

HOPLOPHOBIA: Gun Fear. The Most Dangerous of All Phobias

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Abstract: *Hoplophobia*, the morbid fear of guns, is a real, extremely dangerous, widespread and clinically recognizable *complex specific phobia* with a number of unique characteristics, described. It has caused and continues to cause grievous harm in America. Dr. Sarah Thompson, M.D., author of two seminal papers on gun phobia, claims hoplophobia is little more than name calling and rare, points we dispute. Because one of the avoidance mechanisms of this phobia uniquely involves politics, its effects and importance are greater than for other phobias. Co-morbidities include suppressed rage, post-traumatic stress disorder, delusional disorder and panic disorder, with implications for society at large. Some behaviors heretofore written off because they seemed irrational may be explained.

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A battle is currently raging over the causes and consequences of an extreme fear of guns, and whether or how often it constitutes the mental condition known as *hoplophobia*. The questions raised include: a) Is this a serious psychological condition? b) Is it a true phobia? c) To what degree does it affect individuals, especially people who claim to hate guns? and d) How prevalent is this condition in the general population?

Do those who work vigorously to ban guns or deny other people's gun rights, labor under a fairly common mental disorder or disability? Are they afflicted by hoplophobia? Do they project their own fears, self-distrust, and pent-up anger onto others, as some professionals claim? Do they displace inner rage and mental anguish into the political arena — a potentially unique phobic criteria absent in existing medical literature? Does this dynamic color the politics of guns and threaten the continued existence of the Second Amendment?

One thing is clear — it would be beneficial to address these concerns with a great deal more scrutiny than they have received thus far, especially from psychiatric and psychological perspectives. There is no rational reason to continue to avoid or evade the subject.

The problem

Our research indicates that hoplophobia is a real, extremely dangerous, widespread, and clinically recognizable *complex specific phobia* that meets most but not all of the gauges the American Psychiatric Association and medical community has set out for phobias, for reasons we will examine. We will demonstrate that hoplophobia actually falls into its own category of anxiety and phobic disorders.

We will offer an explanation for why its prevalence has been ignored. The unique parameters of this complex specific phobia explain some of the formerly inexplicable features of the gun debate in the United States, as well as certain of the irrational behaviors of people on the anti-gun-rights side of the national debate.

Hoplophobia – Page 2

Hoplophobia has caused and continues to cause grievous harm in America. Large swaths of the public and the medical community are in denial about the pernicious effects and pandemic nature of this malady. Some of what we deal with in the public arena as politics is instead a manifestation of this psychiatric condition. Additionally, it is our thesis that politics and media-driven ideation contribute to the genesis and proliferation of hoplophobia.

Background

Dr. Sarah Thompson, M.D., a psychiatrist and former Executive Director of the Utah Gun Owners Alliance, is the author of two seminal papers that literally set the stage for examining the links between mental health and gun politics. She dislikes the term “hoplophobia,” and currently claims in correspondence with us it is little more than “name calling” and not a true psychiatric condition, or if it exists at all, is extremely limited in nature.

Col. Jeff Cooper, known widely and revered within the firearms community as “The father of the modern technique of shooting,” originally coined the term *hoplophobia* in 1966, a fascinating neologistic history we will explore in a future article.

Dr. Thompson’s first paper, [Raging Against Self Defense](#), published in 2000, and her second, an illustrated booklet in 2001, [Do Gun Prohibitionists Have a Mental Problem?](#), were both published by the late Aaron Zelman, founder of the organization Jews for the Preservation of Firearms Ownership, a Wisconsin-based civil-rights group. We can only speculate as to the underlying reasons for Dr. Thompson’s recent back-pedaling, since her papers do not square well with her current reluctance to acknowledge the existence, prevalence and consequences of hoplophobia (by any name), or with what we believe is obvious, but she holds fast to her position.

Dr. Thompson is not alone in her apparent reluctance, as the medical and mental-health professional communities are by-and-large vigorously anti-gun, a fact that is not under dispute. Many doctors are guilty of “boundary violations” when they, with some frequency, inject anti-gun political opinions or content into their clinical work as health-care providers. It is our assertion that this constitutes several serious ethical violations including at least: mixing politics and health care, violating the requirement to be value neutral in the practice of medicine and psychiatry or psychology, and practicing outside one’s recognized fields of expertise. Driven by a questionably zealous desire to ban firearms, many doctors are known to use their medical credentials in an attempt to validate the legitimacy of the agenda typically referred to as “gun control.” The other side of the political spectrum refers to the same agenda as “rights denial,” reflecting its inherently political and not medical nature.

The degree to which this occurs approaches the bizarre, with some in the medical community and even the federal Centers for Disease Control at different times attempting to portray gun ownership and violence as diseases that can be cured, and guns themselves as pathogens or germs. Patently absurd, this borders on irrational, a word we do not use lightly in the context of our study.

Physicians nationwide, often encouraged by their professional associations (pediatricians are widely recognized as especially at fault here), have counseled patients regarding firearms ownership, possession and use, areas where most physical health and mental-health care providers hold no certifications and are completely unqualified to give any advice at all.

Hoplophobia – Page 3

What forces could drive medical professionals to act so far outside the boundaries of their practices and expertise? We see this as potentially a tangential symptom and consequence of hoplophobic behavior. At the very least it shows a concern with political allegiance and desire for social acceptance that intrudes upon a patients' welfare and the practice of medicine. In our opinion, the medical establishment needs to step back a bit and examine itself with regard to its position and political activism on this issue. We suspect it may resist this suggestion.

Dr. Thompson never actually embraced the term *hoplophobia* in her two original papers, preferring *gun phobia* instead. She described afflicted people filled with rage and out of touch with the realities of responsible gun ownership, or the fundamental rights to self defense and balance of power the Second Amendment was written to protect (she goes into some detail on this). We will demonstrate how hoplophobia (by any name) fits seamlessly into the category of *complex specific phobias* with features of an accompanying *delusional disorder* in certain cases, along with some crucial additional features.

The nature of phobias

Technically, a phobia is an extreme, irrational, overwhelming and disabling fear of an activity, situation, place, item or object (i.e., a living thing or inanimate object). The American Psychiatric Association's evolving series of Diagnostic and Statistical Manuals for diagnosing mental and emotional disorders (i.e., the DSM), is the Bible of mental health and psychiatric disorders. It defines five types of *specific phobias* as extreme fears of:

- specific animals
- natural environmental occurrences such as fears of heights, storms, and being near water
- blood, injections and injuries
- specific situations such as driving, flying, elevators, and enclosed places.
- miscellaneous items or occurrences such as choking or vomiting after eating specific foods or food in general, balloons bursting, loud sounds, clowns, ladies in red dresses, etc.

Researchers at the National Institutes of Health have concluded that specific phobias are highly prevalent and disabling psychiatric disorders in the United States adult population and that they have frequent co-morbidities. Based on 30 years of clinical experience as a psychologist, Dr. Eimer has found the NIH conclusions to be correct in every respect.

Those are the specific phobia types. What makes a phobia *complex* is when it is difficult if not impossible to avoid the feared object or situation, or aspects of them, and the feared object or situation is typically not just an item, but rather *a process that incorporates interactions of different phobic objects, situations, events and experiences over time*.

The incessant focus on firearms in popular culture, especially in a fear-filled negative light, exacerbates this for a significant portion of the public, in our view. Even a cursory review of pop culture shows this has increased dramatically in recent decades.

Hoplophobia – Page 4

An example of *complex* phobia is readily seen in people afraid of flying, *aerophobia*. There are individual differences in the core components of their underlying anxieties. Some are claustrophobic and cannot stand being confined in a flying tube. Other sufferers fear that the tube will fall out of the sky and they will meet a violent death when the plane crashes, while still others fear being burned alive if the plane crashes. In fact, many *aerophobes* fear all of the above and more. This multiplicity of underlying fears is characteristic of a *complex phobia*.

How hoplophobia manifests

Hoplophobia presents as an unusually complex phobia, with a multitude of sub or component fears intersecting in people with the condition, plus a striking anomaly. That anomaly, a poorly understood simultaneous linkage and disconnect, exists in their contrasting perceptions and feelings about armed authority figures, and firearms outside the control of authority figures. This disconnect or comfortable dissonance, a true anomaly and contradiction, remains to be examined, along with how it mitigates or exacerbates the reactions for many sufferers. In other words, for this group, police with guns are fine, even welcomed, while the public with guns is a source of terror. That connection with authority figures is a unique characteristic of the disorder.

Outside this *insular authority envelope*, the complexities include fear of what they themselves might do (“crack”) if they were even near a real gun, fear of what others with a gun might do, fear that a gun could go off all by itself, fear that a gun could make them or other people who have one in their possession “go crazy,” or that even proximity could cause such a reaction. Some hoplophobes fear that possession would lead them to being perceived as a murderer, or lead to their being attacked, being disarmed and shot with their own gun, killed, crippled, etc. A host of fantasies swirl in the hoplophobes mind.

Clearly hoplophobia is a complex phobia that falls into the DSM’s *blood, injections and injuries* category of *specific phobias*. In a forthcoming paper, we will look at what goes into the DSM, what is kept out, the financial, political and medical issues surrounding how those decisions are made, the role of the DSM in prescribing medication for psychiatric purposes, insurance company billing practices based on the DSM, and the startling growth of DSM-based diagnoses, especially in children, in the U.S. as compared with other countries. The new 5th edition of the DSM is set for release soon. Hoplophobia will not appear. Some remarkably arcane and controversial (critics say “fabricated”) disorders will.

Why hoplophobia is so dangerous

Complex phobias vary in the degree to which they disable the afflicted person socially, interpersonally, vocationally and personally. Often, the effects of one person’s complex phobia extend to the people around them. This appears to be more frequently the case when the phobia has to do with guns than with other phobias, as for example, aquaphobia (water fear) or aerophobia. If this tendency for one person to be somewhat affected by another person’s phobia were to be exploited politically, it would exacerbate issues in the national debate over the right to keep and bear arms.

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All phobias are reinforced and maintained through the mechanism of avoidance of the anxiety and panic triggered by the feared object or situation. In other words, the condition perpetuates and festers, by the afflicted person's reluctance to confront the underlying fear. It is our contention that ***hoplophobia is far and away the most dangerous of all phobias, because of its unique nexus to political action*** which serves as its primary, though not only, defensive avoidance mechanism and reinforcer.

It is our thesis that hoplophobia appears to be the only phobia known with such a socially detrimental, large-scale, wide-reaching avoidance mechanism. Because sufferers act out their fears in the political arena, it represents a significant and underappreciated threat to the nation. This means *the effects of hoplophobia are not innocuous* like, for example, the effects of aquaphobia on people who simply buy homes without swimming pools. Their phobia has negligible effect on anyone but themselves (and perhaps pool builders). It seems that hoplophobes, on the other hand, sometimes also suffering from co-morbidities such as PTSD and other psychiatric conditions, work collectively to fashion national legislation that can compromise the U.S. Constitution and human freedom itself.

If we are correct, and psychology is predictive at all, we can expect vigorous denials, personal attacks, and every classic defense mechanism described in the medical and psychiatric literature to what we have uncovered and expose with this series of papers and our unfunded research. We would offer in return desensitization and the full palette of APA evidence-based treatments for addressing this inherent and insidious confluence of problems, approaches with which we believe, or at least would hope, Dr. Thompson and professionals like her would agree.

What needs to be done?

We would ask, in a measured and empirical way — how much of what you think of as the political gun debate boils down to psychological defense mechanisms such as repression, denial, projection, avoidance and displacement? In Dr. Thompson's original article, *Do Gun Prohibitionists Have A Mental Problem*, we read, "There ARE people who suffer from gun phobia, an excessive and irrational fear of firearms (emphasis in the original). The anti-gun conditioning delivered constantly by the media, political figures and others can cause gun phobia. Some cases are caused by an authentic bad experience with a firearm. However, most anti-gun people do not have a true phobia."

So, how many is most? What we ask is how widespread is the malady, how bad is the suffering, how guilty are those who deliberately promote the condition, and what must be done about this deplorable situation? One dangerous circumstance gives us pause. Anecdotal evidence repeatedly shows that cross sections of the **U.S.** population believe that we live in a violent society. Yet when probed, most people cannot recall ever having personally witnessed or experienced any acts of violence, especially serious violence, recently — or even ever. Their own lives, their day-to-day orbit if that is any gauge, is actually delightfully peaceful.

Hoplophobia – Page 6

It turns out that the violence they think they are familiar with comes essentially from only one single source — illuminated screens — TV, movies and the Internet. The rest comes from so-called “news” publications. Their lives are functionally devoid of the violence they have been convinced they live mired in. Is “our violent society” largely a fabrication of the mainstream media — outside of isolated incidents, crimes in bad parts of town and video productions? Is it a mass delusion? For too many people reading this the answer unfortunately is yes.

Yet another startling circumstance comes to light. At least three of the most virulent anti-gun-rights crusaders in the nation suffered extreme gun trauma before entering the fray: Sen. Dianne Feinstein (discovered Harvey Milk’s body), Rep. Carolyn McCarthy (husband shot dead on commuter train) and Sarah Brady (husband disabled in assassination attempt on President Reagan). Are there others? Have they received counseling for the gun trauma they experienced? And to what extent, if any, does hoplophobic displacement influence and skew what otherwise seems like politics as usual? The biggest question here would be: *Is America required to accept psychological acting out as a legitimate form of legislative discourse?*

The debate over the precise nature of the condition is likely to continue for a long period of time. This is normal in the psychiatric and mental-health field. The more pressing concern, it seems to us, is the scope of the condition, the numbers of people who may be afflicted, and the extent to which they sublimate their fear by pressing politicians to act in denying the rights of their fellow citizens. That, it seems to us, is intolerable — the idea that a festering and untreated psychological condition may have more influence over the acts of Congress than does intelligent consideration of life-or-death issues.

In seeking to quell their own turmoil, those so afflicted project their own fears and rage onto others. This is a fairly normal method for handling overwhelming fear and anger, but in doing so, politically active hoplophobes infringe on the rights of healthy law-abiding citizens and the stability of our society. This makes hoplophobia not only unique among all phobias, it makes it perilous.

Voices have been raised anew for CDC funding into firearms issues — this sorely neglected subject could not be more worthy of such study. Will the scientists and doctors at work in those prestigious halls look in this direction, if Congress decides to lift its funding ban?

We see again in the Thompson/Zelman pamphlet, “...these people cause serious harm, or even death to others by denying them the tools for self-defense. Feeling superior while harming others — that is what makes reaction formation psychologically powerful and hard to counteract.” We see further that in many cases these gun-fearing people, “have an impaired ability to recognize reality... anti-gun people persist in believing that their neighbors and co-workers will become mass murderers if allowed to own firearms.”

Is it rational?

Because this little recognized phobia markedly affects politics and the body politic, as we contend and have set about to demonstrate — even throughout recorded history — it explains a lot of the irrational behavior of otherwise very bright and rational politically involved citizens.

Hoplophobia – Page 7

Often, when an observer is tempted to say, “That’s irrational,” about modern gun politics, we’re finding that it indeed *is* irrational. Why, for example, would a rational person offer \$50 grocery gift cards and expect criminals to turn in their guns in exchange? It’s simply irrational. Why do that as a response to a madman’s psychotic acts 2,000 miles away? How can rational actors expect to solve real problems with irrational solutions like that?

The answer is rational people cannot, and those acts cannot provide solutions, because like so many similar examples, they are an irrational manifestation of a complex specific phobic disorder. But such actions do *feel good*, and that’s the nub. This is pure psychological avoidance. What it accomplishes is to assuage the angst of the phobic sufferer, at the expense of providing workable solutions. The large-scale support such a program sometimes finds, including within the media, implies a mass-hysteria or mass-hypnosis effect deserving of its own study, especially in light of the considerable harm such a program causes.

Acting out on “hoplo-remedies” misleads substantial portions of the public and politicians, many of whom do truly want to do good but who don’t know better. Such misdirection only serves to delay the creation of real solutions, reinforcing and perpetuating the problem. It confuses an easily misled “news” media and highly suggestible portions of the public. Most critically, it diverts scarce resources to where they can do no good. This is the ultimate insult of allowing phobias to drive efforts and interfere with desperately needed pragmatic solutions to real-world problems.

Real-world experience

As a practicing, board-certified, licensed clinical psychologist and certified firearms instructor, Dr. Eimer, co-author of this paper, has, over the years, helped hundreds of individuals who presented to his offices with a variety of specific phobias including hoplophobia, the morbid fear of firearms. Given the prevalence of this complex specific phobia, variously termed “firearms phobia,” “gun phobia,” and “hoplophobia,” and given its variably disabling outcomes and co-morbidities (i.e., stemming from an abnormal and unhealthy interest in disturbing and unpleasant subjects, such as death and disease), there is a current need for systematic research into its causes and cures.

As a writer and researcher in this field for more than 20 years, Mr. Korwin, co-author of this paper, has observed numerous people with paralyzing gun fears, and has interviewed hundreds with stories of their own, or tales of other people’s overwhelming fear of guns, especially from firearms trainers. Their stories of how they dealt with this disabling fear, overcame it, or still suffer are both heartwarming and heartbreaking. The desensitization experience so many Americans have witnessed, where the abject horror of a gun melts into enjoyment and eager curiosity, for a formerly terrified first timer at a shooting range, is a joy to behold. It makes you feel sorry for those who are so terrified they cannot risk the experience at all.

The literature on the subject, considering the widespread and damaging nature of the condition, is appallingly thin. We add to the literature with this series of papers, and a forthcoming book on the subject. We invite others to join us in this important and neglected field of research.

Hoplophobia – Page 8

Dr. Eimer points out that, “I have witnessed hoplophobia wreck marriages, ruin careers, diminish quality of life and lead to the onset of other anxiety disorders, especially panic disorder. Perhaps most distressingly, politicians and other public figures sometimes give the appearance of behaving in a hoplophobic manner, instead of dealing rationally with matters of serious national importance.” Without personally interviewing such people, diagnosis is impossible. This is not to say that early diagnosis and treatment would be unwise, especially for those with a history of trauma.

The co-authors are working on the second in this series of papers, leading up to a book on the subject.

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Alan Korwin’s 10th book, the unabridged Supreme Court Gun Cases, one of 14 he has written, was named one of the best Second Amendment books of all time (co-written with David B. Kopel and Stephen P. Halbrook). He runs the website GunLaws.com, and Bloomfield Press, the largest publisher and distributor of gun-law books in the nation. His news-media commentary as The Uninvited Ombudsman in the Page Nine newsletter reaches more than a quarter-million readers. Sign up at GunLaws.com.