Elliot “Alu” Axelman

August 15th, 2024

PSY 310 Criminal Psychology

Professor Kaley Davio

7-1 Final Project: Executive Summary

Southern New Hampshire University

Part 1: Summary and hypothesis

On April 16, 2007, Seung-Hui Cho went on a shooting spree at his college, Virginia Tech University. Armed with two handguns, he killed 32 people and injured 17 others before killing himself. It seems quite clear that this murder spree was premeditated and was targeted at the school faculty and students. All indications point to his primary motivation being resentment toward those around him, largely due to an inferiority complex fueled by his fabricated perception of being bullied. After the shooting, evidence of Cho's troubled past became public. His family immigrated here from South Korea when he was eight years old.

Such drastic events that force a child to adjust to a new place, culture, and language could be sufficient to cause serious mental health issues. Severe bullying certainly could cause a child to develop social and psychological issues, as well. In Cho's case, he was bullied by wealthier children who attended his church. This could have caused him to develop resentment toward Christians and toward those perceived to have a higher social status than he did. In his video manifesto, he specifically referenced those two populations. Reports indicated that Cho suffered from anxiety, autism, emotional outbursts, loneliness, and antisocial behavior. His inferiority complex, resentment, anxiety, desire for validation, and other issues caused him to bully others, stalk women (Montagne & Abramson, 2007), and act out in antisocial ways (BBC, 2007). He seemingly did not receive mental health treatment early enough and/or intensely enough. His psychological issues and his lack of friendships may have exacerbated each other. Once he felt and seemed like a weird kid, it probably became increasingly difficult to make friends.

The videos he sent to NBC made his motivations obvious. He resented the rich kids who bullied him and made him feel worthless. His assertion that "you forced me into a corner" demonstrates that his negative self-image was so profound that he believed he was being bullied

more than he really was; he seemingly thought everyone hated him, looked down on him, and was out to get him. Intensive therapy and/or medication may have been able to prevent this tragedy from occurring.

In addition to his major move, Cho's diagnosis of selective mutism and his social anxiety suggest that his development was atypical, with impairments in social and emotional development. These developmental issues likely contributed to his difficulties in forming relationships and his sense of alienation from his peers (Adams, 2007). The lack of early intervention and consistent support for his mental health issues during his childhood and adolescence may have allowed these problems to worsen as he grew older.

While there may be some mystery in this case, the motive and intent seem fairly clear. The murder spree was premeditated and was targeted at the school faculty and students. Cho made it clear in his manifesto that he had resentment toward those around him, largely due to an inferiority complex fueled by his fabricated perception of being bullied. He specifically referenced being bullied by wealthier children and those from his church.

I believe that the evidence points toward the psycho-social theories as the best explanations for his choice to kill. His unresolved childhood trauma and his rejection, confusion, and isolation likely contributed to his massacre. The social influence of other mass murderers and other social reinforcement of deviance may have been factors as well. Strain theory could be applicable, as it often could be. From the Strain Theory perspective, Cho's desire for social acceptance and professional success was impaired by his social and emotional struggles, which caused his resentment to grow and eventually explode into violence (Baron, 2019).

Cho also lacked adequate coping mechanisms due to his mental illness and lack of professional, social, and familial support. It is possible that his biologically abnormal brain also lacked the common guardrails that would stop others from killing innocent people.

Part 2: Crime Assessment

On February 14, 2008, a former student at Northern Illinois University opened fire on students at the Cole Hall auditorium, killing five and injuring 17. The shooter, later identified as Steven Kazmierczak then turned the gun on himself and committed suicide before police arrived (Bohn, 2008). Kazmierczak was apparently an excellent student at NIU who earned a bachelor's degree in sociology before attending the University of Illinois for a graduate degree in Social Work, focusing on mental health issues (Heinzmann & St. Clair, 2008). In 2007, he took a course in Arabic and another called "Politics of the Middle East."

According to law enforcement, he reportedly stopped taking his psychiatric medication prior to the shooting and became "somewhat erratic." While he was generally considered outgoing and nice with no social problems, some of his former roommates described him as quiet and said he didn't spend much time with friends. His girlfriend told police that he was taking Xanax, Ambien, and Prozac and that he stopped taking his medication recently. A story in the tabloid Esquire reported that Kazmierczak had issues for years including support for the KKK, Nazi graffiti, and a suicide attempt via overdose (Vann, 2009). The article also claimed that he was bullied in high school and had shown an interest in previous school shootings, especially the Columbine and Virginia Tech incidents. CNN reported that he was put in a psychiatric hospital after high school by his parents because he was cutting himself and refusing to take his medications (Boudreau & Zamost, 2009).

The United States Fire Administration's report claimed that Kazmierczak studied Seung-Hui Cho's actions and that their shooting sprees had some similarities (USFA, 2010). Both criminals seemed to suffer from psychological and social issues and were likely treated for them by professionals. Both killed themselves before the police arrived, which appeared to be their plan. They had prepared some notes and said some goodbyes. While Cho's motive was fairly clear, Kazmierczak didn't seem to have an obvious motive. Thus, we are left to speculate about his abrupt stopping of the psychotropic medications, his past social history, primary depression, his hateful/terroristic interests, and his recent studies related to radical Islam.
The weapons both college students chose were fortunately not the most effective ones for mass killings. Both wielded a 9mm Glock 19, which is probably the most common handgun over the past two decades. Cho's only other gun was a .22 caliber Walther pistol, which fires such a small bullet that it's generally not even recommended for self-defense. Kazmierczak also had a 12 gauge Remington pump-shotgun and two .380 caliber (smaller than 9mm) pistols. While both were certainly not spontaneous, the killers likely used whichever weapons they could get their hands on, as opposed to obtaining the most effective guns for their killing sprees.

Both of these college students were likely driven to become murderers by their terribly troubled lives and inadequate treatment and support. They both had serious mental issues that were recognized by those around them. In hindsight, we know that there were warning signs that others neglected to act upon. Many well-meaning observers point out that practically all mass shooters are on psychotropic drugs, implying that the medications themselves cause people to become murderers ("the medication says that side effects could include violent and suicidal behavior!"). But this assumption neglects the important issue of causation. I believe it's far more likely that killers happen to be on these medications because they are sick. Without

well-designed studies, it's impossible to know whether such medications make a person more or less likely to become violent. Isn't it possible that mentally ill people would be even more likely to kill others if not for their medications?

Still, I'd agree that medications should not be the first line of treatment and should generally not be prescribed for the long term. Initial psychiatric treatment should involve cognitive and dialectical behavioral therapy, improving overall health including sleep, exercise, and diet, and support from family and friends.

Part 3: Profile

Seung-Hui Cho was born on January 18, 1984 in South Korea. He lived with his one older sibling and two parents. The family moved to Centreville, Virginia in 1992. His parents operated a dry-cleaning business. According to his family, he enjoyed basketball and math but was never very outgoing. In his childhood, he was bullied by children in his community and church who had wealthier families. By middle school, Cho was diagnosed with severe anxiety disorder, selective mutism, and major depressive disorder.

As an infant, Cho contracted the Pertussis virus, which caused whooping cough and then pneumonia. He was hospitalized, and a congenital heart defect was discovered by doctors, which was repaired when he was three years old. Heart diseases could cause some degree of cerebral hypoxia, or lack of oxygen to the brain. Even a small decrease in oxygen could have caused damage to his brain when he was a young child (Morton, et al (2017). These critical illnesses and poking and prodding by doctors caused Cho to resent being touched, which likely led to issues making friends (Virginia Tech Review Panel, 2007).

Such major life events that change much of the child's world and force them to adjust to a new place, culture, and language could be sufficient to cause serious mental health issues and

various forms of acting out. The drastic move from Korea could have caused a structural effect on Cho's brain, altering normal development. He also may have suffered from autism or other social disorders. He had few friends and spoke so little that some believed he might be mute. He was diagnosed with "selective mutism" (Osterweil, 2007). He was also diagnosed with severe anxiety and depression and prescribed medication. To the extent that his claims of being bullied were accurate, that could have contributed to his deviant development.

His assertion that "you forced me into a corner" demonstrates that his negative self-image was so distorted that he believed he was being bullied more than he really was; he seemingly thought everyone hated him, looked down on him, and was out to get him. Intensive therapy and/or medication may have been able to prevent this tragedy from occurring. Technically, his feeling of loneliness could be considered an environmental factor, because it was real to him. He also had access to firearms, which facilitated his successful violent rampage. If he weren't able to get those weapons, he may not have been able to kill 32 people as easily as he did. The influence of violent media and incidents, evidenced by his references to the Columbine shooting, may have helped form his ideas about how to respond to his perceived injustices.

Part 4: Conclusion and Investigative Use

Seung-Hui Cho conducted a one-time killing spree, a massacre that does not fit well into the "domestic terror" or "serial murder" categories. He was most likely influenced by various factors, including his biological and developmental issues and environmental challenges such as bullying and moving to a new country. His abnormal psychology caused him to perceive his social life as far worse than it really was; he wrongly believed that others rejected him.

If Cho had survived the shooting, he would have posed a significant risk of future violence due to the numerous risk factors identified in his profile. To mitigate this risk, intensive

intervention strategies would have been essential. These could have included long-term inpatient psychotherapy focused on cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT) to address his distorted thinking and emotional dysregulation. Additionally, a carefully monitored pharmacological approach could have been utilized to manage his anxiety and depression, as well as other issues identified by psychiatrists that contributed to his desire to kill. Comprehensive support systems, including family therapy and social skills training, would also have been critical in addressing the underlying issues contributing to his violent behavior.

Understanding the extent and effectiveness of his previous treatment, as well as his access to firearms and any training he might have undergone, would have provided valuable insights into his planning and execution of the crime. In developing this report, I was limited by the lack of information regarding whether Cho took medications and whether he used illegal drugs. He was reportedly counseled by a few therapists but only on very few occasions and their reports of his mental health do not seem to be available. Cho reportedly “voluntarily contacted the school's mental health center” and “Records of any treatment he may have received there are missing,” according to an article by CBS (2009). I am also curious how he obtained the firearms and ammunition that he used in the shootings. Considering that Cho used two pistols, I would have liked to know how he trained enough to become proficient with their use. The typical person cannot be very effective with those two pistols without training. The absence of this information makes it difficult to fully assess the potential impact of early intervention or to develop more targeted prevention strategies. Cho was never captured nor was he prosecuted, as he killed himself before he was arrested.

In hindsight, many missed intervention opportunities could have potentially altered Cho’s path. Early and consistent mental health treatment, combined with more robust social support

systems and possibly tighter controls on his access to firearms, might have prevented the escalation of his violent tendencies. Unfortunately, without comprehensive data on his mental health history, these conclusions remain speculative.

The influence of violent media and previous school shootings, such as Columbine, appears to have shaped Cho's method of carrying out his attack. Understanding how these external influences interacted with his internal struggles would have been crucial in both preventing the tragedy and informing future investigative practices.

References

Adams, D. (2007). The alienation and anger of Seung-hui Cho. The Roanoke Times. http://www.roanoke.com/vtinvestigation/wb/13017

Baron, S. W. (2019). Strain, Criminal Propensity, and Violence: Examining the Role of the Composite Moderator in Agnew's Extension to GST. Crime & Delinquency, 65(6). https://doi.org/10.1177/0011128718787511

BBC News Staff. (2007). The 'loner' behind campus killing. BBC News. http://news.bbc.co.uk/2/hi/americas/6564653.stm

Boudreau, A. and Zamost, S. (2009) Killer's manifesto: 'You forced me into a corner'. CNN. https://www.cnn.com/2007/US/04/18/vtech.shooting/index.html

CBS Staff. (2009). Warning Signs Ignored In Va. Tech Shooting. CBS News https://www.cbsnews.com/news/warning-signs-ignored-in-va-tech-shooting/

Montagne, R. and Abramson, L. (2007). Cho Was Accused of Stalking in 2005. NPR. https://www.npr.org/2007/04/18/9645423/cho-was-accused-of-stalking-in-2005

Morton, P.D., et al. (2017). Neurodevelopmental Abnormalities and Congenital Heart Disease: Insights Into Altered Brain Maturation. AHA Journal. Volume 120, Number 6. https://www.ahajournals.org/doi/full/10.1161/circresaha.116.309048

Osterweil, N. (2007). Virginia Tech Missed 'Clear Warnings' of Shooter's Mental Instability. MedPage Today. https://www.medpagetoday.com/psychiatry/anxietystress/6546

USFA. (2010). Northern Illinois University Shooting. DHS-FEMA. https://web.archive.org/web/20101206181114/http://www.usfa.dhs.gov/downloads/pdf/publications/tr_167.pdf

Vann, D. (2009). Portrait of the School Shooter as a Young Man. Esquire Magazine. https://web.archive.org/web/20081018170155/http://www.esquire.com/features/steven-kazmierczak-0808

Virginia Tech Review Panel. (2007). Mass Shootings at Virginia Tech. https://scholar.lib.vt.edu/prevail/docs/VTReviewPanelReport.pdf