**ORIGINAL ARTICLE**

# SUICIDE IN SHOOTING GALLERIES

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**Abstract**

***Aim:* To better understand the mental state of people who complete suicide in shooting ranges/galleries. *Method:* The public record was searched via the web using various search engines and the words "suicide shooting gallery" and "suicide shooting range". When names of individuals appeared, they were used to further search for information about the event, paying particular attention to any evidence suggesting the presence of mental disorder. *Results:* Twenty-two cases were located. Nineteen (83%) were male and the average age was 36 years, with a range from 21 to 75 years. We present 6 case vignettes: in 3 there was evidence of mental disorder, while in the other 3 there was no evidence of mental disorder. *Conclusion:* Like the people who complete suicide in other locations, some of the people who complete suicide in shooting ranges/galleries are suffering from mental disorder, while some are not, and other triggers are present. *ASEAN Journal of Psychiatry, Vol. 16 (1): January – June 2015: XX XX.***

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## Introduction

Suicide is a major problem, accounting for 1.5% of global deaths [1]. Suicide has been conceptualized differently in different places over time. In English and Welsh history the Latin term '*felo de se'* (felon of himself) was applied to those who completed suicide. For many centuries completers could not be buried in consecrated land. A stake was driven through the body and it was buried at the crossroads (this last occurred in London in 1823). The estates of completers were confiscated by the state [2]. Suicide only officially ceased to be a crime with the Suicide Act, 1961(although prosecutions had ceased decades previously). In Japanese history, Seppuku (ritual self-disembowelment) was a means of honourable death [3], and during the Second World War Kamikaze pilots died for the benefit of their country.

The French physician Jean-Etienne Esquirol [4] declared that suicide was not a legal but a medical problem, and this has been the predominant view for the last century. Recently, Western authorities have stated that "a psychiatric disorder is a necessary condition for suicide to occur"[5], and that there is an "unequivocal presence of severe psychopathology by those who die by their own hand" [6].Psychological autopsy studies have reported that suicide is always [7] or almost always [8]the result of mental disorder. More recently, however, Braithwaite [9] opined, only "a small minority of people who commit suicide are mentally ill", and psychological autopsies in India [10] and China [11] have reported psychiatric disorder in less than half of those who complete suicide. Very recently, form New Zealand [12] came the call for the medical model of suicide prevention to be replaced by a holistic approach, and for the whole community to share ownership.

Our group has described the concept of 'predicament suicide' [13]. A predicament is

an undesirable set of circumstances from which escape is not easy or not possible. We describe two main predicaments; the first is untreated or unresponsive painful mental disorder, and the second is painful social or environmental circumstances. Of course it is possible, and common, for an individual to suffer both predicaments concurrently. Using information from the public record we have shown suicide associated with loss of health [14], fortune [15] and reputation [16], and other stressors including tinnitus [17].

With the intention of better understanding the mental state of people who complete suicide, we studied the public record for accounts of people who had chosen shooting ranges (galleries).We have previously defended the use of public record material in the study of suicide [15,16], conceding that such observations are not made by clinicians, but contending that journalists and other writers whose work is publicly scrutinized are able to make valuable contributions.

Shooting ranges are established in many countries. We could find no estimate of the total number of people who completed suicide in them. One gallery in Canada reported 2 completed suicides in 8 years, during which time there had been 250, 000 customers [18]. There are approximately 1800 indoor ranges in the USA, and an unknown number of outdoor ranges. One shooting range in Ohio reported 2 suicides in 16 months [19]; there are 162 similar facilities in that state. In one Californian range 2 people had completed suicide in 20 years [20]. In another, 2 people had completed suicide in 5 years, and in one other, 6 people had completed suicide in 12 years [21]. Clearly some galleries, but by no means all, have been troubled by suicidal behaviour.

**Method**

The Internet was examined using the words “suicide shooting gallery” and “suicide shooting range” in various search engines. When names of individuals appeared, we used them to search for more information about the event, paying particular attention to any evidence suggesting the presence of mental disorder. The information used in this article is freely available on the public record, thus the issue of privacy does not prevent current use.

We arranged the names in Table 1 in chronological order. Six case vignettes were presented to illustrate the mental state of some individuals who have taken their lives in shooting galleries.

**Results**

We identified reports about 23 individuals (Table 1): one from Turkey, two from Thailand, six from Australia and 13 from the USA. Nineteen (83%) were male and the average age was 36 years, with a range from 21 to 75 years. Three individuals were clearly severely mentally ill, and another three had nothing to indicate mental illness, but clear, relatively recent social or environmental stressors. Of the remaining 17, there was too little information to form a safe opinion.

**Table 1. Details of 23 individuals who completed suicide in shooting galleries/ranges**

| Year | Family name | Initial | Trigger | Age | Location |
|---|---|---|---|---|---|
| 1929 | Cross | A | Unclear | 25 | Sydney/Aus |
| 1930 | Donovan | G | Unclear | unknown | Sydney/Aus |
| 1932 | Mitchell | L | mental disorder | 23 | Adelaide/Aus |
| 1932 | Pomoroy | R | Unclear | 25 | Adelaide/Aus |
| 1999 | Tomesak-Anderson | L | Unclear | 45 | Florida/USA |
| 2006 | Kramer | R | Unclear | 57 | California/USA |
| 2008 | Morris | J | mental disorder | 23 | Adelaide/Aus |
| 2009 | Jast | R | social stress | 54 | Adelaide/Aus |
| 2009 | Pepelea | V | Unclear | 43 | California/USA |
| 2009 | McCarthy | J | Unclear | 26 | Florida/USA |

| 2009 | Moore | M | mental disorder | 44 | Florida/USA |
|---|---|---|---|---|---|
| 2010 | Scott | J | social stress | 24 | Ohio/USA |
| 2010 | Tetick | E | Unclear | 21 | Istanbul/Turkey |
| 2010 | Scurlock | R | Unclear | 24 | California/USA |
| 2011 | King | J | Unclear | 29 | Texas/USA |
| 2012 | Davis | A | social stress | 42 | Thailand |
| 2012 | Koch | J | Unclear | 43 | Thailand |
| 2012 | Sobie | M | Unclear | 43 | Wyoming/USA |
| 2012 | Wells | K | Unclear | 32 | California/USA |
| 2012 | Rea | K | Unclear | 56 | California/USA |
| 2012 | Kuhn | K | Unclear | 25 | Idaho/USA |
| 2012 | Kelley | R | Unclear | 75 | Florida/USA |
| 2013 | Lysek | Z | Unclear | 54 | Pennsylvania/USA |

***Cases with evidence of mental disorder***

*Lionel Mitchell, 22 years, 1932.*
Lionel Mitchell shot himself in Sydney. All we have about him is in 150 words in the *Canberra Times* [22]. The article contains a 65-word suicide note to his family: "You may think I am a coward for not fulfilling my moral obligations, but this is about the end. Don't you think it is far better than going into an asylum or being a burden on you for life. I am afraid I am a complete failure. To everything everybody does for me I cannot respond. I have fought my hardest for nine months now I think I am far better than bed-ridden. I can't sleep, read or anything".

At the inquest it was revealed Mr Mitchell had been a telephone mechanic and "had been over-studying for eight or nine months". The verdict was suicide while temporarily insane. In this case, the label "temporarily insane" is relatively meaningless: at that point in history it was believed that anyone who completed suicide had to be insane. However, the suicide note is poignant, and succinctly describes 9 months of severe major depression, with insomnia, poor concentration, guilt, low self-esteem, and the inability to respond emotionally to others.

*Julia Morris, 23 years, 2008*
Julia Morris lived in Adelaide. The State Coroner [23] found that for the previous 7 years Ms Morris had been receiving extensive treatment for anorexia nervosa, bulimia, self-injury, attempted suicide, depression, anxiety, attachment disorder, and borderline personality disorder.

Three days before she died ,Ms Morris took an overdose of medication and was admitted to a psychiatric hospital. On the day she was discharged, she shot herself. We do not have a full history, but the available information indicates that mental illness played a large part in the suicide of this woman.

*Marie Moore, 44 years, 2009*
Marie Moore lived in Florida (USA). She attended a shooting gallery with her son Mitchell (20 years). Mother and son took turns shooting and talking to other customers in adjacent lanes. There was nothing to indicate concern. Unexpectedly, Ms Moore stepped behind her son and shot him in the head at point blank range, after which she immediately placed the gun in her mouth and killed herself [24].

There is strong evidence that this murder-suicide was caused by mental disorder. Charles Moore (former husband) said that Ms Moore had a history of mental illness, including involuntary admission to a psychiatric hospital. Ms Moore's boyfriend found 3 suicide notes and four audiotapes at his home. The tapes indicate that Ms Moore was severely delusional. She repeatedly stated that God had made her the anti-Christ, and that she had to send her son to Heaven and herself to Hell. She referred to her boyfriend as King, her son as Prince and herself as Queen, and

declared, “Hopefully when I die there will be 1000 years of peace” [25].

***Cases with evidence of social stress***

*Raymond Jast, 54 years, 2009.*
Raymond Jast lived in Adelaide and died in the same shooting gallery as Julia Morris (above).The State Coroner dealt with the cases together [23]. Mr Jast and his wife had been attending marriage guidance counselling. Four days prior to his death, his wife asked for a separation and a property settlement to be completed within 2 months.

On the day he died, Mr Jast told his employer he was suffering abdominal distress and went home. In the middle of the day, he attended a shooting gallery. Gallery staff felt ‘uneasy’ about Mr Jast, but sold him bullets. He shot himself in the head. The Coroner made clear statements that Mr Jast had no history of mental illness. While the shooting gallery staff felt ‘uneasy’ about him, they gave no evidence to suggest that he was suffering a mental disorder.

*Jacqueline Scott, 24, 2010.*
Jacquline Scott lived in Ohio. She was a graduate and was employed as a teaching assistant while working on her Master’s Degree [26].Gallery staff reported that during the safety class mandatory for all first time shooters, Ms Scott did not seem despondent [27]. However, video surveillance shows that after firing a few shots she put the pistol down and stood for a time, then picked it up and shot herself in the chest.

A work colleague said, “She was definitely a happy lady…I definitely can’t believe it”, and the family could give no explanation. She had recently ended a long-standing relationship with her boyfriend and classmates stated she had been disinterested in class since then. Some evidence suggests low mood following the ending of a long-term relationship, but this is considered a normal reaction. In this case, there was no convincing evidence of mental disorder.

*Andrew Davis, 42, 2012.*
Andrew Davis was from Manchester, but he had lived in Thailand for 4 years since his divorce in the United Kingdom [28]. He is believed to have had two children. Mr Davis had been the best friend of Gareth Cashmore who is currently on death row in Indonesia for smuggling drugs into that country [29]. A few hours before his death, Mr Davis was drinking with some friends who had flown to Thailand from Manchester to see him. There is nothing to suggest mental disorder in the available information, and the motivation remains a mystery.

**Discussion**

Until very recently, western medical wisdom held that all those who completed suicide did so in response to mental disorder. It is now becoming accepted that social stressors, in particular the breakdown of long-term relationships, may trigger suicidal thinking and behaviour [30,31]. Accordingly, calls are beginning to be made for prevention to break away from the medical model and to become holistic and involve the broader community [12]. Nevertheless, the broader view of suicide is in its infancy, and the point of this paper is to give academic support to this new approach.

The limitations of this paper include that it has modest aims and depends on publicly available information. As stated, in the West, at least, suicide has been construed as a mental disease or a symptom of a mental disease, and other triggers have been ignored. Thus, we set out to give examples where the triggers were other than mental disorders. We did not expect to quantify this occurrence, but simply to show that it does occur, and to a degree which deserved to be noticed.
It happened that we were able to show three cases in which mental disorder was the trigger of suicide, and three cases in which the triggers were social factors. These findings do not quantify how often social factors are important, but they do prove that social factors can be the trigger of suicide. The paper depends on publicly available information, which has not been gathered in a standardized manner. However, we are comfortable with our results because we found 23 public reports, but selected only those (six) for which there was comprehensive information. We believe there is good quality evidence indicating that mental disorder was presented

in three cases. The first of these (Lionel Mitchell) depends on a brief suicide note, and could be doubted. But, even if all three were discredited, this would not damage our main thrust – it is well established that suicide can be triggered by mental disorder. The important question is whether those we have labelled as having completed suicide due to social factors were actually suffering a mental disorder. The information we have on one (Raymond Jast) is a comprehensive Coroner's report which took extensive evidence and found no evidence of mental disorder. One other (Jacqueline Scott) was distressed by a recently ended a long-standing relationship, and the other (Andrew Davis) friends had recently visited and there was no evidence of mental disorder. Thus, we believe it is safe to believe that suicide may be triggered by social factors, in the absence of mental disorder.

We are interested in shooting galleries because they place lethal means in the hands of those who may not usually have access to such. Reducing the availability of means is considered an important suicide prevention strategy and success has been claimed for ceasing the supply of coal gas for cooking in the UK, the control of gun ownership in Australia and the building of fences on high cliffs in Japan. There has been universal reduction in the availability of barbiturates and the fitting of catalytic converters to automobiles. Consideration has been given to reducing the availability of herbicides in Fiji. Critics of this approach claim that it will not be possible to outlaw rope or high buildings. The counter argument is that reducing availability must reduce impulsive suicide. Whether attempts are made to reduce the risk of suicide at shooting galleries remains to be seen, but will be difficult in places where the gun culture is strong.

There is reason to hope the Asia region may avoid the (incorrect) belief, so common in the West, that all completed suicide is the result of mental disorder. In addition to the reports already mentioned from India [10] and China [11], other thoughtful reports from Taiwan [32] and Malaysia [33] have clearly demonstrated the importance of social and other triggers.

**Conflict of interest:** Nil

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