

# Tragedy at Virginia Tech:

## Trauma and Its Aftermath

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hate blows a bubble of despair into  
hugeness world system universe and bang  
—fear buries a tomorrow under woe  
and up comes yesterday most green and young

—e e cummings (1940)

On April 16, 2007, Seung-Hui Cho, a senior English major at Virginia Tech, shot 49 students and faculty, killing 32, before turning his gun on himself and committing suicide in front of wounded survivors. This horrific tragedy now enters history as the largest single act of violence at an American university. What was clearly an incomprehensible criminal act quickly became a mental health emergency that challenged counseling psychologists and other mental health practitioners to respond to the needs of families and friends of the deceased, to the wounded survivors, and to a traumatized community—this in addition to the struggle to understand the motivations of this deeply disturbed young man who so carefully planned the murders and his own death. As directors of university counseling centers, we will examine the tragic event, the mental health response, and some of the controversial social and psychological issues that have emerged in the aftermath.

### SUENG-HUI CHO (1/18/84–4/16/07)

What we know of Cho emerges from interviews with family members given to investigators (Virginia Tech Review Panel, 2007) as well as the written and videotaped materials he himself mailed to the media between killing his first 2 victims and the remaining 30. Cho's family emigrated from Korea in 1992 when he was 8 years old. Quiet and socially anxious as a child, Cho experienced significant academic and social distress during his

years in middle school and high school. During this period, he was diagnosed as suffering from extreme social anxiety, depression, and selective mutism. Cho's isolation from peers and the external world was extraordinary; he appears to have never formed a close relationship with another human being apart from his immediate family of parents and older sister.

While still in eighth grade (1999), Cho's teachers and art therapist were disturbed by his withdrawn behavior and his writings, which included an expressed desire "to repeat Columbine." Alerted by the school, Cho's parents arranged for a psychiatric evaluation with resultant diagnoses of major depression and selective mutism. The psychiatrist prescribed paroxetine (20 mg), which Cho took for almost a year. It was then discontinued when his depression appeared to have improved. While in high school, Cho received special education for "Emotional Disabilities and Speech and Language," including language and art therapy as well as accommodations for oral presentations. When Cho was admitted to Virginia Tech in 2003, no information regarding his mental health history, special needs accommodations, or the desire "to repeat Columbine" accompanied him. When Cho was assessed and hospitalized during his junior year of college (2005), he denied any history of prior counseling or pharmacologic treatment.

Cho's social isolation and alienation continued at Virginia Tech; while he lived with roommates and attended classes regularly, he never formed any ongoing social relationships. His limited attentions to several young women were perceived as weird or threatening while projecting self-hatred, for example, he left the following quote from *Romeo and Juliet* on the white board outside a young woman's room:

By a name  
I know not how to tell thee who I am  
My name, dear saint is hateful to myself  
Because it is an enemy to thee  
Had I it written, I would tear the word

Her father contacted the Virginia Tech Police, who interviewed Cho. After being questioned, Cho sent a text message to a roommate stating, "I might as well kill myself." The father of his roommate reported his suicidal ideation to campus police, who asked Cho to return to their office on the evening of December 13, 2005. Because a potential involuntary hospitalization was being considered, the police called the community mental health center for an emergency evaluation—the protocol in Virginia has the mental health agency apply to the magistrate for a temporary detention order. After his evaluation by an experienced emergency clinician, Cho was considered to represent an imminent danger to self and was transported to a local hospital with a psychiatric unit. He was hospitalized overnight and

released on the last day of the semester to return home for Christmas break (December 14, 2005). His parents likely never knew of this hospitalization prior to his death.

The depth of Cho's isolation and alienation were revealed in the videotaped material he prepared in the weeks prior to his death (MSNBC, April 19, 2007):

You have vandalized my heart, raped my soul, and torched my conscience.  
You thought it was one pathetic boy's life you were extinguishing.

And the "you" apparently were his peers:

You never felt an ounce of pain,  
your Mercedes weren't enough, you brats,  
your golden chains weren't enough, you snobs  
your trust fund wasn't enough  
your drunken debaucheries weren't enough  
you drove me to do this

Alone and rageful, Cho's diatribe appears paranoid and delusional. The paranoid constellation of rage, projection, and rationalization coalesced around this unknown "you" who was responsible for his pain and agony, a pain he had not shared with any other human. Despite his paranoia and delusions, Cho was able to stay focused enough to order his weapons, practice shooting, tape his diatribes, and carefully plan his killing spree. Sadly, his parents called Sunday evening, April 15, to check and see how their son was faring and whether he was in need of anything—his parents reported that Cho said nothing to them that evening that was out of the ordinary.

Cho, in many ways, was typical of school shooters: He had a history of feeling persecuted, of previous suicidal ideation, and of writing material with suicidal and homicidal ideation, and like other shooters, he was careful in his planning, did not threaten his victims previously, and was stopped by his own hand (Fein, Vossekuil, Pollack, Borum, Modzeleski, & Reddy, 2002). Unlike other shooters, Cho kept his plans for a killing rampage to himself, mailing his bizarre and distorted rationalization less than an hour before his death.

### **TRAUMA, GRIEF, AND LOSS AT VIRGINIA TECH**

*Monday, April 16, 2007.* Cho first killed two students in West Ambler Johnston, a residence hall at Virginia Tech, shortly after 7:00 a.m.; after checking his e-mail back at his residence suite in a nearby building at 7:25 a.m., he

left campus and mailed his package to the media from the local post office at 9:01 a.m. and then returned to Norris Hall, an academic building, and began shooting again at approximately 9:40 a.m. By the time first responders entered Norris Hall 8 min after police received the initial report of gunfire there, he had shot 47 students and faculty, killing 30. As police and rescue workers removed the bodies of the deceased and evacuated the survivors, they reported haunting memories of cell phones ringing in body bags as parents and friends desperately called their loved ones. The deceased were sons and daughters, spouses, parents, brothers, sisters, lovers, friends, classmates, and “Hokies”—members of the extended Virginia Tech community of 27,000 students and 4,500 faculty and staff. They left behind loved ones devastated by loss and grief. While all sudden and violent death is traumatizing for family members and friends, the death of a child is the loss rated as most painful to endure; 28 of the deceased were students ranging in age from 18 to 32. Seventeen other students were shot by Cho and survived with all of the physical and psychological sequelae of trauma. Another 17 students were in the classrooms attacked by Cho and, although physically unharmed, certainly underwent a traumatic experience. While Virginia Tech is a relatively large school, its rural setting, close-knit community, and small town setting allows for unusually close relationships among the members of the university. In a recent survey (Hughes et al., 2007), more than half of Virginia Tech students reported knowing one of the deceased; an additional 30% were one more degree of separation removed, that is, knew a friend of one of the deceased. In the larger community of Blacksburg, many town residents are connected with the university and experienced significant distress from the shootings.

The recognition of the shootings as a mental health emergency was immediate and the response began within a half hour of the first shooting in the residence hall. Two counseling psychologists at the Cook Counseling Center of Virginia Tech began working with friends and fellow residents of the first two victims before 8:00 a.m. and crisis counseling with these students was underway as the news of the second shooting came through police radios 2 hours later. As news reports of casualties mounted, local community mental health providers and the disaster response network responded immediately to Tech as police set up headquarters at a campus facility. Late in the afternoon and well into the next morning, mental health providers met with family members during the death notifications and were present to assist them as they awaited the release of their loved ones' remains. By the next day, members of the counseling center joined with representatives from academic programs in clinical psychology, counselor education, and marriage and family therapy; the employee assistance program; community agencies; and the local mental health association to begin planning

for a comprehensive response to the tragedy. This network of professionals was generally constant and met daily during the first week to coordinate and plan intervention activities. Within the first week after the shootings, psychologists and counselors from all areas met with more than 120 groups ranging from 3 to the 30,000 that attended the university convocation on Tuesday. Walk-in hours were established for students at the Cook Counseling Center from 7:00 a.m. until 9:00 p.m., including weekends from Monday and through the first 3 weeks; concurrently, faculty and staff were seen individually at three sites across campus and, together, more than 1,000 individuals were seen during the first week after the shootings. When the university decided to resume classes on the Monday (April 23) following the shootings, this coordinating committee had arranged for more than 300 volunteers to meet and disseminate to classes where one of the injured or deceased had been a member. At graduation some 4 weeks later, mental health professionals were present at each of the 28 graduation programs.

Among the network of professionals were counseling and clinical psychologists who had worked with previous disasters, including Hurricane Katrina (Flynn, 2005; Jones, 2006). Based on clinical experience and research data, their planning included the following assumptions:

- Those most directly affected by the shootings would be most likely to suffer from acute stress and posttraumatic stress disorder (PTSD); this included students and faculty present in the classes who were attacked and who survived, family and friends of the deceased, and those present in Norris Hall or in West Ambler Johnston at the time of the shootings as well as witnesses and first responders.
- The psychologically vulnerable and socially isolated would be less likely to find social support following the tragedy and to need psychological assistance; this included concerns for students of Asian descent who worried about reaction to Cho being generalized to other Asian students or to international students.
- The base level of anxiety and distress would be raised across the university community.
- The effects of the trauma could be manifested for several years following the shootings.
- Mental health planning needed to include increased hours in direct service for practitioners and to be informed by careful research.

In their survey of students, faculty, and staff conducted at 3 months following the shootings, Hughes et al. (2007) reported that among students, at least 5% self-reported significant symptoms of PTSD and an additional 21% reported symptoms consistent with elevated risk for PTSD; among faculty and staff, the numbers were 3% and 17%, respectively. Approximately 10%

of students had sought counseling since the shootings and 28% indicated a need to seek counseling. Use of the Cook Counseling Center increased 35% in the immediate aftermath of the shootings, and this increase in usage has continued into the 2007–2008 academic year. The Cook Counseling Center has increased the number of counseling psychologists on staff, added a case management position, and added additional hours for the psychiatry service.

### **EMERGENT PROFESSIONAL ISSUES**

It is challenging to not be forestalled in the angst, trauma, sadness, and anger generated by the tragedy of April 16, 2007. There is likely not one among us who has not been impacted in some way, either directly through personal knowledge of an individual from that campus or indirectly by the compelling belief that “it could have happened on my campus as well.” Yet the potential for stunned, slow-forming reactivity in the aftermath of this tragedy has been superseded by burgeoning interest, increasing energy, and passionate initiative in the belief that counseling psychologists, in view of our traditional central role as college counselors and university mental health specialists, have much to offer in response to the lessons learned in every phase of this episode. As has been cited in benchmark articles in the past (see Guinee & Ness, 2000; Stone & Archer, 1990), counseling centers and their leaders must assert their pivotal role and offer focused expertise in matters of critical importance to the campus community. Indeed, the traditional pervasive role of counseling psychologists in campus counseling centers positions our profession to be a major contributor to the resolution of this concern. From prevention to treatment to recovery and healing, counseling psychologists have remained and must remain central, offering contributions at each juncture. Perhaps this narrative and the impressions we share will provide a template for policy makers, practitioners, researchers, and others as we seek to advance our understanding of issues related to campus violence.

In the wake of the tragedy, there have been innumerable reviews and reports, each generating a lengthy list of wide-ranging recommendations that challenge universities and mental health settings to provide direction and response (Niles, 2007; Stewart, 2007; Virginia Tech Review Panel, 2007). It is our hope to be able to mobilize and channel the energy expressed in the aftermath of these tragic events in an effort to better understand our student body and certain at-risk individuals within it, to assess and respond to students along the spectrum of emotional well-being and illness, to become informed about the deployment of staff in service to optimum campus mental health, and to develop the tools to identify and respond to the needs of our most distressed students.

Chief among the considerations germane to counseling psychology (and the field at large) are the following:

1. *The role and responsibility of the university counseling center in dealing with the seriously mentally ill.* Historically, university counseling centers pursued their mission of service along the educational-developmental-remedial spectrum of student need. However, as noted in the consistent responses of counseling center directors to surveys throughout the past decade (Gallagher, 2006), services have gravitated increasingly toward a narrowing of function targeted to treating and managing more seriously disturbed students. Ironically, the trend toward treating increased client severity has been paralleled by the reduction in length of available on-campus treatment due to restrictions on funding and staffing levels within most counseling centers. In deploying staff and programs in service to the most troubled students, the broader mandate of outreach and service to students experiencing typical developmental challenges has been compromised. It is clear that while the expectations for managing the needs of our more seriously disturbed students remain, resources on most campuses remain static. These circumstances likely increase risk across campuses by creating an untenable mandate to do outreach and consultation, service all students in need, and monitor the seriously ill. Ultimately, campus administrators must give due consideration to the funding formula historically applied to counseling centers with an eye toward improving the counseling center's ability to retain and treat students at risk and/or to create positions (such as case managers) with responsibility for tracking referrals, connecting treatment providers, and remaining well-positioned to respond to imminent threats to our constituency.

2. *Student privacy and the critical role of consultation.* In the campus climate of today, it appears that the privacy bar may be lowered and family contacts may become more frequent. For instance, immediately following the Virginia Tech incident, U.S. Representative Tim Murphy (PA) introduced a Congressional bill designed to liberalize disclosure opportunities contained within the Family Educational Rights and Privacy Act (FERPA). Prior to the shootings at Virginia Tech, many campus administrators and faculty were hesitant to make contact with either parents or other administrators in view of the potential for repercussions and/or legal actions as a result of compromising student privacy. In its original form, the proposed legislation (H.R.2220) would allow for parental contact by a university administrator subsequent to a mental health provider's assessment and written certification that a student is at risk to self or others. Unfortunately, the required certification would likely slow the process of protection. Moreover, recent clarifications by

the Family Policy Compliance Office, U.S. Department of Education (2007), confirms that FERPA does indeed allow university administrators to contact parents and/or others *when there is an emergency affecting safety to oneself or others*. Thus, as of this writing, in response to opinions expressed by many, the bill is likely to be modified, eliminating the required assessment/certification. In the final analysis, most would agree that consultation between mental health providers and campus administrators in cases of potential danger is nearly always a good idea. Endorsing careful consultation, with or without a legislative mandate, puts our profession in a central position to strike a balance between protecting the campus while respecting the privacy rights of the individual.

3. *The emergence of the threat assessment team.* The aftermath of the Virginia Tech tragedy has witnessed the emergence of threat assessment teams, student concern teams, and other groups designed to manage and assess risk as it pertains to high profile or acting-out students on campus. This is a way of reassuring the campus that select stakeholders are in the same room, communicating across individual information silos. To some degree, these efforts have always been present in various forms in response to alarms sounded by deans, faculty, or staff to unsettling behavior on campus. Of late, there is a movement toward formalizing these teams, requiring more regular contact, encouraging referrals of troubling students for a team review, and incorporating a broader range of participants (including psychologists, dean of students, campus police, residence life, judicial affairs, and occasionally faculty or staff). Finally, in view of the increasing involvement of community agencies in the assessment and treatment of troubled university students, consideration must be given to adding community agency representatives to the team when appropriate and/or ensuring that procedures are in place for ease of transmission of information from community provider to campus counseling center. Among the key roles assigned to a psychologist on a threat assessment team would be developing a psychological profile of the individual of concern, sharing the mental health perspective, educating the team on the nuance of psychological disturbance, and determining an appropriate intervention for a given individual. Whereas it is arguable that any psychologist can singularly predict the behavior of a potential assailant such as Cho, no profession is better prepared to contribute to the review of threat in pursuit of balanced, well-considered discussion of these matters. Needless to say, with more than 15 million students enrolled in higher education, the prediction of campus violence remains a vexing problem. While most would acknowledge that our profession has been only marginally successful in making such predictions, there is a growing body of literature to guide our decision making with potentially violent individuals

(see, e.g., DePue, Appendix M-2, Virginia Tech Review Panel, 2007). Finally, continuing efforts to clarify differential patterns of risk and predictable behavior will remain an invaluable contribution to enhancing safety on our campuses.

*4. Advocacy for the emotionally challenged.* Unfortunately, in our rush to act following April 16, some faculty and staff have become hypervigilant to identify the next potential perpetrator. Counseling center staff members have noted a somewhat surprising phenomenon in the days subsequent to the Virginia Tech tragedy: Students who on April 15 may have been identified as odd, unusual, different, or eccentric became on the 17th potentially risky or dangerous to others and meriting scrutiny by a mental health professional! This development underscores that there is still much education to be done in reducing or eliminating the stigma and misunderstanding associated with emotional illness. We have dedicated our careers to helping these individuals recognize that they include the best and brightest on our campuses, hold leadership positions, aspire to productive futures, and in their own unique way add to the diversity of our campuses. Clearly, psychologists play a role in providing a balanced view of emotionally challenged students, responding to legitimate concerns about threat but also advocating for our clients to those with unwarranted fears and stereotypic posturing.

*5. Beware the “business” of violence prevention.* Unfortunately, the entrepreneurial spirit of business professionals has allowed for the co-opting of concern (and occasional panic) generated by the climate of fear on our campuses. There appears to be an industry forming around threat assessment methodology and instrumentation, campus consultation to reduce risk, and mass screenings of students on our campuses. It is incumbent on our profession to assess the validity of these offerings and to ensure that scientific rigor has been associated with the development of each. Let us use the means available to us as scientist-practitioners to ensure that we are getting the very best in tools at our disposal to reduce risk and assuage violence on our campuses.

*6. The impending collision between privacy/confidentiality and crisis prevention/management.* Perhaps the greatest attention of late has been paid to improving communication patterns that allow for timely and reliable communication across departmental and professional bounds to share information on individuals of concern. The current climate presses for a broad articulation of our restrictive confidentiality covenants, which have remained unaltered in service to complete confidentiality except in cases of imminent risk to self or others. In general, due to the primacy of confidentiality, psychologists have avoided engaging others in the therapeutic

process unless it appeared to be absolutely essential. To what extent can we be cooperative and collegial in our efforts to ensure a safe campus? Should staff counselors make routine requests for authorizations to share information with administrators and academic deans in the best interest of our client but also our campus? How would potential compromises affect our image and relationship with our constituency? How do we define imminent risk historically and in the current context? We are increasingly challenged to review our positions on all of these questions while respecting legal and ethical professional codes. For example, the Virginia Tech Review Panel (2007) recommended that counseling centers notify the campus Threat Assessment Team when a student has been the subject of an involuntary hospitalization; is this necessary when the student is in custody and receiving appropriate levels of psychological treatment? Second, much attention has been paid to the failure to link Cho's high school mental health records to Virginia Tech. It has been argued that access to Cho's previous treatment files would have proven to be useful in gauging the need for continuing treatment and tracking. On the other hand, in the absence of compelling detail about current risk and threat, is it reasonable to require the routing of an unbroken thread of clinical information from primary to secondary to collegiate educational institutions? Whereas it is unclear how policy and legislative actions will play out in responding to the press for "tracking" students with serious emotional problems, it is incumbent on our profession to play an advisory role in these deliberations.

7. *The need for comprehensive data and trend analysis on college student mental health.* With the exception of end-of-year surveys that have served our profession well, there has been little comparative data available on an ongoing basis that informs our practice in service to emotionally needy students. On the horizon, however, is a promising new development: the Center for the Study of College Student Mental Health ([www.sa.psu.edu/caps/research\\_center.shtml](http://www.sa.psu.edu/caps/research_center.shtml)) has been endorsed by nearly 150 university counseling centers, each agreeing to use emergent data management systems to generate common data sets on student mental health. As this project moves to fruition, campuses will be able to track and monitor national mental health trends while comparing their own campus performance to others in a more systematic manner.

8. *Restoring peace, harmony, and a sense of safety on our campuses.* One of the most sweeping and significant consequences of the Virginia Tech episode was the wave of unsettling emotions that swept across our campuses. The sense of vulnerability, direct threat, and the shattering of the usual sense of safety reverberated across our nation's campuses. At the

source of this discomfort is the knowledge that our institutions are indeed more alike than different at the core. In the final analysis, we are all Virginia Tech: The events that unfolded on and after April 16 simply provided the aperture through which to view ourselves. In that light, we are all witnessing the continuing dis-ease on our campuses. The optimal outcome will be to use this opportunity to take the lead in addressing the host of issues emanating from the trauma of Virginia Tech, to use the means available to us to restore a sense of harmony and safety while supporting our administrations as they prepare in every way possible to avoid a similar incident on any of our campuses.

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