way that is satisfactory to psychologists and jurists alike.

Even now as we are beginning to display some sophistication about what doesn't contribute to adolescent violence, we remain not much smarter about what does. Potterton cites the work of Newman and her colleagues<sup>6</sup> to support his contention that no single factor can be ascribed to describe these acts of violence. This is also the view of Fast<sup>5</sup> who argues that these crimes are the result of the interaction of a number of factors, psychological, neurological and cultural. We would argue that are we to get anywhere in our understanding of violence in its myriad forms, we need a general theory of violence, or at least an agreement about a

paradigm in which to study it. Intelligent but circumscribed theories of violence have been advanced by Lonnie Athens<sup>7</sup>, by James Gilligan<sup>8</sup>, Jonathan Pincus<sup>9</sup> and Dorothy Lewis.<sup>10</sup> James Garbarino<sup>11</sup>, James Gilligan<sup>8</sup>, Alex Kotlowitz<sup>12</sup>, and others have documented and elaborated on the social epidemic perspective for understand and intervening in violence. Otto Kernberg's writings on "malignant narcissism" would also form a critical part of this picture, as would Erikson's stages of development, because it helps clarify why people engage in certain kinds of violence at certain developmental transitions, when such transitions become crises. In recent years a public health approach has proven effective in reducing the number of homicides in violent neighborhoods.<sup>12</sup> While violence is clearly a kind of behavior--a primitive and dysfunctional form of self-expression--rather than a disease, it has so many characteristics of a disease that the public health or epidemiological metaphor has proven useful in understanding it, and in incorporating different theories of violence into a general theory.

For example, Jonathan Pincus<sup>9</sup> writes about the common occurrence of frontal lobe damage, and Dorothy Lewis<sup>10</sup>, about the common occurrence of childhood abuse, physical and sexual, that they have seen among the many murderers they have interviewed over the course of their careers. In the parlance of community health, these are risk factors, and are the structural equivalent to (but of course not the same as) the risk factors that predispose a community toward a viral epidemic. James Gilligan<sup>8</sup> writes about the spread of shame through violence, and the need to ameliorate the shame through further acts of violence. Lonnie Athens<sup>7</sup> describes the process of "violentization," the indoctrination into violence through helplessly witnessing violent acts, being violently victimized, and then being mentored into violence as a means of problem-solving. In South African, violence is often viewed as the only solution to certain problems. It has become central to many social interactions and is often modeled as problem-solving behavior for our young. In his editorial, Potterton implores us to "... do away with the many of the practices that foster violence".<sup>2</sup> One of the notable violence reduction programs in America was devised by Gray Slutkin, a doctor trained in public health, and administered in Chicago's south side. Rumored acts of violence, such as revenge killings, that were still in the formative stage were diverted through the intervention of formerly violent community members who had been trained in mediation.<sup>12</sup>

Just as intervention is part of the public health model, so is prevention. Much can be done to prevent violence in schools. The following suggestions were drawn from a report created by the US Department of Justice and the US Department of Education following an extensive study of school shootings. 1. Safe schools focus on academics, 2. Safe schools forge links with the family and the community. 3. Safe schools emphasize the social inclusion of all children. 4. Safe schools promote equal treatment regardless of ethnicity, gender, race class, or physical appearance. 5. Safe schools openly discuss safety issues. 6. Safe schools promote a climate where students can share their concerns with adult authorities. 7. Safe schools assist students in making the transition to adult life and the

workplace, helping them create an adult identity. 8. Safe schools have a safety plan and a committee to keep it up to date, and practice evacuating the school, or going into lockdown mode.<sup>13</sup>

We must provide people with effective programs (e.g. mentoring, mediation, and anti-bullying initiatives) as well as counselling for improved ego functions (e.g. problem solving) and reducing the symptoms of psychiatric disorders (e.g. paranoia and psychoses) that contribute to violence. A counsellor or therapist is often the first to learn about suicidal and homicidal inclinations, and is in an ideal position to intervene before an act of violence is committed. The easy availability of counselling and therapeutic services is therefore a vital part of any initiative to reduce violence and should be accessible to all.

### Prof Jonathan Fast

Wurzweiler School of Social Work, Yeshiva University,  
New York City, USA  
email: fast@yu.edu

### Prof Maria Marchetti-Mercer

Department of Psychology, University of Pretoria,  
Pretoria, South Africa  
email: Maria.Marchetti-Mercer@up.ac.za

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