Reframing Sanity: Scapegoating the Mentally Ill in the Case of Jared Loughner

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Re/Framing Identifications

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Rhetoric scholars have examined the rhetorical disempowerment of the mentally ill, whose perceived lack of reason isolates them from public discourse (Lewiecki-Wilson; Prendergast; Pryal). Such isolation can be explained using Kenneth Burke’s theory of identification and its “ironic counterpart,” division (Rhetoric of Motives 23). Division shows how the discursive markers of “sane” and “insane” function to create an in-group, the sane, whose existence relies upon the rhetorical and physical isolation—the scapegoating—of the insane. This article argues that the mentally ill make an ideal Burkean scapegoat. Furthermore, this article shows that the criminal acts of a few mentally ill people provide the necessary justification for the scapegoating of the entire group.

Using the case of Jared Loughner’s spree killing in Tucson, Arizona, in January of 2011, this article examines reports of major US media outlets in the weeks following the shootings to show how the public response to such tragedies tends to follow predictable rhetorical patterns. One group of articles looks to the past, arguing that “we should have known” that the perpetrator was mentally ill, blaming the mental health system for failing to identify the mentally ill person. A second group of articles looks to the present and focuses on identifying the mentally ill and dividing them from the “sane.” A third group of articles looks to the future with a rhetoric of prevention that invokes the Burkean scapegoat, asking, “Now that we have identified the mentally ill, what can we do with them?” This third set of articles arises out of a desire for reassurance, arguing that future tragedies can be prevented—so long as we can identify, and isolate, the insane. In the end, these sets of public rhetoric reframe sanity as a culturally imposed division that can be used to forge identification among the sane after a traumatic event.

Notably missing from these articles are voices of the mentally ill themselves. However, in a few articles, a “talking back” occurs by those who are mentally ill or by their advocates. These articles, I suggest, do not seek to blame, divide, or scapegoat but rather to reframe our society’s approach to mental health into one that is workable and actually capable of preventing violent tragedies.
Burkean Scapegoating and Division

Kenneth Burke describes scapegoating as, "in its purest form, the use of a sacrificial receptacle for the ritual unburdening of one's sins" (Permanence and Change 16). The scapegoat is a "representative' or 'vessel' of certain unwanted evils"; it is a "sacrificial animal" (The Philosophy of Literary Form 29). For Burke, then, the scapegoat provides a symbolic place wherein a social group can unload its worst: worst thoughts, worst deeds, or worst group members. This unloading ritualistically cleans the social group. Thus, as James Jasinski explains, Burke saw the scapegoat as a means of purifying society of its sins, or of removing its guilt, through a process of "externalization" (504). This externalization often takes place in the realm of rhetoric, of storytelling and mythmaking.²

C. Allen Carter argues that the scapegoat serves a necessary function in society's mythmaking: "We tell stories of redemption that give us a sense of direction and orient us with respect to a system of moral values—but often at the expense of innocent victims" ("Kenneth Burke" 363). In this way of thinking, society needs a scapegoat to unify itself, in order for its disparate constituents to find ways to identify with one another. Carter asks, "Does this mean that our directionless Babel can only be given a common direction when we all blame a more or less blameless surrogate?... Can our identities only form around a scapegoat? Burke's answer is yes" (363). Carter points out the blamelessness of the scapegoat. Similarly, Barry Brummett notes that "[s]capegoating is a particularly poignant symbolic form because the goat is attacked for its ability to represent the sins of the attackers more than for its own transgressions" (66). In other words, the scapegoat is—usually—innocent in some fashion. Indeed, as Carter points out, "The Christian myth [involving the sacrifice of the Creator's own son] provides the classic model" of the scapegoat (364). Christ is the ultimate, innocent scapegoat.

When Carter asks whether our identities can only form around a scapegoat, he invokes Burke's notion of identification. Burke points out that identification occurs when one's "interests are joined" with another's (A Rhetoric of Motives 20). The "ironic counterpart" to identification is "division" (23). Indeed, "[i]dentification is affirmed with earnestness precisely because there is division" (22). Because we are not perfectly identified with one another, rhetorically we must work to craft identification. "If men were not apart from one another, there would be no need for the rhetorician to proclaim their unity" (22). Furthermore, division of others from ourselves allows us to create identification among those that remain. And, as Shane Borrowman and Marcia Kmetz observe, "[D]ivision is necessary for aggression, physical or rhetorical" (279).

In this way, scapegoating and division appear to work hand in-hand. Once individuals have, through the process of identification, formed a social group, those external to the group are divided, cast out, and ripe for scapegoating to protect the cohesion of the identified group. This, I argue, is the
rhetorical process that follows killing-spree tragedies perpetrated by the mentally ill. Although I believe the killers are guilty of horrible crimes and deserve to be punished, the public rhetoric surrounding these events shifts focus from the crimes of a single perpetrator to focus on the mental illness of the perpetrator and, from there, the mental illness of anyone with a psychiatric disability. News reports and opinion pieces create an in-group of the “sane” and then divide the “insane.” This division allows for rhetorical aggression toward the insane.

This aggression takes the form of scapegoating. Rather than focusing on the major societal change required to provide just and necessary health-care services to those with mental illness—services that are often expensive and politically unpopular—the “insane” are publicly scapegoated to relieve the in-group’s guilt over the lack of these very services because, in the end, it is these services that might have prevented the tragedies in the first place.

With this theoretical framework in mind, let us turn to the news reports that exploded after the Tucson shootings to see how division and scapegoating manifest in public discussions of the mentally ill. As noted above, the news reports and other texts on Jared Loughner’s spree killing in Tucson tend to fall into three categories: (1) those that look to the past and rue the lack of prevention; (2) those that operate in the present by providing “helpful” means of identifying the insane; and (3) those that look to the future, scapegoating all mentally ill persons to assuage society’s guilt. A small set of articles do “talk back” to the dominant voices, providing a more nuanced critique of the mental health system and pointing out the changes that would need to occur (but are unlikely to occur for various political reasons) in order to prevent spree killings in the future.

**Looking to the Past: Rhetoric of Prevention**

The articles that look to the past and narrate the story of Jared Loughner often strike a tone of regret, of “we should have known.” They point out ways that the tragedy could have been, or should have been, prevented. They argue that this prevention would have occurred had the killer, in this case Loughner, been identified sooner as a person who was mentally ill. Schools, police, or family should have recognized his illness and involuntarily committed him. Thus, in most cases, these articles note a failure of intervention, as demonstrated below.

Mark Goulston, a psychiatrist writing for the *Huffington Post*, notes that there was “a long trail of ‘red flags’” surrounding Loughner and his behavior, red flags that ostensibly should have been noted by persons in power—teachers, parents, law enforcement officials—in time to prevent the tragic spree killing. Similarly, in “Red Flags at a College, but Tied Hands,” Benedict Carey (writing for the *New York Times*) notes, “He was coming undone, that much is clear. Sometimes surly, sometimes seemingly unhinged, he was unpredictable in a way that made fellow students in a community college
class want to leave the room.” Carey notes, then, that Loughner’s “coming undone” was “clear”—and ostensibly should have been acted upon by those around him.

“Red flags”—and the failure to follow through on them—pop up in many articles about Loughner. For example, Dean Reynolds writes for CBS.com, “Loughner was deemed a problem at school by teachers. . . . But there is no record of him ever getting treatment, or of anyone calling the mobile acute-care teams available there.” Neil Katz and David Freeman point out in Time, “From what we know so far, Loughner was never evaluated by a mental health professional, despite erratic behavior at school and with friends.” Reynolds, along with Katz and Freeman, thus observe a failure of intervention.

Megan H. Chan, writing for USA Today, notes that Loughner’s teachers at the community college he attended feared his strange behavior and believed he would be a “threat.” Chan reports that “[a]fter just one week of classes, Jared Loughner proved so disruptive and belligerent,” Loughner’s math teacher recalled, “that I remember going home and thinking to myself, ‘Is he going to bring a weapon to class?’” Furthermore, Loughner’s “classmates also noticed that he seemed at odds with the world around him.” One classmate called him “creepy.” Most damning in the eyes of these authors, it appears that Loughner’s behavior at school led to an encounter with mental health enforcement before the Tucson shooting, an encounter that did not stop Loughner from committing his violent crime: “officials at the college” sent “campus police officers to the home of Loughner’s parents in September with a letter suspending him from the school.” The school told Loughner that “he could not return without providing a letter from a mental health professional to show that ‘his presence at the College does not present a danger to himself or others.’” Loughner agreed not to return to the school, and no further intervention occurred.

In retrospect, it appears that red flags abounded. Adam Klawonn, writing for Time, points to the landscaping of the Loughner home as a red flag: “Neighbors say the Loughners kept to themselves, but weren’t exactly unfriendly. . . . Still, Dawn Cook, 33, says she and her daughter avoided the house. ‘We go selling Girl Scout cookies door-to-door,’ says Cook, . . . ‘But we didn’t go there,’ she says of the Loughners’ house, because it appeared foreboding with its unkempt plants.” Dennis Romero, writing for the LA Weekly, points to drugs, writing that Loughner “was a ‘habitual drug abuser’” in that he smoked marijuana, and Romero notes a correlation between marijuana use and mental illness.

These articles that look toward the past essentially rue society’s failure to identify the perpetrator as mentally ill and dangerous or, rather, as mentally ill and therefore dangerous. The red flags of drug use or odd behavior should have been acted upon, these articles argue. The overarching tone, then, is one of guilt, regret, and anxiety. In Burkean terms, these articles describe a failure of division: it was clear, after all, that Loughner did not belong in the group.
marked “sane”; these articles ask why he was not placed into the group marked “insane” before the tragedy in Tucson. Although these articles express guilt and anxiety, they also express identification at the expense of Loughner, a voice of “we’re not like him,” with his pot habit and “foreboding” home.

This identification and division at the expense of Loughner does not seem misplaced; Loughner did, after all, commit a terrible crime. Rhetorical trouble arises, however, when writers expand their purview and craft identification at the expense of all persons with mental illness, as they often do, especially in the other two types of articles examined below.

Looking to the Present: Rhetoric of Division

In order to assuage the anxiety of the failure of police, school officials, or others to identify the potential killer, another set of articles provides methodologies for identifying the mentally ill. These articles often take the form of checklists, and they are some of the least nuanced articles on the Tucson tragedy. These articles seek to simply identify, and therefore divide, the sane from the insane, at whatever cost to the mentally ill. They also seek to reassure readers by ostensibly arming them with tools to protect themselves from the mentally ill (who are presumably also violent).

Mark Goulston provides a list of Loughner’s behaviors that “may have contributed to his actions.” According to Goulston, Loughner (1) was a “[p]risoner of his own imagination”; (2) suffered from “[r]eality-based persecutory fantasies”; (3) exhibited a “[l]oss of executive function”; and (4) acted out the “[r]evenge of the nobody.” Furthermore, Goulston notes, “Worse than being a ‘nobody’ is feeling put down and pushed away, as Loughner may have experienced. . . . And when people with a disturbed mind . . . feel put down and pushed away, they often find a way to get back in and get even.” So, it seems that “experienced multiple rejections” could be added to Goulston’s list.

Goulston’s stated purpose with his list, however, is to enumerate the “factors [that] may have contributed to [Loughner’s] actions.” Time takes the act of listing of qualities a step further. In “If You Think Someone Is Mentally Ill: Loughner’s Six Warning Signs,” Kate Pickert and John Cloud provide an early warning checklist for the sane to use to identify the insane. They begin by pointing out Loughner’s unusual and unstable behavior, noting, “In retrospect, it’s easy to see the evidence that Tucson, Ariz., shooter Jared Loughner was mentally unstable. In his community-college classes, he would laugh randomly and loudly at nonevents. He would clench his fists and regularly pose strange, nonsensical questions to teachers and fellow students.” The authors wonder, “[C]ould anything have been done to prevent the violence? What signs that trouble lay ahead were missed? What signs were observed but ignored?” Then, they cap their rhetorical questioning with their main purpose: “In short, what can be done to prevent a potentially ill or unstable person from harming others?”
To assist readers in “prevent[ing] a potentially ill” person—note the word “potentially”—“from harming others,” Pickert and Cloud provide a checklist to identify someone who is “potentially” mentally ill. The checklist includes six items: (1) “disorganized thoughts and speech,” (2) “inability to function in social situations,” (3) “paranoia,” (4) “regularly smok[ing] marijuana,” (5) scaring one’s classmates, and (6) contacts with campus police. Pickert and Cloud seem to argue that these six signs indicate potential mental illness and the capacity to “harm others.”

Pickert and Cloud point out, however, “Regardless of resources available . . . the problem with someone like Jared Loughner is that, without a court order, he would not have received treatment without a self-referral.” They blame, in part, Loughner’s college for not doing enough: “Similarly [to the shooting at Virginia Tech], it seems that Pima Community College (and Loughner’s classmates and instructors) didn’t do enough to recognize [the] six warning signs in Loughner.” In other words, future tragedies would be preventable, were we all to just use these six warning signs and then call the authorities and seek a court order to restrain the potentially mentally ill person.

The articles of this set help allay anxiety in readers, providing them a way to discover who is mentally ill and enabling them to stay away or report behavior. Pickert and Cloud’s list of symptoms intends to give readers the means to identify those persons with whom they come in contact who are potentially dangerous and mentally ill, ostensibly providing the tools to create a kind of citizens’ patrol of the insane. These articles represent the ultimate Burkean division, drawing lines of demarcation between an in-group and an out-group, lines that are then—ideally—policied by the in-group.

Looking to the Future: Rhetoric of the Scapegoat

Once the signs of “potentially” dangerous mental illness are recognized, however, a third set of articles urges that action must be taken to prevent the mentally ill from committing crimes. Rather than suggesting expensive and politically unpopular changes to health-care services for the mentally ill, these articles scapegoat the “insane” to relieve the in-group’s guilt over the lack of these services, services that arguably might have prevented a tragedy. Instead of expanded health-care treatment, for example, they argue almost exclusively for involuntary committal or criminal arrest.

In fact, the tone of these “action” articles sounds a lot like a discussion of terrorism rather than of health care. Indeed, Benedict Carey quotes Randy Borum, “an expert on threat assessment” in his article on Loughner. Borum states, “The whole thing speaks to the need for some coordinated way to detect such threats.” Comparing Loughner to the shooter at Virginia Tech in 2007, Carey writes, “These institutions [colleges] typically have no single person or center that tracks the sorts of complaints that teachers and fellow students were making about Mr. Loughner. Nor do they have the legal authority to force people into treatment against their will.” Forcing treatment and insti-
tutionalization becomes a common theme in the articles that look to the future and try to suggest a solution to the problem of spree killings.

In “Should Mentally Ill Be Locked up Against Their Will?” Katz and Freeman (writing for CBS.com) open their article with a question: “If Jared Loughner, the man accused of killing six and injuring 12 in Arizona last Saturday, turns out to be suffering from schizophrenia, as many doctors have surmised, why shouldn’t the state have had the power to lock him in a mental ward BEFORE [emphasis in original] he went on a rampage?” They present the issue as one of individual rights versus the rights of society: “That might sound like common sense, but the law in most places is designed principally to protect individual rights. If you don’t appear to be an immediate threat and you haven’t broken the law, authorities are hard-pressed to commit you for more than a few days.” The authors advocate the ability to lock up the mentally ill with less red tape, so to speak.

Dean Reynolds, too, asks whether the mentally ill should be locked up against their will, writing that “Loughner was deemed a problem at school by teachers,” and “he could have been committed.” Pickert and Cloud make a similar observation: “There was arguably enough evidence for Pima [Community College] authorities to go to a judge and have Loughner involuntarily committed to a mental hospital.”

With this third set of articles, the circle of division and scapegoating is complete: from articles that look to the past with a tone of anxiety and regret, to articles that look to the present with checklists to allay anxiety, to articles that look to the future, seeking to implement those checklists and involuntarily institutionalize the mentally ill. This third set of articles allays the regret expressed by the first set by scapegoating the mentally ill, urging institutionalization—essentially “pre-crime” incarceration—without much nuance.

**Talking Back: A More Nuanced Approach**

The articles that provide the most nuanced critiques of the mental health system, and the most practicable solutions for preventing violence, are those that are produced by advocates for the mentally ill. These solutions almost always argue for more funding for mental health care. For example, Katz and Freeman cite a more nuanced voice, an important advocate for the mentally ill, Dr. Ken Duckworth, medical director of the National Alliance on Mental Illness (or NAMI, an advocacy group composed of the mentally ill and their allies): “[Duckworth] says there is another problem here—limited access to care. Arizona has the second lowest number of psychiatric beds in the country, just 5.9 per 100,000 people.”

Indeed, NAMI has produced a post-Tucson report titled “State Mental Health Care Cuts: A National Crisis.” They ask, “How did Jared Loughner fall through the cracks when the signs of a serious psychiatric crisis seemed so clear?” (1) They note that the problem is often one of money: “Even during the best of economic times, youth and adults living with mental illness strug-
gle to access essential mental health services and supports. Services are often unavailable or inaccessible for those who need them the most.” Between the stigma attached to mental illness (12), stigma increased by the types of news reports examined earlier in this article, and the lack of access to care (12), potentially violent people do fall through the cracks of care—care that could have prevented violence in the first place.

Psychologist John M. Grohol, writing on PsychCentral.com, asks whether Loughner is “An Example of Our Broken Mental Health System.” Grohol specifically criticizes the Time article providing the six warning-signs checklist and writes, “Many are pointing out that Loughner suffered at the hands of the broken Arizona state mental health system. That’s wrong, though. He would have had actually had to have interacted with that system in order for this argument to make sense.” Rather than making a simplistic argument that our mental health system should be able to involuntarily commit people before they have committed a crime, as the scapegoating articles tend to do, Grohol argues that what “Jared Loughner . . . may be an example of is our lack of communication amongst numerous parties who are all involved with the same individual in different ways—a comprehensive social safety net.” He criticizes the college for kicking Loughner out and then washing its hands of him, ignoring the fact that “students are a part of a larger community, a community that deserves to be treated with mutual respect and care.” He advocates mandatory education on mental health issues in schools and greater communication among community groups that interact with people who might be mentally ill. He writes, “Let’s de-stigmatize mental health concerns even more, so that other students feel free to question when one student seems to be acting in an erratic and concerning fashion in and outside of the classroom.” He notes that his suggestions are probably a “pipe dream.” By pointing out the stigma attached to mental illness, Grohol identifies the underlying problem: often, people with psychiatric disabilities do not seek care because they fear stigma. Articles such as the ones that call for easier involuntary committal only add to this fear.

Stephanie Mencimer, writing for Mother Jones, also criticizes the lack of funding for mental health care. in “Should Mental Health Be a Public Safety Issue?” She writes:

In light of the Tucson tragedy, it would be nice to see the mental health system, or what’s left of it, come up for real discussion, including serious consideration of vastly expanding mental health services so that people like Loughner’s parents or his philosophy professor . . . could have actually gotten him the help he needed before he killed someone.

Mencimer’s tone is fiery, chastising Arizona for cutting forty percent of its mental health-care budget in the year before the shooting. Like Grohol, she calls for real mental health reform, reform that costs money (although she also advocates for involuntary committal in a less-than-nuanced fashion).
Conclusion

As this study of articles on Jared Loughner shows, the public rhetoric after a spree killing committed by a mentally ill person tends towards division and scapegoating of the mentally ill as a group (rather than of the killer as an individual). The regret expressed by the articles that look toward the past is cleansed in the articles that provide checklists for identifying the mentally ill and the articles that argue for scapegoating the mentally ill—via involuntary committal—in order to prevent future violence.

Grohol points to the political and financial issues that are at play in mental health care: “[W]hen it comes right down to it, society cares only so much for the poor and indigent who have mental health concerns. We only care when a Congressperson or a bunch of people get shot at, and then, within weeks, the nation’s attention turns elsewhere.” The articles in this study demonstrate that publicly scapegoating the mentally ill assuages popular guilt over the lack of care our society provides to the mentally ill and the lack of money to provide it—care and money that could help prevent tragedies.

NOTES

1. A note on methodology: I searched for articles using the LexisNexis service, using the ALL-NEWS database and the search terms Loughner AND Tucson AND Psychiatry. I limited the search to articles published in January of 2011. I conducted further searches of Internet resources, using search terms “psychiatry” and “Loughner” and limiting my search to January of 2011. With both searches, I discarded sources that dealt with the procedures of Loughner’s trial (e.g., Loughner’s fitness to stand trial, the forced medication of Loughner, and Loughner’s insanity defense).

2. Others have written extensively on the Burkean scapegoat, including Desilet and Appel. See also Carter, Kenneth Burke and the Scapegoat Process.

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