

Mental Illness and Danger: The Negative Implications of this Automatic Association

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Abstract

In this paper I present the cases of the Columbine Massacre, the Virginia Tech Massacre, the Colorado movie theater shooting, and the Charleston shooting to illustrate that the labeling of the mentally ill as dangerous is happening. Next, I use Ian Hacking's concept of looping effects as a lens to demonstrate how the label of being dangerous might affect individuals with mental illness. I bolster this point by drawing on some studies on mental illness and stigma in psychology literature. Finally, I argue that failure to differentiate between a person who has a mental illness and a person who is dangerous is detrimental to the self-insight of mentally ill persons and to society.

Keywords: Philosophy, Ethics, Psychiatry

1. Introduction

Fifteen out of the last twenty-five of the world's largest shootings in the last fifty years have taken place in the United States.¹ In 1999, Columbine, Colorado's local high school, was shocked by the loss of 13 lives when Eric Harris and Dylan Klebold's failed bomb attempt led to mass murder.² In 2004, student Seung-Hui Cho murdered 32 people on the campus of Virginia Tech and injured 17 others.³ Later in 2012, James Holmes entered into a movie theater in Aurora, Colorado and murdered 12 individuals, while injuring 54.⁴ Most recently in June 2015, Dylann Roof entered into an African American church in Charleston, South Carolina and motivated by racism and hatred, murdered nine people.⁵ Such incidences have sparked intense debates over the right to own guns in the United States. Parallel to the discussions on gun ownership are discussions on the relationship between mental illness and violence. Some have blamed mental illness for such attacks and proclaimed that mentally ill people's access to guns is not restricted enough.⁶ There is little recognition, however, that, not every mass shooting occurs just because the perpetrator is "crazy." An individual being mentally ill does not imply that they are dangerous. It's a hasty generalization to decide that a person must be ill when committing such an awful act, as mentally ill people must be the only people capable of this. However, creating such a label for the mentally ill is damaging to the reputation of these people within society and creates a negative stigma towards such individuals who possess mental illness. Labeling the mentally ill dangerous is dangerous in and of itself to the individual, to the mentally ill as a whole, and to society. In this paper I present a few cases to illustrate first, that this labeling of the mentally ill as dangerous is in fact happening within our society. Second, I use Ian Hacking's concept of looping effects as a lens to demonstrate how the label of being dangerous affects individuals with mental illness. Finally, I argue that failure to differentiate between a person who has a mental illness and a person who is dangerous is detrimental to the self-insight of mentally ill persons, as well as to society.

2. Background

Involuntary civil commitment is the process by which individuals are taken into custody, given a psychiatric evaluation by trained professionals, and are hospitalized to be treated for the diagnosis reached during evaluation.⁷ By law, the United States government has two justifications for the involuntary civil commitment of individuals, namely police power and *parens patriae*. Police power refers to the interest of the state to protect its' citizens, while *parens patriae* refers to the interest of the state to help an individual who cannot help himself.⁸ When exercising the powers that each of these principles entail, the state can force an individual into treatment at a hospital. Prior to 1975, just about anyone could be hospitalized on the grounds that they were "crazy", especially women.⁹ Institutions were filled with massive numbers of persons considered to be mentally ill. These individuals were treated poorly and looked down upon by society.¹⁰ In 1975, The United States Supreme Court tackled the *O'Conner v. Donaldson* case, ruling that mental illness alone was not enough to involuntarily hospitalize an individual, but that danger must also be present. Danger, the Court decided, would be defined on a state-by-state basis.¹¹ Thus began an era where the line between having a mental illness and being dangerous was blurred.

3. The Looping Effect

The first case that illustrates this blurring is the Virginia Tech Massacre, which occurred in 2007. This massacre resulted in the death of 32 people and the injury of 17 others. The perpetrator in this case was Seung-Hui Cho, a South Korean native and student at Virginia Tech at the time of the shooting. Cho was known around campus for having a "mean streak" and for stalking incidences. Although his behavior was offensive, he was never reported to be directly threatening to any student or faculty member of the college. Cho had been sent to Cook's Counseling Center on multiple occasions, evaluated each time, but never treated. Cho never received a formal diagnosis, though showed signs of anxiety, depression, and mood disorder. He was given the medication Ativa to help with some of his symptoms.¹²

After making a suicide threat, Cho was hospitalized, but during evaluation, he showed no signs of suicidal thoughts. He indicated during the evaluation that his threat had been a joke.¹³ Under Virginia state law, the danger needed for involuntary civil commitment is imminent danger. Imminent danger can be viewed as immediate danger. Imminent or immediate danger is one that can be reasonably expected to occur within a very short period of time, often between 24 and 48 hours, if the person is not taken into hospitalization.¹⁴ Because Cho showed no signs of immediate danger to himself or others, he was ordered to outpatient, rather than inpatient, involuntary treatment. Inpatient treatment is treatment in which an individual is hospitalized for the duration of the treatment, while outpatient treatment requires an individual to make regular appointments with a professional at a facility where treatment will be administered. Involuntary outpatient treatment in the state of Virginia can be used where imminent danger is not found.¹⁵ Although the outpatient treatment was court ordered, Cho did not follow-up with it. Two years later, Cho mailed a video and pictures to NBC just before the massacre, which would take 32 lives and wound 17 others.¹⁶

After this incident, the government was blamed for not restricting access to guns, the university was blamed for not properly notifying the campus as the incident was unfolding, and the Cook Counseling Center was blamed for lack of adequate mental health evaluation and treatment. Placing blame on these institutions has not succeeded in a fair assessment of the problem due to the complexity of the process in which the massacre unfolded. It is also important to note that the relationship between the massacre and Cho's mental health has not been adequately discussed, likely due to an unclear mental health diagnosis during the years prior to the massacre. In what follows, I use the conceptual tools afforded by philosophy to critically engage with this event.

Ian Hacking introduces the concept of human kind to engage with human related phenomena studied by the sciences, such as psychology and anthropology. By "human kinds" he refers to the kinds about which the human sciences would like to have systematic, general, and accurate knowledge of. Human kinds include kinds of people, their behavior, and their condition, as well as kinds of action, kinds of temperament, kinds of emotion, and kinds of experience. The goal is to attain "generalizations sufficiently strong that they appear to be laws about people, their actions, or their sentiments."¹⁷ Classifications made by the human sciences therefore could be used to formulate general truths about people. Among his examples for human kinds are some mental disorders, such as schizophrenia and multiple personality disorder. Mental illness is a human kind in that it is relevant and important to humans and that people (doctors, scientists, family members, etc.) desire to know more about it so that they can develop effective interventions to improve the lives of those with mental illness and the society at large. For example, people expect that a person

who claims to experience depression will be quiet and reserved. Once new information about a particular human kind is acquired, that information becomes assimilated into the pool of existing knowledge of that kind.¹⁸ The Diagnostic Statistical Manual, DSM, contributes greatly to the knowledge of mental illness and how those that fit certain human kind are thought about. This is true because the DSM is in itself a classification. DSM lists all mental illnesses for diagnosis, as well as their symptoms. When thinking about an individual with mental illness, people often think of them in terms of the name of that illness and the symptoms listed for that illness.

According to Ian Hacking human kinds are subject to what he calls looping effects. Looping effects refers to the idea that people, once classified as belonging to a particular human kind, adjust their self-concepts and behavior in a way that resembles the rest of the members of the said human kind. Categorizing people into a specific human kind changes that person; she reinterprets her past in the light of the category she is described under, envisions her future differently under the next description, and adjusts her self-concepts and behavior in a way that fits the description of the kind. For example, Ian Hacking labels child abuse a human kind. For Hacking, a person who uncovers repressed memories of their child abuse may begin to behave as other victims of child abuse have, such as by abusing their own children. These people will also look back on their past and label some of their actions a result of their past child abuse.¹⁹

Being dangerous is a characteristic of humans that has been mostly associated with mental illness. As people have sought out new information for a clearer understanding of mental illness as a human kind, they have uncovered instances in which a mentally ill person was violent and dangerous. The availability of information on violence committed by mental illness may have contributed to the increased association of mental illness and danger. Take for example a woman named Joan. Joan has schizophrenia and she has been known to experience hallucinations in which she hears voices that tell her that her husband is plotting to kill her. One day, in retaliation to her hallucinations, she kills her husband. The media gets a hold of this story and spreads it via newspaper and local news channels. Stories like this begin to create the impression that mentally ill persons are all violent and dangerous, thus resulting in an expectation that if a person is mentally ill they must also be dangerous.

4. Mental Illness and Danger

The automatic association of mental illness and danger has created the idea that danger is a characteristic of mental illness. The looping effect can be applied to virtually any human kind, including mental illness. The looping effect begins to unfold when an individual is given a label and placed into the category of a particular human kind. Upon receiving this label, the individual now associates himself with that particular human kind. As a result of this association, the individual, based on knowledge of the human kind, begin to act as others a part of that human kind would. Similarly, other people view individuals of a human kind in context to that kind. So, in other words, if a person belongs to a human kind, other people hold the expectation that that individual will act in accordance with the characteristics of that human kind. In today's society, people have grouped danger into the set of characteristics of mentally ill persons. Given this association, people make the assumption that dangerous acts are carried out by mentally ill persons more often than not. Take, for example, the second case I will discuss in this paper: the Charleston Emanuel African Methodist Episcopal Church Shooting that took place on June 17, 2015.

On the night of June 17, 2015, Dylann Roof killed nine people at the Emanuel African Methodist Episcopal Church in Charleston, South Carolina. Photographs of Roof standing with guns near the Confederate flag, burning the American flag, and posing near symbols of the past Confederacy were found after the incident. Roof indicated that he chose Charleston because it, at one time, had the largest ratio of blacks to whites in the country. Friends claimed that alcohol would lead to conversations about starting a race war and renewing segregation. In the manifesto Roof left before the shooting, he expressed anger that many black on white murders in the United States have gone unnoticed.²⁰

After the shooting, it did not take long for the media and society to begin speculating about Roof's mental health. In an opinion article found on the Newsweek webpage, Matthew Lysiak proclaims that this shooting must have been a result of unnoticed or untreated mental illness.²¹ This statement does not acknowledge the possibility that a "normal" or "typical" person (that is, non-mentally ill) could have performed such an act. Headlines, such as "Charleston Tragedy is a Reminder to Address Mental Health in America," explicitly put the blame of such violent acts on the mental illness.²² This headline suggests that such hatred toward one race is not possible unless one's mental state deviates from the socially constructed norm.

There seems to be a widespread assumption that because there have been dangerous acts performed by some mentally ill persons that only mentally ill persons are capable of those acts. Being dangerous came to characterize mental illness, in other words, it became the property of the human kind in question. The assumption is that a mentally

ill person is dangerous and a dangerous person is mentally ill. This labeling generates looping effects: mentally ill persons, upon their diagnosis, may not only begin to act in accordance with the symptoms of their illness as listed in the Diagnostic Statistical Manual, but now may begin to perceive themselves as dangerous, or at least potentially dangerous. Take for example Seung- Hui Cho, perpetrator of the Virginia Tech Massacre. How did Cho go from being “mean” and indirectly threatening, to so directly threatening that he killed 32 people and wounded 17? Now, I would like to be clear in that I do believe there are multiple factors that may have influenced Cho’s actions, however through this example we can see that the looping effect may have contributed to Cho’s actions. Growing up, Cho was not a happy child. His grandmother told the media that he never hugged. His mean streak stayed with him throughout his life and during early adulthood he was on anxiety medication. While at Virginia Tech, Cho received multiple psychiatric evaluations, but no general consensus was ever reached about his diagnosis.²³ Cho’s experiences with mental health professionals, as well as their inability to fit his life experiences into a set diagnosis may have been detrimental to his self-insight due to looping effects.

For my purposes, I am using self-insight as defined by Dr. Serife Tekin, meaning the individual’s lived experiences, symptoms of mental illness that create puzzling mental states, interpersonal relationships, and the relationship between these three factors.²⁴ The Diagnostic Statistical Manual (DSM) lists all diagnosable mental illnesses, as well as their symptoms. In DSM-5, the most current edition, symptoms of an illness are very broad and vague, and they leave very little room for individual differences. Mental illness presents itself differently in all people based on unique experiences, but the DSM-5 criteria for mental illness does not allow mental illnesses to be evaluated on the basis of this subjectivity. This is problematic for the patient, as they may begin to perceive themselves through the lens of their illness. In other words, their self-insight may now be shaped by the DSM-5 listed symptoms of their mental illness, rather than their personal experiences.²⁵ For example, I will use the story of Karl as illustrated in Dr. Tekin’s work. Karl, age 26, began showing symptoms of schizophrenia that would lead to an eventual diagnosis with it. Upon reaching this diagnosis, his psychiatrist prescribed him a medication as an attempt to alleviate some of his hallucinations, as well as some other symptoms. Prior to his diagnosis and the administration of his medication, Karl thought himself to be healthy, social, and a good dog owner. After receiving his diagnosis and medication, Karl’s actions and his self-insight began to change. He began to notice the weird looks people gave him when caught talking to himself and as a result, spent less time in public and stopped teaching the piano lessons that he had previously taught. He no longer saw himself as a healthy, social, and loving dog owner and began to see himself as ill, lonely, and unable to care for his dog. Upon doing research into his illness, his behavior further changes. For example, he reads that people with schizophrenia usually also have poor hygiene and he begins to obsess over his own hygiene so much that it begins to bother his roommates. These changes to Karl’s behavior and self-insight can be seen as negative affects of labeling an individual using general descriptions and disregarding personal experiences.²⁶ Social science research has indicated that this self-stigmatization that Karl is experiencing can be damaging to the work, independent living, and life opportunities of the individual.²⁷

In the case of Cho, his symptoms did not seem to fit adequately into the criteria of any one mental illness. This may be a negative result of the broad criteria listed in the DSM. Flexibility within diagnoses that allows for the consideration of personal experiences may have yielded different results for Cho. What is noteworthy for the case of Cho is the cross-cultural differences that are not considered in the DSM criteria, as well. Cho was born in South Korea, but moved to the United States at a very young age.²⁸ His psychiatric evaluations took place in the United States and made use of the DSM criteria for diagnosis. As was stated previously, Cho did not fit the criteria for any one specific diagnosis. This could have been a result of cultural differences. For example, Cho was never directly angry or threatening to anyone, however his writing expressed a great deal of anger. In South Korean culture, forms of public displays of anger are frowned upon, which may have taught Cho not to explicitly express this anger, further explaining why Cho would not have seemed as angry as he was during psychiatric evaluation.²⁹ One may argue that Cho could not have exemplified this cultural difference, as he later acted out, in anger, and killed numerous people. I counter that claim by saying he may still have acknowledged that aspect of South Korean culture and in doing so, he realized that he could not continue to live if he acted in such a way, thus helping to explain his suicide after publicly expressing his anger.

It must have been particularly confusing for Cho to be unable to make sense of his mental condition or to develop a clear insight into his thoughts. He was sent to the Cook Counseling Center and evaluated on multiple occasions, allowing him to conclude that people seemed to think there was something wrong with him, though no one could seem to determine what that something was. His own anger and meanness may have added to the feeling that something must be wrong with him. Cho’s anger was not triggered by any one thing, as his writing and other behaviors did not seem to be focused at any one person, place, or thing. Because Cho’s mental state did not fit the criteria for any one mental illness, Cho may not have had any symptoms to over-identify with or to help shape his self-insight towards. However, Cho did have something else; Cho could now choose to identify with the actions and behaviors of other

mentally ill persons. This identification may have come despite certainty on diagnosis and may also have been subconscious. Provided Cho did his research, as remnants of his planned attack would suggest, he may have begun to find inspiration in the way others with mental illness handled that illness and their problems with society. Cho could have begun to look towards them as role models, people he could identify with, and people who could motivate him to further express his frustrations. In the documents that Cho left for the news to see after his own shooting, he refers to Eric Harris and Dylan Klebold, the perpetrators of the Columbine High School massacre, as “martyrs”.³⁰ Both Harris and Klebold had psychiatric diagnoses: Harris was diagnosed with anxiety and Klebold with depression.³¹ It would be inaccurate for me to say that Cho referred to the two boys as martyrs solely because they had a mental illness and he was believed to have one, as well. However, through this case we can see the how the looping effect may play some role, even if it is a very minimal or subconscious role.

The DSM lists the recognized mental illnesses, as well as their symptoms. Experts, such as psychiatrists, gain knowledge about mental illness from these scientific classifications. Such experts may also help to develop the DSM classifications based on experiences they have had with patients and other knowledge they possess in the actual writing of the DSM. Institutions, such as the media and the government, play a role in shaping how mental illness will present itself in patients, as well. The role of institutions is based on how they portray mental illness to society and what kind of standards are set for the mentally ill, as well as those who interact with them. All of these factors will interact and influence how the diagnosed individual will assess their own illness.³² In Dr. Serife Tekin’s paper, “The Missing Self in Hacking’s Looping Effects,” she included a chart of Ian Hacking’s looping effect that I adopt in this paper.

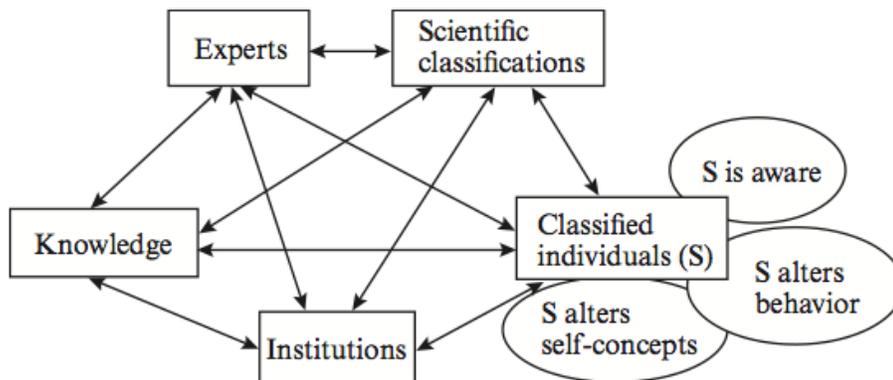


Figure 1. In Dr. Serife Tekin’s paper, “The Missing Self in Hacking’s Looping Effects,” she included a chart of Ian Hacking’s looping effect that I adopt in this paper.

That chart may be used to explain Cho’s progression into a dangerous man, following the Virginia Tech Massacre. In the case of Cho, the knowledge that the experts had about his mental state was limited. Psychiatric evaluations did not get to the root of any of the problems he may have been facing and the scientific classifications came up short of placing his symptoms into a specific category that would define and explain his problems. Institutions, such as Virginia Tech and the local government, played a role in his self-concept, as well. Professors at his school and campus police felt that Cho was a disturbance to the campus community, however none of them seemed to deal with Cho. Professors passed him off to other professors and campus police passed him off to local officials. The local officials then passed him off to the Cook Counseling Center. In the midst of this “passing along” of Cho, it was clear there was a problem with Cho’s mental state, however no one was quite sure what it was. This seemingly general consensus that his mental state was in some way compromised was the only definite knowledge Cho could adopt into his self- concept. Cho was then able to look to others whose mental state was also in questions, such as Eric Harris and Dylan Klebold. People, such as these two, would be the most accessible for Cho to look to because of the mass media coverage that surrounded Columbine. This being all that Cho had to make sense of who he was may have started him down a dangerous path, or at the very least, influenced his continuation down this path.

5. The Looping Effect in the Law

The automatic association of mental illness and danger not only takes place within society, but also within the law. If a mentally ill person needs treatment and is unable to get it on their own, in most cases the only way they will receive it is if they are dangerous to themselves or to society. In some states, such people must be of imminent (immediate) danger to themselves or to society, or there is little to no chance that they will receive psychiatric treatment through the government. After the decision struck down by the Court in 1975 that determined mental illness alone was not enough to civilly commit an individual against their will, state legislators were faced with the challenge of balancing their *parens patriae* power and police power against the civil liberties that all citizens are entitled to.³³ This led to some very strict provisions for civil commitment, such as the presence of imminent danger. Legislators' strong and understandable desires of protecting civil liberties created a system in which treating the mentally ill is only prioritized by the government if those individuals are a threat. This point may be illustrated very clearly through the Aurora movie theater shooting that took place in 2012. This tragedy had been carried out by a man who showed signs of violence to his psychiatrist prior to the incidence that were so bad the psychiatrist could have warned the police. However, because the state of Colorado maintained the strict provision of imminent danger, authorities could do nothing as an attempt to prevent the tragedy.³⁴

Although I do acknowledge the importance of the protection of civil liberties, I argue that the strict provisions for involuntary civil commitment bare negative consequences that must be acknowledged if we would like to see the number of tragedies in our country decrease.

I would like to begin with the possibility that such strict and narrow laws may breed the exact kind of danger and violence we would like to prevent. Many mentally ill persons are homeless, jobless, and live well below the poverty line.³⁵ Because of this, many lack the resources they need to get any kind of treatment. Not every mentally ill person poses a danger to themselves or to others and because of this, the government is unlikely to aid them in getting the resources they need. Others may not even be aware that they have a mental illness and because they lack the resources to be diagnosed, they may be left confused and unable to develop a clear self-insight. Those unaware of their mental condition may grow angry about it simply because they do not understand it. Those with a known diagnosis or signs of one may become angry with society for not being very open to them, with the government for not providing them the aid and guidance they need, or with themselves for not being able to work through it on their own. Pent up anger is not healthy for anyone and can be even worse for an individual with an unstable mental condition.³⁶ Our reluctance to help these individuals may create anger that could build up until individuals begin committing violent acts in retaliation.

Recall the Virginia Tech Massacre that took place in April 2007. In the materials Cho sent to NBC before he committed suicide, he included a video in which he is quoted saying "you had a hundred billion chances and ways to have avoided today" and "you forced me into a corner and gave me only one option."³⁷ It is unclear as to what exactly Cho meant in saying this, however they do demonstrate the possibility that anger, combined with an unstable mental state could lead to violent acts. Cho's self-insight was blurred and unclear due to his inability to be diagnosed with a set illness. Cho's inability to understand himself and the inability of trained professionals to place his symptoms and experiences perfectly into one diagnosis may have left Cho feeling isolated and angry. This feeling may have grown with each visit to the Cook Counseling Center that ended in the same way: an evaluation, no diagnosis, and no treatment. Cho began expressing his anger through his writing, which eventually became problematic for him. With no where else to turn and no one willing to help him, Cho may have felt that the only way to express his feelings of anger and isolation was to lash out at society for being both unwilling to listen and unwilling to help.

Straightforward and narrow involuntary civil commitment laws are dangerous in and of themselves to society, as well. These laws create such strict criteria for commitment that mentally ill persons are now able to mask their danger by avoiding the behaviors that could result in hospitalization. Recall the aforementioned Columbine Massacre that took place at Columbine High School in 1999. The perpetrators Eric Harris and Dylan Klebold were both being treated for mental illness however neither showed any sign of danger nor gave reason to be hospitalized. Both boys planned their attack on Columbine High School for the better part of the year leading up to it. Journals, videos, and drawings left behind would demonstrate how thorough their planning was and would leave parents, relatives, and friends shocked, as they saw not even the most discrete sign of the boys' plans and feelings.³⁸ There's no telling how familiar the two boys were with the involuntary civil commitment laws in Colorado, however their capacity to keep all of their plans very well hidden indicates that they were aware that if they sought to successfully carry out their plans they must mask their potential to be dangerous.

6. Negative Implications

The automatic association of danger and mental illness is not only dangerous to society, but also unfair to the mentally ill. Because of the socially constructed overlap between danger and mental illness as human kinds, the negative stigma that mentally ill persons have endured throughout history is now worsened. Unfair treatment of the mentally ill has always existed within our society. Prior to the 1960s, mentally ill persons endured harsh, unsanitary, and dangerous conditions in asylums. Following deinstitutionalization, conditions were and have been, no better. Many mentally ill persons are homeless³⁹ or incarcerated (a violation of the 8th amendment of no cruel and unusual punishment).⁴⁰ Mentally ill persons have often been viewed as “crazy” and “stupid” and now they are viewed as “dangerous”, as well. Although this negative stigma was shaped by the human kinds created within society, the law has enhanced this stigma by playing in to the association of danger and mental illness. Because the law has made danger a necessary criterion for involuntary civil commitment and thus tends only to acknowledge mentally ill persons who are dangerous, the law has encouraged society to believe that danger naturally accompanies mental illness.

The concept of looping effects also ties in to the discussion about the law and the association of danger and mental illness. The automatic association of these two concepts can be extremely problematic for society in that if individuals with mental illness begin to act dangerous because they start acting under their descriptions, society now has more dangerous, mentally unstable people that may not be accounted for. These people may mask their danger to avoid civil commitment, some may not have anyone to petition them for it, and others may simply not be dangerous enough to be committed. All of these people may pose a threat to society or to themselves that may not be present provided mental illness and danger were looked at as two separate and distinct human kinds.

One may argue that I am disregarding the influence that mental illness can have on violence. I contest this: I am not suggesting that mental illness may not in anyway impact violence. Research on the relationship between mental illness and violence is controversial; however there **is** evidence that suggests personality dimensions alone can be indicators of violence, as opposed to mental illness. This finding determined that these personality dimensions, namely narcissism, affect regulation, impulse control, and paranoid cognitive personality style, might typically be found in individuals with substance abuse disorders, schizophrenia spectrum disorders, and those experiencing personality disorders. This finding is significant because it suggests that the mental illness itself may not be the cause of the violence, rather personality dimensions that can be found **without mental illness** may lead to the violence. This finding suggests that mental illness and violence are correlated, however there is not a causal relationship between the two.⁴¹ So, although it may appear as if I argue that mental illness and danger are two very different things, I do acknowledge that a relationship exists between the two, however I argue that, because mental illness has not been found to explicitly **cause** violence or dangerousness and therefore, the automatic association of mental illness with dangerousness is both unnecessary and problematic for mentally ill individuals and for society.

7. Conclusion

Human kinds are shaped by society and the knowledge of those kinds determines whether or not members of society desire to be included in that human kind.⁴² Society has attributed the characteristic of danger to the human kind of mental illness and the law has followed suit. There are negative implications of maintaining this view on both mentally ill persons themselves, as well as for society. It is vital that the automatic association of mental illness and danger is broken as means to help avoid the tragedies that have ensued our public due to undiagnosed and untreated mental illness.

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9. References

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- 1 Klein, Ezra, "Twelve Facts About Guns and Mass Shootings in the United States," *The Washington Post*, December 14, 2012.
 - 2 Cullen, Dave. *Columbine*. New York City: Grand Central Publishing, 2009, pg 10.
 - 3 CNN Library, "Virginia Tech Shootings Fast Facts," sect. *The Victims*, *CNN*, April 13, 2015.
 - 4 Draper, Electa, "Debate Rages in Colorado over Involuntary Holds for Mental Illness," *The Denver Post*, May 25, 2014, para 5.
 - 5 Goldman, David, "Charleston Shooting," *CBS News*, para 1.
 - 6 Rubin, Lillian B, "A Lack of Gun Control Leads to Gun Crime." *Opposing Viewpoints in Context*. Greenhaven Press, (2000).
 - 7 Cooper, Elizabeth, "Mental Health Dilemma: Who's Dangerous," *Utica OD*, January 11, 2015, para 6.
 - 8 Greenley, Dianne. "Civil Commitment and Involuntary Treatment." *Rights and Reality 2*: 351-62.
 - 9 Szabo, Liz, "Committing a Mentally Ill Adult Is Complex," *USA Today*, January 7, 2013, para 4.
 - 10 Stavis, Paul. *Civil Commitment: Past, Present, and Future*. Washington D.C.: Conference of the National Alliance for the Mentally Ill, July 21, 1995 para 26-29.
 - 11 O'Conner v. Donaldson, 422 US 563 (1975)
 - 12 Mental Illness Policy. "Involuntary Treatment Civil Commitment Standards." Last modified February 2011.
 - 13 CNN Library, "Virginia Tech Shootings Fast Facts," *CNN*, April 13, 2015, para 4.
 - 14 Mental Illness Policy, sect. "Virginia"
 - 15 Mental Illness Policy, sect. "Virginia"
 - 16 CNN Library, para 2.
 - 17 Hacking, Ian. "The Looping Effects of Human Kinds." *Causal Cognition* (1995): 351-61.
 - 18 Hacking, 352.
 - 19 Hacking, 357-58.
 - 20 Payne, Ed and Ray Sanchez, "Charleston Church Shooting: Who is Dylann Roof?" *CNN*, June 23, 2015, para 3.
 - 21 Lysiak, Matthew, "Charleston Massacre: Mental Illness Common Thread for Shootings," *Newsweek*, June 19, 2015, para 1.
 - 22 McCray, Chirlane, "Charleston Tragedy is a Reminder to Address Mental Health in America," *Time*, June 24, 2015, para 3.
 - 23 "Seung-Hui Cho." *Bio*. A&E Television Networks, 2015, para 1.
 - 24 Tekin, Serife. "Self Insight in the Time of Mood Disorders: After the Diagnosis, Beyond the Treatment." *Philosophy, Psychiatry, and Psychology* 21, no. 2 (2014): 141.
 - 25 Tekin, 141-45.
 - 26 Tekin, 241-42.
 - 27 Tekin, 252.
 - 28 "Seung-Hui Cho," para 2.
 - 29 Tekin, 240.
 - 30 CNN Library, "Killer's Manifesto: 'You Forced Me Into a Corner'," *CNN*, April 18, 2007, para 3.
 - 31 Cullen, 45.
 - 32 Tekin, 240.
 - 33 Draper, para 8.
 - 34 Draper, para 8.
 - 35 Stavis, para 38.
 - 36 "Anger," *Mental Health Foundation*.
 - 37 CNN Library, "Killer's Manifesto," para 3.
 - 38 Cullen,
 - 39 Stavis, para 38.
 - 40 Sarteschi, Christine. "Mentally Ill Offenders Involved With the U.S. Criminal Justice System." *Sage Journals*, (2013): 1.
 - 41 Nestor, Paul, "Mental Disorder and Violence: Personality Dimensions and Clinical Features," *The American Journal of Psychiatry* 159, no. 12, 1973-74.
 - 42 Hacking, 352.