

Journal of Marital and Family Therapy
April 2008, Vol. 34, No. 2, 210-226

A VIRGINIA TECH MFT ETHICS CLASS REFLECTS ON THE SHOOTINGS AT VIRGINIA TECH

Fred Piercy, Jamie Banker, Ryan Traylor, Sarah Krug, Carolina Castanos, Elise Cole,
Anthony J. Ciafardini, Christian Jordal, Brandon Rodgers, Shelley Stewart, and
Annabelle Goodwin
Virginia Tech

The authors of this article include the professor and most of the students in a doctoral course on marriage and family therapy ethical and professional issues that met the semester that a disturbed student shot and killed 32 Virginia Tech students and faculty before killing himself. In this article, we reflect through short essays on issues related to the tragedy, ethics, and recovery.

Thirty three students and faculty died at Virginia Tech (VT) on April 16, 2007, and 24 others were wounded. At about 9:30 AM, Seung-Hui Cho systematically chained and locked the exit doors to Norris Hall, a VT classroom building, and walked from room to room and used two handguns to fire 174 times in 9 min at whomever he saw. Cho shot and killed himself as police broke through the exits he had chained. It started two hours earlier with his first two killings at West Ambler Hall across campus. Between then and the Norris Hall killings, Cho sent a rambling letter, photos, and video to NBC News headquarters in New York City. Since this was the largest mass murder ever on a college campus, and because of the shock of Cho's "PR package," this disaster received national and international attention for several weeks. It also turned our world at Virginia Tech upside down.

The authors of this article include the professor and most of the students enrolled in a doctoral course on ethical and professional issues in marriage and family therapy (MFT) the semester of the shootings. In this article, each of us reflects on personal, ethical, and professional issues related to the tragedy and continuing recovery. We wrote most of this article within the first month after the tragedy. While each of us reflects in a short essay on a substantive issue related to the disaster, we decided not to whitewash or edit out our own personal reactions—sometimes horror, grief, anger, shock, and confusion. Ours will not be a dispassionate account, nor should it be. Instead, our reflections represent an aesthetic form of qualitative representation, one that we hope will bring our experiences to life, connect on both intellectual and emotional levels, and invite self-reflection (Piercy & Benson, 2005). Our experiences may serve to inform family therapists when they find themselves at the interface of the personal and professional, as we did (cf., Dennis, Kunkel, Woods, & Schrodt, 2006).

The essays that follow are personal accounts and independent reflections. We did not try to speak with one voice. We respect the varied perspectives of our colleagues and believe that the range of experiences and points of view should raise important issues for discussion.

Fred P. Piercy, PhD, is department head and professor of family therapy, Department of Human Development, Virginia Tech; Jamie Banker, MA, Ryan Traylor, MS, Sarah Krug, MS, Carolina Castanos, MS, Elise Cole, MS, Anthony J. Ciafardini, MS, Christian Jordal, MA, Brandon Rodgers, MA, Shelley Stewart, MS, and Annabelle Goodwin, MEd, are doctoral students in the Marriage and Family Therapy Program, Virginia Tech.

Address correspondence to Fred P. Piercy, Department of Human Development, 366 Wallace Hall, Virginia Tech, Blacksburg, Virginia 24060; E-mail: piercy@vt.edu

NO STYLE POINTS

Fred P. Piercy

An Indonesian graduate student I knew was shot four times and fell on top of the husband of my son's co-worker, who was shot three times and laid still, pretending to be dead. The Indonesian's dead body on top of him probably saved his life. In so many ways, we at Virginia Tech are connected in the midst of this tragedy.

A few days after the shootings, colleague Maggie Keeling and I were asked to speak to several faculty and staff groups about how to discuss the shootings with students, the symptoms of trauma, coping strategies—basically how to slog through. I told them that getting through the tragedy wasn't like the Olympics. There are no awards for how fast you get through, and certainly no style points. Slogging is just fine. Each group had similar concerns. How much sharing is too much? What should I say about the dead or wounded students who aren't in their chairs today? What is respectful and what is invasive? Should I hug a student? Many of the issues seemed to relate to informed consent. About hugging, one woman said, "I just say, do you need a hug?" Some had little problem with giving and receiving hugs at a time like this. Others would never hug a student, even in the midst of this tragedy.

As department head, I sent out the following letter to our students and faculty:

Dear Friends,

It has been only 6 days since our collective tragedy. I heard a newscaster ask someone if Virginia Tech would be defined by the shootings. Instead, I am convinced that we will be defined by our humanity, support, courage, and community spirit.

Healing takes time. But as the old song goes, "the darkest hour is just before dawn." Take care of yourself—breathe, grieve, sleep, work, play, remember the good, and reach out.

On Friday, I went to the drill field ceremony and read those notes of caring on the white boards. One started this way:

"Sorrow is a gift;

Life is a gift;

Love is a gift ... "

To grieve makes us human. Be kind to yourself, grieve in your own way, and focus on what gives you strength. We will get through this together.

Sincerely,

Fred Piercy

Department Head

I considered a number of things before writing this note. In a disaster, people are suggestive, so words are important. According to many experts, one should talk about symptoms as normal reactions to an abnormal event (e.g., NSW Institute of Psychiatry and Centre for Mental Health, 2000; Walsh, 2002, 2007). For most, recovery will come with time. It is respectful to not push people through their grief, but it is also important to point toward hope and eventual recovery. I knew I should both acknowledge the gravity of the situation, but also emphasize hope and self-care. Both are important messages at a time like this (Keeling & Piercy, in press).

GRAY AREAS

Elise Cole

I grew up in East Africa, where random acts of violence happened a lot. Blacksburg, on the other hand, is the calmest place I've ever lived. Or so I thought.

When I read the names of those that were killed I began to cry. One was a friend with whom I had spent several hours the day before the shootings. I withered under the weight of this news, and had a hard time finding the energy to do much of anything over the next few days.

Two weeks after the shootings I had an appointment scheduled with a client I had been seeing for several months at the campus family therapy center. I wondered whether I should cancel this appointment. I thought about the many therapist-self-care discussions we had in our classes. It was just a few weeks earlier in my family therapy ethics course we discussed the question of when therapists going through their own personal issues should or should not see clients (cf., Kottler, 2003; Treadway, 2004). Several viewpoints were expressed, but there was no consensus. I remember saying that I thought therapists should not see clients if they could not guarantee that they would be present and attentive to their clients' needs. What a black-and-white answer. My current situation seemed much more gray. I was not sure if I could be present and attentive to my client. Still, this was a time of need for so many, and I might be of some help.

I knew my supervisors would advise me to make sure my client was supported, but also to do what I needed to do to take care of myself (Kottler, 2003; Wylie & Markowitz, 1992). But, what does it mean to take care of oneself as a therapist? If the family therapists I knew had ever struggled personally while they were seeing clients, I certainly was not aware of it. Therapists are sometimes praised for hiding their struggles. We admire those that keep working as they grapple with their own personal issues.

All of the therapists at the family therapy center at VT had been advised to check in with their clients following the campus shootings. I called my client to check in with her. She wanted to keep our appointment. She reported she had lost a friend in the shooting and was feeling sad and angry about it. She also shared that she would be leaving town shortly and it would probably be our last appointment. It seemed important that I keep our appointment.

I felt low but told myself that I could do this. My client arrived on time; she talked freely about the shootings and about losing her friend. When she mentioned her friend's name, it turned out that it was the same friend I had lost. Should I tell her? Could I handle it? Could she? Would I be doing it for her or for me (Norcross, 2000; Roberts, 2005; Williams & Fauth, 2005)? Largely because I was barely hanging on myself, I decided not to share this information with my client. I did not think it would be helpful to her. I think I made the right decision. My client told me after our session that she felt better talking to me about her loss. Still, it was hard not to let her know that her loss was mine as well. Clearly, it is easier to answer ethical dilemmas in the abstract than in the midst of a tragedy.

If I continued to meet with this client and I had some time to heal myself, it could have been helpful to share this loss with my client, both for her and me. My client could have experienced my empathy in a more significant way and I could have used my own struggle to talk about our mutual issues of grief and recovery. While my dilemma was unique on one level, on another it reflects one that all therapists must face—how best to assess and balance self and client care.

WHO WILL DEFINE A HOKIE?!

Brandon Rodgers

My wife and I made our rounds, like hundreds of others from Virginia Tech, to the memorial site in front of our central campus building, Burrell Hall. The mood was composed and

tranquil. It feels good here in April, with sunshine and the smells of spring. The open memorial we saw included vibrant flowers, burning candles, and even a birthday balloon celebrating one of the fallen student's birthday.

A Hokie stone, the natural limestone used to build our campus buildings, had been laid on the ground to commemorate each one of our deceased students and faculty members. Thirty-three stones were arranged in a semi-circle. Among the sea of maroon and orange² colored memorials, my eyes kept coming back to one dreary white letter. One sentence resonated: "You will not define us!" These were the liberating words placed near the remembrance stone for Seung-Hui Cho, the gunman.

Cho's Hokie stone had been stolen and later replaced. Throughout our mourning process, many in our community have expressed rage at Cho. For some, it was for the loss of loved ones. For others, the rage may relate to this new identity Cho seems to have given our community.

One local church put up a sign with "We Remember" and the number "33" on it. The next day, someone spray painted the second "3" into a "2." A week later, the church changed it back again to "33." As confusion continued within our own community, many of us began wondering if a gunman's action would forever define us. For whether we can forgive Cho or not, spray paint will not erase the fact that Cho was also a fallen Hokie.

Our identity was further challenged with the onset of an extravagant media frenzy. Every major network focused on the campus within hours of the shootings. In a heartbeat, the world had come to Blacksburg. With interviews of heartache and confusion, finger pointing and 20–20 hindsight, we were watching the media attempt to define our beloved school, community, friends, and family. By the end of this tragic day, the world was hearing a number of stories unfold, stories portrayed through colorful opinions and dramatic images.

We heard stories insulting our police force, attacking our university president, questioning our mental health professionals, and even words suggesting that our students should have done more. We heard that we should have been different, that we may have been to blame, and that our ignorance was blinding. We even experienced cameras within inches of our faces, zooming in to catch a closer shot of the next falling tear.

As the stories aired and the presence of the media slowly dwindled, we began questioning ourselves. Were some of the stories true? Was our university going to be defined by strangers with cameras at the worst moment in its history? Was this really our defining moment? Is this who we are? Like a commonly heard question on many of our campus tours, we too were beginning to question, "What is a Hokie?"

When we experience tragic events our optimism helps us search for the lessons learned (Walsh, 2006). The events of April 16 provided us the opportunity to reflect on our own character, ethical obligations to self and others, and basic identity—how we situate ourselves in our own personal narrative (White & Epston, 1990).

Reporters and journalists cast their spell on the lives they cover by how they categorize, pigeonhole, or otherwise "spin" them. However, they do not have to define us. Neither does Cho. I see a more life-giving narrative evolving through our stories, art, and music, and support of one another.

This year *Time Magazine* named our generation "person of the year" because of our ability to invent our future (which, by the way, is Virginia Tech's official slogan). For us at Virginia Tech, this means writing our own stories of life and then living them. We are indeed finding our strength and integrity in our own stories. It is our ethical obligation to define ourselves, our school, and our community, and not leave this job to others.

This also relates to therapy. Though our clients may come to us with thick files and textbook symptoms, I hope I can remember not to be too quick to see their diagnoses, and not them. I hope I can give my clients and the therapy process time to foster healthy definitions and narratives. As the Virginia Tech shootings have taught me, first impressions and other people's truths can be dangerous.

FAMINE, WAR, AND VIRGINIA TECH

Annabelle Goodwin

I remember seeing a young woman at a coffee shop when she learned that one of her friends was killed in the shootings. She began to cry inconsolably. Her friends hugged her. Between sobs, she talked about her last memories of being with her friend. The group she was with escorted her to a bench outside the coffee shop where she continued to cry. I looked around the coffee shop and saw tears in the eyes of the patrons. I cried too with these strangers. The effects of the shooting rippled through us all.

I have appreciated people's expressions of sympathy and admiration. Another sentiment that I did not appreciate was the suggestion from some that we should keep this tragedy in perspective. I was reminded that there is a war going on in the Middle East; genocide, famine, and disease continue to take the lives of countless individuals on the African continent; the Israeli-Palestinian conflict seemingly has no peaceful resolution in sight. All this, of course, is true. Lives are being taken at an alarmingly high rate and these atrocities exist with less attention than they deserve. More *should* be done. But global suffering should not be used to diminish the horror we experienced. Nothing should. One person's grief is no less real than another's. Loss and bereavement are authentic feelings (Rothaupt & Becker, 2007) and not to be measured against the suffering of others. My sister's 29-year-old husband died violently a month before the VT shootings. Should her loss rank as less tragic because his death was not reported on CNN? Similarly, one would never suggest to a mother who lost a son in Norris Hall that her loss should not be felt as strongly because her son was one of only 33 killed, compared with the thousands killed in Iraq. The loss of any life is a tragedy.

Mostly, though, I am inspired by the compassion that I have witnessed. The outpouring of love and support can be seen in the memorials, donations, and physical representations that people have offered to commemorate the lost lives. Recently, a local church erected 32 flagpoles, one for each victim. These poles carry the national flag of each person who was killed in the shooting. Memorials such as this signify and honor the lost lives and remind us that through remembrance and mourning we can respect those who were lost.

I've learned from this tragedy. For example, since I began working as a therapist I have heard clients insist that the pain they were experiencing pales in comparison to the pain felt by others. People do respond to tragedy differently (Ursano & McCarroll, 2001). Part of our responsibility as therapists is to validate whatever pain our clients experience and respect that their feelings are authentic. In my work as a therapist I will be more likely to accept clients where they are, and less likely to minimize their pain or compare their situation to that of others. We are all unique; our response to tragedy should be no different.

A RETURN TO NORMAL

Ryan Traylor

Two days after the shootings, I came back on campus to try and talk with some of my colleagues in the Child Development Center about some upcoming activities. As I arrived, I saw that the center was closed while the Adult Day Services Center right next door was open. Which center did the right thing? Similarly, did the university make the right decision to cancel classes for the week after the tragedy? Should they have resumed classes earlier, or should they have cancelled the last two weeks of classes?

Routine is a big part of my life. What I think I needed was to go back to classes and my routine. It doesn't help me heal to spend too much time ruminating over the tragedy. Instead, a sense of normalcy is a big factor for me in the healing process, as it is for many (Constantine, Alleyne, Caldwell, McRae, & Suzuki, 2005; Keyes & Kane, 2004). But not everyone has the same needs when it comes to healing from tragedy.

Silver (2004) discussed how after 9/11 a lot of the myths about healing from tragedy were identified. It wasn't long before he learned that everyone had a different way of coping with the tragic events and that it is unrealistic to expect everyone to follow the same path of recovery. So this brings me back to my original question, did Virginia Tech make the right choice in canceling classes for the rest of the week?

In talking with classmates and other friends on campus, almost everyone had a different reaction to the tragedy. Some were upset and emotional about what happened, while others were still in a state of shock. Everyone seemed to have a different idea about what the university should do. By having classes start up again the same week as the shootings, would we have been traumatizing some of the students and faculty even more? If classes would have been cancelled for the remainder of the semester, students, faculty, and staff would not have had a chance to come back to campus to connect with others, and to capture some degree of closure.

In the end, the university decided to cancel all classes for the week and resume the following Monday. They also implemented a plan that gave students a variety of options for how they could choose to finish out the semester. These choices included everything from going home and taking your grade as of the 16th of April (the day of the shootings) to finishing out the remainder of the semester. While they were not going to make everyone happy, I believe the university made the right decision. Not only did they give students the right to choose how they would finish the semester, but it also gave them a choice on how they would start the healing process for themselves.

This decision by the university did not force any students to come back to school who were not ready. At the same time, it gave those students who wanted the chance to come back to class the choice to do so and to recover some sense of normalcy. It also allowed those students who were graduating in May to have some form of closure at the end of their careers at Virginia Tech. In sum, it has allowed everyone to begin to heal in their own way.

The decision by the school administrators mirrors the choices we and our clients face in therapy. Often, there is no one right way to help our clients overcome the problems they face, no one right therapy, no one right way to heal. Our clients know themselves better than we know them. As we learn this, we begin to see how they also need to be given opportunities to choose their own paths toward healing and recovery.

IS "HOKIE PRIDE" COERCIVE?

Christian Jordal

Less than a month has passed since the tragedy. Final exams, the semester, and graduation day have come and gone, along with the media. Yet, as I drive past the growing memorial on the drill field, it is clear that the tragedy is still very present.

I am stunned, shocked, and need to sit with my grief for a while. It sometimes seems like that is not okay. No sooner had Norris Hall been quarantined than little maroon and orange ribbons began showing up on people's lapels. In subtle and not-so-subtle ways, grief is being expedited in the name of recovery. A sign, "We are strong, We are Virginia Tech" appears over the local Nextel store. Other signs reflect similar sentiments. "We are in this together." "We will prevail." "We remember," yet these signs come so soon. We have just lost our innocence, our sense of living in a safe world (NSW Institute of Psychiatry and Centre for Mental Health, 2000). I need time for this to sink in. I need to sit with my grief before I can unite with anyone.

In the days and weeks that followed the events of April 16th, the campus became awash with maroon and orange. The walls and ceilings of our student center are stuffed with posters, banners, and cards, from every corner of the world. They serve as testimony to the human capacity for compassion, and the desire to reach out. Yet, walking through the student center, I feel overwhelmed. I chafe at the lack of individual space for our community grief. Hokie

pride seems to trump individual pain. Consider the memorial service for the victims, held 1 day after the shootings. Nikki Giovanni, Virginia Tech faculty member and poet-in-residence, emphatically stated in her speech, "We will prevail. We are Virginia Tech," and the crowd spontaneously chanted, "Go, Hokies, Go!" While this football cheer may have comforted some, I felt coerced into being resilient. I'm not ready. I've only been at Tech for 9 months. I didn't even know what "We are Virginia Tech" means.

Classes were cancelled this week, but the work continues. I was recruited into an "army" of mental health practitioners. I care about and want to help my community, but I am also scared and, yes, coerced. The message is clear: Buck up, for the good of the cause.

One cannot truly be prepared for a traumatic event of this magnitude. Most family therapy training falls short in addressing trauma outside the family. Tragedies of this nature create a new context for both training and therapy, one that we may not choose, one that isn't bound by four walls, but one that teaches a great deal. It taught me the importance of giving those who need it space and time to grieve and heal. Clearly, grief, resilience, and recovery all take many forms (Maddi, 2005).

"APPALLED": THE MEDIA'S PORTRAYAL OF A KILLER

Anthony J. Ciafardini

April 16, 2007. I woke up to the sound of a bullhorn outside of my window: "Stay in your apartment," the police officer shouted as he drove by my building. What? I checked my cell phone. Several family members and friends had called me. I turned on my computer and quickly typed in the address bar, <http://www.cnn.com>. This is when I read in large letters, "Shooting on Virginia Tech's Campus." "Not my little town," I thought. I checked to see if the other news websites had learned of the tragedy yet. All had. The number of deaths grew larger and the pictures became more graphic. Students covered in blood were being carried out of buildings and police officers had their guns drawn. Then on another news website, someone's cell phone video camera capturing the sounds of the shots.

Clearly, the news websites were in competition with each other to see who could get the most viewers. Research indicates that exposure to threatening images plus text on a computer results in longer viewing time (Sargent, 2007). Sargent also reports that the negative valence of images accompanying news stories causes significantly longer observation than text devoid of images. The media seemed to already know this. I was certainly staying tuned to the news site that gave me the most powerful images.

On Tuesday, April 17th, the killer was identified. Seung-Hui Cho, a senior English major, was responsible for the shootings. I was surprised to see the script of one of Cho's graphically violent plays displayed so soon on one of the major news websites. Why did the media believe it was necessary to give his twisted play air time?

As I walked to the convocation the day after the shootings, the same day the killer had been identified, I looked around and saw the Virginia Tech fields and parking lots full of news vehicles, all with giant satellites, quite a sight for a kid born and raised just 40 miles north of the university. Satellite feeds were everywhere, completely covering my beloved Virginia Tech. News reporters were scavenging the area to find their next story. There was innocence in this community before the tragedy, but no more. Cho may have served up mayhem. However, the media was there to stir the bowl.

Wednesday, April 18th offered viewers more than one of Cho's stories. NBC received a package from Cho of his rantings, photos, and even videos. The pictures and videos showed us an intimidating shaved-headed Cho dressed in black and posing with his guns. In the video, Cho told the world that Virginia Tech *made him* into a killer. Cho's menacing poses looked rehearsed. What is worse, NBC did not hesitate to broadcast his propaganda. Soon thereafter, a rash of school shooting threats made the news. I had to wonder whether the media reported

or created these threats. (Thank goodness Paris Hilton got caught driving on a suspended license. It diverted the media's attention, at least for a while.) All of this raises the question, what ethical guidelines should the media follow? When is it appropriate and for what purpose does it serve to show violent images like Cho's video to a grieving community? And how does it affect those who watch these images hour after hour?

During the aftermath of a tragedy, many individuals seek therapy. Those affected can include those viewing it on television. According to Marshall and Galea (2004), the rates of posttraumatic stress disorder (PTSD) related to September 11th were estimated at 2.7-4.3%. The attacks were witnessed predominantly on television outside of New York. Marshall and Galea found that the symptoms meeting criteria for PTSD were strongly associated with number of hours of television watched on September 11th and in the days following. The media keeps us watching by supplying us with sensationalized details and shocking images, but without considering the consequences. The media, as well as the viewers, need to recognize that watching tragedies such as the Virginia Tech shootings and 9/11 hour after hour can have adverse effects on one's mental health.

When tragedy strikes, it is amazing to see who comes out of the woodwork. The Scientologists sent a team of "relief workers." And I imagined marketers thinking to themselves, "Hmm, there's money to be made here." I wondered to myself how long it would be until I would see maroon and orange ribbon stickers on local vehicles. It took about 2 days. People displayed "We remember" stickers, as if we might forget without them. I guess that Oliver Stone or James Cameron will negotiate a movie deal with Paramount Pictures for the rights to the "Virginia Tech" story. It took 85 years for Hollywood to make a movie about the *Titanic*, and only 5 years to make one about 9/11. Perhaps Michael Moore will produce a documentary entitled *Bowling for Virginia Tech*. Whatever the genre of film or news story, one thing appears certain: The media will profit from our tears without taking responsibility for our mental well-being.

WHERE DO WE PUT OUR FOCUS?

Shelley Stewart

Different family therapy theories guide us to focus on distinctive aspects of our clients' lives. Bowenian theory suggests we focus on our clients' learnings from their family of origin (Kerr & Bowen, 1988). Structural theory suggests we focus on the process, hierarchy, and boundaries in the therapy room (Minuchin, 1974). Solution-focused advocates ask us to focus on solutions rather than problems (de Shazer, 1985). The questions that therapists ask and highlight in therapy direct and influence the proceeding conversations (Freedman & Combs, 1996). As we settle into our therapeutic approaches, we can forget that we are directors of conversation. What we notice and talk about will affect our clients' experiences in therapy, and their experiences of their problems. This lesson became clearer to me in the aftermath of the shootings at Virginia Tech.

Monday the 16th was surreal, unfathomable, incomprehensible. As our community reeled with the news of 33 deaths and many more injured, we all sought answers. Why did this happen? How could it happen in our community? Why were the students not warned? Were procedures followed correctly by police, mental health workers, and professors? Who was to blame for the tragedy? None of us had answers, and the answers wouldn't change the outcome. We were simply trying desperately to make sense of the tragic situation.

The media arrived during this time of questioning and began to record and repeat our initial reactions. Seeing the opportunity for good television, they focused on anger and blame well past the time our community stopped expressing anger and looking for blame. By then, we began to reach out to one another, find solace in friends and family, and unite. Friends and family out of state questioned me frequently about my anger toward the situation, what I think should have happened, and who I thought was to blame. This was because the news they were

hearing concentrated on those negative reactions, which made for engrossing TV. Generally, the media did not focus on the more subtle strength-inducing stories.

What the media did not capture well, and subsequently, what the nation did not see, was the unity, compassion, support, and love surrounding our campus. They did not focus on the young girl who sat on her father's shoulders as she held her candle up higher than anyone else's at the candlelight vigil. The media did not show the cadets standing guard at the memorial for 24 hr a day, and the appreciation that students and faculty showed them. The media chose not to report the wide-spread support of President Steger reflected in the large banner stating, "We love you President Steger" in front of Burruss Hall. They missed the thousands of hugs we gave and received freely and unconditionally during the next few weeks. No segment was devoted to the care, concern, and love shown to us by family, friends, old colleagues, other universities across the world, and random acquaintances we had long since forgotten. My own email and voice mail were brimming with messages of support for weeks. The love I felt from so many places and people overwhelmed me.

My experience of the shootings was quite different from that of my family and friends outside Virginia. They were focused on the anger and blame they saw in the media. They assumed Virginia Tech was also full of anger, blame, and hate. Although I was devastated by the shootings, I was also overcome with love and life (cf., Walsh, 2007), because that was my focus. I realized that, just as in therapy, we have the power to look for and see what we want, and what we see has a lot to do with how we feel. Similarly, we have more power than we think to create our own experiences around an unexpected event (Walsh, 2006). For example, one of my teachers took a Virginia Tech flag to her undergraduate class and symbolically reclaimed the classroom "as *our* space, safe and inviolate" (Keeling & Piercy, in press).

Similarly, we have the power to help shape other people's experiences in therapy. Rather than passively accepting the direction a therapy session is going, I am now more inclined to appreciate my role in directing that conversation, and to recognize that the focus in therapy can shape my client's experiences of their problems. I was aware of this, to some extent, before my experience of the media coverage of April 16th. However, my experience of the agency I have in choosing what to focus on—and the positive power it has for me and others—will forever be on my mind as I continue my therapy career.

THE SELF OF THE STUDENT-THERAPIST IN THE MIDST OF THE TRAGEDY

Sarah J. Krug

I have felt a growing sense of peace since I moved to Blacksburg nine months ago. On April 16th, 2007, I greeted the morning with a cup of coffee as I sat down to finish a research proposal. First, I checked email and learned from the university that a few minutes earlier a gunman had killed two students. I was surprised, but decided not to turn on the television. Instead, I plugged away at my article. As I wrote, a total of 33 students and faculty lost their lives.

When I learned the extent of the tragedy, I felt my inner peace drain out of me. For a brief moment, it seemed like the events were happening many miles from the place I call home. I felt a growing sense of despair.

I stayed in contact with my friends in the MFT program. Later that morning, I received a call from a professor checking to make sure those in the program were accounted for. During that phone conversation my role as a student glued to the television was about to change. Because of my training in mental health, the professor told me that I may be needed to assist people during this time of crisis. He said he would be in touch. Out of my stupor, I thought, "Me? Help?"

I went to the memorial convocation and the candlelight vigil the following day. All of it was surreal. I watched as people around me connected with each other, and as the drill field

became a memorial. I saw the communities of Blacksburg and Virginia Tech unite. The “professional” part of me analytically watched the processes after a crisis—the memos from University Relations, the disaster response teams, the support communities reaching out. The student part of me mourned.

I stood at the yellow crime scene tape which lined Norris Hall. I yearned for a spiritual, philosophical, or in the least, intellectual understanding of my role simultaneously as a mourning student and as a mental health professional. Could I be of much help to anyone? I didn't know.

Classes resumed the week following the shooting. I, along with hundreds of other mental health professionals, volunteered to be present on campus and in classrooms as the students returned. As a volunteer, I was assigned to speak to a class whose students had been affected by the tragedy. I had received advice and information from the mental health professional leaders regarding what I should cover, and by the time I was in the classroom, I felt confident. However, as I stood in front of that room of students, many stunned, quiet, and some visibly hurting, I was humbled. The formal words I had prepared did not seem appropriate. Instead, I stood transparent and vulnerable, a lot like them. It was in this moment that I realized that I could simultaneously hold in my mind two roles, professional and vulnerable student. I could and would be both helpful and honest about my own grief. Both were true to who I was and neither was mutually exclusive.

The tragedy has challenged me to look further at who I am, personally and professionally, who I want to be, and how I want to live my life. The internal struggles I had in the days and weeks following the shootings, and the longstanding impact this tragedy has had on me (Pearlman & Mac Ian, 1995), it is only fitting that I acknowledge the ripple effect in my life. I have an ethical responsibility to continue to explore who I am, which underlines for me the importance of self-of-the-therapist training in graduate programs. I have been fortunate to have colleagues around me during this time who supported and challenged me as a therapist. We were all reacting and coping differently, which helped me critically reflect on how I was processing all that was happening. I fortunately have had supervisors, past and present, who have challenged me to examine the decisions I make as a therapist. This situation called for me to do the same. The shootings of April 16th reminded me that my role as a therapist is not a passive one—instead, it reminded me that my role as a therapist is to be involved, to be fully present and aware of what I bring with me as I sit with others.

TEACHER OR THERAPIST OR BOTH?

Carolina Castanos

I have never talked to a professor about personal problems. In my Bolivian culture, that is just not something one does. Distance and hierarchy are appropriate, I learned. That is also what I expected of myself when I taught an undergraduate class of 80 this past semester (Russell & Peterson, 1998).

On April 16th everything changed. As I watched the developing news, I couldn't stop thinking about my undergraduate students. Were they all alive? Were they okay? Did they know anyone who was shot? I worried that some may be terrified.

I decided to email them and ask them to let me know if they were all right. In my message, I offered them my support in case any of them needed to talk with someone. This changed my role with them. It felt like it was the right thing to do to be there for them.

All responded to my email by letting me know how they were dealing with the shootings. Some were home and fine, while others were having a hard time coping. Many had other issues going on in their lives which worsened because of the tragedy.

Once classes resumed, many students asked to see me after class. I agreed and we set up appointments. While sitting with them and listening to their stories, it was easy for me to be

what I am, a therapist. I reminded myself, though, that this was *not* a therapy session, that it was a conversation between a student and a caring teacher. I asked about their support systems and how they planned to take care of themselves.

A common theme among those students who came to talk with me was a recent violent death of a loved one. One student lost his girlfriend in a car accident less than a month before the shootings. The crash was so bad that she was unrecognizable. Another student had recently lost her boyfriend in Iraq. She could not stop remembering his gaze, his touch, his smell. Another student had suddenly lost her loving grandfather to cancer. She regretted not being there when he died. For all these students, the April 16th shootings were a traumatic reminder that reopened their healing wounds (Hobfoll, 1998).

My students disclosed so much, and many were so vulnerable. Because of their level of disclosure, our relationship changed. I was now a firsthand witness of their suffering. They became more than simply students. They were people with whom I was emotionally connected through this tragedy. How would knowing so much about their current struggles affect my teaching?

I know the downsides of dual relationships from our ethics class discussions. At the same time, how could I ignore their pain? I learned later that many students appreciated and benefited from my support.

Another wrinkle: Several parents wrote to me asking for my intervention and help. They wanted me to let them know how their children were doing but did not want me to tell their children that they had inquired. This, I thought, was going too far. Although I was determined to avoid secrets and triangles, I found myself already in one. I chose to keep the parents' secret (that they called) but I did not disclose to them anything about their children. This was not easy.

Given the extraordinary circumstances, and the needs of my students, I think that the benefits of my reaching out and taking on a more therapeutic role outweighed the costs. I can only hope I did the right thing. I wonder how different the situation would have been if I was not a therapist. If I was just their teacher, would I be asking these questions?

Any trauma or loss is hard to deal with, to understand, to accept, and to talk about. There are no words that truly capture the pain. During such a vulnerable time, support is critical. As therapists we support our clients by listening, helping them symbolize their pain, and making sure they will be alright once they leave us. This is what I did with my students.

CARING FOR SELF AND OTHERS DURING CRISIS

Jamie Banker

I was sitting in my office in Wallace Hall with an undergraduate student when I received word from the associate dean of our college (for whom I work) that two people had been shot on campus early that morning. Although the student and I were obviously taken by surprise, we tried to continue on with business as planned. Soon thereafter, the other women with whom I work in the Office of Undergraduate Academic Affairs informed us that there was a gunman on campus. Here is the email from the Office of University Relations that they had just read: "A gunman is loose on campus. Stay in buildings until further notice. Stay away from all windows." Then two Virginia Tech students who were in the area came into my office, since my office has no windows, seeking cover until the gunman was captured. I assumed it would be only a few minutes until the police would detain the gunman. By this time, a few of the women down the hall had also found their way to my office.

Soon, the associate dean notified all of us that she wanted us to move into the file room. Eight of us who worked in the offices, along with the three students, all piled into the file room. I didn't know what was happening on campus and was scared that the gunman was close to our building. Everyone was trying to use their cell phones, but there was no service in this small, cement room. Students wanted to locate their friends on campus and everyone wanted to get into touch with their loved ones. I was anxious, too. I also felt a responsibility to help the

students, especially two students with whom I already had a relationship. I knew they needed to get in touch with their parents, and I knew they were worried about their friends. I began to think about ways in which I could help them get to a phone, or maybe even just leave the file room for a few minutes. I thought about what I should say to them in an attempt to normalize their feelings and, at the same time, in some way try to be comforting. One of the women with whom I work commented on the fact that I am a MFT PhD student, and said, "Jamie we need your counseling right now." I was so focused on the students I had not even thought about trying to help my co-workers.

It was at this point that I thought about my own family and friends. My boyfriend is always watching the news and I was certain he had seen the headlines on CNN. My parents are "natural worriers," and I wanted to let them know I was okay. I found myself becoming overwhelmed, and I did not know who I should focus my thoughts on—the students, the women who were asking for my assistance, or myself.

The internal struggle I found myself faced with that morning has proven to be a struggle for me in the aftermath of this tragedy as well. As a student, a teaching assistant, and a therapist on campus, I felt pulled between my different roles. As a graduate student, I have learned to navigate the professional boundaries between teaching undergraduate students and being a student myself. In this case, I was not sure what role to attend to first, my own needs as a student or my students' needs. As a therapist, I am used to helping clients who have experienced a crisis. In this case, I was involved in and affected by the same tragedy my clients were experiencing. As I wrestled with my feelings, I began to think about my clinical training. As a therapist, I know that boundaries and self-care are supposed to support and protect (Russell & Peterson, 1998), but in the midst of a crisis none of the same boundaries or self-care I had practiced before seemed to be suitable. I know that self-awareness is important for a therapist (Norcross, 2000; Valente & Marotta, 2005; Williams & Fauth, 2005), but my own awareness in this case seemed to be a hindrance. I also know that it is common for therapists to be so deeply involved in caring for others that they neglect themselves (Figley, 2002; Valente & Marotta, 2005). I did not want to find myself in this situation either. According to Valente and Marotta (2005), therapists need to achieve balance in their lives, which is an important part of self-care. One single aspect of a therapist's life should never be all consuming. While these concepts of boundaries, self-care, and self-awareness seem logical, they did not seem applicable in the middle of this tragedy. Instead, flexibility seems to be crucial. I needed to be okay with the fact that some of my usual boundaries were going to be blurred, and my own self-care and self-awareness would be different during the crisis than it was before. Though I am sure that my clinical training has inadvertently helped me deal with the VT shootings, I still struggle with not knowing who to focus on first, myself, my students, or my clients. My internal judgment says to help others, but logically I know I cannot help others unless I also help myself (Kottler, 2003).

DISCUSSION

Most disaster accounts are more retrospective than this one. The authors of this article both reflected on their experiences of the Virginia Tech shootings and lived them, sometimes simultaneously. For this reason, our accounts are necessarily tinged with our own emotions—fear, anger, confusion—as would be the case of any disaster survivor.

Many of our experiences and reflections are consistent with those in the literature. For example, Figley (2002) writes about the effects of disaster on the mental health workers who provide support. Walsh (2006, 2007) points out that indications of resilience are often evident in the wake of a disaster. In our accounts, one can see the interest in making meaning or gaining coherence from the events surrounding the shooting. Goodwin and Stewart, for example, talk of people's compassion and the construction of memorials to provide honor and meaning

to the victims, not unlike those developed after 9/11 (Boss, Beaulieu, Wieling, Turner, & La-Cruz, 2003). Self-efficacy is evident in Rodgers' call that Hokies help define the tragedy and not leave that task to Cho or the media. And vicarious traumatization seems to be evident among some contributors. That is, even if they did not know someone who died, the effects of observing pain and being in the middle of the tragedy can itself be traumatizing (Pearlman & Mac Ian, 1995). That stress may be heightened by the unrealistic belief that one should operate at top efficiency with clients at all times (Deutsch, 1984). Several essays reflected this added pressure.

Traylor's essay reminds us of the importance of routine in recovery (Constantine et al., 2005; Jenkins, 1997; Keyes & Kane, 2004). He also highlights how the university built choices into how students could conclude their semester, which supported choice and agency, and acknowledged that different students have different needs. As in many of the essays, Traylor extends his learnings to therapy in general. He contends that therapy is better when the therapist provides choices to clients and appreciates their unique needs.

Castanos reports that many of her students had other recent losses in their lives, for which the shootings served as a reminder. Traumatic reminders on top of other losses can serve to increase one's stress, as a wide range of literature indicates (e.g., Hobfoll, 1991, 1998; Pynoos, Steinberg, & Goenjian, 1997; Shaw, Applegate, & Schorr, 1996). And, in this age of mass media, Ciafardini states, those reminders are seen by people around the world.

There is not much in the literature about dual relationships of family therapy graduate students in the midst of a tragedy. Many of us were faced with negotiating our roles as teacher, therapist, co-experiencer of a tragedy, and grieving student. In each instance, we bent our professional roles and boundaries to accommodate the extraordinary tragedy. The dual relationship literature focuses more on preventing undue power and influence (American Association for Marriage and Family Therapy, 2001; Peterson, 2001; Ryder & Hepworth, 1990), and less on the flexibility of roles called for in the midst of tragedy. In our ethics and professional issues class, we discussed the need to minimize dual relationships and the potential risks of harm of exploitation. We see the difficulty in doing this in the midst of a disaster, particularly when we have the ability to help. We also acknowledge that few answers emerged at the interface of our multiple roles. Still, the questions Cole, Krug, Castanos, and Banker raised are helpful. What boundaries are appropriate? How flexible should we be, given the circumstances? What is appropriate self-care in the midst of a tragedy? Does self-care necessarily get put on hold? Paradoxically, some of our family therapy founders (e.g., Framo, 1968, 1982; Whitaker & Napier, 1977) considered the therapy they provided to be self-renewing. We had a harder time reconciling our multiple roles.

Should Cole have told her client that the client and she lost the same friend? There are no easy answers to such questions (Roberts, 2005). Cole used logic in her decision and considered the best interest of the client and her own ability to be helpful if she shared that information. Clearly, the process of making such professional decisions is every bit as important as the final decision.

Other lessons central to these accounts include the power of media and well-meaning others to both help and hurt. Jordal reminds us that healing slogans like "Hokie Pride" cut both ways, and that we need to provide opportunities for people to grieve in their own ways and in their own time. Grief and recovery both have cultural dimensions (deVries, 1996), and what is appropriate for one person may not be for another.

Is "*Hokie pride*" coercive? While supportive for many, it can represent a monolithic standard for recovery. Individuals who are experiencing acute trauma may feel compelled to suppress the extent of their grief if the only message from the larger community is one of resilience, recovery, togetherness, Hokie Pride. As mental health practitioners, we have an ethical obligation to make space for people to process their grief in their own way. That includes us, as well.

While several essays reflected negative experiences with the media, and what they should or should not share, we also recognize the positives of mass media. While Cho's videotaped rants were disgusting, they also allowed some of us to begin to comprehend the incomprehensible through a glimpse into Cho's mental state. The media images of the horror of that day paradoxically brought the world to our doorsteps and with it an outpouring of love, support, and concern that we can't fully describe. Friends and acquaintances emailed and called us; universities, churches, and elementary schools sent our university cards, posters, quilts, teddy bears. One local group sent thousands of colorful origami cranes, a symbol of hope. One editorial cartoon seemed to be everywhere. In it a tearful Hokie Bird, on one knee, was comforted by the mascots of many other universities, with the caption below reading, "We are all Hokies today." We must remember that those messages were prompted by the reports and images from same media that some of us found so disturbing (Fellers, 2007).

This mass murder also taught us a lot about community action and support. Grassroots efforts created convocations, memorials, white boards where people wrote words of grief, support, and spiritual reassurance. (e.g., "You are with God now. We will see you soon.") Clearly, religion was important for many in such a time of tragedy (Walsh, 2006, 2007). Churches and community agencies organized and sponsored healing events. We witnessed a sliver of what Landau (2007) discusses as the basis of the Linking Human Systems (LINC) Community Resilience model: the inherent competence of communities and their members and the power of natural change agents.

We have been invited to conduct workshops on grief, caregiving, and recovery. Consequently, we see our family therapist role through a wider lens. Because of the needs of that day, and the aftermath, some of us are becoming trained in disaster mental health. All of us have been witness to and touched by magnificent acts of kindness. We want to remember the power of these acts and to give them back when we can in both our work and in our personal lives.

Our essays underlined a final theme—who we are and what we do are not easily separated. When we therapists are in the midst of a tragedy, we are both vulnerable humans and mental health workers. The coordinator of community disaster mental health efforts here tells us we need to manage our own vulnerability before we work with others. She says metaphorically that we should not forget to wear thick jeans when we work with those in trauma, just as we would wear thick jeans when we walk where there are a lot of burrs and brambles. To be helpful, we need to manage our own grief and not be afraid to stretch ourselves and to reach out to others in whatever ways they need. This is good advice for all family therapists (cf., Simon, 2006).

WHAT WE DID NOT ADDRESS

Our reflections related to proximal issues, those that we directly experienced in the wake of the tragedy. Consequently, we did not address some of the more distal, bigger-picture questions that also beg for answers. One must wonder how a mentally ill student could fall between the cracks of the mental health system, why it was so easy for him to get a gun, when is it appropriate to lock down a campus, and under what conditions should disturbed students be prohibited from continuing their studies? These distal questions will undoubtedly be debated in the years to come. In fact, as we write this, we read about gun control and mental health legislation being introduced that will (we hope) make this tragedy less likely to happen elsewhere.

PERSONAL NARRATIVE FORMAT AND WRITING PROCESS

The purpose of this article was to cover issues related to the tragedy, ethics, and recovery that touched us personally, those for which we have concern and passion. In sharing our own

reflections and experiences, we hoped to bring these issues alive for the readers. This form of exposition is certainly not new, but is a stretch for most professional journals in our field. We see advantages for more aesthetic, firsthand accounts of important professional issues. Such a format can connect well to both the head and heart of the reader, and involve the reader in the meaning-making process (Piercy & Benson, 2005). We appreciate the *Journal of Marital and Family Therapy* for making this expository leap with us, and for not wringing the soul out of our personal reflections.

We would like to share the way this article came together since this process is somewhat unique, as well. Our class met a week after the shootings. Through an email, I (FP) let students know how I would structure the class in case any students felt uncomfortable participating. I explained that I would ask each of them to take 20–30 minutes to write about some ethical, professional, or personal aspect of the tragedy that stood out to them. I emphasized that this activity was voluntary, and that anyone could choose not to take part, or to stop their participation at any time. I also stated that they would have the opportunity to share what they wrote, or the experience of the writing, with one other person and/or with the large group ($n = 11$), but that again, was not required. I also wrote that, should anyone feel uncomfortable at any time, that person could leave the room. I explained that one way I often “come out the other side” of personal crises is to write about them. Each student took part in the writing activity, after which we talked about the possibility of writing this article. We went around the room to learn about what each person wrote. We decided that we could change our minds on our topics, but that everyone would have a 1–3 page article to me within two weeks. All but one student (who was about to have a baby) took part. It was a powerful class period, since the shootings happened only a week earlier.

I (FP) volunteered to draft an introduction and discussion and to edit each contribution for consistency and parsimony. This itself raised an ethical issue for me because what I left in or took out or added to could modify an essay’s meaning. To address this, I sent draft copies back to the student co-authors so that they could correct or clarify their essays and contribute to the discussion section. In the end, each contributor felt as if his or her contribution was, in fact, an accurate representation of his or her sentiments at the time.

Was this snapshot of our reactions and reflections long-lasting and consistent? Probably not. Our sensitivity to media intrusion and our own unease receded with time. Luckily, we wrote about these issues when they were most raw. These initial reactions suggest the range of issues and feelings that may exist among family therapy graduate students in the aftermath of such a tragedy.

The process of writing about our experiences was generally positive, which is consistent with what others have found about journaling after stressful events (e.g., Ullrich & Lutgendorf, 2007). For example, one co-author wrote,

“This article encouraged me to process my feelings and reflect on the shootings and my experiences surrounding them. I was not able to concretely express my dual roles or multiple experiences before. I had not given myself time to make sense of my feelings before I started writing—it was therapeutic!”

Another stated, “I really enjoyed this opportunity to take the time to put my thoughts into words. Not only did it provide me with new perspective and helpful personal reflection, it provided me with something I was proud of—being able to contribute in the wake of our tragedy...”

A third said, “This process required us to be bold and take a stance. As I read my classmates’ reflections, I find that although I may have different experiences, opinions, and values, I respect...(the opinions)...of my co-authors.”

Finally, a fourth stated, “Writing about my experience helped me process my grief and grapple with the question of whether or not I made the right clinical and self-care choices for myself at the time.”

CONCLUSION

When we began this class in ethical and professional issues, we had no idea that we would live through and learn so much from this tragedy. We hope that our reflections and experiences will be useful to you, as well.

REFERENCES

- American Association for Marriage and Family Therapy. (2001). *AAMFT code of ethics*. Washington, DC: AAMFT.
- Boss, P., Beaulieu, L., Wieling, E., Turner, W., & LaCruz, S. (2003). Healing loss, ambiguity, and trauma: A community-based intervention with families of union workers missing after the 9/11 attack in New York City. *Journal of Marital and Family Therapy, 29*, 455-467.
- Constantine, M. G., Alleyne, V. L., Caldwell, L. D., McRae, M. B., & Suzuki, L. A. (2005). Coping responses of Asian, Black, and Latino/Latina New York City residents following the September 11, 2001 terrorist attacks against the United States. *Cultural Diversity and Ethnic Minority Psychology, 11*, 293-308.
- Dennis, M. R., Kunkel, A., Woods, G., & Schrodt, P. (2006). Making sense of New Orleans flood trauma recovery: Ethics, research design, and policy considerations for future disasters. *Analyses of Social Issues and Public Policy, 6*, 191-213.
- Deutsch, C. J. (1984). Self-reported sources of stress among psychotherapists. *Professional Psychology: Theory, Research, and Practice, 15*, 833-845.
- deVries, M. W. (1999). Trauma in cultural perspective. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress* (pp. 398-413). New York: Guilford.
- Fellers, A. W. (2007, Fall/Winter). Moments of grief stolen, captured, misappropriated: Healing begins after the news crews leave. *DoubleTake, 14-16*.
- Figley, C. R. (Ed.). (2002). *Treating compassion fatigue*. New York: Brunner/Routledge.
- Framo, J. (1968). My families, my family. *Voices: The Art and Science of Psychotherapy, 4*, 18-27.
- Framo, J. (1982). *Explorations in marital and family therapy*. New York: Springer.
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: W. W. Norton.
- Hobfoll, S. (1991). Traumatic stress: A theory based on rapid loss of resources. *Anxiety Research, 4*, 187-197.
- Hobfoll, S. (1998). *Stress, culture, and community: The psychology and philosophy of stress*. New York: Springer.
- Jenkins, S. R. (1997). Coping, routine activities, and recovery from acute distress among emergency medical personnel after a mass shooting incident. *Current Psychology, 16*, 3-19.
- Keeling, M. L., & Piercy, F. P. (in press). Seeing the picture from inside the frame: Two therapists' observations following the Virginia Tech tragedy. *Traumatology*.
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. New York: W. W. Norton.
- Keyes, E. F., & Kane, C. F. (2004). Belonging and adapting: Mental health of Bosnian refugees living in the United States. *Issues in Mental Health Nursing, 25*, 809-831.
- Kottler, J. (2003). *On being a therapist*. San Francisco: John Wiley & Sons.
- Landau, J. (2007). Enhancing resilience: Families and communities as agents for change. *Family Process, 46*, 351-365.
- Maddi, S. R. (2005). On hardiness and other pathways to resilience. *American Psychologist, 60*, 261-262.
- Marshall, R. D., & Galea, S. (2004). Special issue: Update on posttraumatic stress disorder. *Journal of Clinical Psychiatry, 65*, 37-43.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Norcross, J. C. (2000). Psychotherapist self-care: Practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice, 31*, 710-713.
- NSW Institute of Psychiatry and Centre for Mental Health. (2000). *Disaster mental health response handbook*. North Sydney: NSW Health.
- Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 26*, 558-565.

- Peterson, C. (2001). Multiple relationships. In R. H. Woody & J. D. Woody (Eds.), *Ethics in marriage and family therapy* (pp. 43–60). Washington, DC: AAMFT.
- Piercy, F. P., & Benson, K. (2005). Aesthetic forms of data presentation in qualitative family therapy research. *Journal of Marital and Family Therapy, 31*, 107–119.
- Pynoos, R., Steinberg, A. M., & Goenjian, A. (1997). Issues in the developmental neurobiology of traumatic stress. *Annals of the New York Academy of Sciences, 821*, 176–193.
- Roberts, J. (2005). Transparency and self-disclosure in family therapy: Dangers and possibilities. *Family Process, 44*, 45–63.
- Rothaupt, J. W., & Becker, K. (2007). A literature review of Western bereavement theory: From deathecting to continuing bonds. *The Family Journal: Counseling and Therapy for Couples and Families, 15*, 6–15.
- Russell, C. S., & Peterson, C. M. (1998). The management of personal and professional boundaries in marriage and family therapy training programs. *Contemporary Family Therapy, 20*, 457–470.
- Ryder, R., & Hepworth, J. (1990). AAMFT ethical code: Dual relationships. *Journal of Marital and Family Therapy, 16*, 127–132.
- Sargent, S. L. (2007). Image effects on selected exposure to computer mediated news-stories. *Computers in Human Behavior, 23*, 705–726.
- Shaw, J., Applegate, C., & Schorr, C. (1996). Twenty-one-month follow-up study of school-aged children exposed to Hurricane Andrew. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*, 359–364.
- de Shazer, S. (1985). *Keys to solutions in brief therapy*. New York: Norton.
- Silver, R. C. (2004). The myths of healing. *Family, Systems, and Health, 22*, 61–63.
- Simon, G. M. (2006). The heart of the matter: A proposal for placing the self of the therapist at the center of family therapy research and training. *Family Process, 45*, 331–344.
- Treadway, D. (2004). *Intimacy, change, and other therapeutic mysteries*. New York: Guilford.
- Ullrich, P. M., & Lutgendorf, S. K. (2007). Effects of cognitive processing and emotional expression. *Annals of Behavioral Medicine, 24*, 244–250.
- Ursano, R. J., & McCarroll, J. E. (2001). Exposure to traumatic death: The nature of the stressor. In R. J. Ursano, J. E. McCarroll, & C. S. Fullerton (Eds.), *Individual and community responses to trauma and disaster* (pp. 46–71). Cambridge: Cambridge University Press.
- Valente, V., & Marotta, A. (2005). The impact of yoga on the professional and personal life of the psychotherapist. *Contemporary Family Therapy, 27*, 65–80.
- Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations, 51*, 130–137.
- Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: Guilford.
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process, 46*, 207–227.
- Whitaker, C., & Napier, A. (1977). Process techniques of family therapy. *Interaction, 1*, 4–19.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton.
- Williams, E. N., & Fauth, J. (2005). A psychotherapy process study of therapist in session self-awareness. *Psychotherapy Research, 15*, 374–381.
- Wylie, M. S., & Markowitz, L. (1992, September/October). Walking the wire. *Family Therapy Networker, 19–25*, 28–31.

NOTES

¹A “Hokie” is the Virginia Tech mascot. Some say that the word comes from an old fight song. Others claim it is a term for someone from the mountains. Over the years, it has become represented by an increasingly muscular turkey, the “Hokie Bird.” People at Virginia Tech are generally proud to be called Hokies.

²The school colors.