REVISITING MENTAL HEALTH ISSUES IN YOUNG IMMIGRANTS: A LESSON LEARNED FROM THE VIRGINIA TECH MASSACRE

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Life for me . . . is the process of discovering what in me is Korean and what in me is American. It is a process of bifurcation: a being split between those worlds and of coming to the fork in the road and not knowing whether to turn East or West. This process has been painful, frustrating, and seemingly endless. (Pai, 1993, p. 19)

Pai was a keynote speaker at the first Korean symposium held at North Park College in Chicago in October 1991. As a child of an immigrant, her experiences are similar to those of many other young Korean Americans who live in a bicultural world of Korean and American cultures.

Seung-Hui Cho, the massacre killer at Virginia Polytechnic Institute, was one of the young Korean Americans. He was born in South Korea and immigrated to the United States at age eight. In the Korean American community, children of immigrants are divided into two generational categories: 1.5 and second generations (Kim, 2004). The second generation refers to people who were born in the United States, whereas the 1.5 generation indicates those who were born in Korea and immigrated in their childhood (Kim). This classification was made due to the belief that the 1.5 generation Korean Americans are more likely to be bilingual and bicultural than those who are of the second generation. Seung-Hui Cho met the criteria and was considered a member of the 1.5 generation Korean American. Yet, it appeared that Cho was not familiar or comfortable with either the Korean or the American cultures. He was known as
a loner who was isolated from the surrounding world (Wikipedia, 2007). Thus, as the question mark he wrote instead of his name on the college sign-in sheet indicates, he might have been lost between the two cultural worlds and gradually vanished to a world that he created.

From elementary through high school, the shooter had been known as a child who never spoke. Indeed, his parents, when watching the videotape he left behind, indicated that was the first time they had heard Cho speak in full sentences. It is not clear how his mental health problems could have mystified his parents, teachers, and many others who had close contact with him for so many years. They might have interpreted his extreme shyness and muteness as a typical behavior of Asian children. Only after the massacre did it become all too apparent that Cho had serious mental health problems that could have been treated. He might have had autism, bipolar disorder, or even schizophrenia. Yet, what troubles us most about Cho and this incident is that there are too many young immigrants from all racial and ethnic groups who identified with the killer’s expressed suffering and anger. Many stated that they also endured their classmates’ mockery and bigotry helplessly while hoping things would change over time. Some wrote that the pain and hurt were so deep as to leave emotional scars and changed their whole personality.

Young (child and adolescent) immigrants are often caught in intercultural conflicts between their ethnic group and the mainstream society, which makes it difficult for them to develop a collective sense of identity. Erikson (1964) once emphasized that identity formation depends on the support that young individuals receive from the collective sense of identity characterizing social groups significant to them, such as in their family, their neighborhood, their class, their culture, and their nation. Yet, immigrant parents may not be capable of providing support due to their unfamiliarity with many of things in this new society and their own struggle with the hardships of immigrant life such as language and culture barriers, job insecurity, and financial instability. Thus, many of the young immigrants are vulnerable to mental health problems such as identity diffusion or low self-esteem. This most likely was the case and what happened to the campus shooter, Seung-Hui Cho.

Immigrants comprise over 12 percent of the U.S. population, and their children over 20 percent (The Urban Institute, 2006). If current trends continue, children of immigrants will represent at least a quarter of all U.S. children by 2010 (The Urban Institute). Understanding their unique experiences is so crucial for mental health care workers in order to identify early signs of emotional distress and to prevent them from having a full-blown psychosis or any other serious mental health problem. In this regard, the concept analysis of cultural marginality done by
Choi (2001) provides valuable information about the social and cultural environment of the young immigrants, namely, being in between the two conflicting cultural worlds. She defined cultural marginality as “situations and feelings of passive betweeness when people exist between two different cultures and do not yet perceive themselves as centrally belonging to either one” (Choi, 2001, p. 198). According to Choi, all the young immigrants experience this sense of cultural marginality prior to their undertaking of acculturation through which they select which culture(s) and which value(s) they want to adopt and practice in their everyday lives.

However, we want to point out that stereotyping all young immigrants as being confused between the two cultural worlds could create yet another cultural misunderstanding of the group. The first author of this article explored the experiences of young Korean immigrants known as the 1.5 generation (Kim, 2004). In her study, four personal conditions were identified that played a key role in the overall experiences of young Korean immigrants and their individual differences in the process of adapting in this multicultural society. They were (a) the timing of immigration, (b) characteristics of the residential community, (c) family situation, and (d) individual characteristics (gender, personality, talents, etc). For example, boys who immigrated at or after puberty, who lived in a white neighborhood, had economically challenged family status, and who were introverted were more likely to have had a difficult time in adjusting to their cultural world. On the other hand, girls coming here at an early age, living in a racially mixed neighborhood of middle-income families, and having an outgoing personality seemed to have less difficulty than the boys in other situations. Thus, mental health care workers who encounter young Korean or other minority group immigrants should be aware of these personal conditions that may help them identify a subgroup of children who are more likely to have difficulty in the process and, hence, are more vulnerable to mental health problems.

In a predominantly white neighborhood, my Koreaness screamed out to everyone that I was different. As a coping mechanism I turned away from everything that remotely smacked of being Korean or Asian. This included food, my family, the Korean church functions, language . . . everything. (Pai, 1993, p. 21)

REFERENCES


