

State of Collapse: Treatment Community Must Accurately Define Root Causes of Violence

BY JOYCEE KENNEDY, LCSW

More than 20 years ago, I sat in a pew at the Light of the World Catholic Church in Littleton, Colo., holding the hands of family members of Columbine High School students. All around me people screamed and sobbed. They'd been informed of the mass shooting at the school several hours earlier, but many didn't yet know who was alive or dead. Their suffering was only containable by their faith. On Aug. 4, 2019, I sat in front of a TV bearing witness to two mass casualties less than 24 hours apart, the first at a Walmart in El Paso, Texas, where a gunman killed 22 people, followed by a shooting in Dayton, Ohio, leaving nine more bodies inside a popular entertainment area.

In the two decades since Columbine, I've been deeply involved in research that tries to penetrate why humans behave so violently. In 2003, I co-authored a case study: Impaired Sensory-Emotional Integration in a Violent Adolescent Sex Offender (Wahlberg, Kennedy & Simpson). The boy we studied taught us a lot about how individuals become impaired emotionally and are driven by primitive, instinctual impulses: anger/aggression, fear or a state of collapse. The latter is a numbed-out condition leaving people without the capacity to feel anything at all, turning them into suicidal or homicidal risks. In simple terms, they shut down. The ability to sense or feel another human being—or the result of one's actions toward that human being—is gone. Amazingly, our current

psychological paradigms do not include the effects of this kind of numbing. If you can't identify or define something, how can you recognize or treat it?

I currently work at The Empowerment Program in Denver. While specializing in providing care for women challenged by domestic violence, HIV/AIDS, and child abuse, we also work with men at the Denver County Jail in a program called RISE (Recovery in a Secure Environment). For the past five years, I've taught Trauma Education weekly to a class of about 30 male inmates. They understand that 80 percent to 90 percent of all violence globally is committed by men, but that's more or less where their comprehension of themselves emotionally ends.

During one class, a young man told me he became



enraged when he saw the woman he loved and was living with at a local hangout with an old boyfriend. He left without confronting them, but felt numb and exhausted when he got back to their apartment. When she later came through the door, "I calmly walked over to

her, grabbed her shoulders, and slammed her against the wall," he said. "She was able to duck down and crawl into the hallway, screaming. I was charged with domestic violence and assault. At the time I grabbed her, I felt nothing. I could have killed her!"

Other inmates have shared stories like this or spoken to me about attempting suicide. One made several efforts to kill himself by overdosing on prescription pain pills. Later, he told us he had no idea that before attempting suicide he'd completely lost having any positive or tender feelings toward himself. Such words weren't in his vocabulary.

The inmates told us no one had ever spoken to them about how their feelings actually operate (or even if they have them). As a result, they didn't know what was wrong, and their violence was basically a mystery to them. They'd become fundamentally disconnected, like so many others in recent years who've bought guns and gone on a rampage. They don't understand themselves, so we don't understand or recognize them before they commit murder.

People who aren't shut down show normal feelings in front of you in treatment: they emote, they cry, they send signals of distress. People who are numb don't do this—a primary sign the person may be dangerous to self, others or both.

The men in the jail have taught me how completely unaware of their emotions they are, unless they're

experiencing anger. To them it's important to act on their anger, rather than tolerate or balance it with other feelings. They're suffering from what we identified in our study as "Impaired Sensory-Emotional Integration" (ISEI), which the psychiatric realm has not yet recognized.

We in the treatment community have not defined the problem of violence accurately, which is why there's so little progress in preventing mass shootings and other acts of horror.

Conceptualizing the issue properly is the first step in breaking through this challenge. The loss of the capacity to experience safe, tender feelings for ourselves and others is a necessary risk factor in all violent crime.

What does all of this mean? For the past 25 years, America has been experiencing a public health crisis of epidemic violence. Many factors underlie this, but the mental health field has not diagnostically grasped the concepts behind ISEI.

We're just beginning to understand the roots of human violence and how to talk about it. We know the capacity for violence is state-dependent and multi-determined. Biological factors can play

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a role: genetics, irregular neuronal connections, damage to brain structures, and dysregulation of neural transmission of hormones and other chemicals in the brain. Environmental factors include alcohol and other drugs or unrelenting trauma, such as child sexual abuse, attachment disruptions, and war/exposure to violence.

The next step is finding creative ways of confronting this behavior—before it's too late. Our researchers have built an instrument for assessing risk for

this impairment, which we hope to validate and distribute to every school and physician's office, just as doctors commonly use a depression scale. In the wake of unrelenting violence in America and globally, I recommend a new public health diagnosis be developed around ISEI—defined as the loss of the capacity to experience safe feelings of love, caring and tenderness. I strongly believe this is treatable, but only if we see it for what it is. 🌱



Joycee Kennedy, LCSW, is a diplomate in clinical social work and a diplomate with the American Academy of Experts in traumatic stress. For 15 years, she has been a trauma specialist and clinical supervisor with The Empowerment Program Inc., in Denver.

Before that, she worked in community mental health for 25 years, most of that with children and families in Colorado. Joycee earned a BA degree, Phi Beta Kappa, from the University of Connecticut in 1973, and received her MSW from the University of Denver in 1978.

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